

More About Your Benefits

UNITE HERE HEALTH AND WELFARE PLAN

**COORDINATION OF BENEFITS
FREQUENTLY ASKED QUESTIONS**

September 2020

Coordination of Benefits - Frequently Asked Questions

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Introduction

This UNITE HERE Health and Welfare Plan Coordination of Benefits-Frequently Asked Questions document is to assist you in understanding how your Plan's Group Medical and Dental benefits are coordinated when you and/or your spouse have insurance coverage under more than one group benefit plan.

These procedures are reflect the guidelines set by the Canadian Life and Health Insurance Association (CLHIA) and are incorporated to ensure that the rules of insurance industries are consistent when processing claims for individuals with more than one group benefit plan. CLHIA guidelines determine the order of who pays first. It is important to note that although coverage may not be the same in every group plan that provides coordination of benefits coverage, the combined payment cannot be more than 100% for a particular expense. Also important to know is that, there are some group benefits plans that do not have a COB provision.

In circumstances such as **Workers Compensation Benefit, Auto Insurance and Out of Country Emergency Care this document is NOT Applicable.**

UNITE HERE Health and Welfare Plan Coordination of Benefits Coverage

Under your UNITE HERE Health and Welfare Plan you must coordinate your medical benefits and dental benefits.

It is **your** responsibility to keep copies of the original receipts when applying for the coordination of benefits provision.

Please note that the rules of eligibility and the rules of your Plan pertaining to covered benefits will also apply.

Please consult your benefit booklet for the rules of your Plan.

If you have any questions, please call or write to Soben Management Ltd. (“**Soben**”).

SOBEN MANAGEMENT LTD
150 Consumers Road, Suite 302
Toronto, Ontario M2J 1P9

Telephone: 416-498-8338

FAX: 416-498-4591

Toll Free: 1-888-887-6879

Email: benefits@soben.ca

www.UniteHereBenefits.ca

To Whom Should I Send My Claim?

Claims for an Individual Member

Q: I have individual coverage with my own outside purchased medical and dental plan and I also have group coverage with my employer as a member of the UNITE HERE Health and Welfare Plan, who do I claim to first?

A: For the purpose of coordination of benefits you will claim with your UNITE HERE Health and Welfare Plan first.

Q: I am working for more than one employer participating in the UNITE HERE Health and Welfare Plan; can I coordinate benefits between employers with the same plan?

A: No, it is the same group benefit plan. Send your claims to Soben.

Q: I have more than one employer and I have full time coverage under more than one group benefits plan, who do I claim to first?

A: If you have more than one employer and coverage under more than one group benefits plan you must claim with the plan of which you had coverage with the longest.

Example:

- Employer 1 - plan member as of November 13, 2008
- Employer 2 - plan member as of May 9, 2005

You will claim with Employer 2 first – you were covered there the longest.

Coordination of Benefits - Frequently Asked Questions

Claims for Spouse/Common-law partner

My spouse has coverage with a group benefit plan that is not the UNITE HERE Health and Welfare. I am a dependent under my spouse's plan and my spouse is a dependent under my UNITE HERE Health and Welfare Plan. How do we coordinate benefit claims between plans?

Q: If the claim is for your expense:

A: You must first submit your claim to Soben with an original claim form and original receipts. If there are any unpaid amounts, you must then send a copy of your claim Explanation of Benefit Statement and a copy of your expense receipts to your spouse's benefit plan to claim any unpaid amounts.

Example:

Member's Expense

- Member submits a claim to Soben with an original claim form and expense receipts.
- Soben assesses claim and issues EOB statement to member.
- Member's spouse makes a claim to their group benefit plan for any unpaid amounts by sending copies of member's receipts and EOB statement.

David's coverage for paramedical treatment is a combined maximum of \$1500 and 80% of the cost of treatment.

This is David's first paramedical treatment claim for the year. David's annual deductible is already satisfied. David has paid \$100 for his treatment.

- Soben reimburses David \$80 which is 80% of his \$100 expense.
- David now has a \$20 out of pocket expense balance remaining.
- David's spouse submits a claim to their group benefit plan along with the EOB statement from Soben for David's remaining \$20 out of pocket expense balance.

