Claim submission requirements for orthopedic shoes and custom-made foot orthotics -  
**UPDATE FROM GREAT-WEST LIFE**

On February 1, 2013, Great-West Life will implement new claim submission requirements for orthopedic shoes and custom-made foot orthotics.

There is no change to the coverage provided under your plan. We’re changing our claims submission requirements to help ensure that coverage is provided for valid expenses. These requirements are not specific to your plan and are consistent with requirements adopted by other major Canadian group insurers. For the most part, these changes will impact the providers of these supplies. We are informing providers of the changes and their responsibilities in the claims process. We will do our best to ensure all suppliers are provided this information. We recommend you bring this document to your next appointment.

Group healthcare plans insured or administered by Great-West may include coverage* for:

- **Custom-made orthopedic shoes** - footwear made specifically for one patient, from raw materials, using a variety of measurements and a three-dimensional cast of the patient’s feet.
- **Off-the-shelf (pre-fabricated) orthopedic shoes** - footwear with specific orthopedic fit and function features.
- **Custom-fitted or modified orthopedic shoes** - a shoe is considered to be modified when the orthopedic shoe is permanently changed, for example, adding a rocker sole, or leather patches to accommodate a foot deformity.
- **Custom-made foot orthotics** - a device made from a cast of the foot that can be inserted into the shoe to support, align, prevent or accommodate foot abnormalities and improve how the foot functions.

Benefits for these supplies will be paid where the expense is eligible under the benefits plan and provided all required documentation is submitted with the claim.

* Coverage details may vary depending on your plan design.

What isn’t covered?

- Off-the-shelf, non-orthopedic footwear (e.g. comfort shoes and sandals)
- Shoes purchased specifically for participation in sports or recreational activities (e.g. cleats)
- Off-the-shelf, non-custom or pre-fabricated orthotics (e.g. Dr. Scholl’s insoles)

Claim submission requirements effective February 1, 2013

New claim submission requirements for orthopedic shoes and custom-made foot orthotics include:

**Prescription requirement**

The orthopedic shoes and custom-made foot orthotics described above are generally covered under a benefits plan when they are considered to be reasonable treatment of disease or injury, and when prescribed by one of the following health care providers:

- Physician (MD)
- Chiropodist,
- Podiatrist, or
- Orthopedic surgeon.

The prescription must set out the medical diagnosis necessitating the supply prescribed. Prescriptions outlining symptoms rather than a medical diagnosis will not be sufficient.
Claims for custom-made orthopedic shoes will also be required to include a lab bill that includes:

- Details of the casting technique used; and
- A description of the process and material used to fabricate the shoes.

Claims for custom-fitted or pre-fabricated (off-the-shelf) orthopedic shoes will also be required to include:

- The brand name and model of the shoes,
- A description of each modification made to the shoes (if applicable), and
- A breakdown of the cost of the shoes and each modification (if applicable)

Claims for a custom-made foot orthotic will also be required to include:

- A copy of a detailed biomechanical examination or gait analysis
- Details of the casting technique used
- A detailed description of the type of orthotic provided
- A breakdown of the charges for the orthotic

Why is our process changing?
Generally, medical professionals, including foot care specialists, advise that generally a patient's medical condition can be accommodated with well-constructed retail footwear or orthotics. Therefore, many patients do not require custom-made or pre-fabricated orthopedic shoes.

Further, the dispensing of orthopedic shoes and orthotics is not itself a regulated act and these supplies can be dispensed by a variety of health care providers and other individuals. As a result, there is no standard billing practice for these supplies and marketing and billing varies by the dispenser. Based on recent activity of some providers and the results of investigations we have conducted, we've determined it necessary to gather additional information with claim submissions to help determine whether a claim qualifies for coverage.

