

HSAflex

health spending account

the evolution of health and dental care benefits ©

Benefit Booklet for the Employees of Example Corporation

Assureflex Corporation

41 - 76 Cortland Terrace, St. Thomas, Ontario N5R 0L2

Telephone: (519) 245-3283 local to London and area

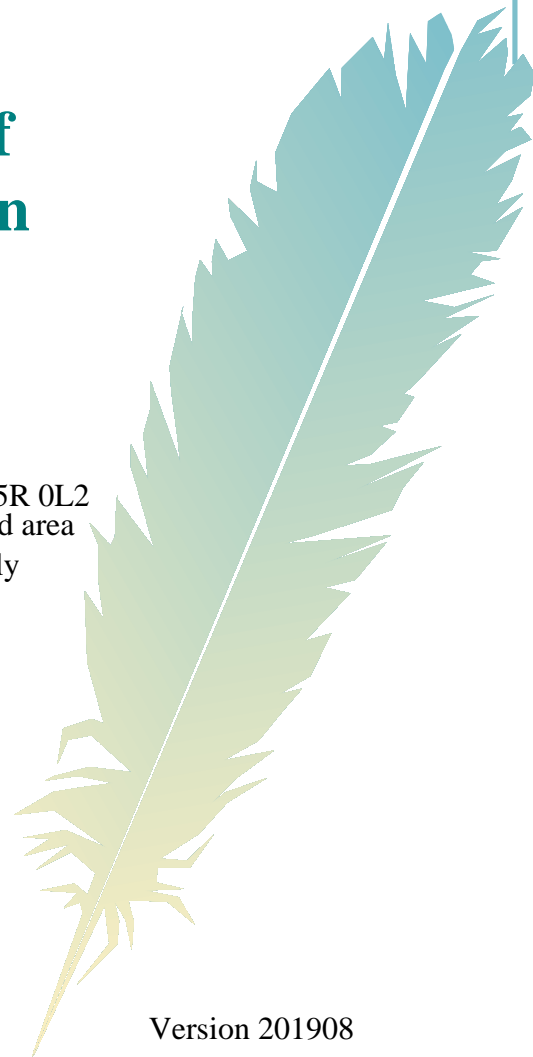
Toll free fax: (855) 280-3295 in Ontario only

Website: <https://www.assureflex.com>

Email: mailroom@assureflex.com

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Eligibility Provisions

Class Employees

Eligibility Starting after 3 months of employment.

Participants Full-time Eligible Class participants,
and Part-time Eligible Class participants.

Dependents Spouse
the person to whom the Employee is legally married.

Common-law Spouse

the person, who is not the Employee's Spouse,
and to whom at least one of the following applies:

1. the person with whom the Employee has cohabited, in a conjugal relationship, for at least 12 continuous months, including any period of separation for less than 90 days.
2. the parent of the Employee's child, by birth or adoption.
3. has custody and control of the Employee's child, and the child is wholly dependent on that person for support.

Dependent Children

the natural or adopted Children of the Employee or Employee's Spouse or Common-law Spouse, under 18 yrs.; 18 yrs. and over and continuously enrolled as a full-time student, or is financially dependent; or dependent due to mental or physical incapacity.

Other Dependents

- Grandchildren of the Employee or the Employee's Spouse or Common-law Spouse, under 18 yrs. of age; 18 yrs. and over and continuously enrolled as a full-time student, or is financially dependent; or dependent due to mental or physical incapacity.
- Parents, Grandparents, Brothers, Sisters, Uncles and Aunts, Nieces and Nephews, residing in Canada, and are related to the Employee, Spouse or Common-law Spouse and are financially dependent; or dependent due to mental or physical incapacity.

Children's and Grandchildren's requirement to be financially dependent does not apply to Students who are working part-time, or full-time during normal scheduled intervals between terms or semesters, or between school years, or assignments that are part of the curriculum.

Claims eligible for processing, are those adhering to the above definitions, and the person (other than a Spouse or Common-law Spouse) is dependent on the Employee and is resident in Canada, at some time in the year. Residence doesn't apply to children or grandchildren.

