



# BENEFITS GUIDE

**Your Health**  
**Your Life**  
**Your Money**

**lifemark**   
HEALTH GROUP

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# FlexLife administration guide

This guide provides the information you need to know about the benefits available through FlexLife and our various insurance partners, Medavie Blue Cross, Chubb Insurance, Allstate and LifeWorks.

## Lifemark's benefits plan

The following summary of your FlexLife plan has been written in as clear and non-technical language as possible. It does not create any contractual rights. It is intended as a summary only and is by no means comprehensive. Please consult our various insurance partners benefits booklets or contact our group benefits administrator, People Corporation, for more details on the benefits offered and your entitlement to those benefits. If there is a conflict between the information in this summary or the benefits booklet and insurance contract, the contract governs.

## FlexLife contact information



group benefits administrator  
People Corporation  
1-866-979-1444  
[benefits@lifemark.ca](mailto:benefits@lifemark.ca)

### MEDAVIE BLUE CROSS

group benefits  
1-888-873-9200  
[inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca)  
[www.medaviebc.ca](http://www.medaviebc.ca)

### ALLSTATE

critical illness  
[benefits@allstate.ca](mailto:benefits@allstate.ca)  
[www.allstatevoluntary.ca](http://www.allstatevoluntary.ca)

### LIFEWORKS

employee assistance program  
1-877-207-8833  
user ID: lifemark & password: eap  
[www.lifeworks.com](http://www.lifeworks.com)

### CHUBB

AD&D  
[Canada.ChubbLife@chubb.com](mailto:Canada.ChubbLife@chubb.com)  
[www.chubb.com/ca](http://www.chubb.com/ca)

# introducing FlexLife

When it comes to benefits, you have your own particular needs, which are not necessarily the same as those of your colleagues. FlexLife has been designed to ensure we meet as many of your benefit needs as possible.

- FlexLife offers core, enhanced and premium health and dental benefit options, each with different levels of coverage
- For some benefits, coverage is mandatory or there is a minimum level of coverage that is required
- You will be given flex credits to buy your health and dental benefit options
- Depending on your needs, you may wish to select the lowest level of coverage for one benefit and use the leftover flex credits to either:
  - take advantage of a health spending account,
  - fund a wellness spending account, or
  - contribute to your FlexLife group RRSP account
- Alternatively, you have the options of upgrading certain benefits to provide additional coverage, which may result in additional costs, paid through payroll deductions

To make the most of the FlexLife plan, it's important for you to fully understand what each benefit option has to offer, so you can select the option that suits you and your family needs.



# how FlexLife works

## flex credits

Each employee will be given flex credits towards the cost of health and dental benefits. Depending on the option chosen and coverage status, i.e. single, couple or family, your flex credits may cover the cost of your health and dental benefits in full. If you choose coverage in excess of your flex credits, an additional cost (paid through payroll deductions) will be applicable.

The cost of each option and your allocated credits will be provided in the FlexLife enrolment tool and calculator during open enrolment.

If you have flex credits left over after choosing your benefits, you can either;

- allocate them to your health spending account,
- fund a wellness spending account, or
- contribute to your FlexLife group RRSP account

Flex credits are allocated to your health spending account with no income tax withheld, unless you reside in Quebec where provincial income tax is assessed on all expenses reimbursed (plus administrative fees and applicable taxes) from this account.



# how FlexLife works - continued

## mandatory enrolment

### FlexLife requires you to enrol every two years

The enrolment period will take place in November of every other year. The benefits selected during the enrolment period will become effective January of the following year.

## default coverage

### new to FlexLife

Lifemark requires that you have a minimum level of coverage. At the time of eligibility for the FlexLife plan, you will be enrolled with default coverage and single coverage status.

Default coverage is defined as core health and dental, life & accidental death & dismemberment (AD&D), long term disability and critical illness benefits. Your left over flex credits will be allocated to a health spending account, until you complete your enrolment.

At the same time that you are enrolled with default coverage, you will also be provided with an enrolment period to make your benefit selections and update your personal information, including dependent and beneficiary selections.

When you actively enrol during your enrolment period, you will have the opportunity to elect different coverage than what is provided under the default coverage and update your personal information. Your coverage selections and personal information updates will take effect retroactively to your eligibility for the FlexLife plan, and your flex credits will be re-allocated based on your selection. If payroll deductions are required, these will also be retroactive to your eligibility for the FlexLife plan.

