

Frequently asked questions



GENERAL QUESTIONS

1- When will my coverage become effective with Medavie Blue Cross?

The Medavie Blue Cross program will go into effect 3 months after your hiring date.

2- Will I receive a Medavie Blue Cross identification card?

Yes, a Medavie Blue Cross identification card will be mailed to you 15 working days after you made your enrolment.

3- Where can I find my contract/policy number?

Your contract number is **91557**.

Your contract number is also listed on your Medavie Blue Cross identification card.

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4- Where can I find my identification number?

Your ID number is nine characters long and is written on your card.

Your ID number is composed of the following characters:

Guillevin employees 00 + your employee number 0000EXXX

Dubo employees 00 + your employee number 0000DXXX

5- Who do I contact if I have not received my Medavie Blue Cross identification card?

You can reach Medavie Blue Cross Customer Service at 1-888-873-9200 or by e-mail:

- Contact@medavie.bluecross.ca

Note that your card will also be accessible via the participant portal and the mobile application. To use the online tools, you must first register to them.

6- Do I have to inform my pharmacist and my dentist of the change of insurer?

Yes, you will be required to present your Medavie Blue Cross identification card at your first visit to the pharmacy or dentist to notify them of your change in insurance. If you do not notify your pharmacist or dentist, your claim will be denied, and you will have to submit your expenses for reimbursement manually.

Important: remember to notify your family members of the change of insurance provider.

7- Will the Medavie Blue Cross identification card show all telephone numbers, including contact information for travel insurance?

The identification card includes the Medavie Blue Cross Customer Service number as well as travel insurance contact information.

*We recommend that you always double-check your travel insurance coverage with Customer Service before leaving.

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8- I waived medical and dental coverage, why did I receive a card?

Because you have other protections such as life insurance and disability, Medavie Blue Cross sends you a card as a certificate of insurance.

Furthermore, even if you do not have health or dental insurance, you are entitled to certain tools and programs such as My Good Health and Blue Advantage.

- [My Good Health](#)
- [Blue Advantage Savings Program Home \(avantagebleu.ca\)](#)

9- How do I obtain an information booklet on my group insurance plan?

A PDF brochure will be available on the Flexit tool and the member portal.

- [Member portal](#)
- [Flexit](#)

Please note that you can validate your coverage at any time using the mobile app or the member portal.

10-What is a life event?

It is a situation caused by one of the following events that allows the member to change his or her coverage:

- marriage or common-law relationship;
- birth or adoption of a child;
- divorce or legal separation;
- the participant's or dependent's coverage with another insurer terminates for reasons beyond their control;
- when the spouse or one of the dependent children ceases to meet the definition of an eligible dependent;
or
- death of a dependent.

Evidence of insurability will be required for any modification request received more than 31 days after the date of the life event.

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CLAIMS AND PAYMENT OF CLAIMS

11-How do I use my Medavie Blue Cross identification card?

It is a pay-direct card that allows you to pay for drugs and other health-care services from participating professionals without having to pay the entire amount. You will only have to pay for the portion not covered by your group insurance program by presenting your card.

12-Is the use of generic drugs mandatory?

Generic drug use is not mandatory in the plan.

However, reimbursement for a brand-name drug will be based on the cost of an interchangeable (generic) drug with a lower ingredient cost, regardless of which interchangeable drug was prescribed. A deductible may also be applied depending on the level of coverage selected.

If for health reasons you are unable to use the generic drug, you can complete the special authorization process with Medavie Blue Cross.

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13-How do I submit my claims to Medavie Blue Cross?

Claims can be submitted via mobile app, member portal, electroPay at participating health care providers, or mail.

Medavie Blue Cross provides you with a variety of electronic tools. To learn more about these tools, please visit the Medavie Blue Cross website: [Submit a claim | Medavie Blue Cross \(medaviebc.ca\)](https://www.medaviebc.ca)

14-What is the deadline for submitting my claims?

You must submit your claims to Medavie Blue Cross within 12 months of the date the expense was incurred.

