



Employee Manual

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Contact Us - www.beneco.ca and the contact us link or by calling.

How does an HSA plan work?

Health Spending Accounts (HSA) work by reimbursing 100% of all eligible health expenses, up to the assigned annual spending limit provided by the employer, directly to the employee.

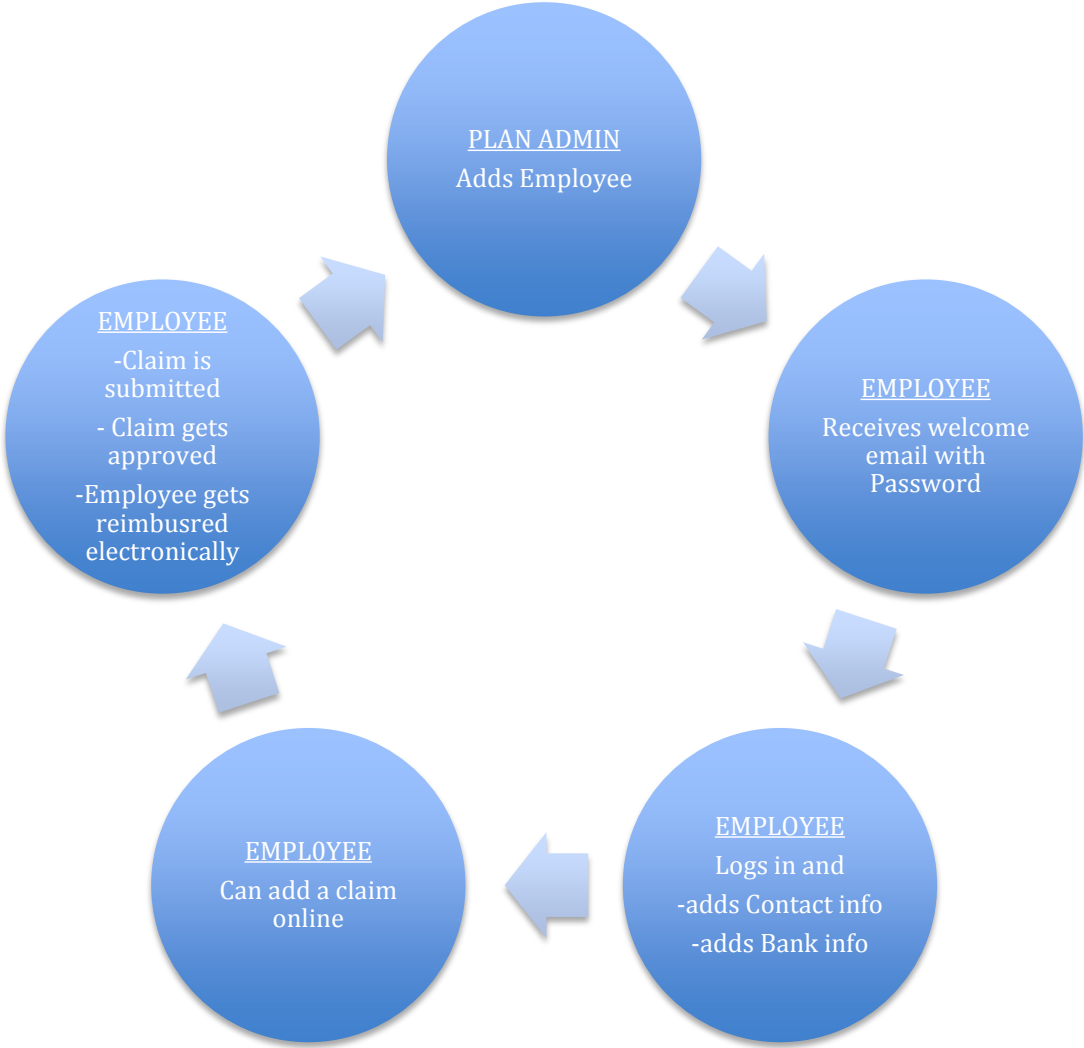
The employer will have provided a **Health Spending Allowance** for the health expenses of the employee and his/her family (if applicable).

The reimbursements are tax free to the employee!

