Validation Window

Q - Will you provide a copy of the Validation Window presentation to us?

A - A recorded copy of the presentation has been posted on the Queen's internal site.

Q - What email should we have received on June 1st?

A - You would have received an email from Manulife inviting you to register on to the Manulife secure site and participate in the validation. Please let your HR team know if you did not receive the email and we will update your email address.

Q - How can we add a dependant to our coverage if current benefits cannot be modified at the time of validation? Is there a separate form we should complete to get family coverage rather than single coverage?

A - Your current coverage levels have been transferred from Canada Life. You must experience a life event and submit a request to change your benefits on the plan member site within 31 days. Unless you would like to complete an “Application for Change” form in which your added dependents would be subject to the late provisions under your plan (i.e. reduced dental maximums for the first 12-months for added dependents).

Q - I went into the system to validate my information, but then left the page. How can I go back to the site, if I accessed it previously?

A - You can visit the Plan Member site as often as you like during the validation window. Click the Enrol/re-Enrol button on the welcome page of the site to make changes to your optional coverage selections any time before June 12th.

Q - Why is Hospital coverage shown as not covered?

A - Hospital coverage will show as waived if you did not select this benefit when you originally enrolled in your group benefit plan. Please contact your HR team if you have any concerns with your coverage.

Q - Are we still able to join up for optional benefits after June 12th?

A – Yes. The next opportunity to access the secure online site will be July 1 when your benefit plan starts with Manulife, including applying for new optional benefits.

Q - My retirement date starts July 1st, 2020. Should I complete the validation as of my current full coverage or as retiree status?

A – Complete your benefit validation as an active employee.

Claim Submission

Q – If you have claimed the maximum allowable for a benefit with GWL for that calendar year, can you claim with Manulife after July?

A – The claims history will be transferred to Manulife, therefore if you have maximized your benefit you will not be able to make an additional claim until eligible according the benefit maximum frequency (i.e. next calendar year).
Q - In early March I received approval for dental work just before the Covid-19 closure. Will I need to re submit with Manulife?

A - All pre-determinations approved on or after January 1st, 2020 will be honoured by Manulife until December 31st, 2020, all you have to do is give us a copy with your claim.

Q - If prescriptions and dental claims are direct billed what claims would we submit online?

A – Any claims that are not able to be submitted electronically by your provider. For example, physiotherapy claims whereby the practitioner does not have Telus Health used to submit claims electronically to Manulife.

**Beneficiary Designations**

Q - If we already signed a beneficiary form with GWL, do we need to sign another form?

A – Your prior beneficiary elections should appear on the plan member site and are valid with Manulife at the time of a life claim. If your beneficiary elections are blank or incorrect, please complete a Manulife beneficiary designation form, sign and return it to Manulife.

Q - Is it possible to list more than two Contingent Beneficiaries on the Beneficiary Designation form?

A – Yes. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.

Q - On the Beneficiary Designation Form, is the Revocable/Irrevocable section for Quebec Residents only? i.e. Is the Primary beneficiary designation Revocable by default in Ontario?

A – Irrevocable and Revocable beneficiary do not only apply in Quebec. In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce. In Ontario, unless otherwise specified, the default is Revocable.

Q - Is the plan member the automatic beneficiary for any optional spousal coverages?

A – Yes.

**Benefits Card**

Q - Will our spouses also receive benefits cards?

A - If you are set up with family coverage you will receive two benefits cards, one for you and one for your dependents. You can also view and print additional benefit cards from the plan member site.

Q – With the benefits card, will we have to pay for our prescriptions in advance?

A - With a benefits/drug card you will no longer have to pay for your prescription in advance. The payment is managed electronically between your pharmacy and Manulife. You will only be responsible for any out of pocket expense.

Q - Will there be a separate card for Out of Country emergencies?

A – Emergency out Country contact information will be provided on the back of the new benefit card you will be receiving at the end of June. A separate card will no longer be required.