If you do not actively enrol during your enrolment period you will retain the default coverage and your leftover flex credits will remain in your health spending account. You will not be able to change your default coverage until the next enrolment period, unless a life event takes place.

# how FlexLife works - continued

## re-enrolment in the FlexLife plan

The FlexLife plan requires you to enrol every two years. During the open enrolment period, you are able to make changes to your benefits coverage and provided the opportunity to review your personal information, including dependent and beneficiary selection. Once re-enrolment is closed, you will not be able to change your benefit coverage or personal information (such as dependent information) until the next annual enrolment period unless you have a life event.

If you do not enrol, your previous benefit selections will remain in effect until the next open enrolment period.

Salary-based benefits, such as life, AD&D and LTD, are determined using your current salary. Benefit adjustments required due to salary updates will be made as they occur.



## benefit year

Your benefit year runs from January 1 to December 31.

## coverage status

Coverage status refers to the level of coverage you select under the health and dental benefits and are defined as follows;

- single - you alone
- single +1 - you and one eligible dependent, either spouse or child
- family - you and two or more dependents

## your plan and taxes

It is important to note that the cost of life insurance, accidental death & dismemberment and critical illness, paid for by Lifemark, as well as any flex credits allocated to your wellness spending account, are taxable benefits as defined by Canada Revenue Agency rules. Therefore, the cost of this coverage may be included as income on your annual tax slips.

Special note for Quebec members: If you live in Quebec, the flex credits used to purchase your health and dental and any expenses that are reimbursed (plus administrative fees and applicable taxes) by your health spending account are considered taxable benefits.

# how FlexLife works - continued

## employees on leave

If you are paying for a portion of your benefits through payroll deductions, and are entitled to receive benefits during an authorized leave of absence from work, you are required to continue paying your share of those benefits during your leave. Monthly postdated cheques to cover your premiums during your leave must be provided. Please contact [payroll.support@lifemark.ca](mailto:payroll.support@lifemark.ca) to arrange these payments prior to the commencement of the leave.

## life events

A life event entitles you to an opportunity to reconsider your benefit choices, to ensure the plan continues to meet your family's needs. If you have a life event, you must advise our group benefits administrator at People Corporation within 31 days from the date of the event to ensure your new coverage is in place.

The following qualify as life events:

- marriage
- common-law relationship attaining 12 month co-habitation period
- divorce or legal separation
- birth/adoption of child
- death of a dependent (spouse or child)
- loss of spouse's coverage

In order to report changes to your personal records, contact our group benefits administrator or make changes directly through the portal. All changes must be reported within 31 days of the change in order to ensure your dependents receive the benefit coverage to which they are entitled.

The following are examples of changes that you need to report:

- changing your beneficiary assignment
- changing your name or that of your dependents
- change of address
- change in student status of dependents between the ages of 21 and 26

## returning to work



If you are returning to work after an authorized leave, contact our group benefits administrator at People Corporation, to advise them of your return if you missed the last open enrolment period and have changes to make. You must call within 31 days of your return to work date.



# before you choose

## things to consider

### how much do you spend on health and dental expenses?

FlexLife is designed to offer the most choice where it is most important - in health and dental benefits.

Before you choose your benefit options, you should estimate what your future expenses are likely to be, and therefore how much coverage you're likely to need. The best way to do that is to look at how much you've spent in the past. For example, estimate what you've spent in the last year for things like prescription drugs, health care providers and dental benefits - the full amount of those expenses, not just the portion your benefit plan didn't cover. It's wise to separate your dental expenses for basic care from any money spent on major services like dentures or crowns.



To help you estimate your expenses, you can print a summary of your previous health and dental claims from your carrier's plan member website.

### do you also have coverage under another plan?

You should take your spouse's benefit plan into account when you choose your benefit package, since you may be able to coordinate coverage between your plan and your spouse's plan. For example, enhanced dental coverage covers 80% of eligible basic services with the remaining 20% paid by you. If your spouse has a benefit plan (and you are covered under it), you may be able to claim the 20% under his/her plan. For further details, see coordinating benefits, page 21.



