



Health & Dental

# Information Handbook

The Manufacturers Life  
Insurance Company



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This handbook has been designed to answer questions you may have about the administration of your Health and Dental Plan. Sections are included on how to make a claim, when to notify us of changes (such as a change of address or marital status), and how to obtain replacement benefit cards.

This is not a contract. The actual terms and conditions of your coverage are described in your policy.

**Please note: Not all benefits may apply to your plan. Please refer to your Schedule of Benefits page included with your contract.**

We hope you find this handbook useful.

If you need further information or assistance, call our customer service representatives at **1-800-268-3763**



# Claiming benefits

## Methods for submitting claims

Submitting claims online via your plan member website, SecureServe® Claims

### Registration

#### Step 1:

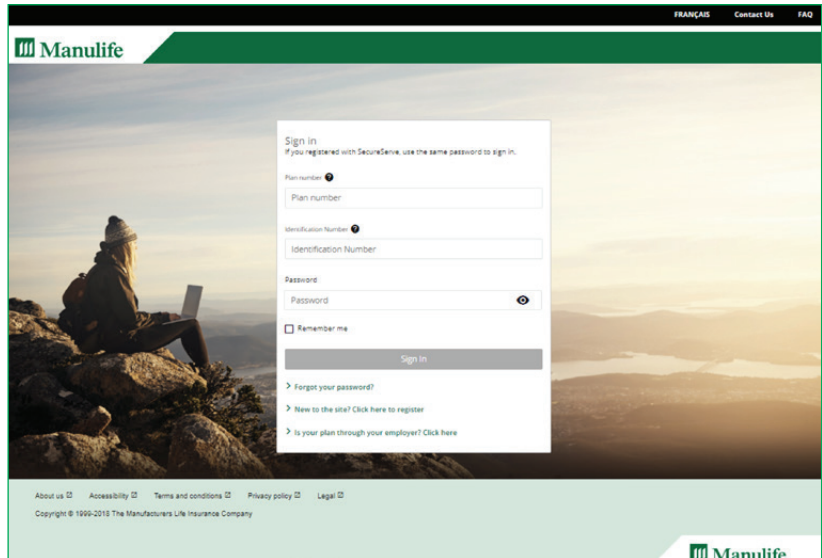
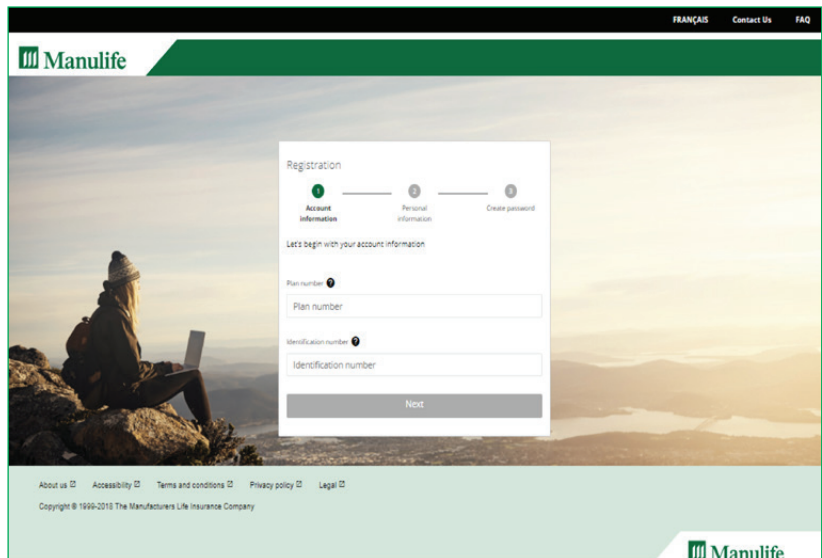
Find your plan and identification numbers located on your benefits card or previous claim statements. If you don't have either of these, contact the support centre.

#### Step 2:

Go to [Manulife.ca/SecureServe](http://Manulife.ca/SecureServe)

#### Step 3:

Click 'New to the site? Click here to register' and fill in the required information. Please note that the last step to register will be an email sent to you to activate your account.

