# Definition of Terms

## Benefit Year

Refers to the 12 month period commencing the first of the month that your coverage becomes effective – i.e., if your benefits are effective on August 1st, your benefit year would run from August 1st to July 31st of each subsequent year.

## Child(ren)

Natural children, stepchildren, common law children or legally adopted children.

## Couple

One adult and their married or common-law spouse/partner or a single parent with one child who qualifies as a dependent.

## Dependent

Spouse/partner and/or unmarried children (as defined above), under age 21 who live with the applicant and are not regularly employed.

**NOTE**: *Children over 21 are eligible if they became dependent upon the subscriber by reason of **mental** or **physical disability** prior to their 21st birthday.*

## Family

One adult and their married or common-law spouse/partner and any children who qualify as a dependent or a single parent with 2 or more children who qualify as dependents.

## Generic Drugs

Products that contain medical ingredients identical to the original brand name drug in dosage form, safety, strength, administration, quality, performance and intended use. Generic drugs may be produced and marketed after the brand name drug's patent has expired.



Definition of Terms

## Home Support Services

Provides coverage for the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) or Personal Support Worker (PSW), in the home on a visit or shift basis. These services are only a benefit when medically necessary. A Pre-Authorization form for Home support services must be completed by the attending physician and approved in advance by GSC.

## Medically Necessary

Any treatment, service or supply which is generally accepted by the medical profession as essential, effective and appropriate in the care and treatment of a medical condition, sickness or injury.

## Medical Underwriting

A process of determining an individual's eligibility for coverage. The underwriting department reviews the medical questionnaire and medical history to determine if coverage can be offered or if a counter-offer must be made.

## Provincial Government Health Care coverage

Coverage provided by Canadian provinces and territories so residents do not have to pay out-of-pocket expenses for some health care services. Each province has a different name for their health coverage (i.e. Ontario = OHIP, Newfoundland and Labrador = MCP, British Columbia = MSP, etc.) and coverage, conditions and limitations vary.

**NOTE:** *You must have Provincial Government Health Care coverage to qualify for the Prism programs.*

# Frequently Asked Questions

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## APPLICATION/ENROLLMENT

**1.** What are the enrollment requirements?

a) Eligibility

You and/or your spouse/partner and/or any covered dependents must be:

- a Canadian resident and
- currently covered by your Provincial Government Health Care plan

b) Age Restrictions

- Applicant/Spouse/Partner must be between the ages of 18 and 79 to apply.

**NOTE:** *Once enrolled, your coverage will not terminate. Your coverage will continue provided the monthly premiums are paid.*

c) Prism Continuum Requirement

- On the Prism Continuum plans the applicant must be the individual who held the group benefits through their employer.

**2.** Do I cancel my Provincial Government Health Care coverage once I have been accepted?

No. Prism coverage does not replace your Provincial Government Health Care coverage. Your Prism plan coordinates payments for products and services with your Provincial plan.

**3.** I am a single parent with one dependent child. Do I apply as a couple or a family?

You would apply as a couple paying the lower rate.

**4.** Why is it necessary to complete the Prescription drug information, Statement of health and Physician & Dentist information parts on the Prism Spectra application?

Our Medical Underwriting Department requires full disclosure of your health to assess your acceptance into the program. Incomplete applications will be returned and the processing of your application will be delayed.

**NOTE:** *Failure to disclose or falsifying information regarding your health and/or that of your spouse/partner and/or dependents could result in the denial of a claim and the cancellation or modification of this coverage.*

**5.** I am already covered through another health and dental plan. If I were to change to the Prism plan, would there be a lapse or duplication in my coverage?

Provided we receive and approve your application for the Prism plan **30 days prior to your current health and dental policy expiring**, we will ensure that there is no lapse in your coverage during the month when you transfer over to the Prism plan. In the event you end up paying for two plans in one month, we will refund your premiums for the Prism program for the month during which you had duplicate coverage.

**6.** I have a previously diagnosed medical condition. Can I still get drug coverage?

It depends on your medical condition(s). We **may** be able to offer you full drug coverage, however, our Medical Underwriting Department will review the information on your application to determine your eligibility. If we are unable to offer the full drug benefit, we will provide you with a counter-offer outlining the level of coverage offered or specific drug category exclusion(s).

**7.** When are my benefits effective?

Coverage begins the first of the month following application approval.

**8.** How will I know if my application has been approved?

If your application is approved, Special Benefits Insurance Services will send you an application approval letter by mail or email confirming the effective date of your Prism coverage.

# Frequently Asked Questions

## ACCOUNTING/BANKING INFORMATION

**1.** Initial Payment

We require:

A blank cheque marked "VOID" from the account where the monthly premiums will be withdrawn or a signed Pre-Authorized Debit (PAD) Form from your bank.

**2.** Method of Payment

Your premiums are payable 30 days in advance in advance by pre-authorized withdrawal from your bank account. Payments are withdrawn on or about the first day of each month.

**NOTE:** *We cannot accept credit cards, credit card cheques or line of credit accounts.*

**3.** Subsequent Bank Withdrawal

Subsequent bank withdrawals will be made one month after the effective date of your plan. i.e. If the effective date was January 1st, the first automatic payment will be withdrawn on February 1. The withdrawal on February 1st pays for March coverage.

## PREMIUMS

**1.** Are my/our premiums guaranteed for a year?

The premiums for the Prism programs are reviewed on an ongoing basis and are subject to change with thirty (30) days notice to the applicant/policy holder.

**2.** Does my/our premium change when I/we turn age 45/55/65?

When the applicant turns age 45, 55 or 65 the monthly premium will be adjusted **at the end of that year**. You will receive written notification of the new premiums during the month of October. The new amount will be automatically withdrawn from your bank or financial institution account on or about the first day of December to cover January's benefits.

Frequently Asked Questions

**3.** Are the Prism premiums tax deductible?

Prism Health and Dental premiums may be tax deductible for individuals or businesses. Please consult your tax advisor for more information.

## BENEFITS

**1.** Can I upgrade or downgrade after I enroll?

You may apply (subject to medical underwriting) to upgrade on the Prism Spectra or Prism Precision plans. You may not upgrade on the Prism Continuum plans at any time. You may only downgrade on any plan after a period of one year.

**2.** Can I add the optional hospital accommodation coverage as a benefit to Prism Spectra or Prism Precision?

Yes. You can apply to add the hospital accommodation as a benefit to Prism Spectra or Prism Precision for an additional premium upon approval.

**3.** What if my trip length exceeds the number of travel days I have on my plan?

You may contact our office for a free top-up quote.

**4.** Is Prescription Drug coverage available to individuals age 65 and over?

Yes. Once you are covered under a Prism plan that includes prescription drug coverage, it will continue to pay for prescription drugs that are not covered by a Provincial Drug Benefit program.