

ADVISOR GUIDE



**Benefits by Design's self-funded
Administrative Services Only plans for
Extended Health and/or Dental coverage**

For Advisor Use Only

ASO plans are ideal for clients who have demonstrated stable claims history and are willing and financially in a position to bear some of their benefits plan risk (up to the stop-loss limit).

Allow us to introduce ourselves

BENEFITS BY DESIGN

As a Third Party Administrator (TPA), Benefits by Design (BBD) Inc. manages the administration of plan member benefit plans for companies across Canada. We work with insurers and other service providers that outsource administrative services to us to improve efficiency and quality of service.

Some of those administrative services include tracking plan member eligibility, maintaining plan member data, consolidated billing, reporting, and handling plan member inquiries.

We support the independent group-focused Advisor

BBD works with independent advisors who specialize in group benefits. Our goal is to help build your business and equip you with the skills and knowledge you need to be successful.

We're a benefits expert - and it's a complicated subject

Each Advisor is assigned a BBD team that works tirelessly to support you and your clients' needs. You'll gain a:

Regional Director

Your Regional Director supports you in conversations with clients, onboarding new groups, and answering questions regarding quotes, generating new business, and more!

Client Manager

Your Client Manager monitors your in-force clients' performance. Through regular check-ins, your Client Manager ensures the smooth operation of your clients' plan member benefits plans.

Client Specialists

Your Client Specialist handles the day-to-day administration of your clients' plans. They are the direct contact for your Plan Administrators.

All Regional Directors and Client Managers complete a Group Benefits Associate (GBA) designation to become specialists in group benefits.

We partner with best-in-class suppliers and make benefits administration easy

We choose supplier partners that share our philosophy around creating sustainable plan member benefits plans designed to protect Canadian employers and their plan members' health, wealth, and happiness. We own and support our technology platform, which gives us the flexibility to integrate with many different supplier partners.

At Benefits by Design (BBD) Inc., we strive to provide options for your clients. Whether your client is looking for an ASO solution that is non-budgeted or budgeted, we have offerings to meet their needs.

Non-Budgeted ASO	Budgeted ASO
<p>Major Features:</p> <ul style="list-style-type: none"> • Minimum group size is 10 lives • Adjudicated by Green Shield Canada (GSC) • e-Claim submission for employees through the GSC Online mobile app 	<p>Major Features:</p> <ul style="list-style-type: none"> • Minimum group size is 25* lives • Adjudicated by ClaimSecure • e-Claim submission for employees through the ClaimSecure Online mobile app

*Exceptions to group size can and are reviewed on a case-by-case basis. Check with your Regional Director or BBD's Quoting Department if you require an ASO quote for a smaller group size.

Non-Budgeted Administrative Services Only (ASO)

Our non-budgeted Administrative Service Only (ASO) plans are available through GSC. Non-budgeted ASO is a pay-as-you-go solution, where your client is billed two months in arrears for claims that were paid, plus associated fees and taxes.

Budgeted Administrative Services Only (ASO)

Budgeted Administrative Service Only (ASO) plans are available through ClaimSecure. Budgeted ASO rates are based on prior claiming activity, and fixed single and family rates are invoices ever month.

Similar to traditional funding, your client is billed month-to-month, however the difference comes at the end of a 12-month experience period, where collected funds are compared to actual claims costs, associated fees and taxes. If claims and costs were lower than billed for, the additional funds are returned to the employer. If claims came in higher, the employer is responsible to pay the additional amount owing to the insurer to cover the claims and costs.

ASO

The Ideal ASO Client

Does your client check the following boxes?

While there are some risks with ASO funding arrangements, there are big advantages for the right client. How do you know if your client can handle the risks of ASO funding?

- Has a well-established company with good cash flow
- Has good or favourable claims experience
- Navigates well with the unexpected
- Is comfortable with calculated risks for the potential of gaining the reward



If you answered yes to one or more of the above, an ASO funding model may be the right fit. We are here to help! Speak to your Regional Director if you have any questions or want further information for your client.