The image shows the Manulife SecureServe login page. At the top, there is a navigation bar with the Manulife logo, a language selector for 'FRANÇAIS', and links for 'Contact Us' and 'FAQ'. The main content area features a large background image of a person sitting on a rocky outcrop, looking out over a vast landscape. Overlaid on this is a white 'Sign in' form. The form includes a heading 'Sign in' and a sub-heading 'If you registered with SecureServe, use the same password to sign in.' Below this are three input fields: 'Plan number', 'Identification Number', and 'Password'. There is a 'Remember me' checkbox and a 'Sign in' button. At the bottom of the form, there are three links: '> Forgot your password?', '> New to the site? Click here to register', and '> Is your plan through your employer? Click here'. The footer contains links for 'About us', 'Accessibility', 'Terms and conditions', 'Privacy policy', and 'Legal', along with a copyright notice for 1999-2018 The Manufacturers Life Insurance Company and the Manulife logo.The image shows the Manulife SecureServe registration page. It has the same header and background as the login page. The main content area features a white 'Registration' form. At the top of the form, there is a progress indicator with three steps: '1 Account information', '2 Personal information', and '3 Create password'. The first step, 'Account information', is currently active. Below the progress indicator, the text 'Let's begin with your account information' is displayed. The form includes two input fields: 'Plan number' and 'Identification number'. At the bottom of the form is a 'Next' button. The footer is identical to the login page, including the Manulife logo and copyright notice.

# Claiming benefits (continued)

## Signing up for direct deposit

### Step 1:

Log in to your SecureServe® Claims account. Make sure you have your transit, institution and account numbers ready.

### Step 2:

Click your name in the upper right corner to access your profile

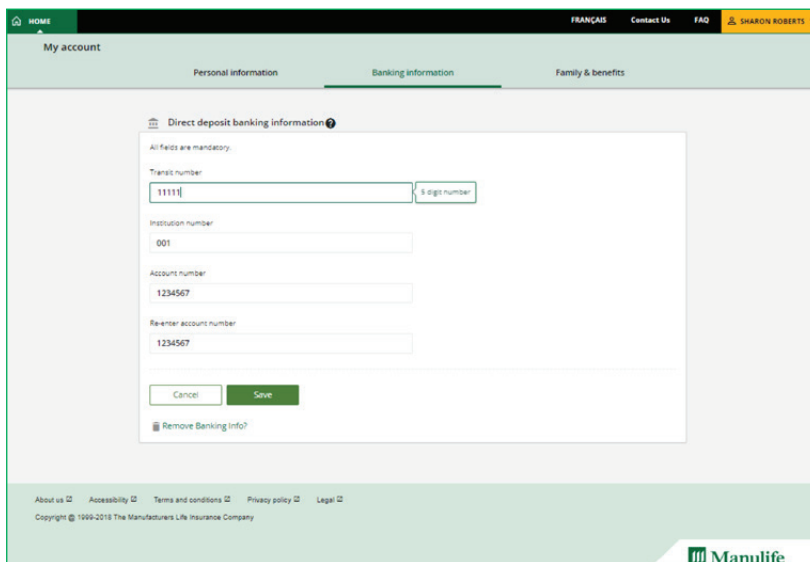
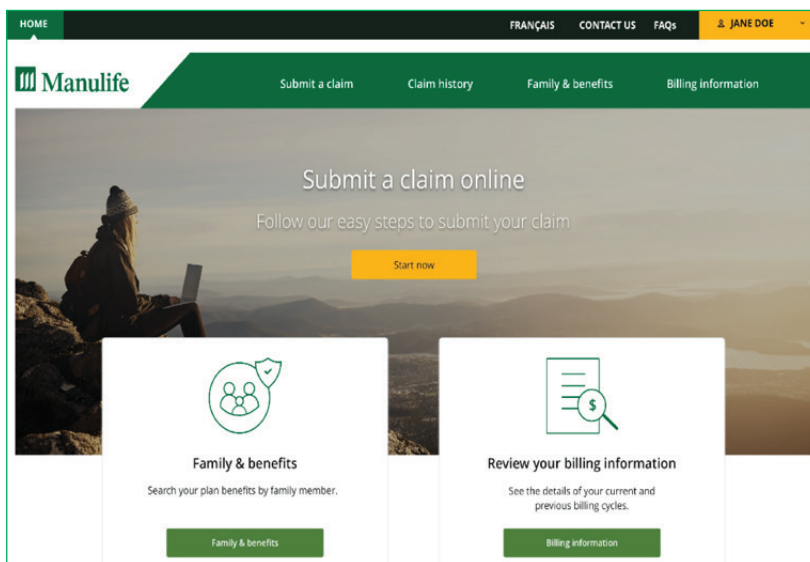
### Step 3:

Select 'Banking information' from the drop down menu

### Step 4:

Click the edit pencil to add your information and click 'Save' when you're finished.

