

online services

HEALTHCARE

DENTALCARE

DRUGHUB

PRESCRIPTION
DRUGS

GROUPNET
MOBILE

HEALTH &
WELLNESS SITE

VISIONCARE
HEALTHCARE

GroupNet for
Plan Members

Your **group
benefits**

An overview of
your Great-West Life
group benefits plan

Great-West Life

your Benefits Solutions People



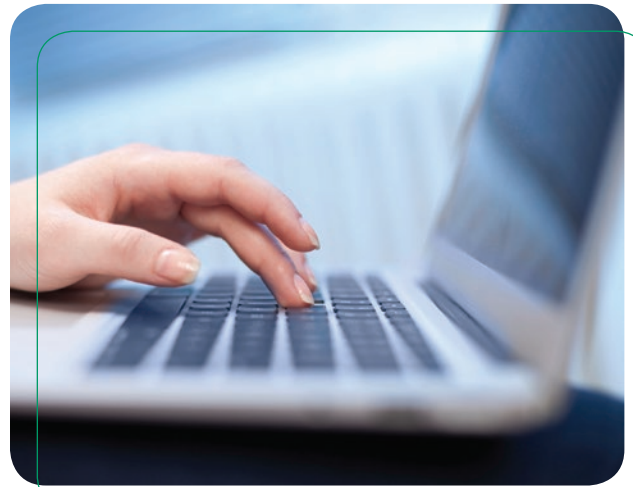
Welcome to Great-West Life

The attached information package provides an overview of the benefits and services included in your group plan. Take some time to review the product summaries to help ensure you're familiar with the coverage available and the services provided under your plan.

We want to connect with you

Great-West makes connecting easier than ever. We've made your plan information accessible any time, from anywhere. Our free, cutting-edge online and mobile services can save you time with features including finding the location of the nearest approved medical service provider, and submitting a claim in a few short steps. Read on to learn about our convenient services that provide you with access to your benefits plan information.

To register for online access to information, go to www.greatwestlife.com – *GroupNet for Plan Members*. *GroupNet* will be available to you one business day after the effective date of your plan.



	Online	Mobile	Phone	Posted mail	Plan administrator
<i>I want to:</i>					
Register for <i>GroupNet™ for Plan Members</i>	●				
Submit a claim	●	●		●	
Sign up for Direct Deposit of claim payments	●				
Find out what my plan covers	●	●	●		
Find out my personal benefit details – benefit maximums, next appt date for dentist or vision, and more	●	●	●		
Report a change in my coverage – birth, divorce, loss of spouse's coverage, etc.			●		●
Get a paper claim form	●		●		●
Get help completing a claim form			●		●

Connecting with you

Member eClaims

Save time and paper by submitting many of your claims online. Sign in to *GroupNet for Plan Members* at www.greatwestlife.com. Make sure you sign up for Direct Deposit and eDetails. Now you're ready to submit claims online. Hold onto your receipts for 12 months. We're committed to protecting your plan and claims submitted electronically are subject to random audits.



Provider eClaims

On-the-spot claims submission at approved providers. Claims will be assessed immediately and your provider will be able to let you know whether the claim is approved, declined or held for review. To view a list of approved providers, go to www.greatwestlife.com – *Client Services – Group Benefits Plan Members – Health, Dental, and Out-of-Country Coverage and Claims*.



GroupNet Mobile

All the convenience of Great-West's *GroupNet for Plan Members* on your mobile device. Available for Android, BlackBerry or iPhone, use this app to:

- Submit claims online
- Access personal coverage information
- Locate the nearest provider who has access to Provider eClaims through a built-in GPS mapping tool.



DrugHub

Available free for iPhone and iPod touch mobile devices, Great-West's *DrugHub* is a virtual medicine cabinet that lets you:

- Search thousands of medications – ingredients, interactions and side effects
- Set reminders for you and your family to take medications on schedule
- Know when you're running low, when to order refills and more!



Text message

If you submit a claim online and if it's auto-adjudicated, you can receive a text message that advises your claim has been processed and that payment will be deposited into your bank account. To sign up go to *GroupNet for Plan Members – Your Profile – Claim Payment Notification Preferences*.



To view benefit plan details including coverage, deductibles, claims history and more, sign in to *GroupNet for Plan Members* at www.greatwestlife.com.

Need more information?

Call us:




TTY: 1-800-990-6654

(Available 7 a.m. to 6 p.m. CST)

Co-ordination of benefits

If both you and your spouse have coverage under your group insurance plans, you may be able to recover 100% of your expenses.