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Information and Associated Fees for

Non-Budgeted Administrative Services Only (ASO) Plans

Advantages of a Non-Budgeted ASO Plan:

- Available to employers with or without current coverage in place looking for ASO Health and Dental, Health Only, or Dental Only.
- Clients only pay for incurred claims, associated fees, and applicable taxes. There are no regular ongoing monthly premium payments.
- A one carrier option can be provided if the group is looking to provide fully-insured health with non-budgeted dental ASO through Green Shield Canada (GSC)
- Existing clients with traditional insurance through GSC and BBD can easily change funding models to ASO without having to change carriers. In addition, they can keep the same employee numbers.

Non-Budgeted Fee Structure

# of Employees Participating	Administration Fee
10-49	11%
50-99	10%
100+	Negotiated

The above administration fees do not include commissions or applicable taxes.

Optional: Travel Coverage

Travel Rates	
30 Days, \$5 Million per Lifetime	Single \$4.17 / Family \$7.56
60 Days, \$5 Million per Incident	Single \$4.51 / Family \$8.61
90 Days, \$5 Million per Incident	Single \$5.79 / Family \$11.11
120 Days, \$5 Million per Incident	Single \$11.55 / Family \$20.23

Travel coverage is optional and is available up to age 75. Rates above include 10% Advisor commission.

ASO

Information and Associated Fees for

Non-Budgeted Administrative Services Only (ASO) Plans

The standard threshold level for Non-Budgeted ASO through GSC is \$10,000 per person, per year. Stop-loss charges are calculated based on the employee's province(s) of residence, drug maximums, and other applicable factors.

Non-Budgeted ASO Stop-Loss Coverage

Stop-Loss Coverage at \$10,000 Threshold		
	PharmaCare Provinces (BC, SK, MB)	Non-PharmaCare Provinces (All other provinces)
No Drug Maximum	9.50%	22.90%
\$10,000 Drug Maximum	7.00%	12.66%
<\$10,000 Drug Maximum	6.70%	9.16%

These charges are subject to adjustment. Please refer to the cover email sent with your client's proposal to view the applicable stop-loss charge.

Important things to note:

- Any client with individual(s) who are currently in or trending towards having claims over and above the stop-loss threshold will need to be reviewed prior to the approval of stop-loss coverage.
- Stop-loss coverage for non-budgeted ASO plans through GSC work similarly to traditional plans. Claims for an individual that exceed the threshold of \$10,000 are removed from claims owed by the employer. It is important to note that this works differently from a traditional plan, as employers are responsible to pay for claims exceeding the threshold at the time of claim. After the renewal, GSC will reconcile these additional claims above the threshold and they are returned to the employer. This means your client needs to be able to support high cost claims even those above the threshold throughout the year as they are billed for these claims until they are reconciled.



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Information and Associated Fees for

Budgeted Administrative Services Only (ASO) Plan

Advantages of a Budgeted ASO Plan:

- Budgeted ASO plans are billed similarly to fully-insured benefit plans. Your client can expect to pay predictable monthly single and family rates, budgeted based on previously incurred claims.
- A budgeted ASO plan makes it easier to cost-share premiums with employees as it gives base rates for payroll deductions.
- Insurance charges for risk, that are normally included by insurers, are either reduced or removed entirely.
- Detailed claims reporting makes claims easy to monitor and compare to budgeted funds collected to ensure adequate funding.
- Plans are reconciled once a year, making it easy to determine if additional premium is owed to the insurer, or if your client will be reimbursed.

Fee Structure

# of Employees Participating	Administration Fee
25+	9%

Budgeted ASO admin fees above do not include commissions, and applicable taxes.

