

Your group benefits plan provides valuable coverage for a number of paramedical services.



TIPS FOR FRAUD PREVENTION

RELATED TO YOUR PARAMEDICAL BENEFITS PLAN COVERAGE

These include services or treatments from healthcare providers such as physiotherapists, chiropractors, massage therapists, podiatrists and others.

Unfortunately, fraudulent activity related to these services does occur, from individuals stealing your personal information and submitting false claims, to those providing products and services that are not covered by benefits plans yet issuing a receipt for covered services that were never delivered.

Because fraud could happen to you without your knowledge or through lack of awareness, it pays to understand how fraud can occur – and the steps you can take to help better protect your benefits plan from the risk of fraud.

6 TIPS FOR A FRAUD-FREE PARAMEDICAL EXPERIENCE

Here are some simple tips that can help ensure that your paramedical coverage doesn't become compromised by fraud.

- 1 Protect your personal information.** Never sign a blank claim form, or give a service provider your personal information – such as passwords – that would allow them to view your claims history and update your personal information like your address and bank account details. Please check your online claims regularly to ensure you are aware of all claims that have been submitted and paid under your benefit plan and to identify any claims that may have been submitted without your knowledge. You should always review all claims and payments on your claims statement (Explanation of Benefits). If the claims statement does not match the service or treatment you received from a service provider, do not hesitate to contact our Customer Care Centre immediately. Failure to resolve or correct errors or inconsistencies could result in overpayments that will be collected from you, or alternatively you may reach your financial maximum for a product or service that might result in the denial of future claims.
- 2 Don't substitute products or services.** If a service provider suggests substituting one covered product or service for something that isn't covered under your benefits plan, or provides a receipt in the name of a family member who did not receive services, decline the offer. Examples of common fraudulent substitutions include receiving:
 - a facial or spa treatment instead of a therapeutic massage;
 - running shoes instead of orthotics;
 - designer sunglasses instead of prescription eyewear; and,
 - teeth whitening instead of regular dental care.
- 3 Check your receipts.** Ensure your receipts are correct and reflect the service or treatment you actually received. If your service provider submits claims electronically for you, cross-check your copy of this information with the Claims Statement (explanation of benefits) you get from Sun Life to confirm that they both reflect what you actually received. It is also important that you keep your receipts for one year. Sun Life may request additional information from you regarding the services or products you received. Please respond to these requests so we can ensure the payment of your claim is correct.
- 4 Know your group benefits plan.** Understand the treatments, products, medications and services that are covered by your benefits plan – and the limits that apply under your plan.

5 Ask questions. Don't hesitate to question the treatment or service being prescribed or given to you. If you are unsure, seek a second opinion.

6 Report suspicious activity. If you are suspicious of any activity, offer, or request from a service provider or medical equipment supplier, such as actions that provide little or no benefit to you but maximize payments to that service provider or supplier based on your plan coverage, please call Sun Life's Fraud Hotline, toll free at: 1-888-882-2221 or email us at clues@sunlife.com. Your confidentiality will be protected.

WHY BENEFITS FRAUD MATTERS TO YOU

Benefits fraud costs Canadian employers billions of dollars each year*. And, as a result, it can have a direct impact on the benefits coverage you receive under your employer's plan.

Fraud can increase the costs to your benefits plan and it can lead to higher premiums for you and/or your employer. To help manage increasing costs, your employer may decide to cover fewer services and products than those covered under your benefits plan today or, lower the limits that currently apply under your plan.

If you are suspicious of any activity or request – such as actions that provide little or no benefit to you but maximize payments to that service provider or supplier based on your plan coverage – please call Sun Life's Fraud Hotline, toll free at: 1-888-882-2221 or email us at clues@sunlife.com. Your confidentiality will be protected.

* Canadian Health Care Anti-Fraud Association website: www.chcaa.org, 2012

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