



BeniPlus

Benefits Made Better 



Employee Benefits Guide

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Purpose of this Employee Benefits Guide

- Provide a description of your employee benefits plan.
- Show you how to use the employee benefits plan provided to you by your employer.

Contents

3 **Plan Administration**

5 **Plan Eligibility & Benefit Limits**

9 **Claim Guidelines**

12 Appendix A
Qualified Healthcare Spending Account (HSA) Expenses

4 **Accessing the BeniPlus Web App**

7 **Setting Up Your Online Account**

11 **How To Make a Claim**

16 Appendix B
Qualified Wellness Spending Account (WSA) Expenses

Plan Administration

The Parties & Definitions

The “Employer” is <insert company legal name>.

The “Plan Administrator” is BeniPlus Inc. also referred to as “BeniPlus” in this document.

The “Plan” is the Private Health Services Plan (PHSP) that the Employer provides to its eligible employees and is administered by the Plan Administrator. The Plan is also called the Benefit Wallet.

The BeniPlus “Benefit Wallet” is a proprietary web app that enables companies to give benefits to their employees and the employees to claim those benefits.

Plan Administrator

This Plan is administered by BeniPlus Inc.

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Plan Eligibility & Benefit Limits

Eligibility Guidelines

Your Employer has established eligibility guidelines for current and new employees and may update them at any time, without notice.

You're eligible to join the Plan according to the eligibility date set by your employer. If you're not sure if you're eligible, please consult the benefits plan administrator at your company. Once you're eligible, you'll receive an email notification with a username and temporary password so you can log into your benefits account using the BeniPlus web app from either your desktop or your smart device.

Dependent Eligibility

Eligible Employees can use their Plan benefits for dependents.

A dependent is defined as:

- **A spouse, legal or common-law.**
- **Unmarried children up to 21-years-old.**
- **Unmarried children who are also full-time students, up to 25-years-old.**
- **Children who are incapable of supporting themselves because of a physical or mental disability.**

Annual Benefit Limit & Employee Classifications

Your Employer determines the annual benefit limit for employees and assigns an employee classification to each employee. (Each classification—typically based on role types—is assigned a specific amount of benefit dollars.)

The annual benefit limit is the maximum amount of eligible expenditures you and your eligible dependents can claim in total per Plan year.

Plan Eligibility & Benefit Limits *cont.*

Annual Benefit Limit & Employee Classifications *cont.*

Each year, the Plan and annual benefit limit run from January 1 to December 31. Benefits are pro-rated based on the date you become eligible for benefits (and when you leave your company). For example, if you become eligible for benefits on July 1, your annual benefit limit is pro-rated to six months and you'll be eligible to claim half your annual benefit limit over those six months.

Benefit Coordination

If you or your dependent is entitled to benefits for the same expenses under another private or governmental health plan, you must coordinate the benefits so that the total benefits from all plans do not exceed the expense incurred.

This Plan is the second payer. You must first submit claims to any other carrier that provides health care coverage to you or your spouse. Any amount not paid by that carrier can be submitted under this Plan.

Termination of Coverage

Your coverage under the Plan terminates if:

- **Your employment ends.**
- **Your Employer amends the Plan and removes eligibility for employees with your classification.**
- **The Plan terminates.**

When your coverage under the Plan ends, coverage for your dependents also ends. Once your employment ends, you have 14 days to submit claims that occurred on or before your last day of employment. In this case, your annual benefit limit is pro-rated for the months you've worked in that benefit year. For example, if you leave the company on March 31st, you can claim up to 25% of your annual benefits amount as you worked 25% of the year.

Setting Up Your Online Account

As the employee, you can add dependents, update information and submit claims using the BeniPlus web app from either your desktop or your smart device.

Sign Up for Your Account

1

Once you're eligible for benefits, you'll receive an email that invites you to log in and sign up for your benefits account. This is your Benefit Wallet.

- **Click on the link in the invitation email.**
- **Enter and confirm a new password for your account.**
- **Go through the Setup Wizard which will take you through Benefits Coverage, Personal Banking and Dependents.**

Allocate Your Benefit Dollars

2

Complete the Benefit Coverage section.

- **Choose which benefit options you want in your plan, for example Healthcare Spending Account, etc. (You'll see a list to choose from.)**
- **Choose how much of your total coverage to allocate to each type of benefit you chose. (This maximum allocation is an annual amount and may be pro-rated if you start within the calendar year, but you still must allocate all your benefit dollars before continuing to the next step. Once the allocations are made, you won't be able to change them again until the beginning of the next year.)**

Add Your Banking Info

3

Complete the Personal Banking section.