# before you choose - continued

## things to consider - continued

### how financially secure are you?

You may also want to consider how much life and critical illness coverage you need. Lifemark provides you with coverage for these benefits under the FlexLife program; however you may determine that you would like to have even more coverage. You can consider purchasing optional life, voluntary critical illness insurance from Medavie Blue Cross and Allstate. For details, see optional benefits, page 15.

Here are some questions you should think about:

- how much money would your dependents need should you pass away?
- do you have dependent children? If so, how old are they? Are they self-reliant?
- what expenses would you have to cover if you suffered a critical illness?
- how much debt do you have, including mortgage and outstanding loans? Do you have any mortgage insurance?
- what other life insurance or investments do you have?



## who is eligible to join the plan?

All full-time employees working a minimum of 30 hour per week are eligible after 3 months of continuous employment.

## choosing your coverage status

When choosing your health and dental options, you must also decide whom you are going to cover:

- single – you alone
- single +1 – you and one eligible dependent, either spouse or child
- family – you and two or more dependents

## when does FlexLife coverage start?

Your coverage will begin on the latter of:

- January 1 of each year
- the date you become eligible for coverage
- the date your evidence of insurability is approved if required

For specific information on eligibility to the FlexLife plan please refer to your Medavie Blue Cross benefits information/booklet.

## when does FlexLife coverage end?

Your FlexLife coverage ends on the earliest of:

- your retirement
- the date on which you no longer qualify for benefits
- age 70 for life, dependent life, AD&D, health and dental
- age 65 for optional life insurance
- age 65, less the elimination period, for long term disability

You have the option to convert your coverage, with the exception of long term disability, to an individual policy within 31 days after your FlexLife coverage ends. You can purchase coverage, through our insurance partners, as an individual policy, without providing proof of good health, subject to certain conditions. For further information on conversion options, please contact our group benefits administrator at People Corporation.

# getting started - continued

## eligible dependents

eligible dependents include:

- your spouse by marriage or your partner with whom you have lived for at least 12 consecutive months
- unmarried children, including step, foster, adopted or for whom you are the legal guardian, under age 21
- unmarried children under 26 if in full-time attendance at a recognized educational institution and dependent on you for support
- a disabled child who becomes handicapped before the age limit
  - coverage will continue as long as the child is incapable of self-support because of a physical or mental disability

## when does dependent coverage start?

Dependent coverage starts on the date that you become eligible for the FlexLife program, provided you complete enrolment, make your benefit selections, and update your personal information including dependent and beneficiary selections. If you fail to add your dependents at this time or you do not complete your enrolment you will not be able to add your dependents until the next open enrolment period, unless you have a qualifying life event.

Dependent coverage starts on the date that you make the change on the portal or advise our group benefits administrator, at People Corporation, of a qualifying life event, provided you advise them within 31 days of the event.

## when does dependent coverage end?

Dependent coverage ends when your coverage ends, or on the date you or your dependent no longer qualifies for benefits coverage (whichever comes earlier).

If you should pass away while covered under the plan, your eligible dependents will continue to be covered for health and dental benefits until the earliest of; 24 months or they date they no longer qualify as an eligible dependent.



# making your choices

## health benefits

### choosing your option

When choosing a health option you need to keep in mind that you cannot decline coverage. Costs of each health option are provided in the FlexLife enrolment tool.

If your spouse does not have similar coverage under another plan, you should choose a coverage status that provides sufficient coverage for you and your family.

### key points about health benefits

To qualify for health benefits, you and your eligible dependents must be covered under a provincial healthcare plan or a federal government plan that provides similar benefits.

Your Pay-Direct drug card allows you to be reimbursed for your prescriptions right at the pharmacy counter. Just present your drug card to the pharmacist when you fill your order, and your claim will be submitted electronically. The pharmacist will be able to advise you whether the drug is covered under your plan and any amount you have to pay out-of-pocket. Out-of-pocket amounts depend on the option you chose as well as the province you reside in. The pharmacist can also let you know if the drug you are purchasing has any potential for dangerous interactions with any other medication you have purchased based on past prescriptions you have filled.

### Silver Fox Pharmacies

You can maximize your prescription drug coverage by utilizing Lifemark's preferred provider Silver Fox Pharmacies. Regardless of your FlexLife health option, your prescription drug costs are covered at 100% and there is no dispensing fee cap. To take advantage of this program, please complete the required enrolment form located on SharePoint Touch.