Optional: Travel Coverage

	Travel Rates - Under 70	Travel Rates - Over 70
30 Days, \$5 Million per Lifetime	Single \$2.21 / Family \$4.36	Single \$9.85 / Family \$19.72
60 Days, \$5 Million per Incident	Single \$2.51 / Family \$4.95	Single \$13.80 / Family \$27.61
90 Days, \$5 Million per Incident	Single \$2.89 / Family \$5.20	Single \$18.69 / Family \$37.40
120 Days, \$5 Million per Incident	Single \$3.35 / Family \$6.59	Single \$25.33 / Family \$50.67
180 Days, Unlimited Maximum	Single \$3.55 / Family \$6.88	Single \$34.32 / Family \$68.64

Rates include Advisor commissions of 10%. Coverage for under 70 and over 70 on the same plan must have the same time limit (i.e., both must have 30 days).

ASO

Information and Associated Fees for Budgeted Administrative Services Only (ASO) Plan

Budgeted ASO Stop-Loss Coverage

The standard stop-loss coverage level is \$10,000, but levels of \$15,000 and \$20,000 are available if that matches your client's current plan design. Stop-loss charges are calculated based on the employee's province(s) of residence, drug maximums, and other applicable factors.

Stop-loss coverage is offered through Canada Life in partnership with ClaimSecure.

Stop-Loss \$10,000 Threshold		
	PharmaCare Provinces (BC, SK, MB)	Non-PharmaCare Provinces (All other provinces)
No Drug Max	11.12%	15.78%
\$10,000	5.79%	6.88%
\$5,000	4.77%	5.43%

The above chart illustrates some of the charges based on varying factors. These charges are subject to adjustment. Please refer to the cover email sent with your client's proposal to view the applicable stop-loss charge.

Important things to note:

- Insured persons within the group whose claims experience in the most recent 9 months (annualized) is more than or trending beyond 75% of the stop-loss attachment level, will have their attachment level increased to 133% (1/0.75) of their individual annualized claims amount. This is then rounded to the next increment of \$1,000 at initial policy inception and/or the first renewal. Individuals who have claims that are trending towards entering into stop-loss, will have their stop-loss adjusted based on expected costs for the year, as well as additional 33% of the expected claim. For example: if an individual has \$20,000 in claims now, but annual costs are expected to be \$100,000, the stop-loss level is \$133,000 for this individual only.
- At the time of sale, setup of the stop-loss benefit will require individualized stop-loss reports, from their prior carrier, by each certificate. Depending on the benefits taken, you will need to request the required reports from the prior carrier that reflect a full 12 months of EHC and/or Drug claims and are not more than three months old.



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Add on to Save: Formulary Protect Plus

Budgeted ASO Add-On: Formulary Protect Plus

Adding on the Formulary Protect Plus option provides coverage for all commonly prescribed drugs while excluding all specialty drugs* to ensure the plan's sustainability.

***Specialty drugs are defined as any drug that costs more than \$10,000 per year.**

By adding on Formulary Protect Plus, your clients' stop-loss rate will reduce as will their exposure to high-cost drug claims. Through Formulary Protect Plus, plan members who require a high-cost drug are assisted in obtaining the drug therapy they need through a means other than their benefits plan.

MAJOR FEATURES

1

Reduction in stop-loss fees when Formulary Protect Plus is added.

2

Employers only pay a small per person fee when the services are used.

3

Specialized expert support through ClaimSecure's Clinical Services Team to help secure alternative coverage for specialty drug(s) for employees.

ASO

Add on to Save: Formulary Protect Plus

How Does it Work?

If a plan member is trying to claim a specialty drug, the claim will be denied. The plan member will be notified of their claim denial either by their pharmacist, online through the “My Coverage” section on the member website or mobile app, or by ClaimSecure’s customer response representatives. They will then be provided the necessary application to complete and return to the Coverage Navigation Services Department with ClaimSecure for review and processing by their Clinical Services Experts.

The plan members are supported every step of the way while the service explores their coverage options through one or more of the following:

- **Coordination of Benefits**
- **Provincial programs**
- **Manufacturer-sponsored programs**

Plus*:** Specialty Drugs not listed on the provincial formulary are available if the plan member attempted and failed the therapeutically equivalent Specialty Drug(s) covered by the provincial program. Drug coverage is then based on ClaimSecure’s Special Authorization criteria. If the plan member meets the criteria outlined, the drug is covered through the plan. If the drug needs to be covered through the plan, it becomes a part of the claims up to the threshold maximum for stop-loss coverage, however the employer can be sure that all other coverage options are exhausted before they cover the costs through the benefits plan.