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Q: If the claim is for your spouse's expense:

A: Your spouse must first submit a claim to their group benefit plan. If there are any unpaid amounts, you must then complete a claim form and send a copy of your spouse's claim Explanation of Benefit Statement and a copy of expense receipts to Soben to claim any unpaid amounts.

Claims for Dependent Children

Example:

Spouse's Expense

- Spouse submits a claim to their group plan benefits with original claim form and expense receipts for spouse.
- Spouse's group benefit plan assesses claim and issues EOB statement.
- Member submits a claim to Soben for any unpaid amounts by sending an original claim, copies of spouse's receipts and EOB statement.

David's spouse Linda's coverage for \$250 massage treatment was reimbursed with her benefit plan. Linda was reimbursed \$150 and still has an out of pocket balance of \$100.

- David submits a claim to Soben with a completed medical claim form, along with the EOB statement from Linda's benefit plan and a copy of the invoice and receipt.
- Soben reimburses David \$100.

Q: I am covered under the UNITE HERE Health and Welfare Plan and my spouse is covered under another group benefit plan. Our dependent children are covered under both Plans. Which Plan pays first?

A: If both parents have a group benefit plan, the Plan of the parent with the earliest birth date (month/date) in the calendar year pays first. This is also the case if the parents are divorced but they have **Joint Custody** of the children.

Coordination of Benefits - Frequently Asked Questions

Example 1:

- Mother's birthday – July 12
- Father's birthday – April 20

Father's Plan pays first since his birthdate comes before Mother's in the calendar year.

Parents with the same birth date, the plan that pays first is based on which given name of the parent appears first in alphabetical order.

Q: I am divorced and have remarried. I have custody of my child who resides with me and who is covered under my UNITE HERE Health and Welfare Plan and under my spouse's plan. My ex-spouse also has coverage with a group benefit plan that my child is covered as a dependant. What is the order of priority when it comes to paying claims for my child?

A: Parent who has custody and with whom the child lives will have to submit claims for the child to their Plan first. In this case, claims must be first submitted to Soben for the UNITE HERE Health and Welfare Plan.

The spouse of the parent with custody of the child will submit to their Plan second for coordination of benefits.

The parent, who does not have custody of the child, will submit to their Plan third for coordination of benefits.

Claims for Dependent Children (College/University)

Q: My child is a student attending an accredited educational institution in Canada and has coverage with the school and also coverage under my UNITE HERE Health and Welfare Plan. How do I coordinate coverage between the two Plans?

A: Students must send their claims to their educational institution's benefits plan first. Then, the plan's member may send the claim to Soben for coordination of benefit.

Coordination of Benefits - Frequently Asked Questions

Claims for Member and Spouse/Common-law partner both with the same Plan

Q: My spouse and I both are employed with an Employer participating in the UNITE HERE Health and Welfare Plan. When I enrolled into the Plan I added my spouse as a dependant on Enrolment and Beneficiary Designation Form. I am also added as a dependent under my spouse's coverage. How do I coordinate coverage for my spouse's claims?

A: Your spouse must first submit a claim to Soben under their coverage and at the same time, you must make a claim for your spouse under your coverage. Both parties must ensure that the claim form is completed in its entirety including the Coordination of Benefits section. Your spouse's claim form must be accompanied with the original claim receipt attached and your claim form must be accompanied with a copy of the original receipt attached. The original claim forms will be submitted together to Soben for processing.

Q: My spouse and I both are employed with an Employer participating in the UNITE HERE Health and Welfare Plan and I am a dependent under my spouse's benefit plan. I have maxed out of coverage under my benefits. How can I make a claim under my spouse's plan?

A: A simple and easy way to make a claim only under your spouse's plan is to have your spouse complete a medical form and; follow the bullet point instructions detailed in the **Example** regarding **Joe**, illustrated below. Please call Soben for more information

Coordination of Benefits - Frequently Asked Questions

Example: Coordination of Benefits for Spouse/Common Law both covered by the UNITE HERE Health and Welfare Plan

Sarah is the spouse of Joe. Sarah and Joe are employed at two different hotels participating in the UNITE HERE Health and Welfare Plan.

