

Dear Member:

Please find enclosed your Great West Life *Health SolutionsPlus* prepaid VISA card. You can use this card to pay for valid medical and dental expenses for you and your dependents that exceed your Benefit Level payout (i.e. 70%, 80% or 90%). Please have your claim paid through your regular core benefits **FIRST**, and your prepaid visa card second.



Example: After you have a dental visit, the dental office more than likely would submit your dental claim electronically to Great West Life. If you or your spouse has benefit through another provider the dental office would then file electronically through the 2nd provider. If there is an amount remaining to be paid, and your dental office accepts VISA, you would be able to pay the balance owing using your Great West Life *Health SolutionsPlus* prepaid VISA card.

**5 IMPORTANT THINGS TO KNOW ABOUT YOUR HEALTH SOLUTIONSPUS VISA CARD:**

1. While your *Health SolutionsPlus* prepaid VISA card has an expiry date, your card is only valid as long as you have contributions on the card.
2. Each year that you qualify for the health spending benefit, your card will be automatically topped up for the rest of the year with that amount.
3. As with the regular health spending benefit, by law, all contributions must be used within 2 years.
4. In the event your healthcare/dentalcare provider location does not accept your VISA card, you can still submit your claim(s) through the standard paper process as we have been doing for years.
5. **Each claim you make with your *Health SolutionsPlus* prepaid VISA card will reduce your Health Spending Benefit dollar for dollar.**

**Understanding the Health Spending Benefit**

The Health Spending Benefit like almost all of our other benefits, is a tax free benefit providing that it is paid for by the employer through Producer contributions. (the exception is in Quebec whereby all benefits are considered taxable) As with all of our benefits, the Health Spending Benefit is regulated through the Income Tax Act. **NOTE:** Items eligible under the health spending benefit are subject to change at any time as the Income Tax Act changes. There are some additional benefit claim options that are covered through this benefit that are not covered in our regular benefit package. Examples of the expenses that can be paid are:

1. Portions of claims not paid through your Benefit Level such as:
  - \* the remaining % of eligible Health Care Benefit expenses and Basic Dental expenses you now pay,
  - \* any or all of the % of Major Dental and % of eligible Orthodontic expenses you now pay,
  - \* prescription lenses, frames and contact expenses that exceed the dollar limit each 24 month period,
2. Some alternative medicine expenses for prescribed medications such as over the counter drugs, herbs, & homeopathic substances **if prescribed by a licensed physician, dentist or medical practitioner and dispensed by a pharmacist;** and for medical devices, aids and equipment not reimbursed under your Benefit Level.

**REMEMBER!**

**Any health spending benefit amounts not used, or if you do not remain a member in good standing of I.A.T.S.E. Local 667 or 669, will be transferred back into the reserve fund.** Please be aware of the claims submissions deadlines below.

Plan year	Claims incurred during plan year	Health spending claims submission deadline	NOTE
Apr 1/13-Mar 31/14	Apr 1/13-Mar 31/14	Sep 30/14	Health spending claims incurred during the 2013 plan year will not be paid after Sep 30/14
Apr 1/14 -Mar 31/15	Apr 1/14 -Mar 31/15	Sep 30/15	Health spending claims incurred during the 2014

Please contact Leta Kennedy, Plan Administrator through the Health and Welfare Plan Administration Office or Mary Miskic, Benefits Coordinator in the Local 667 office. They will be able to answer any questions about your Plan.

Leta Kennedy, Plan Administrator	Toll Free (Canada-wide): 1-866-366-9667	Phone: 778-329-4455
Mary Miskic, Benefits Coordinator	Toll Free (Eastern Canada only): 1-877-368-1667	Phone: 416-368-0072