Grandfathering existing coverage:

When a group is transitioning from an insured or another ASO plan to BBD's ASO with Formulary Protect Plus, grandfathering can be put in place for 90 days for employees who are currently taking a specialty drug to ensure continued coverage of the drug throughout the navigation process. This allows those employee time to go through processing with the Clinical Services Team as they seek alternate coverage. The employee will need to complete the navigation steps to ensure that they get future coverage after the 90 days.

*Available only to Budgeted ASO plans with ClaimSecure

** Formulary Protect Plus coverage is not available in Quebec

***When requested we standardly offer Formulary Protect Plus, however it is not mandatory for the group to offer this additional “plus” feature with their Formulary plan. The alternative option, Formulary Protect, is only offered upon direct request and approval.



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Add on to Save: ValueHealth Preferred Provider Network (PPN)*

What is ValueHealth?

ValueHealth is a Preferred Provider Network (PPN) that provides exclusive access to ClaimSecure's pharmacy-partner network, with over 850 pharmacies, nationwide.

Major Features:

1 There is no initial or ongoing cost to add

2 Guaranteed savings

3 Largest retail-mail pharmacy network in Canada

4 National prescription home delivery services

5 High-Touch specialty prescription case management services

6 Member discount savings card for everyday products

The Partners:

- Foodland Pharmacy
- Thrifty Foods Pharmacy
- FRESHCO. Pharmacy
- Rexall Direct
- Rexall
- Sobeys Pharmacy
- Pharmacy at SAFEWAY
- Lawtons Drugs
- IGA Pharmacy

Why add this to the plan? Savings! Your Client could save 15% on their total drug spend.

- **50% off claims adjudication management fees**
- **Lower dispensing fees**
- **5% rebate on eligible drug spend**

ASO

Add on to Save: ValueHealth Preferred Provider Network (PPN)*

For Everyday Prescriptions

When this feature is added onto the budgeted ASO with ClaimSecure, all plan members residing within 15 kilometers of a participating pharmacy, must fill their prescriptions there or at another pharmacy within the network. Plan members who choose to go to an out-of-network pharmacy will not have their prescription reimbursed through the benefits plan.

This does not apply to plan members who reside more than 15 kilometers away from a participating pharmacy. Those plan members will be able to access a pharmacy outside of the network.

Regardless of their location, all employees will receive a 20% discount card, which can be used at Rexall or Lawtons Drug pharmacies on private label everyday household items.

For Special Authorization Drugs:

If a plan member is prescribed a medication that requires Special Authorization*, their prescription for the Special Authorization medication, upon approval, must be purchased at a ValueHealth network pharmacy. Once they receive the Special Authorization approval letter, they will need to contact 1-833-VALUERX to speak to a Specialty Support adviser as soon as possible to avoid delay in starting their treatment.

Should the plan member choose to purchase their Special Authorization medication at a pharmacy outside of the ValueHealth network, their reimbursement will be declined.

Check it Out!

Visit www.valuehealth.ca to learn more about ValueHealth. Check out the Network Mapping under the Advisor link. You can verify the availability of pharmacy coverage for your client by uploading their census and address information.

* ValueHealth Preferred Provider Network is only available on the Budgeted ASO plan with ClaimSecure



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Sales Support

A True Back Office

Whether you require assistance understanding products, quoting a group, handling a claims issue, or getting up to speed on a renewal, your BBD team is here to help.

Nomad

Our Advisor Nomad portal provides a dashboard of your active business with BBD. Nomad is easy to use and includes resources that support your client conversations.

Marketing Materials:

Our marketing materials are available electronically through Nomad.

