



ADVISOR GUIDE

Building Your **GSC Health Assist® Business** – An Insider's Guide

FOR ADVISOR USE ONLY

Plans provided by
Green Shield Canada (GSC)



WHO WE ARE

GREEN SHIELD CANADA (GSC) IS DIFFERENT. AND THAT'S A GOOD THING.

As Canada's only national not-for-profit health and dental benefits specialist, GSC's reason for being is the enhancement of the common good. We seek out innovative ways to improve access to better health for all Canadians. From coast-to-coast, our service delivery includes drug, dental, extended health care, vision, hospital, and emergency medical travel benefits – covering over one and a half million plan participants nationwide. Supported by innovative products and services, advanced technology, and exceptional customer service, we offer competitive and comprehensive health and dental plans, all while giving you a chance to be part of something bigger. Did we mention that our plans are competitive?

1957

THE YEAR WE WERE FOUNDED AND INTRODUCED NORTH AMERICA'S FIRST PREPAID DRUG PLAN

ONE BRAND PROMISE:

WE ARE A **BENEFITS SPECIALIST**. WE DELIVER CONCRETE, BOTTOM LINE RESULTS THROUGH OUR FOCUS ON COST CONTAINMENT, TECHNOLOGY, INNOVATION AND CUSTOMER SERVICE.

OUR MISSION

TO CREATE INNOVATIVE SOLUTIONS THAT IMPROVE ACCESS TO BETTER HEALTH

RECENT CLAIMS AUDIT ACCURACY RATE
100%

1.4%

CALL CENTRE STAFF TURNOVER RATE

ORGANIZATIONS SUPPORTED THROUGH OUR ANNUAL COMMUNITY GIVING PROGRAM
115

800+

NUMBER OF GSC EMPLOYEES

115

1.9 M

PLAN MEMBERS WE SERVE

\$1.7 BILLION

ANNUAL REVENUE

7 OFFICES

VANCOUVER
CALGARY
WINDSOR
LONDON
TORONTO
MONTREAL
QUEBEC CITY

ONE SYSTEM

CLAIMS ADJUDICATION SYSTEM THAT PAYS DRUG, HEALTH AND DENTAL CLAIMS, AND HANDLES ENROLMENT, BILLINGS AND REPORTING

WHAT WE OFFER

GSC HEALTH ASSIST AT A GLANCE

GSC Health Assist and its signature products – ZONE and LINK – offer a variety of health and dental plans designed to meet all of your clients' health care needs. Residents of Canada ages 18 and over who are covered under a provincial health insurance plan (Quebec residents must also have RAMQ coverage) can apply for coverage up to age 74 for ZONE and age 79 for LINK. Once approved for coverage – as long as they continue to pay their premiums – plan members are covered for life (yes, even for emergency medical travel benefits!). GSC's Health Assist products offer competitive rates for singles, couples (single plus one dependent), and families (no restriction on the number of dependents).

Help your clients get in the zone and link them up with Health Assist today.

ZONE

ZONE offers coverage to individuals (and their dependents) – perfect for self-employed, small business owners (and their employees), overage students, retirees, and contract workers, part-time, seasonal, or temporary workers. ZONE offers comprehensive health and dental coverage at competitive prices – plus a few added perks.

Seven different plans – all include vision, extended health care and emergency medical travel benefits with no age maximums. (Yes, you read that right!)

Four of the plans are guaranteed-issue – acceptance is guaranteed*. Three of the plans require completion of a health questionnaire and medical underwriting.

Optional preferred hospital accommodation benefit is available on all plans with completion of a health questionnaire.

*Acceptance is guaranteed upon GSC's receipt of payment.

LINK

LINK offers guaranteed coverage to individuals (and their dependents) who are leaving a group health benefits plan. Whether transitioning to retirement, a new job or career, LINK offers affordable coverage for health care expenses.

Four different plans – all include vision, extended health care, preferred hospital accommodation and emergency medical travel coverage.

All plans are guaranteed acceptance* for individuals leaving any group health plan as long as the individual applies within 90 days of their group coverage end date.

*Acceptance is guaranteed upon GSC's receipt of payment.

BOTH PRODUCTS

Generic prescription drug coverage (where applicable) – reimbursement is based on the lowest-cost alternative available.

GSC Online services – direct deposit, online claims submission, find a provider, eligibility check (including the "Is My Drug Covered?" tool), online booklet, and more.