For greater flexibility, consider using a health spending account in combination with a lower health option. For details, see key points about your health spending account on page 16.

# making your choices - continued

## health benefits - continued

### lowest cost interchangeable drugs

The FlexLife plan will reimburse to the lowest cost interchangeable drug, regardless of whether your physician indicates the prescribed drug cannot be substituted.

If you have an adverse reaction to the interchangeable drug, reimbursement of the brand name drug may be requested by completing Medavie Blue Cross' request for brand name drug form accessible through the plan member site.

### preferred provider network - PPN

FlexLife gives you access to unique preferred partnership relationships with the following pharmacies, Rexall, PharmaPlus, Sobeys, Safeway, Foodland, Metro, Food Basics and Costco. These partnerships offer you additional opportunities to save on your prescription drug costs, unique services and in some cases, savings on non-prescription items. For more information please reference the PPN brochure on SharePoint Touch.

### Lifemark Health preferred provider network (PPN)

You can reduce your out of pocket expenses by utilizing Lifemark Health paramedical services and medical equipment and supplies.

Show your Medavie Blue Cross identification card to receive the provider program discount at the time of service.

For further claim submission details please reference the Lifemark PPN instructions brochure on SharePoint Touch.

#### Special note to Quebec members:

FlexLife is administered in accordance with the Act Respecting Prescription Drug Insurance ("the Act") in relation to Quebec participants, including the Act's provisions with respect to maximum coinsurance, out-of-pocket maximums, eligible drugs and exception drugs. Under no circumstances will the expenses not reimbursed by the plan provision of this benefit render Drug Benefits for Quebec participants less generous than the basic prescription drug insurance plan established by the Act.

If, in any calendar year, a Quebec participant spends more on eligible drugs than the maximum contribution amount established by the RAMQ, the amounts in excess of the maximum contribution amount will be reimbursed at a rate of 100%. The Quebec participant's contribution amount includes the deductible and co-payment, if applicable, for you and your dependents.

#### Special note to Manitoba and British Columbia residents:

It's important that you not only register for the pharmacare program in your province, but also let Medavie Blue Cross know that you have done so, to avoid claim service disruption.

## dental benefits

### choosing your option

You may choose from three coverage options or you may decline dental coverage altogether. Costs of each health option are provided in the FlexLife enrolment tool.

If your spouse does not have similar coverage under another plan, you should choose a coverage status that provides sufficient coverage for you and your family.

### key points about health benefits

The plan covers expenses based on the amount listed in the most current dental association fee guide for general practitioners in the province where the expense is incurred, not on the amount you actually paid. The fee guide lists suggested fees for all dental procedures and is updated annually.

The plan will not pay more than the reasonable cost of the least expensive dental alternate procedure. It is highly recommended that a predetermination be received from Medavie Blue Cross, before any major treatment or procedure costing more than \$500 is completed. Have your dentist prepare a claim estimate including the dental code and cost details and submit this document to Medavie Blue Cross for pre-approval. You will be advised how much of the planned treatment is covered. This will enable you to plan your out-of-pocket expense effectively.

When deciding the amount that will be reimbursed for a procedure, the claim will be assessed for alternate procedures. These alternate procedures must be part of the usual and accepted dental work and must produce as adequate a result as the procedure that the dentist performed.

For greater flexibility, consider using a health spending account in combination with a lower dental option. For details, see key points about your health spending account on page 16.



# making your choices - continued

## optional benefits

As a Lifemark employee, you and your family have the opportunity to purchase additional life insurance and critical illness coverage through the following optional benefits at affordable group rates:

- optional life Insurance
- optional spousal life insurance
- voluntary critical illness
- voluntary spousal critical illness
- voluntary child critical illness

Optional life insurance is administered by Medavie Blue Cross. All amounts of insurance are subject to evidence of insurability. The cost is dependent on the amount of coverage chosen, your age, gender and smoker status. Payment of your optional life insurance premiums are made through payroll deductions.

Voluntary critical illness is administered by Allstate Insurance. Guaranteed issue amounts are only available at time of open enrolment or for new hires, within 31 days of eligibility. Amounts in excess of the guaranteed issue or outside of the enrolment wind are subject to evidence of insurability. Payment of your voluntary critical illness insurance premiums are made through payroll deductions.