15-Who will provide me with my year-end statement for tax purposes?

This information will be in your file on the Medavie Blue Cross portal.

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FLEXIT ENROLMENT TOOL

16-When can we make our coverage choices?

Once your personal information is submitted to Medavie Blue Cross, you will receive an email to make your enrolment. You have 31 days following the reception of this email to complete your enrolment.

17-What materials and tools are available to help me understand the program when I join?

You will have direct access to information and documents explaining the coverage available to you on the Medavie Blue Cross Flexit website. Here's an overview of the available tools:

- Your group insurance at a glance
- Frequently asked questions (FAQ)
- Medavie Blue Cross insurance brochure

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18-If I have questions about the program and coverage, who can I contact?

If you need assistance during your online enrolment or have technical questions about Flexit, please contact Medavie Blue Cross client services:

Monday through Friday, 8 a.m. to 8 p.m., call **1-888-873-9200**, or send an email to CBMFlex@medavie.bluecross.ca.

If you have any questions about your coverage, eligibility, or claims, please contact Medavie Blue Cross:
Monday through Friday, 8 a.m. to 8 p.m.: **1-888-873-9200**, or send an email to contact@medavie.bluecross.ca.

19-What happens if I don't make an election in 31 days?

If you don't take action, you will be covered by the default option, which is the Silver option for medical and dental coverage with an individual status and your estate as your beneficiary. Unless a life event occurs, you will be unable to change these elections for a period of two years.

20-What if my personal information is incorrect on the Flexit site?

Please contact your Payroll and Benefits Department, if you have not notified your employer of a change of address or personal information regarding your file.

21-How do I know what my beneficiary designation is?

Once your enrolment is complete, you can simply go to the Flexit website to see who your beneficiaries are.

22-How often will payroll deductions be made? What does "per pay" mean?

Payroll deductions are made at the end of each pay period in accordance with your regular payroll schedule. The amounts you see during your transaction do not include taxes; they will appear on your confirmation statement after you complete your enrolment.

23-Once my enrolment is complete, can I go back and make changes?

No, once your enrolment is complete, you can't go back to make changes.

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FLEX CREDITS AND HEALTH SPENDING ACCOUNT (HSA)

24-What are Flex Credits?

Flex Credits are amounts of money credited by Guillevin to each permanent employee at the start of each membership enrolment. Flex Credits varies on your hiring date, your basic salary and your status (individual, single parent, family or opt out)

Flex Credits can assist you in paying for additional coverage as needed. By using the Flexit enrolment tool, you will be able to determine how much Flex Credit you are eligible for.

25-What can I do with my Flex Credits?

Flex Credits will be used to pay for health and dental insurance (Bronze, Silver, and Gold) as well as basic life insurance, dependent life insurance, AD&D, and short-term disability insurance.

At the end of your enrolment, you must transfer the remaining Flex Credits to your Health Spending Account (HSA) or Group RRSP via your iA Financial Group voluntary contribution account.

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The HSA allows you to be reimbursed for eligible health and dental expenses incurred by you and/or your dependents that are not covered or reimbursed by your current health and dental plan. For more information, please refer to your brochure.

Any Flex Credit balances deposited in your HSA are available for 2 years. Any unused balance will be forfeited at the end of the two-year period.

The HSA balance will be available on the Blue Cross website in real time. Claims under the HSA must be submitted within the HSA year in which the expense was incurred, or within the 90-day grace period following the end of the HSA year.

26-Is it normal to have a "zero" balance for my Flex Credits from the beginning of my health and/or dental choices?

Yes, depending on the level of coverage (individual, single parent, or family), the cost of the health and dental options you choose (Silver or Gold) may cause your Flex Credits to be used-up from the start.

27-Can I change the allocation of my Flex Credits during the year? For example, if I realize, I won't be using my Flex Credits in my HSA, can I transfer them to my RRSP?

Changing the allocation of Flex Credits during the year is not possible. However, keep in mind that your HSA balance at the end of the deposit year will carry over to another year and you can use it for expenses incurred in that new year.