Receipts for employee's medical/dental expenses paid out-of-pocket, are submitted through their **online** account using the login provided to the employee by your plan administrator.

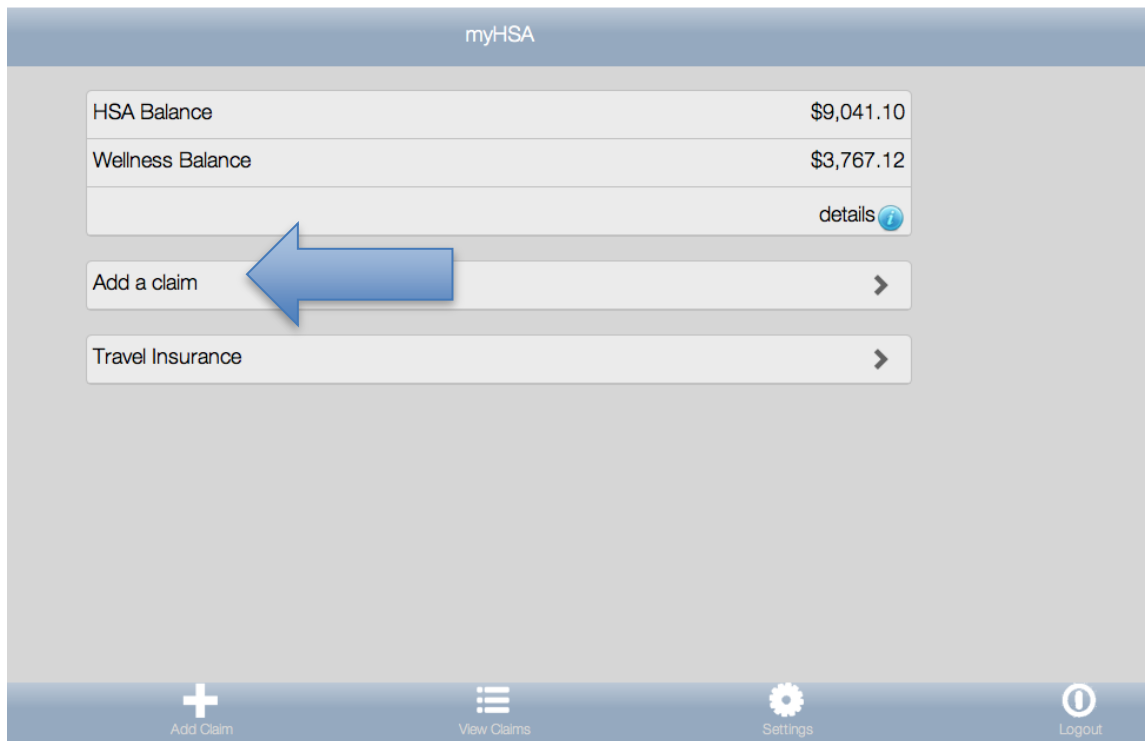
EMPLOYEE SECTION

EMPLOYEE PROCESS

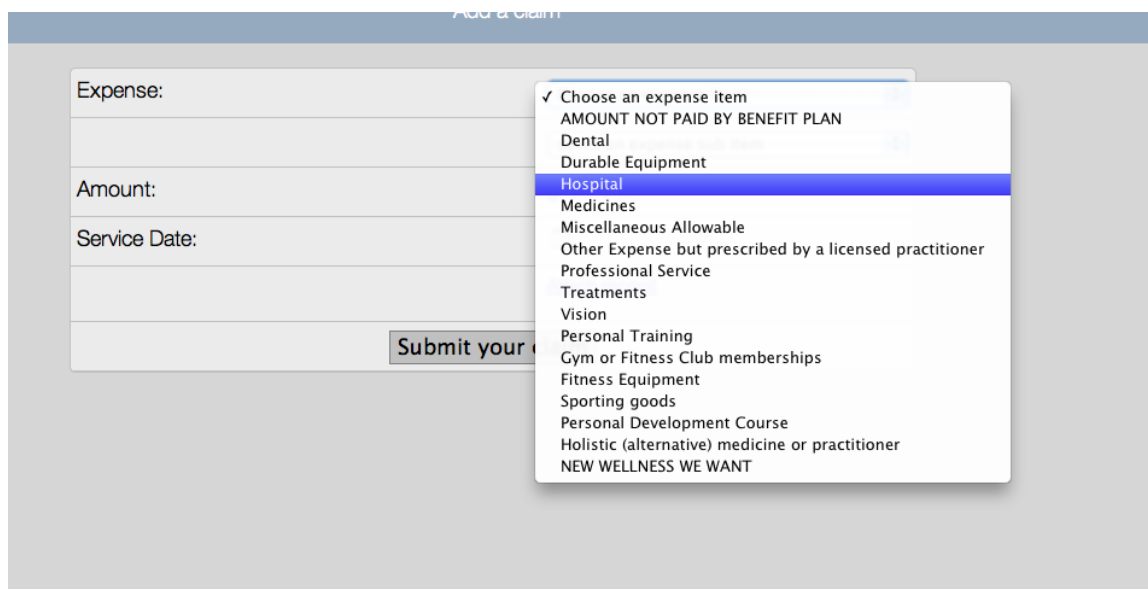


How do I make a claim?

Step 1 -From your employee dashboard choose “Add a claim”.

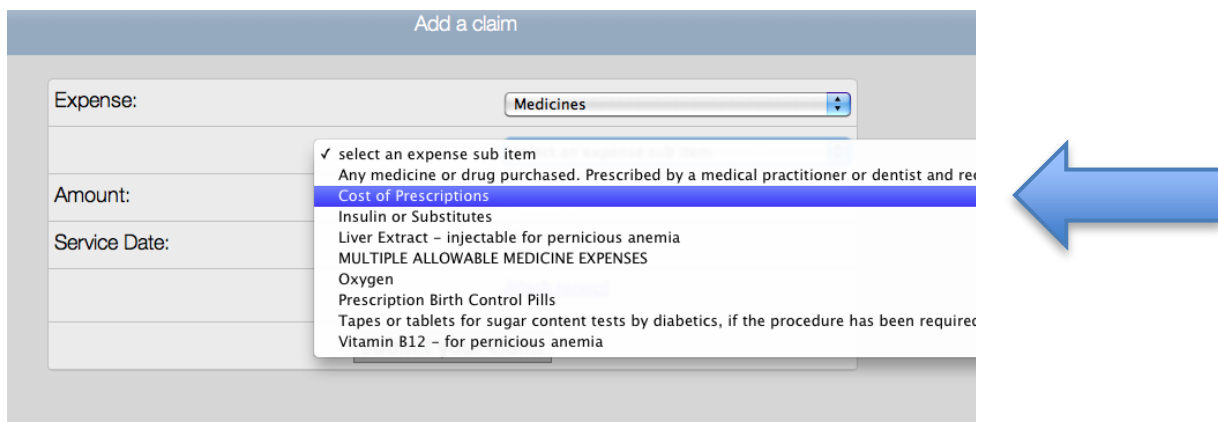


Step 2 -Choose your expense item. All allowable expenses can be found in the drop down.



If you are unsure if your claim is allowable use the “Click To Chat” to ask questions or contact BeneCo (www.beneco.ca).

Step 3-Then choose your sub item.



The screenshot shows a web form titled "Add a claim". The "Expense:" field has a dropdown menu open, displaying a list of options. The option "Cost of Prescriptions" is highlighted in blue. A large blue arrow points from the right towards the dropdown menu. The form also includes fields for "Amount:", "Service Date:", and a "Submit your claim" button at the bottom.