Eligibility Provisions (continued)

Claims

	First and Subsequent Calendar Years
100%	of eligible Claims, to a Calendar Year maximum of:
\$1,000.00	Single (no Dependents) Health and Dental Care
\$2,500.00	Family (with Dependents) Health and Dental Care

Claims Eligibility

Claims are eligible starting at the enrollment date.

Calendar Year Maximums

Calendar year balances don't carry-forward to the next calendar year, but any unpaid Expenses can carry-forward if no older than 12 months. Explanation of Benefits form will show any eligible unpaid Expenses.

note: First and subsequent calendar year maximums are available to all eligible Employees - regardless of the participation effective or termination dates, for all Claims between the participation effective and termination dates.

note: Claims for Employees and Dependents, over the calendar year maximums, can be carried over and claimed the subsequent year, on condition Expense Receipts are no older than 12 months when Claim is subsequently made.

Benefit Termination

Benefits cease on the termination date provided by the Employer. Claims incurred prior to the termination date can be submitted for a period not to exceed thirty (30) days after the termination date.

Benefits

Subject to the Calendar Year Maximums, all benefits allowed in CRA Income Tax Folio S1F1C1 the "Medical Expense Tax Credit" <http://www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f1/s1-f1-c1-eng.html> and also in searchable form here: <http://www.cra-arc.gc.ca/medical> including, but not limited to, those shown on the following pages:

Health Care Hospitals and Convalescent Care
Chronic and Palliative Care Facilities
Drug and Alcohol Rehabilitation Facilities
Physical and Psychiatric Rehabilitation Facilities
when provided by licenced Public or Private Facilities
Charges for Accommodation or Out-Patient Care.
Charges for medically necessary Services or Supplies.

Mental or Physical Impairment or Infirmity
when prescribed/certified by a Medical Practitioner
Charges for Full-time Care in a licensed Nursing Home.
Charges for Care and/or Training at a School or Institution.
Charges for Care in a self-contained Domestic Establishment.
Charges for Part-time or Full-time in home Attendant Care.
Charges for Guide and Hearing Dogs and other animals.
Charges for Renovations or Alterations to a dwelling.

Private Medical Clinics
for services provided by Medical Practitioners,
not Medical Clinic membership or access fees, and
limited to those Medical Practitioners noted below, and
incl. services provided out-of-province or out-of-country
Charges for the payment, or pre-payment, of services to
actually be provided over the course of the year, and for
Charges for health evaluations and risk assessments.

Medical Practitioners
for diagnostic, therapeutic or rehabilitative services,
incl. services provided out-of-province or out-of-country
incl. the following Ontario Regulated Health Professions
Charges by a Acupuncturist,
Charges by a Audiologist, or a Speech/Language Pathologist,
Charges by a Chiropractist, Podiatrist, Chiropractor, or Dietician,
Charges by a Homeopath, or Kinesiologist, or Massage Therapist,
Charges by a Medical Laboratory or Medical Radiation Technologist,
Charges by a Midwife, Naturopath, Nurse, or Occupational Therapist,
Charges by a Optician, Optometrist, Pharmacist, Physician or Surgeon,
Charges by a Physiotherapist, Psychologist, or by a Psychotherapist,
Charges by a Respiratory Therapist, or by a Social Worker,
Charges by a Traditional Chinese Medical Practitioner.
<http://www.regulatedhealthprofessions.on.ca/>

Psycho-social Counselling
for diagnostic, therapeutic or rehabilitative services,
incl. Psychologists, Psychotherapists and Social Workers
Charges for Stress Management Counselling.
Charges for Marriage or Bereavement Counselling.
Charges for Tobacco, Drug, Alcohol Counselling.
Charges for any other psycho-social Counselling.
<http://www.ocswssw.org/>

Health Care Private Duty Nursing Care

(continued) Charges by a Registered Graduate Nurse, Certified Nursing Assistant, or by a Registered Nursing Assistant, or by a Licensed Practical Nurse.

Medical Marijuana

that can lawfully be acquired for use by the patient, only if prescribed by Medical Document from a Physician, Surgeon or Nurse Practitioner, when provided by Government of Canada licenced producer, or Health Canada. Charges for up to a 30 day supply of dried Marijuana or Cannabis Oil.