There are many different types of shoes marketed as “orthopedic,” as well as many different types of in-shoe devices referred to or marketed as “orthotics.” Advances in shoe design technology and widespread availability of these products in an unregulated market can make it confusing for you to obtain orthopedic shoes or orthotics eligible for coverage under your plan. The new claim submission requirements are intended to help clarify the claims requirements for you and ensure claims are adjudicated on a timely basis, and in accordance with your benefits plan.

Is it possible that claims for which benefits were paid in the past won’t be considered eligible for coverage in the future?
Yes, some claims for which benefits were previously paid may now be determined to be ineligible when documentation included in the new claim submission requirements is received. Great-West will be providing a notice to providers of orthopedic shoes and custom-made foot orthotics to explain our new claim submission requirements.

More information
If you have questions about claim submission requirements for orthopedic shoes and custom-made foot orthotics, please call a Great-West client service representative at 1-800-957-9777.

Great-West Life GroupNet Mobile app now available for Android and Blackberry
You can now access Great-West Life’s GroupNet Mobile app on your BlackBerry or Android device.

GroupNet Mobile lets you quickly and easily:

- Submit claims online with Member eClaims - part of Great-West’s industry-leading GroupNet online services.
- Access personalized coverage information about benefits, claims and more.
- View card information, such as member ID, and Global Medical Assistance.
- Locate the nearest provider who has access to Provider eClaims, using a built-in GPS mapping tool.

To use GroupNet Mobile, you need to be registered for GroupNet for Plan Members. Registering is easy; just go to www.greatwestlife.com and click GroupNet for Plan Members to begin the process. You’ll need your group benefits plan number (20778) and your plan member ID number. To use the app to submit claims, you must also be signed up for Direct Deposit of claim payments and eDetails (email or text notifications when your claims are adjudicated).

Go to www.greatwestlife.com or GroupNet Mobile video to download the app and view a demo of GroupNet Mobile’s features.

If you have questions about GroupNet Mobile, or questions related to benefits or claims, please call Great-West Group Customer Contact Services at 1-800-957-9777.
Out-of-Country Coverage
Planning to travel outside Canada?

Out-of-country coverage is provided for all active, eligible employees covered under the University of Manitoba Supplementary Health Plan. Great-West Life’s out-of-country coverage is designed to provide benefits during a medical emergency while you or your dependants are temporarily outside Canada for business, education or vacation.

Below are some examples of what might be considered a medical emergency:
• a sudden, unexpected injury,
• an acute episode of a medical condition that was not identified or being treated prior to departure from Canada,
• an unexpected and unforeseen acute episode of a previously identified medical condition that was stable and controlled at the time of departure from Canada.

In assessing whether a previously identified medical condition is stable and controlled at the time of departure, Great-West Life may consider whether, within three or more months prior to your departure:
• you’ve had any new medications or changes in dose,
• your doctor has prescribed or recommended any medical, surgical or diagnostic procedures for you,
• your medical condition has worsened.

Great-West Life will also consider whether your doctor has advised you not to travel. In some cases, Great-West Life will require your medical records to assess your claim.

Out-of-country coverage generally covers expenses associated with the initial treatment of a medical emergency, such as doctor, hospital and lab fees. Here are some examples of out-of-country expenses that may not be covered:
• non-emergency care or follow-up care after the initial emergency treatment,
• expenses related to pregnancy or delivery after the 34th week of pregnancy or at any time prior to the 34th week if the patient’s Canadian physician considers the pregnancy to be high-risk,
• continued medical care following an emergency outside Canada if the patient’s medical condition permits a return to Canada for treatment.

If you have a medical condition, you may wish to check with your doctor before travelling. If you are advised it is safe to travel and you would like clarification of your out-of-country coverage, call Great-West Life at 1-800-957-9777.

How out-of-country coverage differs from travel assistance
Out-of-country coverage is sometimes confused with travel assistance. These are two separate types of coverage. Out-of-country coverage provides benefits for the medical costs associated with a medical emergency, such as doctor, hospital and lab fees. Meanwhile, Great-West Life’s Global Medical Assistance coverage includes such services as 24-hours-a-day, seven-days-a-week access to co-ordinators who can direct you to an appropriate healthcare facility or assist with travel arrangements following a medical emergency.