If the claim is for:

YOU 	→	1 Submit the claim to Great-West.	→	2 Submit a claim through your spouse's plan for any amount unpaid by Great-West.
YOUR SPOUSE 	→	1 Submit the claim to your spouse's insurance plan.	→	2 Submit a claim to Great-West for any amount unpaid by your spouse's insurance plan.
YOUR CHILD 	→	1 Send the claim to the insurance company of the person who has the earlier birth month and day.	→	2 Submit the unpaid balance to the other insurance company.

Sign up once.
Benefit any time.

GroupNet for Plan Members

Access to your group benefits information has never been easier with Great-West's GroupNet™ for Plan Members. Register once and you'll connect to a world of secure, user-friendly services – available online, any time!



- Submit many of your claims online!
- Get text messages on your mobile phone when your claims have been processed.
- Choose eDetails for email notification when your claims have been processed.
- Sign up for Direct Deposit Claim Payments – claims paid directly into your bank account.
- Access expanded coverage information quickly and easily.
- Browse our [Health & Wellness Site](#) and the [Great-West Life Centre for Mental Health in the Workplace](#) website for extensive healthcare information and tools.
- Enjoy all the benefits of *GroupNet* on your Android device, BlackBerry or iPhone with our mobile app!

Member eClaims

Electronic claim submission is available for a variety of services, including prescription drugs, dentalcare, visioncare and paramedical, depending on your plan design.

Registration is simple and secure

Follow these steps to register and log in for the first time:

- Visit groupnet.greatwestlife.com
- Click *GroupNet for Plan Members*
- Click Register now
- Have your plan number and member ID number available, as you'll be prompted to provide this information. (These details are available on the front of your benefit statements or on your Benefit ID Card.)
- Follow the instructions to register and choose your own user name and password

Enjoy the benefits – 24 hours a day, seven days a week! Registration will be confirmed in writing by posted mail. Sign up once, and return any time. All you need to remember is the personalized password and user name you've selected!

Sign up now at groupnet.greatwestlife.com.

Submitting your claims is
faster, greener and more
convenient than ever

eClaims

With Great-West Life's convenient eClaims services, you have more options than ever to submit your claims, with no paper forms to fill out.

Provider eClaims

Claims submitted on the spot at approved providers.

Member eClaims

Submit your own claims online with a few clicks of your mouse.



How Provider eClaims works

Provider eClaims is very similar to the way claims are submitted by most dental offices. Providers including acupuncturists, chiropractors, massage therapists, naturopaths, physiotherapists and visioncare providers can submit your claim for the service you received, on the spot, *as long as the provider is approved and registered for Provider eClaims.*

Claims are assessed automatically while you wait, and your provider can let you know immediately whether the claim is approved, declined or held for review. To protect your privacy, providers do not have access to your coverage details.

Provider eClaims is available at approved providers nationwide. New providers are added daily.

To submit your claim using *Provider eClaims*, your provider will need to know your group benefits policy/plan number and your member ID number. If you don't know this information, you can find it by:

- **Checking on our GroupNet Mobile app**
- **Logging on to [GroupNet for Plan Members](#)** – view or print your wallet ID card under **Forms & Cards**
- **Looking on your Great-West Life wallet ID card**
- **Checking your explanation of benefits (EOB)** from a recent health or dental claim
- **Asking your plan administrator**
- **Calling Great-West** at 1-800-957-9777 weekdays between 7 a.m. and 6 p.m.

Don't know if your provider is registered?

Check out the *Provider eClaims* listing under Client Services – Group Benefits Plan Members – Health, Dental and Out-of-Country Coverage and Claims on www.greatwestlife.com, or at your next visit, ask your provider if he or she has heard about *Provider eClaims*. To learn more, providers can contact TELUS Health Solutions at 1-866-240-7492. TELUS provides the network and registers providers on Great-West's behalf.

How to use Member eClaims

You can save time and paper by submitting many of your claims online through *GroupNet™ for Plan Members*, Great-West's secure online services. Using *Member eClaims* is easy:

1. Sign in to [GroupNet for Plan Members](#). Not registered yet? You'll need your group benefits plan number and your member ID number.
2. If you haven't already, sign up for Direct Deposit of your claim payments (you'll need your bank account information) and select eDetails for email notification when your claims are paid. You'll need these features to access *Member eClaims*. You can also choose to get text messages on your mobile phone advising you when your claims have been processed.
3. On the *GroupNet* home page, click *Claims – Online Claim* and follow the steps to submit your claim.

What type of claims can be submitted online with Member eClaims?

