



Corporate Finance Outsource Inc.

(Illustrative only)

Employee Information Booklet



OPTIMAL MEDICAL BENEFIT ADMINISTRATIVE SERVICES

3075 Fourteenth Ave
Suite #221
Unionville, Ontario
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Dear Plan Member,

Your Employer has obtained health and dental coverage to help prevent illness and address needed health issues.

The OMBAS plan will allow you to use health care services that suit your specific requirements. As well, you will find that the procedures for reimbursement are simple and straightforward.

This booklet gives an overview of how OMBAS works, what expenses are eligible and how to submit your claims.

We are here to help you utilize your plan effectively.

Please feel comfortable to contact us at OMBAS, at any time, with your questions.

Yours in good health.

Kelly T. Ehler, CPA, CA
President

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Your Plan's Features — Overview of Main Features

Your plan's main features:

- ✓ The expenditure account that you have available to spend exclusively on health care services
- ✓ The qualifying health services available to you
- ✓ The confidentiality preserved between OMBAS and yourself
- ✓ Your eligibility for the plan

The Spending Account

Your employer will provide you with an annual medical and dental expenditure limit called a spending account. You will be reimbursed for qualifying health care costs up to the amount of your spending limit within the contract term. If you have any questions about the limit itself, please talk with your employer.

The spending account limit has to be renewed each year. Upon contract renewal your expenditure limit will be determined at that time by your employer.

Please bear in mind that you must budget for unexpected services or emergencies in order to avoid using up all of your account. It is there to help you for those times when you need it most.

When you visit a qualifying health care professional, you will pay them and then send in an OMBAS claim form to OMBAS with the original receipt(s) attached. OMBAS will reimburse you directly as per the terms outlined herein.

The expenditures that are reimbursed by OMBAS cannot be used for personal income tax purposes.

Please note, amounts not reimbursed may be eligible for deduction on your personal tax return.

OMBAS tracks expenditures on behalf of your employer. We urge you to be aware of how much money is available to you at any given time.

Limits, subject to the terms detailed herein, are as follows:

Single Staff Coverage:

- \$2,000 Dental
- \$4,000 Medical

Family Coverage:

- \$4,000 Dental
- \$8,000 Medical

Executive Coverage:

- \$20,000

Qualifying Medical & Dental Expenses

You may select whatever qualifying services you need as long as:

1. The cost remains within your spending account.
2. The service falls within the limits specified by your employer listed in this booklet.
3. The service you receive is provided by a qualified medical practitioner.

A qualified practitioner must be a member of one of Ontario's Health Regulatory Colleges or be a member of a legislated health profession. The following list identifies whose services are eligible:

- Acupuncturist
- Audiology & Speech Language Pathologist
- Chiropodist
- Chiropractor
- Dental Hygienist
- Dental Surgeon
- Dental Technologist
- Denturist
- Dietician
- Homeopath
- Kinesiologist
- Medical Radiation Technologist
- Midwife
- Naturopathic Doctor
- Registered Massage Therapist
- Registered Nurse
- Registered Practical Nurse
- Respiratory Therapist
- Occupational Therapist
- Optician
- Optometrist
- Pharmacist
- Physician and Surgeon
- Psychologist
- Psychotherapists
- Physiotherapist
- Traditional Chinese Medical Practitioners

If you have any questions about whether a service qualifies or not, please feel free to check with us directly. **6**

Your Plan

Annual limits and maximums are per plan (not per individual) unless stated.

Reimbursement level 100% of each claim to an annual maximum of:

- \$300 Audiology & Speech Language Pathologist
- \$500 Chiropodist/Podiatrists, excluding custom fitted orthopedic shoes
- \$200 Annual maximum for custom fitted orthopedic shoes
- \$500 Chiropractor
- \$500 Dietician/Psychologist
- \$500 Registered Massage Therapist
- \$500 Naturopathic Doctor
- \$500 Occupational Therapist
- \$200 Optometrist
- \$500 Prescription glasses/contacts

Reimbursement Levels:

All other expenses: 100% up to annual limit

Prescription drugs: 100% up to annual limit

Dental Services : 100% up to annual limit

Confidentiality

The Privacy Act states that employee health information is confidential. The receipts you submit to us and the services you receive will be kept confidential by OMBAS. A separate privacy statement is available to all employees.

Your employer will have access to statistical information such as the balance of the spending account that they have arranged.

Please be assured that OMBAS will respect your privacy and the law.

