GroupSource

THE SOURCE

The Source delivers the updates you need to know to best administer your benefits plan.

IN THIS ISSUE

REMINDERS

UPDATING ANNUAL EARNINGS IN WEBS

All changes in earnings are to be reported to GroupSource within 31 days of the change taking effect. A change in earnings may affect the level of benefit for some of your employees' benefits, including Life Insurance and Disability Insurances. In the event of a Life or Disability claim following a salary change that hasn't been reported, the Insurer holds the benefit level to the employee's last reported earnings.

Updating annual plan member earnings ensures all salary-linked benefits are accurately increased in relation to earnings. You can easily review annual earnings in WEBS (on your billing statement or in the Employee Information (EE) screen), or we can provide you with a salary spreadsheet for you to update. This allows you to review all employees at once in an Excel format and complete any changes necessary to update your plan. If you have changes to make, save time and ask your GroupSource Billing Administrator to import the salary information into WEBS File Service directly.

For more information on how earnings are calculated for your employees, check your Booklet, or contact your Billing Administrator. You can see more tips regarding salary updates here.

IMPORTANT UPDATES

COMING JUNE 2024 – MYGROUPSOURCE UPDATES – INTRODUCING THE MY MENTAL HEALTH TILE

With this update to **myGroupSource**, employees with existing Employee and Family Assistance Program (EFAP) benefits offered by **TELUS Health** will have quick and easy access to the contact information for these benefits.

Please refer your Booklet for more information on the EFAP under the “Forms and Booklet” tab on your **myGroupsource** account.

WHAT'S HAPPENING

LATE ENROLLMENTS AND LATE APPLICANTS

All members and eligible dependents must be enrolled in the plan from the date they are eligible (the end of the waiting period outlined in your Booklet). If the member or dependent is not enrolled within 31 days of becoming eligible, they may be deemed a late applicant. Evidence of Insurability may be required, or retroactive premiums may be charged, depending on the insurer’s guidelines. If approved, coverage will commence on the effective date provided by the insurers.

Evidence of Insurability consists initially of a health questionnaire. Depending on the circumstances, additional information may be requested by the insurers such as; a medical examination, blood tests or completion of specific forms providing detailed medical information. Coverage may be denied or approved with restrictions by the insurer.

While an applicant is undergoing this process, their status in WEBS will indicate that their coverage is terminated. If approved, the applicant will be entered as active with the insurer’s approved effective date of coverage; otherwise, if declined, the applicant will remain terminated in the WEBS system.

For more information on the steps late applicants must take with our Medical Underwriting department, please visit the Plan Administrator Resource Centre.

WAITING PERIODS VERSUS PROBATIONARY PERIODS

To ensure all eligible members and dependents are enrolled on the plan within 31 days of their effective date, it is imperative to understand the difference between the waiting period for your employee benefits plan and your organization’s employment probationary period.

A probationary period is the first few days, weeks, or months in a new role in which the employer can determine if the person hired is a good fit for the position and the company.

A waiting period is a provision in the contract with the Insurer and is the amount of time a member must be continuously employed before the benefits commence.

Although the initial duration of waiting periods and probationary periods can be the same, there are important differences. An employer can choose to lengthen or shorten a probationary period, but waiting periods for the benefits must be served for the time outlined in your booklet. The plan’s waiting period cannot be extended. You can request to waive the waiting period as an exception for a new employee subject to insurer approval.

If the exception is granted, all benefits will have their waiting period waived in its entirety, so that the benefits begin on the employee's date of hire.

For more details on waiving the waiting period, please visit the Plan Administrator Resource Centre.

GENERAL HOUSEKEEPING

EMPLOYEES RETURNING FROM MEDICAL AND DISABILITY LEAVES

Eligible members, who suffer a serious illness or injury which causes an absence from work, may qualify for Short Term Disability benefits and/or Long Term Disability benefits. Refer to your Booklet to determine if this benefit is included in your plan. If you do not have Short Term Disability on your plan, and/or the member has not yet been approved, the member will be placed in a Medical Leave of Absence status.

When a member returns from a leave of disability to actively working full-time, plan administrators are responsible for ensuring the following steps are completed:

- Advise your Billing Administrator of the return-to-work date for the employee
- Review and update the employee's status and class in WEBS to reflect that they are actively working
- Review the salary for the employee to ensure that it is correct and current
- Review the monthly billing statement to ensure all premiums are being charged appropriately after the employee's return

Visit the Plan Administrator Resource Center for more information on short-term and long-term disability claims for your employees.

HEALTH AND DENTAL CLAIMS PROCESSING TIPS

Understanding the reasons why claims can be delayed in processing will help you and your employees more effectively navigate making claims. Below are the 3 most common reasons that a claim may be delayed in processing:

1. Incomplete Information is provided (ie: blurry images of receipts, information cut off in images or not included with submission)
2. There is missing documentation for the claim, including missing referrals, prescriptions, diagnosis, date of service & patient name.
3. An Explanation of Benefits & Coordination of Benefits is not provided for primary insurance when members are claiming through more than one group benefits plan.

Communicating these common issues to your employees can help prevent delays in claims processing and ensure a smoother claims experience.

POWER TOOLS FOR PLAN ADMINISTRATORS

PLAN ADMINISTRATOR RESOURCE CENTRE

Need a quick refresher on how to make a change? Want to review the information required before making an employee update? All of this and more is available at your fingertips on the GroupSource Plan Administrator Resource Centre.

A link to this searchable database is also available on the Home Page of WEBS.

FREE MONTHLY WEBINARS

Get helpful tips and training on WEBS, Enrol-ME Online, and more! Join us at any of the upcoming Webinars:

- June 12, 2024
- July 10, 2024
- August 14, 2024

All Webinars begin at 11 AM MST.

Register using the links found on the **GroupSource Plan Administrator Resource Centre**.

QUESTIONS OR COMMENTS?

Please contact your Client Service Coordinator or Billing Administrator, or reach out to our Administration email at AskAdmin@groupsource.ca.

www.groupsource.ca