# before you complete your enrolment

Depending on the benefit choices you have made you may have remaining flex credits. You have three options available:

- allocate them to your health spending account,
- fund a wellness spending account, or
- contribute to your FlexLife group RRSP account

Keep in mind that once you've made your benefit choices, you are locked in until the next open enrolment (unless you experience a qualifying life event).

## health spending account (HSA)

Your HSA allows you to cover expenses that are either not eligible under the FlexLife plan, such as:

- coverage amounts limited by co-insurance, deductibles or annual maximums
- paramedical practitioners, glasses and contact lenses, medical equipment and supplies or dental care
- expenses that are not eligible under any benefit program, but are eligible expenses by the Canadian Revenue Agency Income Tax Act.

## key points about your health spending account

Once the credits are allocated to your account, you can use them at any time during the year. At the end of the benefit year, you have 90 days to submit receipts for eligible expenses incurred during that benefit year.

At the end of the benefit year, any leftover flex credits remaining in your health spending account will be carried forward for one year. If you don't use these credits by the end of the following year, you will lose them. This is a Canada Revenue Agency rule.

If you are unsure of the health or dental expenses you may incur in the coming year, you can increase your expense coverage flexibility by choosing a lower health or dental option and allocating more flex credits to your health spending account, to be used when the need arises.



# before you complete your enrolment - continued

## wellness spending account (WSA)

Your HSA provides reimbursement for eligible expenses that promote health and well-being, such as:

- fitness-related memberships and equipment
- weight management programs
- stress management programs
- services of alternative health practitioners

## key points about your wellness spending account

Once the credits are allocated to your account, you can use them at any time during the year. At the end of the benefit year, you have 90 days to submit receipts for eligible expenses incurred during that benefit year.

At the end of the benefit year, any leftover flex credits remaining in your wellness spending account will be carried forward for one year. If you don't use these credits by the end of the following year, you will lose them.



Flex credits allocated to your wellness spending account are considered taxable income.

## registered retirement savings plan (RRSP)

The optional RRSP contributions are designed to give you more choice and flexibility in tailoring the FlexLife plan to meet your individual financial needs. If you elect to have your remaining flex credits directed to a Registered Retirement Savings Plan (RRSP) and have not yet filled out the RRSP Application form, you will need to do so. To complete your form, you'll need to visit [www.manulife.ca/GRO/enrol](http://www.manulife.ca/GRO/enrol).

Click 'Next' and enter the following Policy Number and Access Code to begin setting up your account: **Policy number: 55503301** **Access code: L3301**

Note: You will be asked the date that you are eligible to join the plan, please enter the current date.

Complete and submit your online RRSP application. Your allocated flex credits will be deposited into your FlexLife RRSP account in the month following the successful completion of your online application.

# completing your enrolment

You must complete your online enrolment during the defined enrolment period, or within 31 days of your eligibility date or a qualifying life event. If you are new to FlexLife and you do not enrol by the end of the enrolment period, you will be assigned the default coverage outlined on page 5 and will not be able to make any changes to your coverage until the next enrolment period, unless you experience a life event (for details, see life events, page 7).

Step-by-step enrolment instructions are provided within the FlexLife enrolment kit which you will receive via email from our group benefits administrator, People Corporation. The email will contain your online enrolment instructions as well as the necessary tools and information you will need to complete your FlexLife enrolment.

If you require assistance with your enrolment, please contact our group benefits administrator at 1-866-979-1444 or email [benefits@lifemark.ca](mailto:benefits@lifemark.ca)



# understanding your claims

## submitting a health, dental, HSA or WSA claim

Medavie Blue Cross makes claim reimbursement easy by providing you a variety of ways to submit your claims.



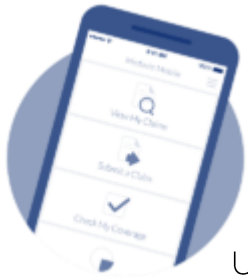
### online

Submit your claim through Medavie Blue Cross' secure member services site. Click the eClaims tab once you're logged in. Just use a scan or photo of your receipt, and they'll deposit your reimbursement directly into your bank account.



### ePay

The easiest way to have a claim paid is to have your health professional submit your claim directly to Medavie Blue Cross on your behalf. Ask your health professional if they offer ePay - they'll submit the claim electronically for you, so you pay only what's not covered by your plan.