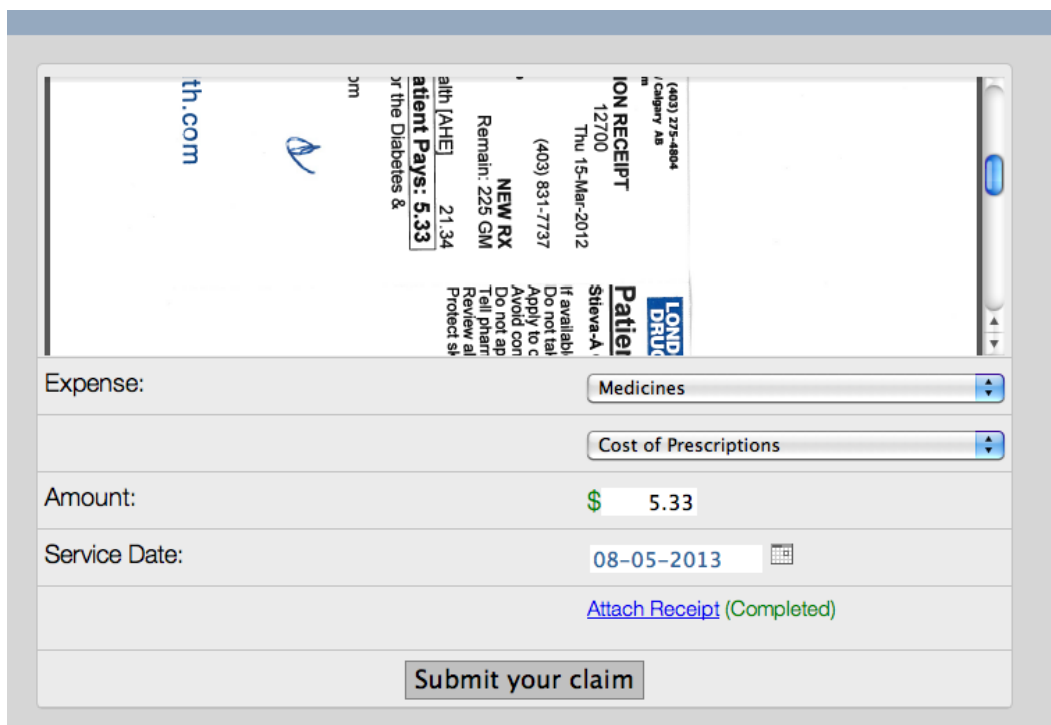
Field	Value
Expense:	Medicines
Amount:	
Service Date:	

- select an expense sub item
- Any medicine or drug purchased. Prescribed by a medical practitioner or dentist and re
- Cost of Prescriptions**
- Insulin or Substitutes
- Liver Extract – injectable for pernicious anemia
- MULTIPLE ALLOWABLE MEDICINE EXPENSES
- Oxygen
- Prescription Birth Control Pills
- Tapes or tablets for sugar content tests by diabetics, if the procedure has been require
- Vitamin B12 – for pernicious anemia

Step 4- Enter the FULL cost to you (include tax) for the service. If your expense item has a gratuity do not include this, as this is not eligible.

Step 5- Enter the service date that will be found on the receipt. This is the date the service was done, not payment date.

Step 6- Upload a copy of receipt and review to ensure it is legible. This upload can be a PDF, JPEG, PNG or even a scanned copy. The system will preview for you so you can make sure it is legible. If not legible it will be denied and have to be re-entered.



The screenshot shows the "Add a claim" form with a receipt preview. The receipt is for "LOND DRUG PATIENT" and shows a payment of \$5.33. The form fields are filled with the following information:

Field	Value
Expense:	Medicines
	Cost of Prescriptions
Amount:	\$ 5.33
Service Date:	08-05-2013