Claims can be submitted online where Great-West is the first payor or where claims payment is coordinated with another provider, if:

- the service was provided in Canada, **and**
- the service was incurred within the last six months, **and**
- payment is to be made payable to you.

Claims cannot be submitted online if they are:

- for medical equipment and/or supplies **or**
- to be paid by Great-West directly to the service provider **or**
- for a Type of Claim or Expense Detail that is not listed as an option **or**
- the service was incurred more than six months ago. In this case, submit the claim using a paper claim form.



Protecting your benefits

Great-West is committed to protecting the benefits you value from the impact of benefits fraud and misuse. We apply state-of-the-art safeguards to all *eClaims*, along with additional electronic measures for even more protection. Claims submitted using our *eClaims* services are subject to random audits and detailed adjudication.

Hold on to your receipts

We ask that you retain your original receipt(s) for 12 months, as your claim may be randomly selected for audit upon submission, or within 12 months of submission. You do not need to send in your receipts when submitting a claim online unless your claim is selected for audit. If selected, you'll be asked to send us your receipt(s), along with a printout of the Audit Confirmation Screen. If the requested pieces aren't submitted, you risk losing access to *Member eClaims*. This audit feature is designed to protect your benefits plan from the cost of fraud and plan misuse.

The availability of online claims submission for specific types of benefits will depend on your plan design. For more information, contact your plan administrator.

Health information
whenever you need it

Great-West's Health & Wellness Site

Log on to the enhanced Health & Wellness Site with interactive features. Discover current, reliable health information you and your family can use, any time.

- Explore in-depth information on diseases, conditions, drugs and treatment options
- Learn how your lifestyle influences your health through the interactive *Personal Health Risk Assessment*
- Find community support resources by location



Explore the *Health & Wellness Site* today. Go to www.greatwestlife.com and sign into *GroupNet™ for Plan Members*, then click the *Health & Wellness* tabs.

*Paying for your
prescriptions has
never been so easy*

Assure Card

The Assure Card™ is an electronic payment system that provides on-the-spot submission of prescription drug claims at almost any pharmacy in Canada.

It's a convenient, easy-to-use alternative to submitting paper claim forms. Your personalized Assure Card is provided to you as part of your Great-West group coverage, and is administered by our pharmacy benefits manager (PBM) experts.

Using your Assure Card

When filling prescriptions, provide your Assure Card to the pharmacist – before the prescription is filled. The pharmacist will require the following information:

- name
- address and postal code
- telephone number
- date of birth
- relationship to the plan member
- plan sponsor name (e.g. your employer)
- plan number
- plan member ID number

Based on this information, the pharmacist is able to confirm your eligibility and drug coverage. Our PBM electronically pays the pharmacist the amount covered by your plan. You pay the pharmacist only the portion not covered by your plan, if any.

Always provide your card when filling a prescription

For security reasons, pharmacies generally don't share computer systems, even if they're part of the same chain. If you forget your card, you can still get your prescription filled. However, you will have to pay the full amount of your prescription up front and submit a paper Assure Card Claim Form with the receipt for reimbursement.

Keep your information current

All of your dependants must be registered with your plan sponsor to be covered through your Assure Card. Only you can register dependants or update information. Be sure to advise your plan



administrator of any changes to your address or marital status, if you adopt or have a baby, or if any of your children are attending university. Inform the pharmacist of any changes to your benefits or if you have been issued a new Assure Card.

Co-ordinating your family coverage

If you and your spouse both have drug coverage under separate plans but neither plan pays the full cost for prescription drugs, you may be able to submit claims to both plans and have the total cost covered.

If your spouse's plan offers a drug card

Provide both drug cards to the pharmacist when filling your prescriptions. **If the prescription is for:**

- **you** – ask the pharmacist to submit the claim to your plan first.
- **your spouse** – ask the pharmacist to submit the claim to your spouse's plan first.
- **your dependant** – ask the pharmacist to submit the claim first to the plan of the cardholder whose birthday occurs first in the calendar year.

Assure Card

If your spouse's drug plan does not offer a drug card

Prescriptions for you: provide your drug card to the pharmacist when you have your prescriptions filled. Your claim will be submitted electronically to Great-West. Pay the pharmacist the amount not covered by your plan and submit a claim form and the receipt to your spouse's plan for the balance of the prescription cost.

Prescriptions for your spouse: submit the claim to your spouse's plan in the usual manner. Submit the receipt and a completed Assure Card Claim Form to your plan for the balance of the prescription cost.