### mobile app

Use your Medavie Mobile app to submit your claim right from your smartphone. Take a picture of your receipt and submit. Then, Medavie Blue Cross will deposit your reimbursement directly into your bank account.



### mail

Mail them to your nearest Medavie Blue Cross office. Forms are available on the Medavie member services website.

## direct deposit

For faster reimbursement sign up for direct deposit and have Medavie Blue Cross deposit your claims payment directly into your bank account. For instructions on how to sign up for direct deposit visit [www.medavie.ca](http://www.medavie.ca).

# understanding your claims - continued

## submitting a life, AD&D, critical illness or disability claim

In the event of a life, accidental death & dismemberment (AD&D), critical illness or disability claim, please contact our group benefits administrator at 1-866-979-1444 or [benefits@lifemark.ca](mailto:benefits@lifemark.ca) for assistance in making a claim.

## time limits for submitting claims

### health and dental claims

Health & dental incurred during the course of the benefit year must be submitted within 24 months of incurring the expense.

If your coverage is terminated, you will have 90 days (from the date of termination) in which to submit any outstanding Health & Dental claims for consideration.



### health spending account (HSA) and wellness spending account (WSA)

Spending Account claims must be submitted within 90 days of the end of the benefit year in which the expense was incurred or the end of your coverage, whichever is earlier.

### life, dependent life and accidental death & dismemberment

Life, dependent life and AD&D claims should be submitted as soon as reasonably possible, but no later than one year from the date of loss or diagnosis.

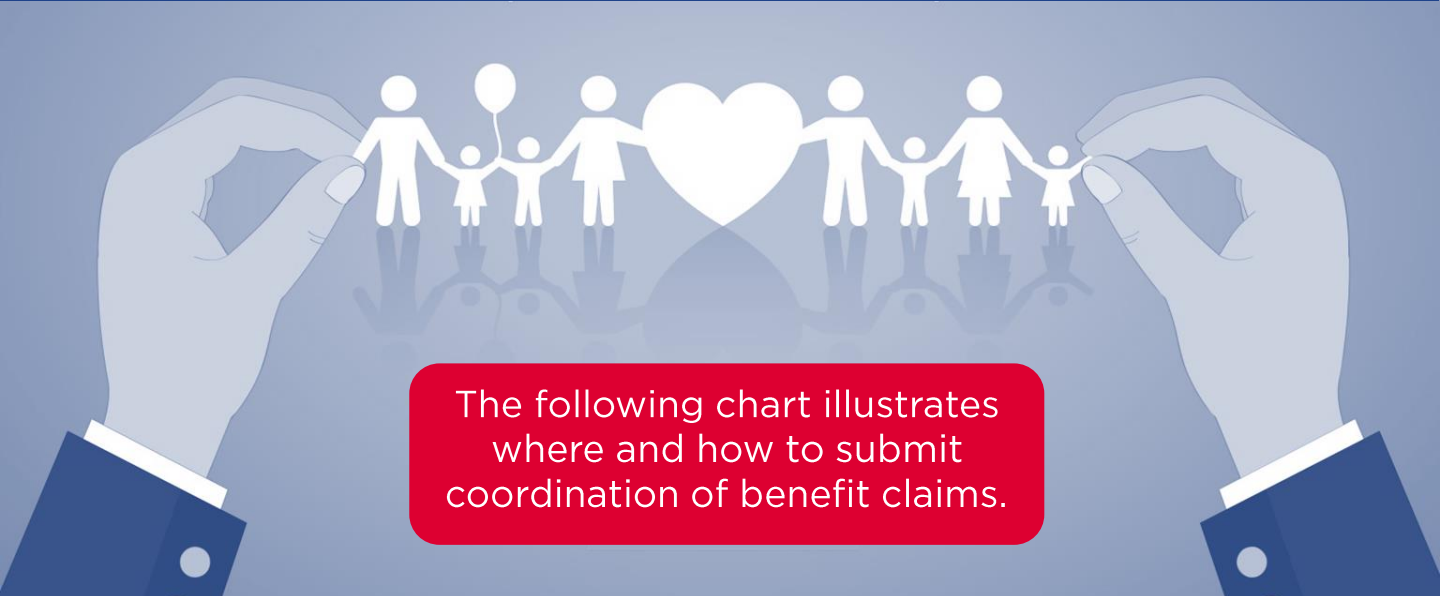
### critical illness

Critical illness claims should be submitted as soon as reasonably possible, but no later than 90 days from the date the illness occurred or was diagnosed.