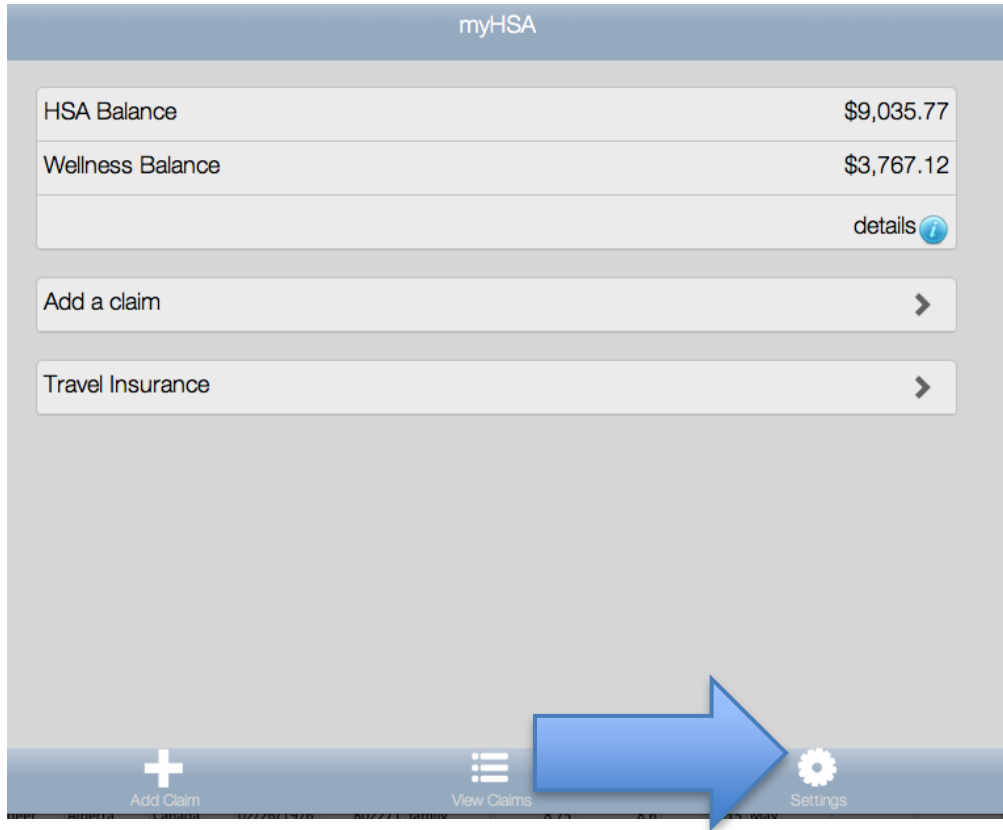
[Attach Receipt \(Completed\)](#)

Submit your claim

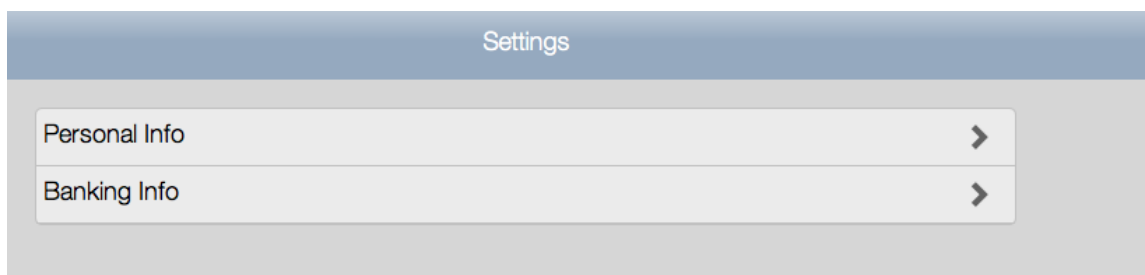
Step 7- Click submit.

How do I change my Password and Banking information?

Step 1- From home screen, click Settings.



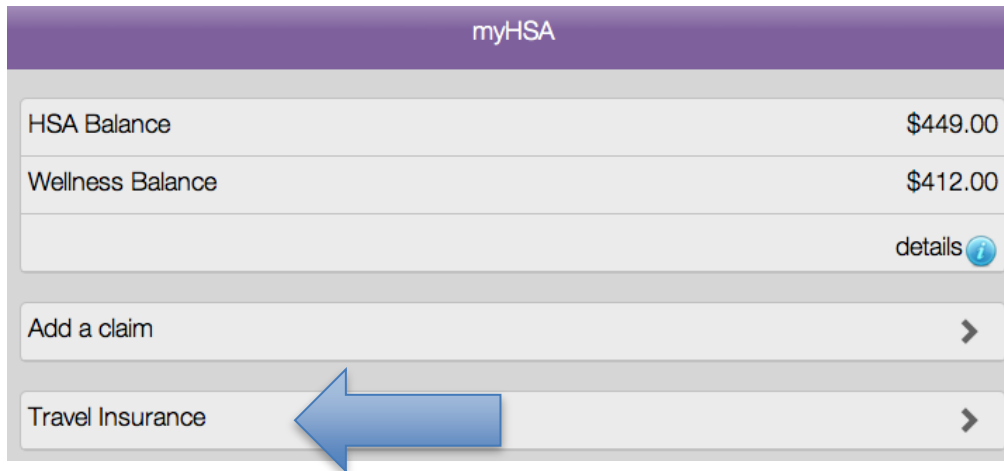
This screen allows you to change personal information as well as banking information.