Q - Can we opt-out of the drug card so we can get our name brand drugs covered?
A – The pay direct drug card is an added feature to enhance your direct reimbursement experience at the pharmacy, it does not impact your drug benefit coverage.

**Dispensing Fee**

Q - With the COVID 19 situation, pharmacies are only dispensing 1 month at a time. Is that going to affect our coverage of the dispensing fees?

A – Supply availability varies by pharmacy. Select pharmacies may have a limited supply due to the pandemic, in these cases you may request to order additional medication to pick up later. If not, you will have to pay the dispensing fee on one month.

**Generic Substitution Drugs**

Q - Is the substitution only for the same drug, or will there be a substitution to a different drug?

A – Please consult your pharmacy or My Drug Plan tool on the plan member site to determine if your current medication has a generic alternative. If not, there will be no change. If yes, have your doctor complete the “Request for Approval of Brand Name Drug” form which is available online through Manulife’s plan member site or by contacting Manulife’s customer service centre before October 1st, 2020.

Q - What should we do about those who don’t have a family doctor? Can Manulife guarantee that the name brand drug appeal form will be approved? Will we have to submit a name brand drug appeal form every time we get a new prescription for that specific drug?

A - If it is medically necessary to stay on a brand name drug there is a drug authorization form that your doctor can complete and submit to Manulife. We can accept an electronic copy of the completed form via the secure plan member site. Provided your doctor is able to demonstrate a medical reason to take a brand name drug, we typically do not foresee a problem with it being approved.

For the Request of a Brand drug, it should be completed by the prescribing physician or at least a doctor who has access to the patient’s file and can confirm why the generic cannot be taken or provide additional medical information. If the patient does not have a family doctor they must contact the physician who prescribed the drug.

Q - How long will it take for the name brand drug appeal form to be approved

A – Typically these are processed within 1-2 business days of receipt. However, if you require this on an urgent basis you may call the contact centre for assistance with a same-day rush.

Q - What happens if our Request for Approval of Brand Name Drug is denied?

A - If denied and the physician wishes to appeal, they can send in additional information, including Canadian clinical research that supports the use of the drug in this patient’s context. You may continue on the brand name drug and pay the difference in cost between the brand name drug and lowest cost alternative.

Q - If your doctor completes the Prior Authorization Drug form do you still need to submit the name brand appeal form?

A - The “Prior Authorization Drug” form differs from the “Request for Approval of Brand Name Drug” form. A prescription drug may be listed as a drug that requires Prior Authorization as it is identified as a drug that we need to gather medical information on to determine if the prescribed drug is eligible for reimbursement. These drugs are often high cost and treat multiple conditions.
A Request for Approval of Brand Name Drug Form is completed If there is a medical reason why you can’t take the generic drug, you and your doctor can submit medical evidence to Manulife explaining why the brand name drug must be used.

**My Benefits**

**Q – Is Registered Massage Therapy coverage by an RMT?**

**A -** Massage therapy is not an eligible expense under your group benefit program.

**Q - Is Athletic Therapy covered?**

**A -** Athletic therapy is not an eligible expense under your group benefit program.

**Q - Are orthotics covered regardless of price? Previously I would have to pay a bit out of pocket.**

**A -** Orthotics do have a reasonable and customary limit. We recommend that you submit a pre-determination to Manulife in advance of purchasing your orthotics. For more information on how to submit a pre-determination (estimate) to Manulife, please call the contact centre.

**Q - Are C-pap machines covered?**

**A –** You do have coverage for medical equipment and supplies. We recommend that you submit a pre-determination to Manulife in advance of purchasing your CPAP as expenses are usually in excess of $300. For more information on how to submit a pre-determination (estimate) to Manulife, please call the contact centre.

**Q - I called Manulife and asked about a medication that I was previously covered for. How can I confirm that this medication is covered?**

**A –** We have now loaded your claims history and DIN exceptions. Therefore, please use the My Drug Plan tool online or contact the Manulife call centre for more details.