When you sign-up for direct deposit, you will receive your claim statements electronically through the SecureServe® website. Please note that for any drug claims submitted online or by a paper claim form (not handled directly at a pharmacy), you will still receive a paper cheque for reimbursement.



## Submitting claims online

### Step 1:

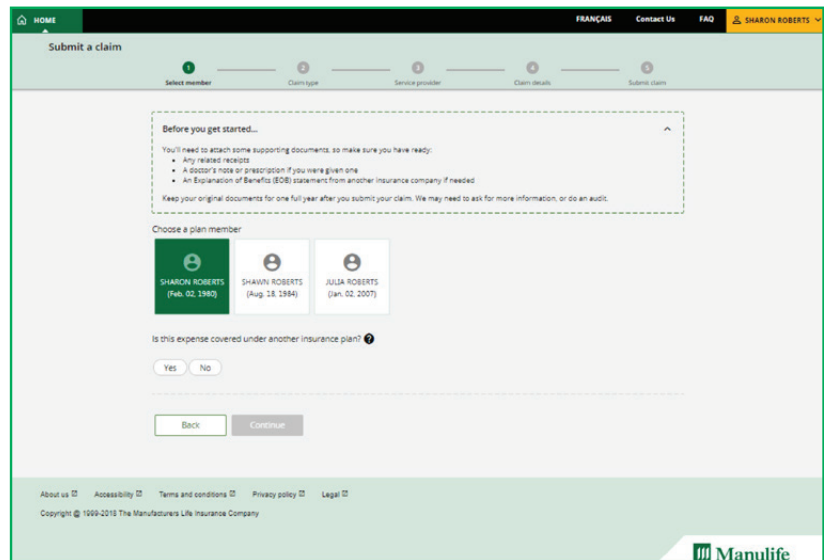
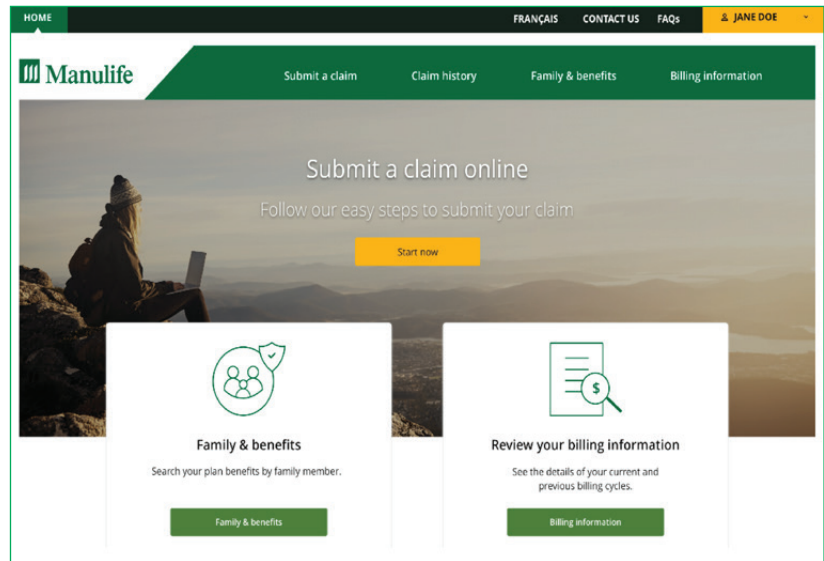
Log in to your SecureServe® Claims account. Make sure you have your provider's receipt, name, contact information and address ready.

### Step 2:

Choose 'Submit a claim' from the homepage. If you haven't already provided your direct deposit banking information and contact details, you will need to do so before submitting a claim online.

### Step 3:

Follow the step by step instructions to submit your claim online. You will receive email confirmation when your claim has been received, and a separate notification when your claims have been processed.