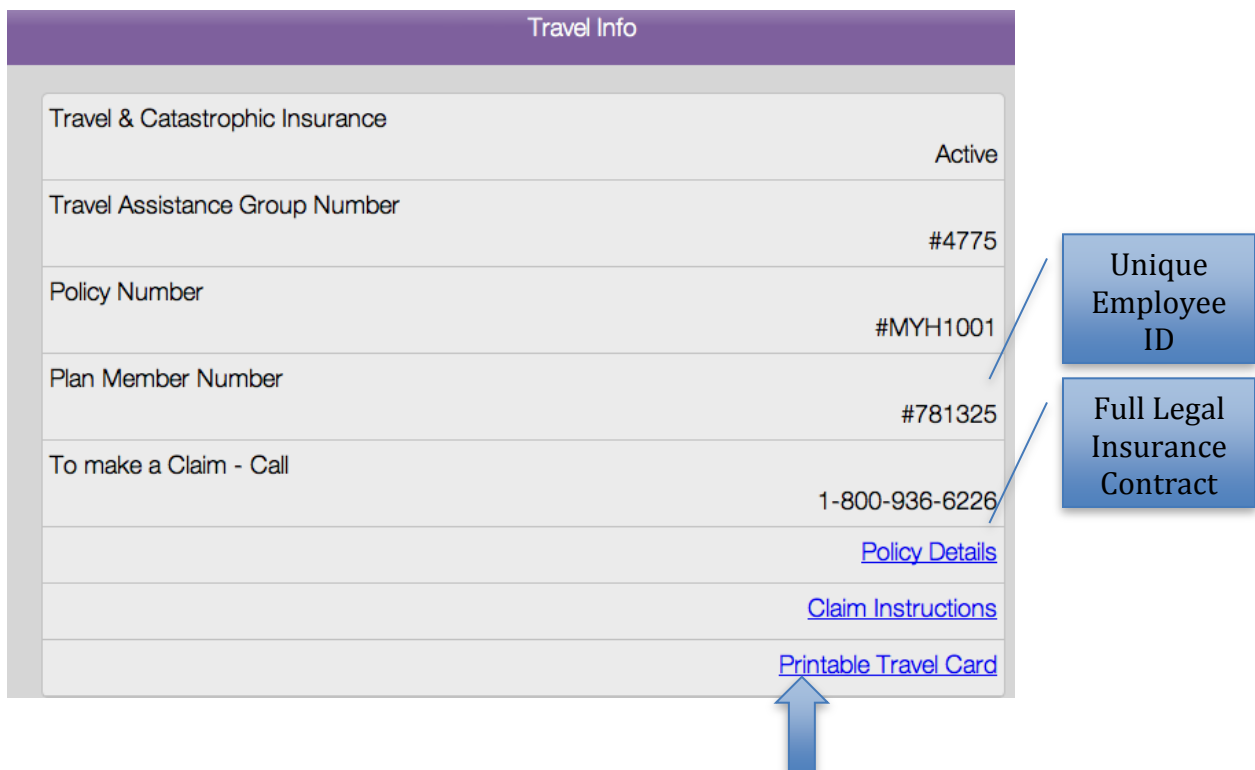
Step 2- Follow the instructions below on how to read the information from a cheque.

If I have Travel/Catastrophic insurance, what do I need to know?

Step 1-If you have an employer sponsored Travel coverage you will see the Travel component on your dash board.



Step 2-If you click on the Travel Insurance it will take you to a new Screen. Here you have all the information needed to make a claim. When you call to make a claim they will ask for the information contained below.



Step 3-If you want a card for your wallet you can click Printable Travel Card and fold/cut the card accordingly.