Sarah is entitled to \$400 reimbursement of her own coverage. She purchased glasses for \$600 and would like to be reimbursed by coordinating benefits under her coverage and Joe's coverage.

Sarah:

- Completes the Employee Information section and the Employment Information section of the Medical Form with her personal information;
- Completes the Coordination of Benefits Section of the Medical Form with information pertaining to Joe;
- Lists 1 receipt in the Claims Detail section;
- Dates and signs her Medical Form;
- Attaches the original claim receipt.

Example: Coordination of Benefits for Spouse/Common Law both covered by the UNITE HERE Health and Welfare Plan

Joe:

- Completes the Employee Information section and the Employment Information section of the Medical Form with his personal information;
- Completes the Coordination of Benefits Section of the Medical Form with information pertaining to Sara;
- Completes the Claims Detail section of the Medical Form;
- Attaches a copy of the original claim receipt;

Both forms are mailed together to Soben. The claim is adjudicated and reimbursement cheques are mailed out to:

- Sara for the amount of \$400.
- Joe for the amount of \$200 and indicating Sara as the patient.

Sara now has reached her maximum amount payable on her own plan coverage and has a remaining balance of \$200 vision care coverage left to claim under Joe's coverage.

Coordination of Benefits (COB) UNITE HERE Wellness and Dental Centre

Your dental benefits are provided only at the UNITE HERE Dental Centre and are applicable only if treatment is provided at one of the UNITE HERE Dental Centre locations. Your Dental benefits provision at UNITE HERE Dental Wellness and Dental Centre are 100% covered with the exception of some maximums and limitations.

You may visit an outside dental office **only** if:

- Your employer is located outside of the Greater Toronto Area (“GTA”) **(dental office must be located outside of GTA)**;
- You were referred by the UNITE HERE Wellness and Dental Centre to an outside dental office.

Your dependents covered under your Plan may visit an outside dental office **only** if:

- They reside outside of the GTA **(dental office must be located outside of GTA)**;
- They attend an accredited educational institution outside of the GTA within Canada;
- They were referred by the UNITE HERE Wellness and Dental Centre to an outside dental office.

If you and/or your dependents are eligible to visit an outside dental office, reimbursement of covered services is based on current year Ontario Dental Association Fee Guide (ODA).

You are entitled to coordinate coverage for you and your dependents out of pocket expenses if you are insured under another Plan.

If you were referred to an outside dentist by the UNITE HERE Wellness and Dental Centre for treatment that is not a covered benefit under your UNITE HERE Health and Welfare Plan; then you are entitled to coordinate coverage for you and your dependents out of pocket expenses if you are insured under another Plan.

- ❖ **Please refer to your benefit booklet for detailed maximums and exclusions of your Dental Coverage.**

Coordination of Benefits - Frequently Asked Questions

Claims for Dental Treatment at UNITE HERE Wellness and Dental Centre

Q: I work for a participating employer of the UNITE HERE Health and Welfare Plan located in the GTA I also have another Group Benefit Plan that offers Dental coverage, how do I coordinate my dental benefits?

A: The rule of your Plan is that eligible dental treatment is covered at 100% only through UNITE HERE Wellness and Dental Centre. Coordination of dental benefits may not be applicable.

Q: I work for a participating employer of the UNITE HERE Health and Welfare Plan located in the GTA. I also have another individual group plan that offers Dental coverage. I have paid out of pocket for my treatment at UNITE HERE Wellness and Dental Centre because I was ineligible for the procedure. How do I coordinate my benefits?

A: After receiving your receipt of payment from the UNITE HERE Wellness and Dental Centre you can make a claim to your other Group Benefit Plan if there was a co-payment applicable on your treatment.

Outside Dental Referrals by UNITE HERE Wellness & Dental Centre

COB for Member: Referral to an Outside Dentist

Q: I have dental coverage at UNITE HERE Wellness and Dental Centre who has referred me to an outside dentist but has informed me that my treatment is not covered by the Plan. I have my own individual group benefit plan. How can I coordinate my dental expense?