# Claiming benefits (continued)

## Provider-submitted claims

For many health care services covered by your plan, you may not need to fill out a claim form. Health care providers such as provincial or territorial hospitals and pharmacies and many dentists bill Manulife directly for services covered by your plan. This means that you do not need to submit a claim form. When your pharmacist, dentist or hospital bills Manulife directly, but the full amount of the claim is not covered by your policy, such as where you are required to make a co-payment under the Schedule of Benefits section of your policy or where you have reached your benefit maximum at the time the service is rendered, you will have to pay the balance directly to the provider. It is therefore important that you make the provider aware of any restrictions/exclusions which may apply to your policy.

## Insured-submitted claims

If for any reason your pharmacist, dentist or hospital does not bill Manulife directly, you are required to pay the provider and then submit your claim to Manulife for reimbursement of the eligible expense. In addition, if your policy contains a counter-offer with a policy exclusion, you may be required to submit your claims directly to Manulife. Claim forms can be obtained by calling 1-800-268-3763 or by visiting us online.

To submit your claim by mail, complete a claim form attaching receipts and all pertinent documentation required for your claim (see “Submitting benefit claims directly to Manulife”) and send to:

### Health and Dental Claims Services

Manulife, Affinity Markets  
P.O. Box 670 Stn Waterloo  
Waterloo, ON N2J 4B8

Once your claim has been reviewed and deemed an eligible benefit, a reimbursement will be issued by cheque or direct deposit. Cheques will be mailed to you along with the Explanation of Benefits (EOB). For claims paid by direct deposit the EOB will be made available online.

# Submitting benefit claims directly to Manulife

## Receipts

### Prescription drugs

Receipts (not statements) must show the name of the drug, drug identification number (DIN), date of service, prescription number, strength, quantity, drug cost and dispensing fee.

### All other receipts

Official receipts must have all essential information of the person or company providing the service and must clearly show:

- name of patient
- date(s) of service
- description of service
- cost of each service rendered
- name of practitioner
- type of practitioner
- licence and/or registration number of the practitioner

## Prosthetic appliances/durable medical equipment/hearing aids

It is recommended that a written estimate be obtained outlining the charges for the purchase or rental of medical equipment. Manulife will review the estimate and advise you of the amount of benefits payable.

Claims for prosthetic appliances, durable medical equipment or hearing aids must be accompanied by the receipt where applicable and a copy of the Government Health Insurance Plans contribution statement (including portion paid), along with a written prescription/functional assessment from a certified plan authorizer.

## Extended health care services

Services payable under your policy are only payable after any applicable Government Health Insurance Plan (GHIP) yearly dollar benefit maximum has been reached (refer to your Schedule of Benefits). Please refer to the section “Claiming Benefits” when making a claim for these services.

**You must include documentation from your medical practitioner stating the date the GHIP yearly dollar maximum allowance was reached.**

Note: Any billing amount within the eligible per visit GHIP allowance is not covered and is your responsibility. Please refer to your Schedule of Benefits for specific coverage.

# Submitting benefit claims directly to Manulife (continued)

## Homecare and nursing

Please call 1-800-268-3763 and follow the prompts to reach our Customer Service department for information and nursing approval forms prior to commencing such services.

## Dental benefits

Dentists are encouraged to submit claims directly to Manulife for reimbursement. This method is fast, economical and convenient for you, as you only need to show your benefit card to confirm coverage for the services provided. If a dentist does not want to submit your claim directly to Manulife, they will identify the services provided using the standard dental claim form approved by the Canadian Dental Association. This claim form must then be submitted to Manulife.

## Pre-determination of dental benefits

When you, your co-insured or dependant is about to commence major dental work, we recommend that the dentist provide Manulife with an outline of the proposed treatment plan, including the intended procedures and cost. (X-rays are often required to assess the treatment.)

## Vision benefit

To submit a claim for the purchase of prescription lenses/frames/contact lenses, use the standard Extended Health Care claim form and send it to Manulife, together with the receipt from the provider.