Nomad Advisor Portal



ASO

Request to Quote

You can request a quote for an ASO plan by emailing our quoting department: quotes@bbd.ca. Our proposals include a breakdown of the costs incurred by the organization and each individual employee.

To ensure a timely turnaround, BBD requires the following information:

- Name of Client/Employer
 - Province the business is located in
 - Nature of the business
 - Requested plan design
 - Employee census data
 - Length of time in business
 - Current plan design
 - Rate history
 - Claims experience
- Please also specify the following information:**
- Are there eligible employees not participating?
 - Do all employees work at least 20 hours/week?
 - Are the employees covered by the Worker's Compensation Board (WCB)?
 - What is the percentage of family content?
 - Do they have any full time contract employees? If yes, what coverage is required?
 - Do they have any seasonal employees?
 - Are any eligible employees currently absent from work? If yes, please provide the details.
 - Are any eligible employees currently disabled? If so, please provide the following:
 - Date of disability
 - Nature of disability
 - Prognosis
 - If the life waiver was approved

ASO

Sales Process

To enroll in an ASO plan, clients complete BBD's Master Application, and Green Shield Canada's Addendum or the ASO addendum, before forwarding them to sales@bbd.ca.

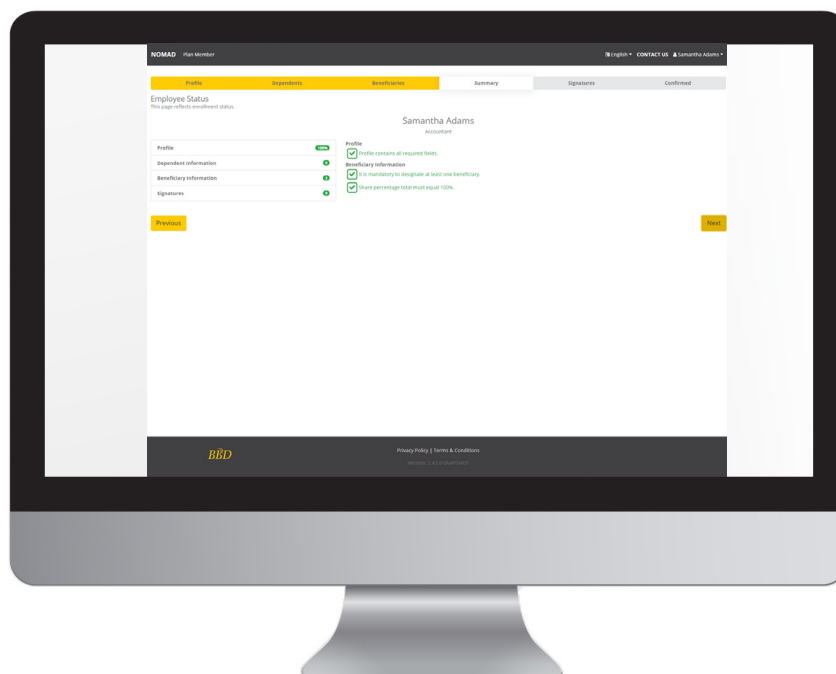
Online Enrollment

Clients can streamline the benefits enrollment process (and save a few trees) by using BBD's online enrollment tool. The online enrollment tool allows plan members to easily enroll themselves in their new group benefits plan, and the Plan Administrator can monitor their progress. This reduces the administrative burden on your clients and the amount of physical paperwork required.

Paper Enrollment

If your clients prefer, they can complete their benefits plan enrollment using BBD's paper forms. Once all of the forms are collected, our Implementation Team sends the information to our carriers. Upon successful receipt and implementation of the plan, our Implementation Team transfers the sale over to our Client Services Team who will reach out to the Plan Administrator to introduce themselves and get them started with their benefits plan.