Prescriptions for a dependant:

- *If your spouse's birthday occurs first in the calendar year* – submit a claim for your dependant's prescription to your spouse's plan first. Then submit the receipt and a completed Assure Card Claim Form to your plan for reimbursement of the balance of the prescription cost.
- *If your birthday occurs first in the calendar year* – provide your Assure Card to the pharmacist when filling prescriptions for your dependant. The pharmacist will automatically be paid the portion of the cost covered by your plan. Pay the pharmacist the amount not covered by your plan and submit a claim form with the receipt to your spouse's plan for the balance of the prescription cost.

The Assure Card claim form is available from your plan administrator or visit www.greatwestlife.com. Go to *Client Services – Group Benefits Plan Members – Forms – Standard claim forms*.

Assure Claims Drug Utilization Review Program

It is not always practical or possible to visit the same pharmacist to have your prescriptions filled; however, it is important for the pharmacist filling your prescriptions to be aware of your recent drug history. This helps ensure the safety of you and your family, when prescriptions are filled.

That's why your Great-West prescription drug plan provides you and the pharmacist with access to the Assure Claims Drug Utilization Review Program.

The Assure Claims Drug Utilization Review Program promotes safe and effective use of prescription drugs by reviewing the prescription being filled to help ensure it:

- agrees with the drug manufacturer's recommended use and
- will not interfere with other prescriptions you have purchased with your Assure Card.

If a risk is detected, the Assure Claims Network issues a warning to the pharmacist indicating the nature of the concern. The pharmacist is then able to discuss the risk with you and, if necessary, consult your physician.

Common questions

Can I use my card at any pharmacy?

The majority of pharmacies in Canada are linked to our PBM and the Assure Card is recognized at any of these pharmacies. When filling prescriptions at a pharmacy that is not electronically linked to our PBM, pay the full amount of your prescription up front and submit a paper Assure Card Claim Form with your receipt to your plan.

What if I forget my card?

You will still be covered by your plan if you forget your card. Pay for your prescription in full, then submit the receipt and a completed Assure Card claim form to your plan.

What if my card is lost or stolen?

Report a lost or stolen card to your plan administrator immediately. For your protection, your card number will be cancelled and a replacement card will be issued. If you find your original card after receiving your new one, return the original card to your plan administrator.

Do I have to use the card to fill my prescription?

No, however, when you use your Assure Card your claim is electronically submitted when your prescription is filled – and you get the added advantage of the Assure Claims Drug Utilization Review Program.

Is there a difference in the amount covered using the Assure Card compared with sending in a paper claim?

Maybe. Depending on your plan design and the amount charged by your pharmacist for dispensing and/or additional fees, you may pay more for prescription drugs when you submit paper claims

than you would have if you'd used your Assure Card. When you use your card, you will never pay more for a prescription than you would have if you submitted a paper claim.

Is there a difference in the drugs covered using the Assure Card compared with submitting a paper claim?

No. The drugs covered by your plan are the same whether you use your card or submit a paper claim form. The difference is when you use your Assure Card to fill prescriptions, your claim is submitted electronically.

Why do I have to pay part of the cost of each prescription?

Most drug plans include a co-payment or deductible, or both. That means you and the plan share the cost of your prescriptions.

- A *co-payment* means you pay either a flat amount on each prescription (for example, \$5 each time you get a prescription filled) or a percentage of the cost of the prescription (for example, 20 per cent of each prescription).
- A *deductible* means you pay the full cost of your prescriptions up to a certain amount. For example, if you have a \$100 deductible, you pay the first \$100 of prescription costs. The plan begins paying after that.

What if my claim is declined?

Depending on your plan design, there may be certain situations when drug claims could be declined.

- **Your plan may not cover drug being prescribed.** Often there are equally effective alternative medications available that are covered by your plan. You or your pharmacist may want to contact your physician to discuss alternatives.
- **Some drugs may require special authorization.** Some drugs may be covered for specific conditions or circumstances only, and/or in pre-defined amounts. These drugs require special authorization from Great-West before they will be covered.

For prior authorization forms, visit www.greatwestlife.com. Go to *Client Services – Group Benefits Plan Members – Forms*.

For more information, contact Great-West Group Customer Contact Services at:

TTY line: 1-800-990-6654.

- **Your prescription exceeds the allowable supply.** Some plans pay for a supply of medication up to a certain period of time (e.g., 30 or 90 days). If you refill a prescription too soon or request a large quantity, your claim may be declined. If you require a larger supply than is covered by your plan, contact your plan administrator to find out what options are available. If your doctor increases your dosage, be sure to get a new prescription. That way, the allowable supply will be adjusted and your claim will be approved.

How do I change the information on my card?

You should inform your plan administrator of any changes to your address, dependants or any other information that may affect coverage or claims payment.