## Accidental Death and Dismemberment benefit

For details and additional information about the appropriate documentation required, please contact:

## Life Claims Service

Manulife, Affinity Markets  
P.O. Box 670 Stn Waterloo  
Waterloo, ON N2J 4B8  
or call us at 1-800-268-3763





### Emergency Medical Travel coverage

If your plan includes a travel benefit and you wish to make a claim within Canada or the U.S. or in the event of an emergency while outside of Canada or the U.S., refer to your Manulife World Assistance Card for the telephone numbers of the appropriate Emergency Assistance Centres.

Please note: Not all benefits may apply to your plan. Please refer to your Schedule of Benefits page included with your contract.

# Important notes regarding claims submissions

## Request for additional information from your health care practitioner

For the purpose of assessing your claims, you may be asked to provide Manulife with additional medical information.

In this event, our claims team will advise you of the specific information that is required in order to complete the assessment of your claim. You will be responsible for any costs associated with obtaining this information. Manulife will generally accept an explanatory note that is written on a medical script pad from the medical practitioner, but on occasion, more detailed information may be required.

## Medically necessary

In order to be considered for payment, eligible health claims must be deemed medically necessary under the terms of your policy. Preventative dental claims are allowable to the extent they are defined under your policy.

## Counter-offer exclusions

If your policy was issued with any exclusion, as described in a counter-offer agreement made with you, claims are not eligible if they relate to these exclusions. This means that any treatments (including but not limited to medications) relating to the policy exclusion will be exempt from payment. In the event that a treatment, medication or health service that would otherwise be used to treat an excluded condition is being used to treat an unrelated medical condition, you will be required to provide us with supporting information to this effect from your treating medical practitioner, at the time you submit your claim, in order for it to be considered for payment.



## Claims review

Manulife is committed to providing you with cost-effective insurance coverage. To this end, our Claims Review Process is designed to verify that claim payments are being made in compliance with the terms of the policy. As such, claims submitted may be selected for a claims review from time to time. Claims submitted for Accidental Death and Dismemberment benefits are reviewed in accordance with the terms of the policy.

## Deadline for submission of claims

Full written proof of claim satisfactory to Manulife must be submitted within 12 months from the date charges are incurred.

### Don't let others put your benefits at risk.

Most service providers are great. They're ethical and have your best interest at heart. But some don't. There are some providers who will submit claims in your name for services you didn't have.

Knowing what your service providers are claiming is important. Making false or embellished claims is against the law. When it happens, it increases the costs of benefits plans.

### What can you do?

If something doesn't feel right about a claim, let us know! It won't take long for you, but it's very helpful for us.

**Web:** [manulife.ca/shareandprotect](http://manulife.ca/shareandprotect)

**Email:** [Shareandprotect@manulife.ca](mailto:Shareandprotect@manulife.ca)

**Tel:** 1-877-481-9171

Misuse and abuse hurts everyone. Be part of the solution. Find out more at [manulife.ca/protect](http://manulife.ca/protect).

## Coordination of Benefits (COB)

If you have health or dental coverage with Manulife, and your spouse has health or dental coverage with Manulife or another insurance company under which you are covered as a dependant, you can use this to your advantage. The two plans may be identical, or, more than likely, they may have slightly different levels of coverage and provide different options.

By telling Manulife and your spouse's insurance company about each other – before a claim is submitted – they can apply industry-wide guidelines for coordination of benefits (COB). The guidelines were established by the Canadian Life and Health Insurance Association and ensure that health and dental care claims for all insurance companies, plans and Plan Members are treated according to a series of rules applied in a particular order.

For COB to work properly you must know to which insurance company you must first submit claims for you and your spouse.

Keep your COB information up to date by making sure your claim form always has your Plan number and insurance carrier. Manulife will compare what is recorded on your claim form with any COB information you provided when you enrolled, and adjust your file if need be.

# Changes in personal information

## Change of address

If you change your address, it is very important that you notify us immediately. All communications from Manulife are sent to your last address on file. If you don't advise us of your change in address, we have no way of keeping you informed of important benefit or premium changes.

## Changes in status

It is important that you notify Manulife in writing within 30 days of a change in the status of any co-insured or dependant, including any change in your marital status that affects your coverage.

## Adding a co-insured to your plan

A co-insured or partner may be added to your coverage at any time by submitting a written application and having him or her fill out a medical questionnaire, if applicable.