GSC on the Go® mobile app allows your clients to stay connected, providing quick, easy access to benefits, claim status, health care providers and more!

Change4Life™ is an online portal available exclusively to GSC customers, designed to support (and encourage!) healthy life choices.

Legal assistance telephone service.

Pay by monthly pre-authorized account debit or credit card.

Advisor commission is payable from first sale.

BENEFITS FOR YOU

We make it easy to do business with GSC through our simple, easy-to-understand plans that automatically renew – no additional work required on your part!

COMPLEMENTS YOUR BUSINESS

Health, dental, and travel benefits are gateway products – allowing you to open the door to selling all other product lines. You'll grow your business faster with one-stop shopping for your clients.

VALUE-ADDED SERVICES

GSC Health Assist is a perfect "add-on" product to sell to your group and/or wealth management clients should they lose their group health coverage or retire without benefits.

CONVENIENT COMMISSION PAYMENT

Commissions are paid monthly (like a monthly annuity), eliminating messy charge-backs.

COMPETITIVE RATES

GSC Health Assist offers rates with no premium surcharges due to medical underwriting results.

ONLINE SALES TOOL

To support your business growth, we offer an online sales tool that includes information on GSC's Health Assist plans, online quoting and electronic application submission. We can set-up and customize the tool with your logo and contact information. The tool will allow your prospective clients to quote, compare and submit applications directly online. And of course, we track the sales activity back to you.

INNOVATIVE COVERAGE

No termination ages, no waiting periods, and escalating maximums on select benefits during the first few years which rewards long-term customers and will help you with client retention.

BENEFITS FOR YOUR CLIENTS

We offer simple, affordable, and comprehensive health and dental plans for individuals through GSC Health Assist. Our straightforward eligibility criteria, simple application process, and pre-packaged plans save your clients time by enabling them to quickly select the plan that best meets their health care needs, lifestyle and budget. Introduce your clients to the advantages of a GSC Health Assist plan – it's a win for you and they'll thank you for it.

SELECTION

A wide variety of comprehensive health and dental plans that offer choice.

AFFORDABLE

Competitive rates from a not-for-profit organization – without the high markups.

PORTABLE

No matter where they live in Canada – even if they move between provinces – they can take their Health Assist coverage with them.

LOYALTY REWARDS

Depending on the plan they select, the longer your clients remain on the plan, the better their coverage through increasing annual maximums.

BENEFITS FOR LIFE

When your client's application is approved, their plan will cover them for life, as long as payments are made.

NO WAITING PERIOD

Coverage begins the first of the month following application approval (except major dental/orthodontic services).

EMERGENCY MEDICAL TRAVEL COVERAGE INCLUDED IN ALL PLANS

Coverage includes emergency medical out-of-province/country travel benefits (maximum number of days per trip varies by plan).

VALUE ADDED BENEFITS

Legal assistance benefit (24/7 telephone access to objective, independent legal advice toll-free from anywhere in Canada) and an online wellness resource library.

ATTRACTIVE DISCOUNTS

Access to discounts through GSC's preferred provider networks.

CONVENIENT PAYMENT OPTIONS

Monthly pre-authorized account debit or credit card payment.

SIMPLE HEALTH QUESTIONNAIRE

Coverage made easy with a sometimes-required health questionnaire. We keep it as simple as possible.

PLANS THAT COVER PRE-EXISTING CONDITIONS

GSC Health Assist includes plans that do not require completion of a health questionnaire.

CONVENIENCE WITH MINIMAL OUT-OF-POCKET EXPENSES

One-card convenience: with a pay-direct ID card that can be used at most pharmacies and hospitals, as well as at dental, eye care, and paramedical practitioner offices, there is no need for many of your clients to submit paper claims. Through our extensive provider registry, health providers can submit claims directly to GSC online, check patient eligibility, and print statements.

INFORMATION AT THEIR FINGERTIPS

Our secure website and mobile app provide your clients with special features such as direct deposit, eligibility checks (even for drug coverage), "Find a Provider" search tool, online booklets, personalized claim forms, view and print statements, and more.

TAX SAVINGS

If your client is the owner of an incorporated business, they may be able to deduct their health and dental payments from their company's business income (in some cases). Your client should seek professional tax advice for further details.