The most common changes include a change in marital status, the addition of a dependant or the removal of a dependant who no longer qualifies under the terms of your plan.

Who can I contact for more information?

For questions about your group benefits plan, contact your plan administrator.

If there are any problems with your Assure Card, the pharmacist should call our PBM's toll-free number for assistance. This number is provided to the pharmacist on our PBM's website.

Balancing safety with confidentiality

With the Assure Card and Health Assure, your personal prescription information is completely confidential. For Drug Utilization Review purposes, our PBM will only release information about your claims history and warning notices about possible drug conflicts to the pharmacist. **No information concerning what you are being treated for is ever shared with the pharmacist.**

Worldwide support for
travelers in emergency
medical assistance situations

Global Medical Assistance

Through an arrangement with an assistance company, Global Medical Assistance provides support worldwide to travellers in emergency medical situations and obtains Great-West's approval for covered medical expenses.

Imagine yourself away from home, faced with large unexpected expenses and potential language barriers at a time when you need immediate, professional medical attention.

Through your organization and Great-West, you now have enhanced protection against a medical emergency anywhere in the world. You also have protection in Canada, if your trip takes you more than 500 km from home. You have **Global Medical Assistance (GMA)**.

Why is GMA important?

Your provincial and group healthcare plans provide good protection, but they may not be enough when faced with a medical emergency.

Your protection through Great-West's group healthcare plan supplements the provincial plan by covering the reasonable and customary costs of medically necessary services or supplies relating to the initial treatment of a medical emergency.

GMA provides benefits and services over and above the basics. Through GMA, you have access to multilingual assistance co-ordinators who can direct you to the nearest, most appropriate physicians and healthcare facilities, and help you with travel arrangements.



How do you benefit from GMA?

Worldwide Assistance – GMA coverage is provided anywhere in the world. Coverage is also extended for travel within Canada if you are 500 km or more from home.

Assistance Company Communications Network – You have access to a direct line 24 hours a day, every day. The assistance company can help you locate hospitals, clinics and physicians, and arrange medical evacuation if necessary.

Medical Advisors – Qualified licensed physicians, under agreement with the assistance company, provide consultative and advisory services as well as second opinions.

Courtesy Assistance – The assistance company can help you locate qualified legal advice, local interpreters and appropriate services for replacing lost passports.

Admission Advance Assistance – The assistance company may make advance payment to the hospital when required for admission.

Assisting Unattended Children – If you are hospitalized, the assistance company will help organize travel arrangements, boarding and travel connections for your unattended children. Transportation expenses will be covered up to a maximum of one-way regular economy airfare per child.

Global Medical Assistance

Return of Vehicle – If sickness, injury or death prevents you from driving, GMA will pay up to \$1,000 toward the cost of your vehicle's return home or to the nearest rental agency.

Transportation Reimbursement – Airfare expenses will be covered for you if you're in a hospital and you miss prearranged and prepaid return transportation. (GMA provides either Return of Vehicle or Transportation Reimbursement, but not both.)

Medical Evacuation – If you experience a medical emergency while travelling and suitable local care is not available, GMA covers the cost of a medical evacuation to a hospital in Canada, or to the nearest hospital outside of Canada equipped to provide the required treatment. A medical evacuation to Canada may also be arranged if extensive treatment is needed and your medical condition permits transportation.

Family Member Travel Assistance – If you are hospitalized for more than seven consecutive days and are travelling alone, GMA will cover the expense of bringing one family member to the hospital. GMA covers the expense of one round-trip economy airfare, plus up to \$1,500 in lodging expenses. Meals are not covered.

Travelling Companion Expenses – If you are admitted to a hospital on the date you were originally scheduled to return home and have been travelling with a companion, GMA will cover the transportation and accommodation expenses incurred by your companion as a result of your hospitalization. The maximum payable for accommodation is \$1,500. Meals are not covered. (GMA provides either Family Member Travel Assistance or Travelling Companion Expenses, but not both.)

Transportation of Remains – In the event of death, GMA will pay expenses legally required for preparing and transporting a traveller's remains home. The assistance company can help make the arrangements.

Note: all benefits are paid in Canadian funds.

Questions & Answers

How do I arrange for assistance?

In the event of a medical emergency, call the assistance company using the toll-free number on the back of your GMA card. The assistance company will help you arrange for appropriate medical care, verify your insurance coverage, and provide necessary travel assistance, such as flight, hotel accommodation and vehicle return. If required, the assistance company can also provide advance payments, subject to Great-West's approval.

What if I'm unable to reach the assistance company at one of the toll-free numbers?