## Adding a dependant to your plan

A dependant may be added to your coverage at any time by submitting a written application and filling out a medical questionnaire, if applicable. Manulife does not require a medical questionnaire for newborns if we are notified in writing within 30 days of the birth, in which case coverage will be effective the first day of the following month pending notification and approval by Manulife. Please refer to the definition of a dependant under your policy.

## Effective date of changes

Please note that, unless otherwise specified, changes to existing coverage will become effective on the first day of the month following the date the change is approved. Similarly, coverage for newly added co-insureds or dependants will become effective on the first day of the month following the date the application is approved. Manulife will notify you of any rate adjustments and of any additional premiums due as a result.

## Continuing the coverage of a co-insured or dependant upon a change in status

A previously covered co-insured or dependent child (including a dependent child who reaches age 21) is eligible to continue his or her current coverage under a separate policy, if an application is made within 30 days of the date of the change in status. If the request is made after 30 days, a medical questionnaire may also be required, in which event coverage will not take effect until the first of the month following approval.

Note: To ensure continuation of coverage for a divorced co-insured or previously dependent children, you must complete an application and submit it to Manulife within 30 days of the change in status.

## Change in name

So that we may update our records, notify us if there has been a change in name for any of the individuals covered under your policy, including the reason for the change and the date of the change.

## Changes in banking information or billing options

To avoid a lapse in coverage, please contact Affinity Policy Service for the following changes:

- Any change in banking information (e.g. bank branch, location or account number), if your monthly premium is automatically withdrawn from your account – enclose a new “VOID” cheque with your written notification of the change.
- Change to the method or frequency of payment
- Any change in credit card information.

Note: Please allow a minimum of 10 business days' notice to initiate any of the above changes. Updates to banking information for claims payment can be done online.



# Health plan changes

## How to notify us about changes

You can use any of the following methods to notify us:

**Phone:** Call us at 1-800-268-3763

**Mail:** Send your change request to: Affinity Policy Service, Manulife, P.O. Box 670 Stn Waterloo Waterloo, ON N2J 4B8

**Online:** Download Change of Information form from [manulife.ca](http://manulife.ca)

## Upgrade your coverage

You can apply at any time to upgrade your coverage by completing a written application. You may also be required to complete a medical questionnaire. Your new premiums will be based on the number of approved options that you select.

**To obtain an application, visit [manulife.ca](http://manulife.ca) or call 1-800-268-3763.**

**Please send your completed application to:**

New Business  
Manulife, Affinity Markets  
P.O. Box 670 Stn Waterloo  
Waterloo, ON N2J 4B8

## Designation/change of a beneficiary under Accidental Death and Dismemberment benefit

To designate a beneficiary if you have not already done so, or to change an existing designation, please complete the Beneficiary Designation Form and return it to Manulife's Policy Service department.

## Changes in your premium

### Changes in age

The amount of the premium payable for your plan is determined, in part, by the age category or "band" that you fall within. As you, your co-insured and dependent children

progress through the various age bands, the monthly premium will be adjusted automatically on the first day of the month following the date your age band changes. We will advise you, in writing, of your new premium within 30 days of the upcoming change.

### Rate changes

Every effort is being made to keep premiums affordable, while providing quality benefits. Premiums are monitored and may change periodically in response to changing health care costs, provider fees or plan usage. Changes are not administered on an individual basis but rather, consideration is made for the claims experience of the plan, the anticipated claims experience for the coming year and the rate of inflation. We will advise you, in writing, of any change in premium within 30 days of the upcoming change.

**Note:** You will be notified of changes in your premium by mail to the address we have on file. If you change your address without notifying us, we have no way of keeping you informed. Please help us to keep you informed.

### Drug utilization review

At Manulife, we care about your health and well-being. That's why we introduced Drug Utilization Review (DUR): a computerized service designed to help safeguard you from potentially harmful drug interactions, overdoses and other potential problems with prescription drugs.

### Here's how DUR works:

- When you bring your prescription to your pharmacy, your pharmacist can enter your drug claim electronically.
- The drug system reviews your prescription history and will alert your pharmacist to potential problems with your prescription, such as a dangerous interaction with another drug you are taking, even if you had past prescriptions filled at different pharmacies.