Your Eligibility

You must be an employee to qualify for coverage. Your dependants are also eligible for coverage with your plan.

Employee dependants are defined as:

A dependant of an individual for a particular tax year in subsection 118(6) to be a person who is:

- a child, grandchild, parent, grandparent, brother, sister, uncle, aunt, niece or nephew of the individual or of the individual's spouse or common-law partner;
- dependant on the individual for support at some time in the year; and
- a resident of Canada at some time in the year. (This residence requirement does not apply if the person is the child or grandchild of the individual or of the individual's spouse or common-law partner.)

The definition of dependant is further clarified in Canada Revenue Agency's Income Tax Folio S1-F1-C1 as follows:

“Whether a person is dependent upon the individual for support, for purposes of the definition is a question of fact. In general terms, support involves the provision of the basic necessities of life such as food, shelter and clothing, on a regular and consistent basis. This support may be given voluntarily or pursuant to a legal commitment.”

Should you leave your employer, be terminated or laid off, you are no longer eligible for the OMBAS plan. Please be aware of this in case you leave your Company.

How to Submit Your Claim

To submit your claim to OMBAS you must have OMBAS Claim Forms from your employer or you can get them through the internet at www.ombas.ca.

When you fill out your claim form you may list more than one item at a time, however please itemize each expense and attach original receipts that show the patient's name, date of service, description of service and cost.

You must submit claims within the contract year and must be received by OMBAS within 60 days from the date the service was performed. All claims for benefits, incurred during the contract period, must be received by OMBAS within 60 days of the termination of the benefit plan. Check the front page of this booklet to see what your contract date is or check with your employer.

The sooner you send in your claim the sooner you will be reimbursed.

If you have any questions you may call OMBAS directly. We will be happy to help you.

Submitting Your Claim is as simple as this:

1. Pay your health care and dental expense.
2. Fill in OMBAS Claim Form
3. Mail OMBAS Claim Form with the original receipt(s) to OMBAS.

Coordinating Coverage

If your spouse has coverage under another plan they may apply for the difference through OMBAS.

If their plan doesn't cover the full cost of the service you may submit the difference along with original receipt(s) or an original copy of the insurance payment summary.

Frequently Asked Questions

- FAQ:** My spouse's plan covers 80% of a claim. How does OMBAS treat the 20%.
- A:** Upon receipt of the Statement Summary from the spouse's insurance company OMBAS would reimburse you for the balance not in excess of the annual limit. For example, your drug expense was originally \$100 and your spouse's plan paid \$80 then OMBAS would reimburse you \$20.
- FAQ:** What is the difference between what OMBAS covers and what traditional Insurance Companies cover?
- A:** Where we differ, is choice. You choose what you need covered. With Insurance Companies plans are often pre-packaged.
- FAQ:** Will my records be kept confidential?
- A:** We ensure that all employee information is kept confidential. Reporting is limited to advising the employer of statistical information.
- FAQ:** Can the reimbursement of my health care expenses produce a taxable benefit to me?
- A:** There is no taxable benefit after you have been reimbursed by OMBAS. Also, remember, the amount not reimbursed by OMBAS is tax deductible to you.

Frequently Asked Questions

FAQ: Do I need to keep copies of medical receipts?

A: You may keep a copy but the original **MUST** be sent to OMBAS.

FAQ: What does OMBAS do with my claim when it receives it?

A: OMBAS reviews the claim to ensure it is a qualifying medical expense and complies with the benefit terms provided by your Employer.

FAQ: After ensuring compliance what does OMBAS do next?

A: OMBAS processes the claim as accepted and draws on funds your Employer has provided to pay such claims.

FAQ: What next?

A: Your cheque is sent to you directly.

FAQ: How long is the whole process.

A: We process claims as received and disburse funds weekly provided company deposits are on hand.

FAQ: If a receipt is lost, may I use a credit card receipt, for example?

A: Possibly, but you would need to speak with OMBAS. Normally, you would request the medical service provider issue you a new receipt.

The Fine Print

This booklet describes the features of OMBAS plans. In no way does it grant any contractual rights or obligations. If there are any discrepancies between the Employer's OMBAS Contract and this employee booklet, the Employer's OMBAS Contract will apply in all cases.

Your coverage under this plan, ceases on the date your active employment ceases.

The OMBAS Contract must be in effect and you must satisfy all the requirements of it to be eligible for reimbursement.

A separate personal Employee Enrolment Form must be completed and returned to OMBAS in order to be enrolled.

Contact

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