PEACE OF MIND

Your clients will have the comfort of knowing they have coverage. And not just any coverage – the right coverage for as long as they need it.

HASSLE-FREE CLAIMS

Most of your client's prescription drug, dental, extended health care and vision claims can be processed instantly using the GSC ID card – so your clients won't have to wait for a cheque to arrive. Other claims can be reimbursed quickly with direct deposit to their bank account.

MOBILE ON THE GO INFO

Our fully mobile-friendly website and GSC on the Go make sure your clients stay connected by giving quick, easy access to benefits, claims status, history, health care providers, and much more – anytime, anywhere – on their desktop, laptop, tablet or smart phone.

REWARDS FOR LIVING WELL

Change4Life is a free online portal, available exclusively to GSC customers, that's designed to support (and encourage!) healthy life choices by providing them with a wealth of tools, resources and health information tailored to their specific needs. As they use Change4Life, they'll earn points that can be used for chances to win a variety of rewards.

SALES SUPPORT

We're here to help you support your clients. Let us know how we can assist you in meeting their needs.

MARKETING MATERIALS

With GSC Health Assist, we'll support you with our extensive, easy-to-read sales support materials (no insurance jargon here). Our marketing materials are available in electronic or printed versions.

The image displays a collection of sales support materials for Green Shield Canada. On the left, there are two vertical brochures: 'ZONE Smart. Simple.' and 'LINK Secure. Simple.'. The 'ZONE' brochure features a green and white color scheme, while the 'LINK' brochure is white with green accents. To the right of these brochures are several detailed tables and charts. The top row includes a 'Green Shield Canada (GSC) Health Assist' table with columns for 'Plan', 'Benefit', 'Amount', 'Frequency', and 'Limit'. Below this is a 'Green Shield Canada (GSC) Health Assist' table with columns for 'Plan', 'Benefit', 'Amount', 'Frequency', and 'Limit'. The middle row contains a 'Green Shield Canada (GSC) Health Assist' table with columns for 'Plan', 'Benefit', 'Amount', 'Frequency', and 'Limit'. The bottom row features a 'Green Shield Canada (GSC) Health Assist' table with columns for 'Plan', 'Benefit', 'Amount', 'Frequency', and 'Limit'. The right side of the image shows a 'Green Shield Canada (GSC) Health Assist' table with columns for 'Plan', 'Benefit', 'Amount', 'Frequency', and 'Limit'. The bottom right corner includes a 'Green Shield Canada (GSC) Health Assist' table with columns for 'Plan', 'Benefit', 'Amount', 'Frequency', and 'Limit'.

SALES SUPPORT...

ONLINE SALES TOOL

We've made it easy for you to provide your clients with a direct link to all the information they need to make an informed decision to purchase the health, dental, vision, extended health care and emergency medical travel coverage that best suits their needs. You can access the tool when meeting with your clients or you can send the link to your clients directly – now your business is comfortable, convenient, and available 24/7.

Need materials?
Send us an email at healthassist@greenshield.ca
or call 1.844.898.4742

MAKING THE SALE

APPLYING FOR COVERAGE

Individuals applying for ZONE plans must be between the ages of 18 and 74. Individuals applying for LINK plans must be between the ages of 18 and 79 and must apply within 90 days of their group health benefits end date. Both plans require coverage under provincial health insurance plans.

Rates are based on age. When the application is for a couple or family, the rate is based on the applicant's age **not** necessarily the age of the oldest person applying for coverage.

With the birth of a child, a request to add the child to the plan must be submitted within 30 days of the child's date of birth, otherwise medical underwriting may be required.

HEALTH QUESTIONNAIRE AND MEDICAL UNDERWRITING PROCESS

The following plans require your client to complete a health questionnaire as part of their application (no need to submit another form):

- ZONE plans 4, 5, and 6
- Optional preferred hospital accommodation benefit (when added to any of our ZONE plans)

Health questionnaires will be reviewed by GSC with a decision typically provided within ten business days of receipt of the application, provided all required information has been received.

Coverage may be approved, approved with exclusions for specific pre-existing conditions (your clients will receive a counter-offer), or your client will have the option to select one of our guaranteed-issue plans. We only decline coverage in rare situations.

Counter-offers may include one or more specific drug category exclusions or full drug coverage exclusion. If we provide a counter-offer, a letter outlining the terms of the counter-offer will be provided to your client for approval to proceed.