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Things You Need to Know

- Your BBD Client Manager will reach out to you by email with information, including:
 - Group policy numbers
 - Renewal dates
 - Commissions
 - Details of timing and processing of the sale
- Your BBD Client Manager will also loop you in on the Welcome email to the Plan Administrator once their plan is effective
- BBD is here to help you navigate your client's benefits plan through our Focus 3/6/9 program.
 - At three months after your client's plan starts with us, you'll receive a personalized check-in from your BBD Client Services team. We make sure every question is answered.
 - At six months, we review the claims experience of the group and bring any high claiming patterns to your attention. We ensure the plan design is still a good fit for the group and offer suggestions if plan changes are recommended.
 - At nine months, we guide you through our renewal process. We make sure your clients can look forward to another successful year.
- Nomad, BBD's online benefits administration tool, contains all of the information about your clients' group benefits plans. View their booklet, plan summary, benefits coverage, invoices, and claims experience from your desktop, tablet, or phone.

Plan Amendments

If your client would like to make adjustments to their plan at any point throughout the year, please feel free to reach out to your designated Client Manager. Your Client Manager will be able to advise on any cost adjustments to make the requested change.

Please note that ClaimSecure requires a minimum of 10 business days to amend a plan and have the necessary changes occur for claims adjudication. We must have a signed amendment in hand before making any revisions to plan details.

ASO

After the Sale

Things Your Client Needs to Know

- Your clients will receive a Welcome email which includes:
 - Policy ID numbers
 - Invoicing details
 - General details of their plan
 - Nomad information
- Your clients will also receive their Nomad Plan Administrator portal access via email. Should they request it, our Client Services team is happy to provide a walk through of Nomad.
- To ensure the best possible onboarding experience for your clients, your Client Services team:
 - Reaches out at one week to check in on the Plan Administrator and answer any questions,
 - Reaches out at two weeks to let the Plan Administrator know that their employee packages will be arriving.
 - Reaches out at three weeks to see if the group has any questions about their employee packages.
 - Reaches out at three months, as a general touch base on their plan.

ASO

Invoicing for ASO Benefits

Every month, clients will receive an email notification that their invoice is ready on Nomad. The invoice will reflect charges for all employees eligible for benefits that billing month. If changes need to be made to their invoice, your clients can contact their BBD Client Manager to notify them of the changes.

For ASO benefits, there are some specific things your client should know about the billing of their benefits.

Non-Budgeted ASO

Non-budgeted ASO through GSC is billed two months in arrears. The client will not see the claim charges on their first two invoices. They will start to see the claims submitted and paid out from the first month of their coverage on their third invoice.

As the billing is done in arrears, a deposit is required on the account that is held for the duration of the benefit plan. This is two months of anticipated claims, administrative fees, commissions, and taxes when Pre-Authorized Debit (PAD) is set up on the account, and three months if no PAD is set up. The deposit is reviewed at renewal and may require adjustment if demographics have changed significantly.

Budgeted ASO

Budgeted ASO through ClaimSecure is billed similar to traditional health and dental plans. Every month there will be reflected single, family, and couple rates (if applicable) for each eligible participant in the benefits. There is no deposit required, as funds are being collected monthly to cover anticipated claims. Rate changes are reviewed at renewal.

ASO

Getting Paid Your Commissions for ASO Benefits

General commission for ASO plans range from 4 - 7% depending on the size of the group, monthly premiums and the advisor's request. We typically quote 4% unless otherwise specified.

Non-Budgeted ASO Commission

As non-budgeted ASO plans are billed in arrears, you can expect that commissions on health and/or dental claims will not start until after two months into the benefits plan, when your client will receive their first billing on health and dental claims. Your commission is paid on a per claim basis, based on the amount agreed upon at the time of sale.

Budgeted ASO Commission

Since monthly funds are collected for budgeted ASO plans, you will be paid monthly, starting in the first month of coverage. In a budgeted ASO arrangement, since the commissions are only paid on actual claims, it is important to monitor your client's claims to determine if an adjustment to your commissions will be required at a time of reconciliation. Depending on whether the client has a surplus or a deficit, you can expect adjustments.

Note: The commissions for other benefits taken in conjunction with ASO may be paid on an monthly or annualized basis. Ensure you verify at time of sale how you would like the remaining benefits commissions to be set up.

