



BeniPlus

Benefits Made Better 



Employer Benefits Guide

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Purpose of this Employer Benefits Guide

- Provide an outline of the Agreement between the Employer and the Plan Administrator.
- Provide a description of how the plan works for the Employer and their employees.

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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 Commencement

This Plan commenced on the effective date of the Agreement. Eligible employees can join the Plan on or after the Agreement date.

Plan Amendments

The Employer can make these changes to the Plan without penalties or additional fees:

- Update contact information.
- Add new employees.
- Remove employees.
- Add and modify employee classes and annual benefit limits.
- Establish new employee eligibility guidelines.

Plan Administration

Administration Fee

As per the Agreement, the Employer pays the Plan Administrator an Administration fee of 10% plus applicable taxes on the total value of all claims submitted through the Healthcare Spending Account (HSA) and the Wellness Spending Account (WSA). These fees are only applicable to claims that are actually made by an employee.

Termination of Coverage

The Employer may terminate the plan at any time with 30 days written notice. Once a plan is terminated any funds remaining in either the Employer's or employee's BeniPlus Wallet will be returned accordingly.

Plan Eligibility & Benefit Limits

Eligibility Guidelines

The Employer may establish eligibility guidelines for current and new employees and may update them at any time, without notice.

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

Employees are divided into categories called Classes, which determine the annual benefit limit for each employee within it.

The annual benefit limit is the maximum amount of eligible expenditures the employee and their eligible dependents can claim in total per Plan year, which runs from January 1st to December 31st.

Benefit Coordination

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

The Plan is the second payer. Employees must first submit claims to any other carrier that provides health care coverage to them or their spouse. Any amount not paid by that carrier can be submitted under this Plan.

Setting Up Your Online Account

As the Employer, you can manage your company's benefit plan, pay for claims and top up your benefits account using the BeniPlus web site or the BeniPlus app.

Set Up Wizard

1

Visit <https://employer.beniplus.ca/sign-up/> to start the sign up process. Once you have entered your credentials, you will be taken to the Set Up Wizard:

- Company Information
- Standard Plan
- Classes
- Funding
- Services Agreement

Company Information

2

The first step will be for you to input your company information. Please note the following:

- You are required to provide all information with an * beside it.
- Sole Proprietor refers to a legal designation. Please click "No" if you have a corporation, LLP etc. even if you are the sole owner and/or employee.

Standard Plan

3

Enrollment Coverage

- The Employer decides which coverage they would like to make available to their employees by clicking on each product.

Plan Preferences

- Unused benefits may only be rolled over for 1 year if this option is chosen.
- New Employees will be unable to claim any benefits until their Eligibility Date.
- Benefit Amounts may be pro-rated based on when an employee starts their plan within the January 1 to December 31 Plan year.

Setting Up Your Online Account *cont.*

Standard Plan *cont.*

3

- Employees will be able to submit outstanding claims up to 14 days after their plan has terminated.

Classes

4

The Employer may offer different tiers of benefits to their employees, which are called Classes.

- **Owners are only eligible for benefits based on their status as an employee of the company.**
- **Coverage Amount is the total annual maximum employees in a Class may claim.**
- **We offer some suggested Classes, but the Employer is free to create their own Classes to suit their situation.**
- **Classes must be non-discriminatory. Everyone who fits the criteria within a Class must receive the same annual maximum.**

Funding

5

Funding is primarily done through the PAD agreement. No payments are made from your bank account unless pre-authorized by you during the Top Up process or if you have selected the Auto Top Up option .

Top Ups may also be made by e-transfer or Bill Pay, but the employer will be responsible for notifying BeniPlus of payments by emailing a proof of transfer to topup@beniplus.ca.

Funding

6

Once the Set Up Wizard has been completed, you will be prompted to Add Employees, which can be done through the Employee tab. When an employee is added, they will receive an email inviting them to onboard themselves onto the plan. They will go through a Set Up Wizard similar to the Employer.

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, employees 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 they were enrolled in the plan.**

How Claims are Processed

After claims are submitted via the app, BeniPlus reviews each one to ensure everything is in order. For medical expenses submitted through a healthcare spending account, BeniPlus uses the guidelines outlined by the Canada Revenue Agency. See **Appendix A: Qualified Healthcare Spending Account (HSA) Expenses** and **Appendix B: Qualified Wellness Spending Account (WSA) Expenses for a list of typical expenses.**

If further information is required about a submitted claim, BeniPlus will contact the employee by email or telephone. Incomplete claims will not be processed.

Claims are typically processed within 1 business day after they are received. If a claim is approved and the Employer has sufficient funds in their Company Account to cover the claim, the claim amount will be reimbursed into the employee's Benefit Wallet immediately.

Funds are typically deposited into their personal bank accounts within 2-3 business days.

Claim Guidelines *cont.*

How to Fund Claims

There are three flexible ways to fund your BeniPlus Wallet, so you can choose the option that works best for your team:

1. Pre-fund with a float: Some companies prefer to keep a small float in their account to cover their team's expenses. Once the float has been used up, the account administrator will be notified and can then top up the account.
2. Fully automated pay-as-you-go model: With this option, the company's account is automatically debited at the end of each business day for any pending employee claims. You can turn on this setting on the 'Company Account' page of your Administrator Portal. Just click the 'Auto Top Up Setting and toggle on which categories you would like us to automatically top up.
3. Manual pay-as-you-go model: This is our system's default setting. It notifies the account administrator when claims are pending, allowing them to top up their account and transfer funds via EFT in our portal, e-transfer, or Bill Pay. There is normally a 2-3 business day waiting period from the time the Top Up is submitted and the funds are withdrawn from the Employer's account until the time it is available in the employee's BeniPlus Wallet.

How Employees Make a Claim

Submitting a claim is easy and once a claim is approved, employees will be reimbursed into their BeniPlus Wallet. The time from claim submission to payment generally takes 3-5 business 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) Go to the Claims tab in your employee portal.
- 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



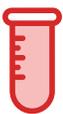
- Blood transfusion
- Bone marrow or organ transplant
- Diathermy nursing
- Electric shock treatments
- Healing services
- Hydrotherapy
- Insulin treatments, injections
- Laser eye surgery
- Prenatal, postnatal treatments
- Psychotherapy
- Radium therapy
- Speech pathology or audiology
- Ultra-violet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