Applicants who receive a counter-offer or decline when applying for an underwritten Health Assist plan are welcome to apply for a guaranteed-issue product instead – no questions asked.

- Set the expectations. If your client is currently on a variety of medications and/or has pre-existing conditions, you may want to position our guaranteed-issue plans as their best option.

AFTER THE SALE

WHEN APPROVED FOR COVERAGE

- Coverage for your client will become effective on the first day of the month following approval of the application, provided we have received payment and, if applicable, signed counter-offers.
- An approval letter confirming the effective date of your client's coverage will be issued directly to your client.
- A GSC Health Assist Welcome Package – including a welcome letter, all-in-one ID card, benefit plan contract, schedule of benefits and claiming information – will be mailed to your client directly within ten business days from the date the application is approved.

THINGS YOUR CLIENT NEEDS TO KNOW

- Initial payment of two months' rates can be made by credit card or pre-authorized account debit.
- Ongoing payments can be made by pre-authorized account debit (with a void cheque for paper applications) or via credit card.
- Ongoing payments will be withdrawn on or about the first day of each month 30 days in advance of the month for which coverage is to be provided.
- Your clients can sign up for direct deposit of claim payments and make changes to their bank account information anytime, once they are registered for our secure GSC Online services.
- As long as payments are made when due, the agreement between GSC and your client will remain in place from month to month. And there is no minimum contractual coverage period.
- Clients can move to a more robust Health Assist ZONE plan at any time, subject to GSC approval and medical underwriting, as applicable. Requests to change to a ZONE plan that offers less coverage will be accepted after they've been covered for one year on their current plan. Similarly, clients can move to a LINK plan that offers less coverage after they've been on their current LINK plan for one year. Clients also have the option to switch from a LINK plan to a ZONE plan. In such cases, they'll apply as a new applicant and medical underwriting will be required, dependent upon the ZONE plan they choose.

ADDITIONAL THINGS YOU NEED TO KNOW

RATE CHANGES

- If there is a rate adjustment required for the GSC Health Assist product, applicable adjustments are typically made across all plans, regions and age bands and take effect on the customer's anniversary date.
- Health Assist rates are assessed based on the claims experience of the block and rate adjustments are applied to a plan and/or category – not on an individual basis. For example, an overall adjustment may be made for all ZONE 5 customers, or all individuals residing in British Columbia.
- When your client changes age bands, GSC will adjust the rates accordingly on their anniversary date.
- GSC will let your clients know 30 days in advance of rate adjustments that are the result of changes being applied across plans, regions, age bands and/or categories, as well as those that are due to changes in age or age bands. Rate adjustments may also be the result of changes in province of residence, or addition or removal of individuals from a plan's coverage. These adjustments are made when your customer notifies GSC.

TERMINATIONS

- Coverage may be terminated by your client for any reason upon giving written notice at least ten business days prior to the next pre-authorized payment (which is 40 days prior to the actual coverage termination date).
- If an individual terminates coverage, GSC will not accept another individual application for a period of 36 months following the plan termination date.

FAQ'S...

YOUR QUESTIONS ANSWERED

WHO IS ELIGIBLE?

Health Assist ZONE is available to all residents of Canada between the ages of 18 and 74* and their dependents.

Health Assist LINK is available to all residents of Canada between the ages 18 and 79* and their dependents who will be losing or have lost their group health benefits within 90 days.

Applicants must be covered by their provincial government health insurance plan. Quebec residents must have RAMQ coverage.

Dependents must be under the age of 21, unmarried and living with the applicant.

*There is no termination age for coverage. Coverage will continue, regardless of age, as long as payments are made.

HOW TO APPLY?

Clients can apply online (ensure you have your URL set up with us!) or submit a completed and signed paper application form (included in your kit).

Remember, when applying with a paper application, we require a VOID cheque if they are planning to pay via pre-authorized debit.

WHEN WILL COVERAGE TAKE EFFECT?

All plans are effective on the first day of the month following application approval. For plans that do not require medical underwriting, coverage will be effective on the first of the month following application processing.

HOW ARE PAYMENTS MADE?

Payments are paid monthly either by pre-authorized debit, or credit card. The first payment covers the first two months of coverage and is due on your client's effective date.