# Income tax receipts

Manulife will issue receipts online for income tax purposes by the end of February for premiums paid up to the end of the previous December. Please consult your financial advisor to determine if you are eligible to submit your receipt for income tax purposes.



# Complaints Handling

**In this section of your handbook**, we'll explain some of the guidelines we've put in place to provide you with the best service possible, how we'll work with you to resolve any complaints, and the rights you have while dealing with us.

## **Customer service and complaint resolution:**

At Manulife, we strive to resolve our clients' complaints promptly, accurately and with the utmost sincere courtesy. We believe we have provided our customers with several ways to communicate their concerns, and will handle all complaints and personal information collected, whether written or oral, in a timely, professional and confidential manner.

## **Manulife has a simple complaint resolution process:**

1. Please contact our Affinity Markets Contact Centre at 1-800-268-3763 about your concern. Most problems can be resolved quickly and easily by speaking with your advisor or with a Contact Centre representative.
2. If your concern isn't resolved to your satisfaction, please ask to speak with a manager in the Affinity Markets Contact Centre.
3. To request additional consideration of your problem, you may ask to have your complaint referred to the Client Relations department for an additional review.

**Toll free:** 1-855-891-8671

**Fax:** 1-888-259-6351

**Email:** Client\_Relations\_Team@manulife.com

4. If, after your complaint has been investigated by the Customer Experience Care Team, your concerns are not resolved to your satisfaction, please contact the Ombuds Office.

**What you can expect:** The Ombuds Office will conduct a further independent investigation of your complaint to ensure every effort has been made to understand the circumstances around the complaint, by gathering all known facts and information and by conferring with all parties and departments who may have additional knowledge or information. This Office will also ensure the company's complaint handling processes have been followed appropriately and fairly. After the Ombuds Office has completed their investigation, you will receive a written response which will be considered Manulife's final position.

Manulife, Ombuds Office

500 King Street North

Waterloo, ON N2J 4C6

**Telephone:** 519-747-7000 ext. 248874

**Toll-free:** 1-877-318-4054

**Fax:** 519-747-6325

**E-mail:** ombuds.office@manulife.com

5. If, after following our complaint resolution process, you continue to remain dissatisfied and wish to pursue your complaint, external recourse is available to you, through various consumer organizations.

External resources:

The OmbudService for Life & Health Insurance (OLHI) deals with concerns about life and health insurance products and services that have not been resolved through the company's dispute resolution system.

Toll free:

1-888-295-8112 or 1-866-582-2088 (French)

**In Toronto:** (416) 777-9002, or

**In Montreal:** (514) 282-2088

**Website:** olhi.ca

**In Quebec** – The regulation of life insurance companies in Quebec is administered by the Autorité des marchés financiers. If after dealing with the OLHI, you remain dissatisfied with the way your complaint has been handled or with the results of the process, you may ask that your file be transferred to the Autorité.

# Additional information and how to contact us

📞 1-800-268-3763    🖥️ [manulife.ca](http://manulife.ca)

## Effective date of coverage

The effective date of coverage is shown on the Summary Page of your policy. Only charges for services covered under your policy and rendered on or after the effective date of your coverage are eligible for reimbursement.

## Cancellation of coverage

The Agreement will remain in force from month to month provided the required premiums are paid when due. Coverage will terminate at the end of the last month for which premium payment was made and accepted by Manulife. Premiums are prepaid one month in advance. In case of non-payment, coverage will be cancelled according to the terms outlined in your policy.

You may cancel your coverage by providing us with 30 days notice. If your monthly premium is automatically withdrawn from your bank account, written notice of cancellation must be received by the 15th of the month to prevent a withdrawal the following month.

Important: If you cancel your coverage and decide to apply again at a later date, there is a 24-month waiting period before another application will be considered. When a new application is submitted, medical underwriting (if applicable) will apply and rates and/or benefits may be adjusted based on your medical condition at the time you re-apply.

## How to contact us

Please quote your Plan and Identification Numbers from your benefit card on all correspondence.

**Online:** use the 'Contact us' section of our website at [manulife.ca](http://manulife.ca)

### Please call us at:

**Phone:** 1-800-268-3763

**Fax:** 1-800-987-0627

### Or write to us at:

Affinity Policy Service  
Manulife,  
P.O. Box 670, Stn Waterloo  
Waterloo, ON N2J 4B8



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