

Deadline to submit 2005 claims - June 29, 2006!

If you still have unpaid medical expense claims from 2005 you will want to send them in as soon as possible. This year's deadline for submitting 2005 claims is June 29. After that, Sun Life will not

accept 2005 claims.

Why wait until the last minute?

It is always a good idea to send in your claims within 90 days from the date expenses were incurred.

That way, you will benefit from receiving your money sooner, and any problems can be resolved more quickly while the information is still new, available, and fresh in your mind.

If you and your spouse have benefit plans You could get up to 100% coverage

Good news if both you and your spouse have extended health benefit plans! You can submit your claims under both plans and possibly get 100% coverage.

Here is how it works:

- Send your own claim and expenses to this plan first.
- When you get the payment back from Sun Life, your spouse must fill out a claim form for their plan.
- Attach the Sun Life explanation of benefits that shows what Sun Life

paid you.

- Attach a copy of your receipts
- Send everything to your spouse's plan and they will reimburse the balance of any eligible expenses.

The same procedures should apply to your spouse's plan. They must submit to their own insurance carrier first. Then, after their claim is paid you can make a claim to Sun Life for the unpaid balance.

For any dependent children you should make a claim to the plan of the parent

who has the first birthday in the year. It doesn't matter what year, what will matter is the month you were born.

For example, if your birthday is in October and your spouse's birthday is in May, your spouse's birthday comes first in the year so your spouse will claim your children on their plan and you can claim the unpaid balance on this plan. It doesn't matter who is older, all that matters is the month of the year.

Getting ready for a vacation? These items might come in handy

If you're like most people, you usually end up packing for vacation the night before you leave which often leads to forgetting to pack crucial things such as your passport. If you're planning on going away for a slightly longer trip, along with your medi-passport* for emergency medical coverage outside of Canada, it's always a good idea to have the following things packed with you:

- If you wear glasses or contact lenses, take your prescription and a spare pair.
- If you are taking medication, take

your prescription and an adequate supply.

- Pack a medical kit containing essentials like aspirin, antihistamine, bandages, sunscreen, insect repellent, cold and flu medication and antiseptic.
- Make sure you've had all the necessary immunizations needed for your destination of choice.

* For more information on medi-passports, go to www.icba.bc.ca/benefits/line.

Address change?

Keep us advised of address changes so we can send you current information regarding your coverage, and all other changes in your benefit plan.

You can always reach us at one of the contact points listed on this newsletter.

Frequently asked questions

Physiotherapists, chiropractors, massage therapists etc.

Are physiotherapists, chiropractors, massage therapists etc. covered on this plan?

Yes, paramedical practitioners covered under this plan include: chiropractors, registered massage therapists, physiotherapists, naturopaths, osteopaths, podiatrists and speech therapists.

How much of my expense is covered under The Construction Industry's Benefit Plan?

All of the above practitioners are covered at 80% of the cost of your visit up to \$30* per visit. This means that if you visit your chiropractor and the charge is \$40, this plan will pay \$30. If the charge is \$30, this plan will pay \$24. There is an annual maximum of \$500 per service per person.

**The \$30 per visit maximum does not apply to the registered psychologist coverage. The plan will pay 80% of the cost of the visit up to \$500 per year per person.*

Are there any benefits for family or individual counseling?

Services provided by a registered psychologist are covered at 80% up to

\$500 per insured person per calendar year. You will need a referral from your attending physician when sending in your claim to Sun Life.

What services require a referral from my doctor?

Massage therapy, physiotherapy and psychologist's services all need a referral from your attending physician.

Does my coverage under the Medical Services Plan of British Columbia (your provincial medical coverage) insure any part of the costs of paramedical practitioners or registered psychologists?

No. These services are not paid for by your provincial health plan.

How do I submit a claim for paramedical services?

Use the extended health claim form and enter your expenses in the "OTHER" box. Attach the ORIGINAL receipts to your completed claim form. When you send in your claim form, be sure your receipt includes all of the following information:

1. Date(s) of service
2. Name of patient

3. Name of practitioner
4. Practitioner's credentials and or qualifications as well as professional affiliations with any regulatory body or society, i.e. Canadian Naturopathic Association
5. Practitioner's provincial license number
6. Total amount paid (cost per visit or per hour, indicating payment in full)

Most of this information will be provided by the practitioner, either using a pre-printed stamp or by handwriting your receipt.

Married or Single?

There is no extra charge for family coverage, but we need to know for our records - or there will likely be delays in paying you.

If you change your marital status (or your address for that matter) you need to complete a new enrollment card (get one from your employer) or call ICBA at 604-298-7795.

Am I supposed to register my spouse and children on my benefit plan?

No, you don't have to register each one of your dependents when you enrol on the benefit plan. However, it is important that

you complete an enrolment card indicating that you want family coverage. When you send in a claim for one of your dependents, Sun Life will automatically add them to your file. If you haven't completed an enrolment card, contact the ICBA office.

Remember, your dependents are:

- Your spouse who is your legally married spouse or a person of the opposite sex or of the same sex, who is not legally married to you but has resided with you for a minimum of one year and is publicly known as your spouse.
- A dependent child who is defined as an unmarried child, stepchild or legally adopted child under the age of 21 years, of either you or your legal spouse who may or may not live with

you but is fully dependent on you for support.

- A child of a common law spouse, who is a child under the age of 21 years, who is in the custody of both of you and living with you and fully dependent on both of you for support.

There is no age limit for children who are mentally or physically challenged and remain dependent upon you for support. Children will remain eligible as dependents under your plan after 21 years and until they turn 25 if they are a full time student. When you send in a claim for a child over 21, you must always confirm if they are a full time student. There is a box for this information on the claim form.



Construction Industry's Benefit Plan Administrator

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