**Q - Will we need to pay up front for diabetic supplies that are not on prescription?**

**A –** Some diabetic supplies are payable under the drug benefit and others eligible under the medical equipment benefits. Those that are drugs can be submitted using your pay direct drug card, others will have to be purchased and submitted Manulife for reimbursement.

**Q - Is the 100% out of country coverage 100% of the foreign country charge or 100% of what OHIP pays?**

**A –** As of January 1st, 2020 OHIP no longer pays for out-of-country expenses. The full amount submitted would be considered for reimbursement under your group benefit plan.

**Q - What does 80% reimbursement for hospital covered expenses cover? Is this for hospital stay, etc. or other expenses?**

**A –** Under the Retiree plan, the hospital coverage under your plan is for semi-private room accommodations. If you have this coverage, your plan will pay 80% of the reasonable and customary allowance per day for a stay in a semiprivate hospital room if admitted. For active employee plans, reimbursement is 100% of the reasonable and customary allowance.

**Q – Does the $500 maximum for physiotherapy mean Manulife pays up to $500 of $625 worth of services or 80% of $500 claimed?**

**A –** Your plan will reimburse 80% of the reasonable and customary expense for services your submit up to a calendar year maximum of $500.
Q – Do we need to pay another $25 as the deductible if we have already paid it through GWL?

A – You do not have to satisfy the deductible again. This history will be transferred.

**Definition of Dependents**

Q - My 20-year-old child is doing an electrical apprenticeship with the college of trades. Are they eligible for coverage under my plan?

A - If a child is participating in a technical/apprentice program and not enrolled in an accredited school, they would not be considered a student as this is not a full-time program.

Q - I have a child over 21 who currently isn’t in school but will be returning to school in September 2021. Will I have to add him as a dependent?

A – They should be removed as they no longer meet the definition of an eligible dependent. However, “Change in eligibility of dependents” is considered a valid life event in which you may go online and add him to the benefit plan when he is enrolled in a full-time accredited college, university or other institute of higher learning. Your child will be considered a student effective for the upcoming school term which begins on September 1st, 2020 until August 31st, 2021.

Q – My child has graduated this past April, does their coverage end in April or August?

A – Students are eligible for coverage until the date the school term ends if they are not returning to school. Therefore, in this case they would no longer meet the definition of an eligible dependent as of the end of April.

Q - What about a disabled child does the coverage end at 21?

A – If you complete an “Request for Over-age Disabled Dependent Coverage” form and submit to Manulife and it’s approved, your disabled dependent will not be subject to the contractual dependent termination age.

**Retiree Coverage**

Q - How can I find out more information if I am a retiree?

A – We will be posting before the end of July a recorded presentation for retirees about their plan coverage and important dates to consider.

Q - Are there specific issues that retired members need to be made aware of?

A - You will be receipt of a communication that is being mailed directly to your home. You will have the ability to go online and validate your benefits up until the end June, and then via the Manulife call centre until the end of September. We would be happy to answer any additional questions once you have received your information.

Q - As a retiree with single coverage currently, can I opt for family dental coverage with Manulife?

A - Changes from single to family coverage levels cannot be made.

**General Inquiries**

Q - Is there any way to receive a fillable Evidence of Insurability form for the new optional benefits? Or do they have to be printed?

A - The forms that can retrieved from the site are fillable.

Q - I would like more information on the Manulife Evidence of Insurability form.
A – As outlined on the evidence of insurability form, there are circumstances where additional health information is required in order to process an application for Optional Life or Critical Illness.

Q – Some of the medical questions on the Evidence of Insurability form seem discriminatory.

A – This is part of our standard Evidence of Insurability (EOI) Form. The wording “known identification” is meant as conditions diagnosed by a physician. This would not be discriminatory as anxiety, depression and alcohol/drug addiction are legitimate medical conditions used to determine medical history to assess risk.

Q - Is there an email where we can send more specific questions to?

A - The plan member secure site has "send a note" feature, as well as a chat feature. Feel free to forward any coverage questions directly to Manulife.