

Submitting health spending account claims What you need to know

Your health spending account (HSA) is an extension to your group insurance plan. You can use it to pay for health and dental expenses that aren't covered by your group insurance plan.

For example, if your healthcare bill is \$120 and your plan covers \$90, there's still \$30 left to pay. You can use your HSA to cover that last \$30¹. However, a lot of people forget to claim that balance and end up paying out of pocket. Over the years, that can add up to a lot of money.

That's why we've enhanced the way your HSA works. Now, outstanding amounts will automatically be applied to your HSA for certain types of claims. We've prepared this guide to explain how it works.

FIRST: Do you coordinate benefits with another plan?

If you or your dependents are NOT covered by another group plan, you can skip this part and go straight to **How your HSA works**.

If you or your dependents ARE covered by another plan, any applicable coordination of benefits (COB) should be submitted BEFORE you claim amounts under your HSA.

What do we mean by coordination of benefits?

When different members of the same family have jobs, or multiple jobs, or are enrolled in an educational institution, they may have health or dental care coverage under more than one group insurance plan. If this applies to you, you may be able to claim up to 100% of the eligible expenses you incur by submitting separate claims to each plan.

¹ If you coordinate your benefits with another plan, please remember to submit your claim to your second plan BEFORE you claim amounts under your HSA. You can refer to the coordination of benefits section for more information.

For example, if you coordinate benefits with your spouse's group plan, here is the order to follow:

STEP 1: Your plan > **STEP 2: Your spouse's plan** > **STEP 3: Your HSA**

| Situation 1: You use both your COB and your HSA | |
|---|--------------|
| Total eligible health expenses | \$100 |
| Amount paid by your plan | \$50 |
| Amount paid by your spouse's plan (COB) | \$30 |
| Amount paid by your HSA | \$20 |
| Your total reimbursement | \$100 |

| Situation 2: You use your HSA only | |
|---|---------------|
| Total eligible health expenses | \$100 |
| Amount paid by your plan | \$50 |
| Amount paid by your spouse's plan (COB) | Not submitted |
| Amount paid by your HSA | \$50 |
| Your total reimbursement | \$100 |

In both cases, your total reimbursement covers 100% of your eligible expenses. But **Situation 1** makes better use of your HSA because it uses fewer HSA credits, so you'll have more left over to use for future claims. By using all the coverage available to you, you pay less and are covered for more.

IMPORTANT: Please ensure that we know you coordinate your benefits with another plan. If we don't know, we will automatically apply your unpaid eligible expenses to your HSA.

Here's how to let us know you want to coordinate your benefits:

- SECURE SITE: Enter your information under **Your account > dependents and coordination of benefits**. You can find [step by step instructions](#) on our website.
- CLAIM FORMS: Fill out the Coordination of Benefits section when you submit a paper or online form.

How your HSA works

Depending on the type of expenses incurred, sometimes your out of pocket expenses are automatically submitted to your HSA and sometimes they are not:

PHARMACISTS

- When you use your payment card, out of pocket expenses for your drug claims will **not** be submitted to your HSA automatically. You will have to submit a claim using one of the methods below.
- If you do not have a payment card, you will have to pay the full amount and then submit a claim using one of the methods described below. Remember to coordinate your benefits first if you are covered under another plan.

DENTISTS

- If your dentist submits your claims on your behalf, your out of pocket expenses will automatically be submitted to your HSA.

If you don't want us to use your HSA to cover your out of pocket expenses, you must call our Customer Contact Centre to let us know. This will then apply to all your future claims.

- If your dentist does not submit your claims on your behalf, you will have to pay the full amount and then submit a claim using one of the methods described below. Remember to coordinate your benefits first if you are covered under another plan.

VISION CARE SPECIALISTS AND OTHER HEALTH PROFESSIONALS (FOR EXAMPLE, MASSAGE THERAPISTS)

- If your health professional **is registered** in the TELUS Health eClaims Program², you don't have to do anything. These health professionals will submit the claim on your behalf. Your out of pocket expenses will automatically be submitted to your HSA (unless you've told us to coordinate your benefits with another plan).

If you don't want us to use your HSA to cover your out of pocket expenses, you must call our Customer Contact Centre to let us know. This will then apply to all your future claims.

- If your health professional is **not registered** in the TELUS Health eClaims Program, you will have to pay the full amount and then submit a claim using one of the methods described below. Remember to coordinate your benefits first if you are covered under another plan.

Even if you are not covered or if you have waived coverage for extended healthcare or dental care under your plan, you can still submit claims to your HSA via the secure site or in a paper form. Dentists, vision care specialists and other registered health professionals can also submit a claim to your HSA on your behalf.

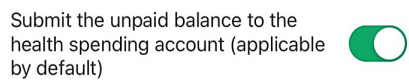
How to submit your HSA claim

- Via the secure site by filling in the electronic form and ensuring the instructions in the HSA box reflect what you want to do. The default is to submit your balance to the HSA. If you do not wish to use your HSA, please **uncheck** the box.

Submit the ineligible expenses to the health spending account (HSA). If you do not wish to use your HSA, please uncheck this box. ⓘ

² To find a registered health professional, check the Omni app or visit desjardinslifeinsurance.com/providers.

- Via the Omni mobile app by ensuring that the box that says “Submit the unpaid balance to the health spending account (applicable by default)” is activated.



- By mail, by checking the appropriate box in the “Health Spending Account” (HSA) section of one of the following forms: [Claim for Health Care Benefits \(19132A\)](#) or [Claim for Dental Care Expenses 19110A](#). If you DO NOT choose one of the three options, your uncovered expenses will be applied to your HSA.