If you have any problems, call the Baltimore number collect. You can call this number from anywhere in the world.

If I'm admitted to a hospital, does the card confirm that I am covered?

Hospitals will not accept your GMA card as proof of medical coverage, but will use it to call the assistance company, which then contacts Great-West to verify coverage.

What if the hospital refuses to recognize my card or call the assistance company?

This is very unlikely. However, if it happens, you or your family member should call the assistance company. The assistance company will call the hospital directly and take whatever measures are appropriate.

Am I required to pay hospital and doctor bills, or will Great-West automatically pay these bills when I'm discharged?

You are responsible for arranging payment for all hospital and doctor bills when you are discharged. In some cases, hospitals may allow you to assign your insurance benefits in place of full payment. Your GMA card is **not** a credit card. It does not provide payment.

How do I submit a claim?

Complete and print the [Out-of-Country Expenses claim form](#). Submit the claim form along with the original receipts, to Great-West.

In most cases, Great-West will pay your provincial health plan's share of the claim on the province's behalf. Great-West will also reimburse you on the balance of expenses covered by your group healthcare plan.

We suggest you review your provincial health plan prior to leaving the country to determine the extent of its coverage. Many provincial health plans have time limitations on the submission of claims. These time limits apply to your Great-West claim as well. If your provincial health plan refuses payment, you may be asked to reimburse Great-West for any amount already paid on its behalf.

Send claims directly to:

Great-West Life, Out-of-Country Claims Department
PO Box 6000
Winnipeg MB R3C 3A5

If you have any questions about your claim or coverage, call Great-West's Group Customer Contact Services toll-free at 1-800-990-6654 and select the option to speak with a client service representative in the Out-of-Country Claims Department. A TTY line is available for the deaf or hard of hearing at 1-800-990-6654.

Do I need to purchase additional healthcare coverage when I travel?

Your Great-West group healthcare plan provides comprehensive out-of-country and GMA coverage for emergency medical treatment that may be required when you're travelling temporarily outside of Canada. However, it is impossible to foresee all the costs you may incur.

To help you plan, consider the maximums and reimbursement levels applicable under your group healthcare plan. These are included in your benefits booklet.

For example, if your plan reimburses 80 per cent of the balance after your provincial plan benefits have been paid, you may wish to purchase additional coverage for the remainder.

If you do purchase additional insurance, Great-West will co-ordinate the payment of your claim with your other carrier.

Does my GMA plan include trip cancellation insurance?

Your plan does not cover transportation costs if you're unable to leave home at the start of a trip due to a death in your family, or if you or a family member becomes seriously ill. This type of coverage is provided by flight cancellation insurance.

If you miss prearranged and prepaid return transportation to Canada because you are in a hospital, the assistance company will arrange and pay the cost of comparable return transportation for you.

Who do you call?

To obtain Global Medical Assistance while travelling in Canada or the United States, call toll-free:

1-800-527-0218

Outside Canada or the United States, place a collect call to:

Baltimore, U.S.A. (410) 453-6330

When travelling in Mexico, call toll-free:

001-800-101-0061

You will find toll-free numbers for other international locations serviced by GMA, as well as the numbers above, on the back of your GMA card.

*This information highlights features of Global Medical Assistance. The plan provisions are detailed in the Group Contract issued to your plan sponsor by The Great-West Life Assurance Company. **The Group Contract shall be the governing document.** Neither the assistance company nor The Great-West Life Assurance Company nor your plan sponsor is responsible for the availability, quantity, quality or results of any medical treatment received by an Insured Traveller, or for the failure of an Insured Traveller to obtain medical services.*

PVS is a value-added feature of your Great-West plan. PVS offers discounts from preferred providers for vision and hearing correction products and services.

Purchasing through providers associated with PVS entitles you to:

- An eyewear discount as high as 20 per cent depending on the outlet and other promotions offered
- A discount on laser eye surgery
- A 10 per cent discount on hearing aids and hearing devices

Your group insurance plan member ID card is proof that you are eligible to receive the PVS discount. If you don't have a Great-West plan member ID card, you can print a personalized card from Great-West's GroupNet™ for Plan Members. Go to www.greatwestlife.com – GroupNet for Plan Members – Forms and Cards. Show your eligibility card at the time of purchase and pay a reduced price.

Visit www.pvs.ca and use the provider search feature or call the toll-free customer service line at **1-800-668-6444** to find the location of a PVS provider near you.

**In some cases the PVS discount cannot be combined with provider promotions or store sales. Check with your provider before making a purchase.*



Imagine the anxiety that comes with the diagnosis of a serious condition.