A: You must first pay and submit the claim to the UNITE HERE Wellness and Dental who will authorize and send the claim to Soben.
An EOB correspondence will be issued to you to submit to your other Group Benefit Plan along with a copy of your invoice and receipt.

Example: Coordination of Benefits for Out of Pocket Expense Treatment Outside Dental Referral by UNITE HERE Wellness and Dental Centre

- Member pays the outside dental provider for the referred treatment;
- Member submits original invoice, receipt and dental claim form to the Soben;
- UNITE HERE Wellness and Dental Centre approves referral, indicates member pays and submits to Soben ;
- Soben issues member EOB correspondence stating member was ineligible for reimbursement;
- Member submits EOB correspondence, copy of invoice and copy of receipt to other group benefit plan.

COB for Spouse: Referral to an Outside Dentist

Q: My spouse has dental coverage under my Plan at UNITE HERE Wellness and Dental Centre and was referred to an outside dentist. My spouse was informed that the treatment is not covered by the Plan. My spouse has an individual group benefit plan. How can we coordinate my spouse's dental expense?

A: Your spouse must submit the claim her to her individual group benefit plan.

COB for Member: Employed Outside GTA

Q: I have dental coverage provisions under my UNITE HERE Health and Welfare Plan but my employer is outside of the GTA. I also have coverage as a dependent under my spouse's group benefit plan. How can I coordinate my dental expense?

A: Based on the rules of the outside dental provider you may pay first the outside dental provider or you may sign the Standard Dental Claim Form assigning payment to the Dentist. You will then send the original claim form along to Soben.

Coordination of Benefits - Frequently Asked Questions

Soben will assess payment of the claim based on the Plan's rules and as per the current year ODA Fee Guide. If you still have an out of pocket expense; your spouse may then send a copy of the claim, receipt and the EOB correspondence from Soben to spouse's group benefit plan.

Example: Coordination of Benefits Dental Treatment for members Employed Outside of the GTA

- Member pays the outside dental provider for the referred treatment **or** assigns payment to the dentist by signing the assigned section of the Standard Dental Claim form.
- Member submits original invoice, receipt and dental claim form to the Soben
- UNITE HERE Wellness and Dental Centre approves referral, indicates member pays and submits to Soben as first payor;
- Soben issues member EOB correspondence stating member was ineligible for reimbursement;
- Member submits EOB correspondence, copy of invoice and copy of receipt to other Group Benefit Plan.

Dental Claims for Spouse/Common-law Partner

Q: My spouse has dental coverage with a group benefit plan that is not UNITE HERE Health and Welfare Plan and my spouse is a dependent under my UNITE HERE Health and Welfare Plan. How do we coordinate benefit claims between plans?

A: If your spouse resides in the GTA:

Your spouse must first go to the UNITE HERE Wellness and Dental Centre for dental treatment. In order to assist the Dental Centre set up coordination of benefits process your spouse will:

1. Be asked to give us their supplementary insurance information. All they will have to do is **bring in their insurance card** and **booklet** and they will take care of the rest!
2. The Dental Centre will send a dental claim to any other insurance plan that covers your dependents first for any treatment that the Dental Centre provides.

Coordination of Benefits - Frequently Asked Questions

Q: My spouse who resides outside of the GTA has dental coverage with a group benefit plan that is not the UNITE HERE Health and Welfare Plan. My spouse is a dependent under my UNITE HERE Health and Welfare Plan. How do we coordinate benefit claims between plans?

A: If your spouse resides outside of the GTA:

Your spouse must first submit the dental claim to their Group Benefit Plan. If there are any unpaid amounts, you must then complete a claim form and send a copy of your spouse's claim statement (EOB) and a copy of expense receipts to Soben.

Example: Coordination of Benefits for Spouse's Dental Treatment at UNITE HERE Wellness and Dental Centre and Spouse's Group Benefit Plan

- Spouse submits claim to go to their group benefit plan first.
- If there is an expense balance remaining spouse submits EOB correspondence, a copy of the invoice and a copy of the receipt to Soben.

Other Situations of Coordination of Benefits

Government Programs or Health Plan

There are legislative public health plans or programs. Any coverage available under a Government Program or Health Plan should be the first payer before any other group benefit plan except where legislation states that it does not.