Prescription Drugs and Medicines

that can lawfully be acquired for use by the patient, only if prescribed by a Medical Practitioner or Dentist, and recorded by a registered Pharmacist, injectable Drugs, Serums, Vaccines administered by Medical Practitioner. Charges for Drugs, Serums, Vaccines, or other preparations/substances.

Other Drugs and Medicines

prescribed by a Medical Practitioner

Charges for Insulin or Oxygen,
Liver Extract or Vitamin B₁₂, injectable for Pernicious Anaemia.

Ambulance Services

Charges for ground or air ambulance services, including where medically necessary the fare of one person as attendant, when being transported from the place of injury or sickness to the nearest Hospital where treatment is available, or from such Hospital to a Convalescent Hospital.

Non-durable Supplies

prescribed by a Medical Practitioner

Charges for Ostomy supplies and Charges for Diabetic supplies.
Charges for Oxygen, Anaesthetic, Blood and Blood Products.
Charges for other prescribed Non-durable Supplies.

Durable Supplies

prescribed by a Medical Practitioner

Charges for Crutches, Splints and Casts.
Charges for Trusses and Orthopaedic Braces.
Charges for Orthopaedic Shoes and Foot Appliances,
custom made, to overcome a physical disability.
Charges for other prescribed Durable Supplies.

Durable Equipment

prescribed by a Medical Practitioner

Charges for Hearing Aids, Cochlear Implant.
Charges for Wheelchairs and Hospital Type Beds.
Charges for an electric or sealed combustion Furnace,
Charges for Air Conditioner, Air Filters, Cleaners or Purifiers,
for severe chronic respiratory or severe chronic immune disorder.
Charges for Assisted Breathing Devices and Breathing Monitors.
Charges for Artificial Eyes, Limbs, other non-dental Prostheses.
Charges for other prescribed Durable Equipment.

Health Care **Out-of-Province and Out-of-Country**
(continued) **provided by a licenced Medical Practitioner**

Charges for medical treatment on an Emergency basis.
Charges for medical treatment on a non-Emergency basis.
Charges for medical treatment not available within Province.
Charges for medical treatment not available within Canada.

Travel Expense to obtain Medical Services
when substantially equivalent services were not available near the
place of residence, and reasonably direct travelling route was taken
Charges for travel at least 40 kilometres one way from residence, for
public transportation expense (as example: taxis, or bus, or train), and
for vehicle expenses if public transportation was not readily available.
Charges for travel at least 80 kilometres one way from residence, for
accommodation, meals, parking, in addition to transportation costs.
Charges for an accompanying attendant, if a medical practitioner
certifies in writing that you were incapable of travelling alone.

Weight-Loss Programs
prescribed and administered by a Medical Practitioner
Charges, in exceptional circumstances, when the program is part of a
medical treatment program required due to serious health deterioration,
and the services provided are diagnostic, therapeutic or rehabilitative.

In Vitro Fertilization Program
Charges by licenced Medical Practitioners.
Charges by licenced Public or Private facilities.

Laboratory Tests and Examinations
Charges for Tests, Analysis, X-Ray Examinations.

Bone Marrow or Organ Transplant
either in Canada or outside of Canada
Charges to locate compatible transplant donor.
Charges for Legal Fees and Insurance Premiums.
Charges for Travelling and Accommodation for the
patient and the donor and for respective attendants.

Cancer Treatment
either in Canada or outside of Canada
Charges by licenced Medical Practitioners.
Charges by licenced Public or Private facilities.

Vision Care
examinations, lenses, frames, surgical treatment
Charges for examination by Optician, Optometrist, Ophthalmologist.
Charges for Prescribed Lenses, Lenses and Frames or Contact Lenses.
Charges for Surgical Treatment to improve vision or visual acuity.

Dental Care **Dental Practitioners**
authorized to practice in the province or jurisdiction,
incl. services provided out-of-province or out-of-country
incl. the following Ontario Regulated Health Professions
Charges by a Dentist (Generalist, Specialist or Surgeon),
Charges by a Dental Hygienist, Technologist, Denturist.
<http://www.regulatedhealthprofessions.on.ca/>

Basic Services

Charges for Cleaning and Scaling of Teeth.
Charges for cavity revealing and complete series X-rays.
Charges for Examinations, Consultations and Pathological Reports.
Charges for Extractions, including pre-operative/post-operative care.
Charges for Space Maintainers, for transition to permanent teeth.
Charges for Fillings, for restoration of natural tooth surfaces.
Charges for Relining and Repairing of removable Dentures.
Charges for Topical Fluoride application.
Charges for Other Basic Services.