Here is your membership card. Please cut out his card along the dotted lines, fold in half and carry with your travel documents at all times.

Service is available 24 hours a day, 7 days a week.
In the event of an emergency, immediately call:

1-800-936-6226 Toll free from USA and Canada
From outside USA and Canada
call collect via operator



Carry this card with you

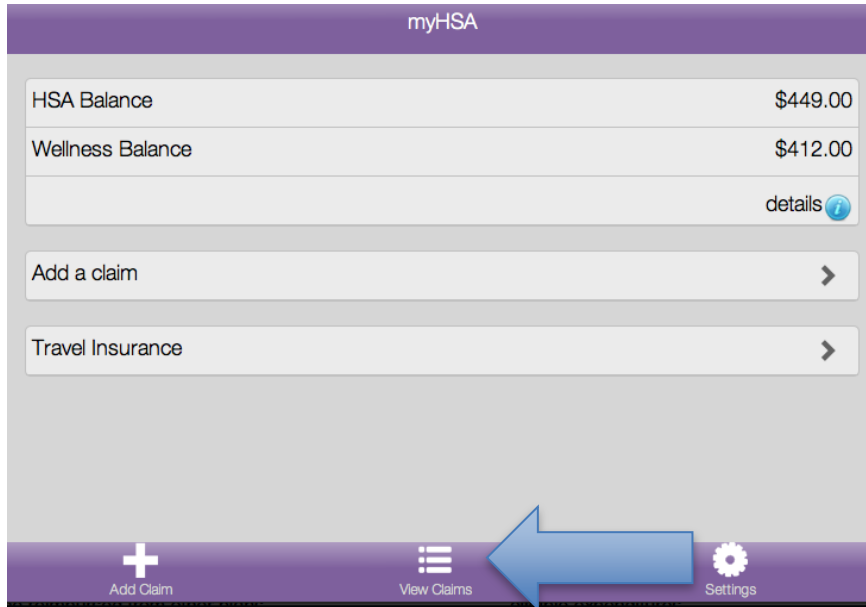


Western Western Life Assurance
LIFE ASSURANCE

Policy Number: **MYH1001**
Plan Member Number: **781325**
Group Number: **4775**
Effective Date: **26/May/2013**

I submitted a claim and want to know if it has been processed?

Step 1- Click View Claims in your employee dashboard



Here you will see a list of past claim. Claims are either PENDING OR APPROVED FOR PAYMENT.

- Pending means it has not been approved by the broker and will not be paid out right away.
- Approved for Payment means it has been approved and has gone on the last bank file (last Tues or Thurs at midnight) and should be paid out in the next 2 business days.

Attach providers Explanation of Benefit - May 27th	Pending \$20.00
Therapeutic Massage NHPC (Provincially Registered Therapist) - Apr 25th	Approved for Payment \$84.00
Acupuncturist (R.Ac.) - Apr 25th	Approved for Payment \$73.50
Cost of Prescriptions - Apr 25th	Approved for Payment \$30.14
MULTIPLE ALLOWABLE DENTAL EXPENSES (Add up total expenses) - Apr 23rd	Approved for Payment \$333.00
Therapeutic Massage NHPC (Provincially Registered Therapist) - Apr 23rd	Approved for Payment \$89.25

Claim Deadline

Employees are encouraged to get claims in as soon as the cost is incurred. This will ensure all funds that can be used get to be recovered.

Claims can be entered anytime within the benefit year. After the benefit year the employee has 30 DAYS to submit all claims for the prior benefit year.

Example:

If your HSA plan is in runs on a calander year (Jan 1 to Jan1) and you incur costs for this year, 2013. You have until January 30, 2014 to claim any claims with a 2013 service date. The amount left open appears in your balance as a **RESERVE \$** along side of your 2014 allocation. At the end of 30 days the Reserve anmount is removed and prior claims cannot be claimed.

Only funds available (2012 carry forward and 2013 current year) in 2013 can be used towards claims with a service date of 2013. If you run out of funds in 2013 and are hoping that the new 2014 allocation will pay for claims with a service date in 2013, they will not. CRA does nto allow the plan to offer this feature.