So, for example, if your client's coverage is effective on March 1, premiums for March and April will be taken on March 1. Subsequent payments will be taken 30 days in advance of the month for which coverage is to be provided. Continuing with this example, premiums for May coverage will be taken on April 1.

CAN A PARENT PURCHASE COVERAGE FOR THEIR NON-DEPENDENT CHILD (FOR EXAMPLE, A 25-YEAR-OLD CHILD)? CAN AN EMPLOYER PAY FOR EMPLOYEE COVERAGE?

Yes. Parents can pay for coverage for their non-dependent children, and employers can pay for an employee's plan via pre-authorized debit or credit card payment. The contract and coverage will be issued in the name of the dependent and/or employee. The payer does not have to be the same as the contract owner; however, if the payer ceases payment, it is the contract owner's responsibility to restore payment in order for the contract and coverage to remain in force.

WHAT HAPPENS WITH THE MEDICAL QUESTIONNAIRE?

We'll review the medical information provided and may:

1. Approve full coverage, as applied for, or
2. Provide a counter-offer, or
3. In rare cases, decline coverage.

A response will be received within 7-10 business days. Don't worry, we do not rate applicants.

WHAT IF MY CLIENT RECEIVES A COUNTER OFFER?

A counter-offer may consist of one or more specific drug category exclusion(s) or a full drug exclusion for one or more covered person(s), due to pre-existing medical conditions. A letter or email outlining the terms of the counter-offer will be sent to your client and they will then have the option to either continue with the modified coverage, select one of our guaranteed-issue plans or cancel the application.

WHAT WILL MY CLIENT RECEIVE WHEN COVERAGE IS APPROVED?

A Health Assist ZONE/LINK approval notice will be sent, followed by a Welcome Kit within 10 business days of the approval. This includes a welcome letter, the Health Assist Benefit Plan Contract and Schedule of Benefits (which details coverage), GSC ID cards and claiming information.

WHAT ARE THE OPTIONS WHEN AN APPLICATION IS ISSUED WITH AN EXCLUSION OR DECLINED?

If your client's application is declined, there are options.

Apply for a guaranteed-issue plan:

1. ZONE Plans 1, 2, 3 and Fundamental are issued on a guaranteed-issue basis (no underwriting required).
 2. LINK Plans 1, 2, 3, and 4 are all guaranteed-issue plans, provided your client is losing group benefits and applies within 90 days of the group coverage end date.
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WHEN CAN MY CLIENT MAKE A CLAIM?

There is no waiting period so your client can start claiming for medical and basic dental expenses that are incurred as of the effective date.

CAN MY CLIENT CHANGE THEIR COVERAGE OR SWITCH PLANS?

Clients can upgrade their ZONE plan at any time, subject to GSC approval and medical underwriting, if required. Requests to downgrade ZONE coverage will be accepted after they've been covered for one year on the current plan. Clients can downgrade LINK coverage after they've been on their current LINK plan for one year. If a client wants to switch from a LINK plan to a ZONE plan, they will apply as a new applicant and medical underwriting will be required, dependent upon the ZONE plan they choose.

HOW DO WE TERMINATE COVERAGE?

We'd be sorry to see your client go, but they can terminate coverage by providing GSC with written notice 10 business days prior to their next scheduled pre-authorized payment, which is 40 days prior to the actual coverage termination date.

WHO DO I CONTACT FOR QUESTIONS ABOUT APPLICATIONS, COVERAGE DETAILS OR TO MAKE CHANGES?

The Health Assist Advisor Hotline is available from 8:30 a.m. to 4:30 p.m. ET at 1.844.898.4742 or via email at healthassist@greenshield.ca.

healthassist[®]

This material has been prepared for the use of independent advisors in conjunction with other product information. The intent of this guide is to provide an overview of the GSC Health Assist ZONE[®] and GSC Health Assist LINK[®] health and dental plans. For a precise understanding of the rights and obligations of the contract owner and Green Shield Canada, please refer to the GSC Health Assist ZONE[®] and GSC Health Assist LINK[®] contracts.

Not all benefits described in the GSC Health Assist ZONE[®] and GSC Health Assist LINK[®] contracts may be included in the contract owner's coverage. Please refer to the Schedule of Benefits for details of the coverage selected and approved. The Schedule of Benefits is included in the welcome package, along with the contract. It provides a summary of the benefits and applicable coverage maximums that pertain to the specific plan purchased.

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