- **Input your personal banking information and upload a scanned copy of a void cheque. (This bank account information is used to reimburse you for approved claims.)**

Setting Up Your Online Account *cont.*

Add Your Dependents

4

Complete the Dependents section.

- Enter the eligible dependents (as defined in this handbook) that will be covered under your plan.

Complete Your Account Set-up

5

Finalize the account set-up for your Benefit Wallet.

- Review your information to ensure all the information is correct.
- Click Finish set up to finish signing up for your account.

Claim Guidelines

It's easy to make claims that follow the guidelines of the Plan. Submitted claims that don't follow these guidelines may be rejected.

To meet the claim guidelines for the Plan, you must:

- **Pay for benefit expenses with personal dollars.**
- **Ensure that the receipt shows it's paid in full before submitting it.**
- **Submit the claim within 365 days from the date of the expense. Claims submitted after one year will not be accepted.**
- **Only submit expenses that occurred after you were enrolled in the plan.**

BeniPlus suggests keeping your original expense receipts on file (Canada Revenue Agency recommends individuals keep tax records for six years). BeniPlus reserves the right to perform random audits to validate submitted claims.

Eligible Claims

Please see **Appendix A: Qualified Healthcare Spending Account (HSA) Expenses** and **Appendix B: Qualified Wellness Spending Account (WSA) Expenses**.

Guidelines for Employees Coordinating Benefits

To coordinate benefits, you must submit eligible expenses to the first payer (any other carrier that provides health care coverage to you or your spouse). After the first payer pays, you can submit a copy of the receipt and the claim statement from the first payer to BeniPlus.

How Claims are Processed

For medical expenses submitted through a healthcare spending account, BeniPlus uses the guidelines outlined by the Canada Revenue Agency. For a complete list of eligible medical expenses, click [**here**](#).

Claim Guidelines *cont.*

How Claims are Processed *cont.*

After claims are submitted, BeniPlus reviews each claim to assure it meets eligibility requirements.

Claims are typically processed within 24 hours of being received. A claim may be rejected for several reasons. If it's rejected, you'll be informed of the reason and asked to resubmit the claim.

Once the claim is approved, you will typically be reimbursed within three to five business days. Claims are reimbursed directly into your bank account 2-3 Business days after the funds are available.

How to Make a Claim

Submitting a claim is easy and once your claim is approved, you'll be reimbursed into your BeniPlus Wallet, typically within three to five business days. From claim submission to payment generally takes less than six days.

From Your Desktop



- 1) Go to the Claims tab in your employee portal.
- 2) Click on the Add Claim button.
- 3) You'll see a pop up; Click Add a Receipt.
- 4) Upload a copy of the receipt.
- 5) Fill in the information in the claim pop up.
- 6) Click Save.
- 7) Click Submit Your Claim.
- 8) Check the boxes.
- 9) Click the Agree and Continue button to complete the claim.

From Your Smart Device



- 1) Download and log in to the BeniPlus App.
- 2) Click on the Add Claim button at the bottom of the page.
- 3) You'll see a pop up; Click Add a Receipt.
- 4) Upload a copy of the receipt; you can either upload a picture of the receipt or the receipt itself.
- 5) Fill in the information in the claim pop up.
- 6) Click Save.
- 7) Click Submit Your Claim.
- 8) Check the boxes.
- 9) Click the Agree and Continue button to complete the claim.

How to Get Help

If you have questions about using the Plan, please contact BeniPlus directly at 1-888-859-3579.

Appendix

Qualified Healthcare Spending Account (HSA) Expenses

Health Care Professionals



- Acupuncturist
- Christian Science Practitioner
- Chiropodist
- Chiropractor
- Dentist
- Dental Mechanic
- Dermatologist
- Gynecologist
- Massage Therapist
- Naturopath
- Neurologist
- Nutritionist
- Obstetrician
- Oculist
- Ophthalmologist
- Optical service
- Optician
- Optometrist
- Orthodontist
- Orthopedist
- Osteopath
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Practical Nurse
- Psychiatrist
- Psychoanalyst
- Psychologist
- Registered Nurse
- Speech Therapist
- Therapist