Endodontics and Periodontic Services

Charges for Root Canal Therapy.
Charges for treatment of the Gums.
Charges for Other Endodontics and Periodontic Services.

Major Restorative Services

Charges for provision or replacement of Crowns.
Charges for provision or replacement of Posts and Cores.
Charges for provision or replacement of Inlays and Onlays.
Charges for provision or replacement of Retentive Pins, Veneers.
Charges for provision or replacement of Composite Restorations.
Charges for provision or replacement of Porcelain Restorations.
Charges for provision, alteration or replacement of Bridgework.
Charges for provision, alteration or replacement of Dentures.
Charges for provision or replacement of Dental Implants.
Charges for Other Major Restorative Services.

Orthodontic Services

Charges for Services for Children and Adults.
Charges for Braces, Retainers, Appliances and Oral Surgery.
Charges for Other Orthodontic Services.

Insurers **Health or Dental**

Premiums (or Deductibles) for Health or Dental, paid to any other Insurers, are eligible for reimbursement. Claimed with Explanation of Benefits or T4 (showing Box 85) attached to the Claims Form.

Travel Insurance

Premiums (or Deductibles) for Out-of-Province or Out-of-Country Travel Insurance for the Employee or Dependents are eligible, only if none of the premiums are applicable to non-medical coverage.

Claims Submission

Claims (for yourself or Dependents) eligible for payment under any other program, must first be claimed with that plan. Claims (incl. deductible, co-payment) remaining are then submitted using only the Explanation of Benefits provided by that program.

1. submit Claims to your group (or personal) insurance plan, if any, and then
2. submit Claims to your spouse's group (or personal) insurance plan, if any,
3. submit Claims to your Assureflex Health Spending Account.

note: Advise Assureflex of your (or your spouse's) group (or personal) health or dental insurance if any, and the insurer's name, (and all subsequent changes). This assists in getting maximum value from your Health Spending Account.

Claims total should be shown, even if the amount is over calendar year maximums, or over the remaining maximum. Assureflex will provide an Explanation of Benefits form indicating that excess amounts will be eligible in the following calendar year.

note: Claims should be submitted for all of the eligible expenses that are incurred. Don't "self-adjudicate" or "self-limit" Claims to Calendar Year Maximums. Claim Forms not dated, are deemed to be dated on the date they're received.

Claims Forms, and expense Receipts can be sent (by mail or fax or PDF attachments to email) as long as the Employee retains copies of Claims Forms and Receipts so that they are available if requested by the Canada Revenue Agency for any audit purposes.

Receipt Requirements

Expense receipts/statements from a licensed Medical or Paramedical Practitioner, Dentist/Pharmacy, and/or the licenced Clinic or Facility. If originals have been sent to another insurer, attach a copy of the Explanation of Benefits provided by them.

Expense receipts/statements (not cash register receipts) must show the name of the Employee or Dependent, the date, services/items provided, and name of the Medical or Paramedical Practitioner, Dentist/Pharmacy and/or the licenced Clinic/Facility.

note: Cash register receipts should not be included, except for over-the-counter medications, vitamins, supplements, medical supplies and equipment, only if the cash register receipts also shows the names of the items purchased.

Co-ordination of Benefits

If completing Group Insurance Enrollment Forms (for yourself or your spouse) your Health Spending Account is not to be shown under Co-ordination of Benefits, agreed to by all Insurers, members of the Canadian Life and Health Insurance Association.

Claims Processing Fee

Claims (whether for payment by Cheque or Direct Deposit) are subject to a Claims Processing Fee (shown on the current Claims Authorization form) to offset expenses involved in claims payment, deducted from each Cheque payment or Direct Deposit.

Claims Authorization Form

Employee Reimbursement Section

Section is used for Claims that have been paid, for reimbursement to Employee.

Service Provider Payment Section

Section is used for Claims (not yet paid) to be paid directly to Service Providers.