The University’s Supplementary Health Plan does not include coverage for trip cancellation, trip interruption or loss or damage of baggage. You may want to consider obtaining these types of coverage from other sources, such as travel agencies.

Out-of-country coverage confirmation letter
If you are travelling to CUBA you will be required to provide proof of medical coverage. An “Out of Country Confirmation Letter” can be obtained from the Great-West Life website at www.greatwestlife.com for this purpose. Click on the link for GroupNet for Plan Members. The letter template can be found on the Forms and Cards tab. This letter can also be obtained by calling Great-West Life at 1-800-957-9777.

Ensuring adequate coverage for extended periods outside Canada
If you are leaving Canada for more than six months, you should inquire about getting a coverage extension under your provincial healthcare plan prior to leaving the country.

If you are leaving Canada specifically to obtain medical treatment, you should contact representatives of your provincial healthcare plan and Great-West Life to determine if coverage is available.

Keeping contact information current
You must maintain coverage with your provincial healthcare plan in order to be eligible for benefits under a Great-West Life group plan. For this reason, it is important that you keep your personal information current with your provincial healthcare plan; this includes providing notification of any address and name changes as well as notification about moving away from Canada for extended periods.
In case of medical emergency

If you experience a medical emergency while outside Canada, contact the Assistance Centre or have someone call on your behalf. The phone numbers (which can also be found on the back of your travel assistance card) are listed below.

**Call collect:**

- **From anywhere in the world:** 410-453-6330
- **From Cuba** 1-905-816-1901

**Call toll-free:**

- **From Canada or the U.S.** 1-800-527-0218
- **From the United Kingdom** 0-800-252-074
- **From Mexico** 001-800-101-0061

If the operator is unable to assist in making a collect call, plan members can opt to pay for the call and submit a claim for reimbursement later to cover the cost of the long distance charges.

Making a claim

As a plan member, you are ultimately responsible for managing your out-of-country claims; this includes correctly filling out forms. You should submit your claims directly to Great-West Life along with an authorization for the provincial plan to reimburse Great-West Life for the province’s share of the claim cost. Great-West Life will reimburse you for both the province’s share of the claim cost as well as the balance of expenses covered under your group plan.

Time requirements for claim submission vary by jurisdiction. Please be aware of these requirements to ensure you submit claims within the designated time period.

When submitting an out-of-country claim to Great-West Life, please ensure you complete an out-of-country claim form, rather than a healthcare expenses statement.

For more information

For out-of-country claim forms, visit Great-West Life’s website at www.greatwestlife.com and click *Client Services* or use the *GroupNet for Plan Members* website. If you have any questions about out-of-country coverage, please call **1-800-957-9777**.

Before you leave

- If you have a medical condition, consider talking to your doctor about whether it’s safe to travel. Follow up with Great-West Life if you need clarification of out-of-country coverage under your plan.
- Be sure to pack your confirmation of coverage letter (if required), travel insurance information, along with emergency help numbers, your provincial health insurance card and your family doctor’s contact information.
- Let family members and travelling partners know the details of your travel insurance.
- If you have lost your Global Medical Assistance card, visit Great-West Life’s *GroupNet for Plan Members* website to print a new card, or call the Staff Benefits Office. A new card will be mailed to you.

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**Employer Contributions to AD&D insurance premiums are taxable**

Effective January 1, 2013, insurance premiums paid by the University for Basic Accidental Death and Dismemberment (AD&D) insurance on behalf of employees, will be a taxable benefit for income tax purposes. This change was announced by the federal government in its 2012 Budget.

**Review your benefit coverage on Employee Self Service**

In order to review your benefits and covered dependents, sign on to Employee Self Service and click on the “My Benefits” tab. You will be able to view your coverage, your dependents and your beneficiary designations. Remember, if your dependents aren’t listed, they’re not covered.