Hospital Services



- Anesthetist
- Operating room
- Oxygen masks, tent
- Vaccines
- X-ray Technician

Medication



- All prescription drugs, insulin or substitutes, liver extract, injectable for pernicious anemia.
- Oxygen
- Any prescription medicines prescribed by a qualified medical practitioner and recorded by a licensed pharmacist containing a DIN number.
- Tapes or tablets for sugar content tests by diabetics, if prescribed
- Viagra
- Vitamin B12 for pernicious anemia

Appendix

Qualified Healthcare Spending Account (HSA) Expenses *cont.*

Prescribed Medical Treatment



- Blood transfusion
- Bone marrow or organ transplant
- Diathermy nursing
- Electric shock treatments
- Healing services
- Hydrotherapy
- Insulin treatments, injections
- Laser eye surgery
- Prenatal, postnatal treatments
- Psychotherapy
- Radium therapy
- Speech pathology or audiology
- Ultra-violet ray treatments
- Whirlpool baths
- X-ray treatments

Other Materials and Apparatus That Don't Require a Prescription



- Any apparatus or material, paid to a doctor, nurse or hospital
- Artificial eye
- Artificial limb
- Artificial kidney machine, including installation, operating costs
- Brace for a limb
- Colostomy pads
- Crutches
- Hernia truss
- Ileostomy pads
- Iron lung
- Laryngeal speaking aid

Laboratory Examination and Tests



- Blood tests
- Cardiographs
- Metabolism tests
- Spinal fluid tests
- Stool examination
- Urine analysis
- X-ray examination

All Dental Services



- Denture repairs & replacement
- Dental X-rays
- Examinations
- Extracting teeth
- Oral surgery (e.g. root canal)
- Straightening teeth (e.g. braces)

Appendix

Qualified Healthcare Spending Account (HSA) Expenses *cont.*

Any Product, Procedure or Service You May Receive from a Medical Professional



- An external breast prosthesis
- Any device designed to assist walking where the individual has a mobility impairment
- Contact lenses
- Devices designed to assist a person to use bathtubs, showers or toilets
- Devices designed to enable individuals with a mobility impairment to operate a vehicle
- Devices used by individuals suffering from a chronic respiratory ailment or a severe chronic immune system deregulation
- Electronic speech synthesizer for mute individuals
- Electronic or computerized environment control systems for individuals with severe prolonged mobility restrictions
- Equipment that enable deaf or mute persons to make and receive telephone calls including visual ringing indicators, acoustic coupler, teletyping, which makes telephone communication possible with other persons
- Extremity pumps or elastic support hose to reduce lymph edema swelling
- Heart monitors or pace makers
- Hospital beds, if required in home
- Inductive coupling osteogenesis stimulator
- Infusion pumps for diabetics, including peripherals
- Monitors attached to babies identified as being prone to sudden infant death syndrome
- Optical scanners or similar devices for a blind individual to enable him/her to read print
- Orthopedic shoes or boots
- Oxygen tent
- Power operated guided chair installation for stairways
- Power operated guided lifts and transportation equipment designed to access buildings, vehicles, or to allow wheelchair access to a vehicle
- Synthetic speech systems, Braille printers and large print-on-screen devices that enable blind persons to utilize computers
- Syringes

Appendix

Qualified Healthcare Spending Account (HSA) Expenses *cont.*

Any Product, Procedure or Service You May Receive from a Medical Professional



- Television closed captioning decoders
- Wigs if required as a result of disease, accident or medical treatment

Other Expenditures



- Ambulance charges
- Chiropractic care
- Dependant adult care costs
- Eye glasses & contact lenses
- Varicose vein treatment
- Homemaker service & home care attendant (must not be a relative)
- Prescription birth control pills
- Reasonable cost for adapting a residence to accommodate a disabled person (e.g. wheelchair ramp, lifts, bath facilities)
- Rehabilitative therapy, lip reading and sign language training
- Specially trained animals to assist the blind/deaf, for severely impaired persons, including the cost of the animals care and maintenance
- Transportation cost to hospital, clinic or doctor's office to obtain services not otherwise available
- Transportation, meals and accommodations. Reasonable expenses for patient and an accompanying attendant may be deductible if:
 1. Equivalent medical services are not available locally
 2. The route traveled is reasonably direct
 3. Medical treatment is reasonable and distance traveled is at least 80 kilometers

*Please note the category listings of included products and services are examples only and are subject to change