Amount of Claim per Claimant

Claim Receipts/Statements shouldn't be itemized per line. Amount of Claim, for the same Claimant, (see the example below) should be recorded on the same line.

instead of this:

Last Name of Claimant	First Name	Relationship to Employee	Amount
Smith	Robert	Self (whatever applicable)	\$150.00
Smith	Robert	Self (whatever applicable)	\$250.00

it should be shown as this:

Last Name of Claimant	First Name	Relationship to Employee	Amount
Smith	Robert	Self (whatever applicable)	\$400.00

Total Amount of Claim per Claimant is sufficient, as long as all Receipts/Statements are attached to the Assureflex Health Spending Account Claims Authorization Form.

note: do not submit duplicate Claims Authorization Forms or Receipts

Explanation of Benefits

Explanation of Benefits form is provided for Claims processed. Claims that are not eligible (due to exceeding the calendar year maximums), are shown. Explanation of Benefits form can be used to re-submit any such Claims if no older than 12 months.

note: add amount of Explanation of Benefits to the Claims Authorization Form

Confirmation of Claims

Assureflex doesn't provide confirmation of Claims received by email attachment, or fax, or mail. If a receipt is required, set email program to ask for a "read receipt" or fax to ask for a "delivery receipt", and our systems automatically provide one.

Quebec Income Tax

Health Spending Account benefits are non-taxable, with the exception of Quebec, where all benefits are subject to the Quebec provincial (but not federal) income tax. Employees will need to add Health Spending Account benefits to Quebec income.

Health Practitioners

Only health practitioners registered with the applicable professional college and authorized to practice in the province or jurisdiction are eligible. In Ontario, they must be members of one of the Ontario Regulated Health Professions (shown in this booklet under Medical Practitioners).

example: Doctors of Osteopathy are members of the College of Physicians and Surgeons, and their services are covered by Provincial Medicare Plans (OHIP in Ontario).

Practitioners with a Diploma in Osteopathic Manual Practice (DOMP) are not members of any Ontario Regulated Health Profession, and are not eligible.

Cosmetic Procedures

Medical or Dental services (incl. related expenses), provided purely for cosmetic purposes, surgical or non-surgical procedures, purely aimed at enhancing appearance, are not eligible. Examples of expenses that would be ineligible include (but not limited to) the following:

Liposuction, Hair Removal or Replacement procedures, Botox Injections, Teeth Whitening, Tooth Contouring and Shaping, Body Augmentations or Modifications or Contouring/Lifts.

However, expenses, including those outlined above, qualify if it is necessary for medical or reconstructive purposes - such as surgery for deformity related to congenital abnormality, or personal injury resulting from an accident or trauma, or resulting from disfiguring disease.

Other Medical Expenses

Over-the-counter medications, vitamins and supplements, even if prescribed by a medical practitioner, are not eligible. However, a non-prescription medication, that is legally available only with intervention of a Pharmacist, would qualify if prescribed by a medical practitioner.

note: expenses are eligible up to 10% of the total amount of the specific Claim submitted. see the CRA website: <http://www.cra-arc.gc.ca/whatsnw/tms/phsp-rpam-eng.html>

Medical supplies and equipment that can be purchased “over-the-counter or off-the-shelf” without a prescription from a Medical Practitioner; or services not provided by a member of an Ontario Regulated Health Profession, or registered in their jurisdiction, are not eligible.

note: expenses are eligible up to 10% of the total amount of the specific Claim submitted. see the CRA website: <http://www.cra-arc.gc.ca/whatsnw/tms/phsp-rpam-eng.html>

Declined Claims

If a Claim is declined, a review can be requested. If the Claim is still declined, it will be paid only if written approval is obtained from CRA, stating that the Claim would be eligible under a Private Health Services Plan. The CRA email address itrulingsdirector@cra-arc.gc.ca

Drug Programs

Employees on the Trillium Drug Plan or the Ontario Drug Benefit Plan, or other Ontario Public Drug Plans: the Claims for Drugs are first submitted to such plans. Assureflex Claims should be limited to those that are not payable by such plans.

<http://www.health.gov.on.ca/en/public/programs/drugs/>

Trillium Drug Program

If there's a drug intensive issue, where expenses exceeded the Health Spending Account benefits available, immediately apply for the Ontario Trillium Drug Plan if Drugs expenses are expected to exceed (about) 4% of household's net income.

