

BCMA Health Benefits Trust Fund

Guide to Submitting Cost-Plus Claims

To ensure prompt handling of your claim, please follow these instructions carefully.

➤ Step 1: Submit eligible Extended Health and Dental expenses to Great-West Life

- **For prescription drug expenses**, present your pay-direct drug card at your pharmacy for immediate claim adjudication and reimbursement. Any unpaid amount will be listed on the original Pharmacare receipt as “Patient Pays” and may then be claimed under the “*Cost Plus*” portion of the Plan (see Step 2 below).
- **For dental expenses and any other expenses eligible under the Extended Health benefit as outlined in your Plan Booklet “Your Group Benefits”** (e.g. physiotherapy, psychologists, ambulance, etc.), submit ALL claims to the HBTF Benefits plan with Great-West Life first. If your dentist submits claims electronically, ask for a Claim Statement which summarizes the services performed and amount paid by Great-West Life. Otherwise, if your dentist is not able to submit claims electronically or for other extended health claims, submit your claim online at <https://groupnet.greatwestlife.com/public/signin/> or attach your **original** receipts (keeping photocopies for your records) to a Great-West Life Extended Health or Dental Claim form, and submit to the postal address on the form. You will then receive a Claim Statement from Great-West Life summarizing the amounts paid and an explanation for any amounts not paid. If you submit your claim on the Great-West Life website, you do not need to complete a paper claim form – just fill in the information online. After registering and signing onto the Great-West Life website, you will be guided through the claiming process in a few easy steps (keep your original receipts and supporting documents as Great-West Life may randomly audit the claim). The Great-West Life website will process your claim and you will receive an online Claims Statement. Any unpaid amount may then be claimed under the “*Cost Plus*” portion of the Plan (see Step 2 below).
- **Other expenses not eligible under the HBTF Benefits Plan with Great-West Life** can be submitted directly to the Doctors of BC through the “Cost Plus” portion of the Plan (see Step 2 below), if the expense qualifies as an eligible medical expense under the Income Tax Act.

➤ Step 2: Complete and submit your Cost Plus Claim ONLINE.

- Access the online Cost Plus claims submission form via <https://www.doctorsofbc.ca/>
- Login – Click your name at the top right hand corner (this brings you to My Account) – Click “HBTF Cost Plus Claims” under heading “My Insurance”.
- Fully complete steps 1 - 3 of the claims process, **print and finalize** the claim to Doctors of BC. Once the claim has been submitted to Doctors of BC, a confirmation email will validate that your claim was has been processed successfully.
- Keep all **original** receipts and/or **the entire** Claim Statement(s) (including explanatory codes) from Great West Life as explained in Step 1 (along with photocopied receipts).
- The Doctors of BC may check the accuracy of the information given in support of your claim and reserves the right to request that you send in the original receipts and/or supporting documents within 12 months of you submitting your claim online. The CRA will also require this documentation upon request.

➤ Step 3: Payment Processing (“Cost Plus” Claims)

- Doctors of BC will withdraw the full claim amount plus the applicable administration fee* from the business bank account designated by you or your Employer / Corporation (first notifying the Employer / Corporation via e-mail of the amount to be withdrawn). **The Employer / Corporation should print a copy of this e-mail as it is their official receipt for income tax purposes and no duplicate will be issued.**
- Approximately one week later (to give the withdrawal time to clear the bank), Doctors of BC will deposit the amount of the eligible expense to your personal bank account.

* The administration fee is 7% of the payable claim amount, subject to a maximum charge of \$250 per claim and a minimum charge of \$25 per claim. The minimum claim submission amount is \$100 (or the amount of outstanding expenses to be claimed at December 31 of a benefit year, if less than \$100).

FREQUENTLY ASKED QUESTIONS:

➤ **What expenses can be claimed under the Cost *Plus* Claims?**

- Expenses must meet the Canada Revenue Agency’s (CRA’s) tax deduction guidelines for eligible medical expenses under the Income Tax Act. A detailed listing is included in CRA’s Interpretation Bulletin IT-519R2 – Medical Expenses and Disability Tax Credits. This bulletin can be accessed through the CRA website (<https://www.canada.ca/en/revenue-agency/services/tax/technical-information/income-tax/income-tax-folios-index/series-1-individuals/folio-1-health-medical/income-tax-folio-s1-f1-c1-medical-expense-tax-credit.html>)

It is your responsibility to determine if your medical expenses are allowable under the CRA’s rules and guidelines. If you are in doubt about the eligibility of an expense, you should discuss the expense with your accountant or tax advisor, or contact CRA for an official ruling at 1.800.959.8281.

➤ **Who is eligible to claim under my Cost-*Plus* Claims?**

- Immediate dependents (legal spouse and dependent children) as defined in Your Group Benefits booklet are eligible to claim under the Cost-*Plus* Plan. In addition, any person who qualifies as a dependent for the purpose of claiming medical expenses on your income tax return is considered an eligible dependent for the purpose of making a claim under the Cost-*Plus* Plan.

➤ **What if my family has other coverage under my spouse’s Plan?**

- If your family is also covered by your spouse’s Group Extended Health and/or Dental Plan, follow the Coordination of Benefits instructions in the General Information section of “Your Group Benefits” booklet. (Please note: some Insurers use the term “Explanation of Benefits” instead of “Claim Statement”). You should exhaust all coverage available to you through all Group plans before submitting any claims to the Cost-*Plus* Plan.

➤ **Why are “original receipts” required?**

- The Income Tax Act does not permit payment for expenses for which you may have been reimbursed by an Insurer or another party. If you have claimed expenses through Great-West Life, or another insurance carrier, and do not have the original receipts, the original Claim Statement (or Explanation of Benefits) from that plan and **copies** of receipts must be retained in your records to support your Cost-*Plus* claim, for auditing purposes.
- Acceptable receipts must clearly indicate the patient’s name, provider’s name, date of service, description of service or item purchased, and total amount paid. **Invoices or statements that do not include all of these items are not acceptable, nor are credit card/cash register receipts.** For prescription drug expenses, ensure you keep the **original** Pharmacare receipt obtained from your Pharmacist.

➤ **Is there a deadline to submit my claims?**

- Claims for a benefit year must be **received** within the following time frames:

	GREAT-WEST LIFE	COST PLUS
While coverage is in force	June 30 of the following year	July 31 of the following year
After coverage terminates	90 days following termination	120 days following termination

➤ **What happens if my claim exceeds my specified annual Cost-*Plus* Plan reimbursement limit?**

- If medical expenses exceed your specified annual Cost-*Plus* plan reimbursement limit, they may be carried forward for one calendar year only, and will be paid by the HBTf when the following year’s reimbursement limit becomes available.