Time stands still. Then the frightening questions come up: What will happen now? Is the diagnosis correct? Will the treatment be right? How can I be sure? Now there is someone to help you answer the difficult questions. The result could save your life!

***If you're unsure, call
Best Doctors®***

Founded by doctors from Harvard Medical School in 1989, *Best Doctors* has helped thousands of people be sure about their diagnosis. You can get clear answers about your diagnosis or treatment plan from the world's leading expert doctors without stepping away from your home.

If you are seriously ill, *Best Doctors* provides a voluntary service that allows you (or your eligible dependants) and your treating physicians to connect with world-renowned medical specialists to confirm diagnoses and treatment plans.

One phone call

By calling 1-877-419-BEST(2378), you will be connected to one of *Best Doctors'* Member Advocates – a registered nurse – who will help you get started. The Member Advocate will take care of all the details for you to begin the *Best Doctors* check-up to ensure you have the right diagnosis and the right treatment plan.

Service features

If you choose to contact *Best Doctors*, your Member Advocate will assess the level of service needed and provide guidance and support throughout the process with services such as:

- ***Interconsultation***™ – Provides an in-depth* review of your medical records and diagnostic tests by a multi-disciplinary team of Harvard-trained physicians, who refer their findings to top medical specialists in their network.
- ***FindBestDoc***™ – Locates specialists considered best able to handle a case, based on your criteria. These recommendations can be provided to your treating physician for a referral.



Benefits

Personalized, one-on-one service –

You'll receive personalized advice, service and recommendations in dealing with your illness and any other related issues.

Convenient access to medical expertise –

You're one call away from accessing the expertise and knowledge of 50,000 world-renowned specialists to confirm the right diagnosis and treatment options for your case.

Best Doctors

- **FindBestCare™** – Helps you if you choose to seek treatment by a physician identified by *Best Doctors* who is out of province or country**. Through *FindBestCare*, *Best Doctors* arranges travel and monitors treatment throughout.
- **BestDoctors360°** – Designed to help you navigate the healthcare system and address issues such as finding homecare, by identifying community resources that provide services, equipment and treatment.
- **Ask the Expert™** – Provides answers to basic questions about your health conditions and treatment options. You'll normally get your answers within two or three business days, depending on the nature of your questions. You'll receive your answers in the form of a written report emailed directly to you.

Case Study

A 33-year-old woman had completely lost her sight over a period of months and was diagnosed with an aggressive brain tumour requiring emergency open head surgery – a procedure both dangerous and disfiguring.

The location of the tumour required the optic nerve to be cut and permanent blindness would result. She turned to *Best Doctors*, a service included in her employee benefits, in hopes that they could find an alternative treatment. The Member Advocate, a registered nurse assigned to her case, took the information and arranged for all of her records and history to be sent to a team of Harvard-trained specialists. The team takes nothing at face value: they reread all of her imaging and diagnostic tests, and analyzed her case.

Best Doctors discovered she did not have a life-threatening tumour; rather she had sarcoidosis – a treatable inflammatory condition. For final determination and expert advice on treatment, the assessment was forwarded to a rheumatologist from the *Best Doctors* global network, who confirmed the diagnosis. The rheumatologist immediately phoned the member's surgeon and recommended cancelling the operation. Her surgeon was sceptical, but at the insistence of the specialist, agreed to delay the operation for 48 hours. During this time, anti-inflammatory drugs were administered and the change was dramatic: her eyesight began to return almost immediately. Today she is a healthy, active woman with full eyesight and thankful for the services of *Best Doctors*.

*Length of time to complete *Interconsultation* services can vary depending on the complexity of each case

**You are responsible for all costs related to treatment, travel and lodging

Best Doctors services ("Services") are provided by *Best Doctors, Inc.* and are not insured services. Great-West is not responsible for the provision of the Services, their results, or any treatment received or requested in connection with the Services.

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HEALTHCARE EXPENSES STATEMENT

INSTRUCTIONS: Attach the bills and receipts for all expenses and itemize them by providing all the information requested.

Note: Drug bills and receipts, other than those required for government drug plans, are part of our records and will not be returned. Therefore, please retain the itemization of expenses that will accompany our cheque or explanation for Income Tax purposes.

IMPORTANT: Please answer all questions. This claim will be returned to you if it is incomplete or contains errors. All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member and a person acting on his or her behalf when necessary to confirm eligibility and to mutually manage the claims.