<https://www.ontario.ca/page/get-help-high-prescription-drug-costs>

Ontario OHIP+ Program

If an individual is age 24 or younger (see specifics as noted on the website) the program covers the cost of prescription drugs listed in the formulary. There's no drug charge, dispensing fee, deductible or co-payment, by an Ontario pharmacy.

<https://www.ontario.ca/page/learn-about-ohip-plus>

Ontario Drug Benefit Program

If an individual is age 65 or older (or other situations as noted on the website) the program covers the cost of prescription drugs listed in the formulary, with a small deductible based on yearly income. The prescription must be filled in Ontario.

<https://www.ontario.ca/page/get-coverage-prescription-drugs>

Assistive Devices Program

If, due to long term physical disabilities, there's need for equipment and supplies, the Assistive Devices Program (in Ontario) will provide for payment of up to 75% of some items, contribute a fixed amount or provide annual grants to individuals.

<https://www.ontario.ca/page/assistive-devices-program>

Ontario Autism Program

Childhood Budgets will be available for all children with a diagnosis of autism up to age 18. Children under the age of six are eligible to receive \$20,000 annually in direct funding, while those 6 and over are eligible to receive \$5,000 annually. (see website)

<http://www.children.gov.on.ca/htdocs/English/specialneeds/index.aspx>

Travel Insurance

Employees/Dependents are advised that they should purchase Out-of-Province and/or Out-of-Country Travel Insurance. OHIP generally pays what they would in Ontario, which is quite minimal compared to the actual cost of such emergencies.

note: Health Care Travel Insurance premiums are eligible for reimbursement.

Dentists and Other Practitioners

Dentists and other practitioners may accept payment directly from Assureflex. Advise the Dentist, or other practitioner, that Assureflex will pay them directly, and (for Dentists) sign the assignment box (upper right of ODA Claims Form).

note: Claims in excess of the benefit available will be paid to the employee.

Change of Information

If there is any change in your information (name, marital status, address, email address, or claims option) please use the Change of Information Form, and send to Assureflex by mail, fax or email. Forms can be obtained at the website: <https://www.assureflex.com>

If payment has been made by Cheque, or by Direct Deposit, and there has been a change in address, email address, or preference, requiring a replacement transaction, and Change of Information Form has not been received, a Stop Payment charge will be deducted.

note: Stop Payment fee is charged if change of information had not been received.

Carry-forward Options

Canada Revenue Agency allowable carry-forward options are either:

1. carry-forward of unused balances, but not claims, for up to 12 months, or
2. carry-forward of any unpaid claims, but not balances, for up to 12 months

note: CRA rules are that unused balances can't be paid to the Employee.

Assureflex uses option 2., as this is often the most advantageous, as otherwise, any Claims incurred in the prior year would no longer be valid after year-end.

The claims processing procedures (below) facilitates this.

Over Benefit Maximum

to compensate for Claims over current year's maximums

Explanation of Benefits will be provided, showing Claims eligible in the next year. Explanation of Benefits form can be submitted (as if it was a Receipt), and attached to the Claims Form (with other current, if any, Receipts), and sent to Assureflex.

Year-end Claims Processing

to facilitate submitting Claims incurred close to year's end

note: This is not to be used to accumulate Claims until year's end.

Assureflex will process prior year Claims, received Jan. 1st. to 15th., to any prior year balance first (and allocate any remainder to current calendar year maximums), **only if:** Receipts are eligible in prior year **and**, Claims are received by Jan. 15th.

note: Assureflex will separate Receipts applicable to prior and current year.

This courtesy accommodation is provided 1. to compensate for Claims over prior year's maximum, and 2. to facilitate submitting Claims incurred close to year's end. This is not to facilitate the back-dating of Claims Forms to the prior calendar year.

note: Claim Forms not dated, are deemed to be dated on the date received.

There are no exceptions, as CRA could not only disallow the Claim, but also all prior Claims (and make it all taxable, plus penalties), and they could also disallow Claims by all others on the plan (making all their Claims taxable, plus penalties).

CRA can be contacted by email at: itrulingsdirector@arc.gc.ca