### long term disability

Written notice of proof of total disability must be provided within 90 days immediately following the end of the elimination period.

# coordination of benefits



If you or your dependents are covered for health or dental benefits under more than one group benefit plan, you can submit your claims to both plans and receive reimbursement for up to a maximum amount of 100% of the total eligible expenses.

who is the claim for?		where to submit claims	
		first to...	then to...
employee	employees are covered as a dependent through their spouse's plan	employee plan	spouse's benefit plan
employee's spouse	spouse is covered as an eligible dependent through employee plan	spouse's plan	employee plan
dependent children	children are covered as dependents under both the employee plan and their spouse's plan	to the parent whose birth month is first in the calendar year	the second parent's benefit plan



Please note the above coordination of benefit rules do not apply to health spending accounts, which are always last payer.

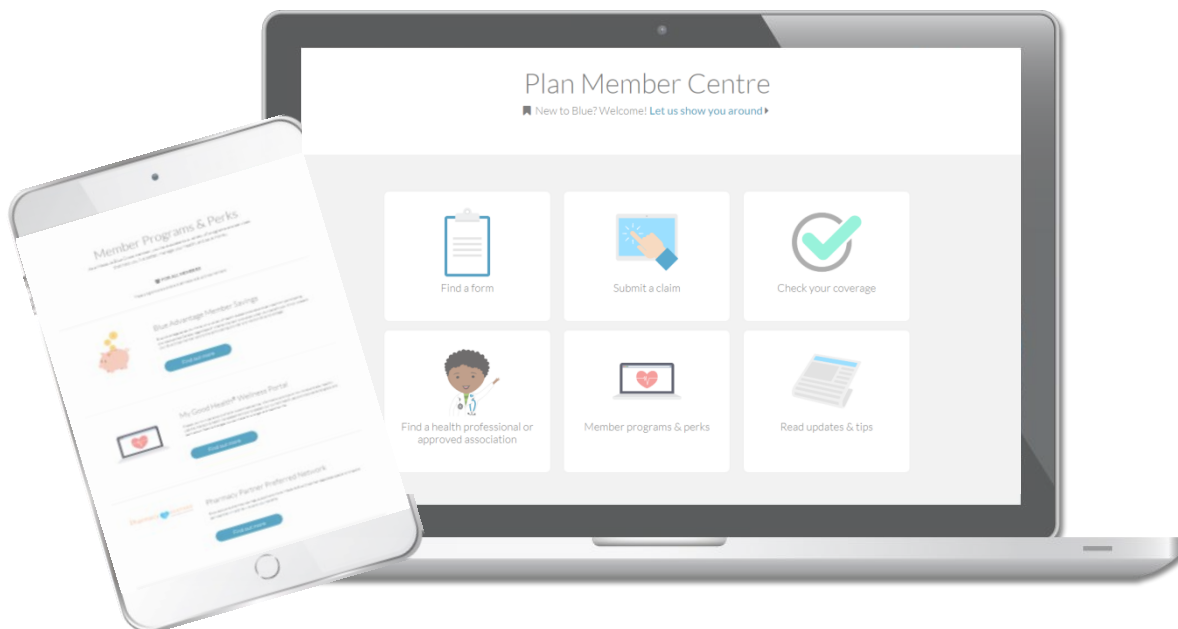
# Medavie Blue Cross member services

Medavie Blue Cross' secure member services site and mobile app offer a number of helpful features that make it easier for you to manage your FlexLife benefits.

- check drug coverage and compare drug costs
- browse benefit details, view a copy of your benefit booklet
- check remaining benefit balances
- submit claims
- find an ePay health professionals, as well as cost information for providers
- register and update your profile
- access your electronic member card or send your ID card electronically to an eligible dependent via email or text

You will need your identification number and policy number (which you can find on your Medavie Blue Cross ID card), to register or reset your login information for Medavie Blue Cross' secure member services site. An activation email will be sent to complete your registration.

If you have any problems, you can contact Medavie Blue Cross' customer service at 1-888-873-9200.



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