Please print

SEND THIS CLAIM TO:

Questions? Call Toll Free:



For the deaf or hard of hearing:
Toll Free: 1.800.990.6654

PART 1 EMPLOYEE INFORMATION						
PLAN NUMBER	DIVISION NUMBER	PLAN NAME				
EMPLOYEE IDENTIFICATION NUMBER		EMPLOYEE NAME			DATE OF BIRTH (Year / Month / Day)	
ADDRESS: NUMBER AND STREET		TOWN	PROVINCE	POSTAL CODE	PHONE #	
					HOME:	WORK:

PART 2 COORDINATION OF BENEFITS	
Are you or any other member of your family entitled to benefits under any other plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of family member insured _____ Relationship to employee _____	
Name of other insurance company _____ Policy Number _____	
Is any member of your family (other than yourself) insured as an employee under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of family member _____	
If yes, to either question above, and the patient is a dependent child, please provide spouse's date of birth: ____ / ____ / ____ Year Month Day	
Is treatment required as the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location and explain how accident happened _____	
Is a claim being made for Worker's Compensation Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 3 DEPENDENT INFORMATION							If child over 18 years		
Patient Name	Relationship to Employee	Date of Birth			Does patient reside with you? YES NO	Full-Time Student? YES NO	If student, how many hours per week?	Employed? YES NO	How many hours worked per week?
		Year	Month	Day					
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	

PART 4 CLAIM DETAILS (If additional space is needed, attach a separate page)				
DRUG EXPENSES			OTHER EXPENSES	
Patient Name	Number of Receipts	Total Charge	Type of Expense	Nature of Illness

At Great-West Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

I authorize Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life, located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. I certify that the information given is true, correct, and complete to the best of my knowledge.

Employee's Signature _____ Date _____

**STANDARD DENTAL
CLAIM FORM**
Please print



PART 1 DENTIST										UNIQUE NO.		SPEC.		PATIENT'S OFFICE ACCOUNT NO.		I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER.													
P A T I E N T	LAST NAME				GIVEN NAME				D E N T I S T	PHONE NO.				SIGNATURE OF SUBSCRIBER															
	ADDRESS				APT.																								
CITY				PROV.				POSTAL CODE																					
FOR DENTIST'S USE ONLY, FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION.										I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ _____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST. SIGNATURE OF PATIENT (PARENT/GUARDIAN) _____ OFFICE VERIFICATION _____																			
																				DUPLICATE FORM <input type="checkbox"/>									
DATE OF SERVICE			PROCEDURE CODE		INTL. TOOTH CODE		TOOTH SURFACES		DENTIST'S FEE		LABORATORY CHARGE		TOTAL CHARGES		INSTRUCTIONS														
DAY	MO.	YR.																											
																All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member and a person acting on his or her behalf when necessary to confirm eligibility and to mutually manage the claims. 1. Have your dentist complete Part 1. 2. Employee completes Parts 2 and 3. 3. If you wish benefits to be paid directly to the dentist, sign the assignment portion of Part 1 above. Assignment of benefits is irrevocable. Great-West Life may discuss details of this claim with the assignee. 4. Send this claim to: <div style="background-color: #ccc; padding: 5px; text-align: center;">Questions? Call Toll Free:</div> <div style="display: flex; align-items: center;"> For the deaf or hard of hearing: Toll Free: 1.800.990.6654 </div>													
THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E. & O.E.										TOTAL FEE SUBMITTED																			

PART 2 EMPLOYEE INFORMATION	
Plan Number _____ Division Number _____ Employee Identification Number _____ Plan Name _____ Employee Name _____ Date of birth ____ / ____ / ____ Employee Address _____ Day Month Year	
At Great-West Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com . I authorize Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life, located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. I certify that the information given is true, correct, and complete to the best of my knowledge. Employee's Signature _____ Date _____	

PART 3 COORDINATION OF BENEFITS	
1. Patient's relationship to you _____ 2. Patient's date of birth ____ / ____ / ____ Day Month Year 3. If the patient is a child, does the patient reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. If the child is over 18: a) Is he/she a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No b) If student, how many hours per week at school? _____ c) Is he/she employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours worked per week? _____ 5. a) Are you or any other member of your family entitled to benefits under any other plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of family member insured _____ Relationship to employee _____ Name of other insurance company _____ Policy Number _____ b) Is any member of your family (other than yourself) insured as an employee under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No c) If yes to questions 5 a) or b), and the patient is a dependent child, please provide spouse's Date of Birth ____ / ____ / ____ Day Month Year 6. Is this treatment required as the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, and explain how accident happened _____ 7. Is a claim being made for Worker's Compensation Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. If claim is for denture, crown or bridge, is this initial placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give date of prior placement and reason for replacement. _____	