Fee Updates

Administration fees will be reviewed and adjusted at the time of your client's renewal. You can expect to receive information on revised administration charges, travel rates, and stop-loss charges in your renewal package. In addition, if the group has added on any features, there may be adjustments to rates or potential savings at this time.

The group can expect to have their first renewal 16 months after the effective date of coverage for Extended Health Care and Dental benefits, and every 12 months after that. See the chart below for examples:

Standard Renewal Dates (16 months STD, EHC, Dental and Critical Illness) (28 Months Life, Dependent Life, AD&D, LTD)		
Effective Month	Renewal Month	EHC/ Dental Claims Experience Period
January	May	January 1-December 31
February	June	February 1-January 31
March	July	March 1-February 28(29)
April	August	April 1-March 31
May	September	May 1-April 30
June	October	June 1-May 31
July	November	July 1-June 30
August	December	August 1-July 31
September	January	September 1- August 31
October	February	October 1-September 30
November	March	November 1-October 31
December	April	December 1- November 30

ASO

Renewal Process

Your Client's Renewal Package

The renewal package will be provided 60 days before the revised fees/rates become effective. You will receive a renewal package that includes a rate illustration of proposed new rates or applicable fees, Benefit Summary along with other necessary pages for other applicable benefits.




Once the renewal date is reached, the fees/rates will automatically be adjusted and the client will be billed based on the new estimated fees/rates going forward.

Please note, renewal packages are not sent directly to the Client. You will need to provide them notice of any applicable changes to the rating prior to their renewal date.

ASO

The Budgeted ASO Reconciliation Process

A budgeted ASO plan works similarly to a traditional benefits plan. The difference comes at year-end when the provider reviews the claims throughout the year, totals them up, and compares them to the total of premiums collected for the billing year. At year-end, there are three possible outcomes:

 Claims Equal Premiums	 Claims Are Greater Than Premiums	 Claims Are Less Than Premiums
<p>If claims are the same as the premiums collected, no reconciliation is required. Enough funds have been collected on your client's behalf to cover necessary claims, administration fees, and taxes.</p> <p>Since there are no additional required funds, your client has lowered the overall cost for their employee benefits.</p>	<p>If claims are higher than the premiums collected, reconciliation is required. The estimated premiums based on last year's claims were not enough to cover the claims incurred by the employees this year.</p> <p>The employer is required for paying the remaining claims reimbursed, administration fees, and any applicable taxes owed.</p>	<p>If we collected more premiums than was required to cover the claims expenses, reconciliation is required, and your client is reimbursed.</p> <p>There are two options of reimbursement:</p> <ul style="list-style-type: none">• Reimbursement is given directly to your client.• Reimbursement is applied as a credit to the benefits account to cover next years' collection of estimated premiums.

Reconciliation will take place every 12 months. BBD will review the claims information with ClaimSecure for all of the employees for the year and compare that to the collected estimated premiums. Claims above the stop loss threshold will be removed before this review of finalized claims totals.

If there is any deficit on the account, your client will be required to pay the deficit in full* within 60 days of receiving the charges on their invoice. The outstanding charges will be shown as a lump sum deficit on the invoice. If they have a surplus, your client can choose to apply this to their account either as a reduction to future rates or a lump sum applied to their account or provided directly in the form of a cheque or credit to their account. Your client will be provided with a financial statement indicating what action is required.

*Depending on the size of the deficit, they may be able to increase rates to cover the required amount of the deficit in the coming year of coverage.

ASO

Common FAQ's

Q: How do I know if my client is a fit for an ASO plan?

A: There are a number of factors to consider when determining if your client is a good fit for an ASO plan. Here are a few considerations:

- Are they a well-established company with good cash flow?
- Do they have good or favourable claims experience?
- Are they comfortable with calculated risks for the potential of gaining rewards?

If you answered yes to one or all of the above, an ASO plan may be a good fit. If you have further questions about determining the fit, please talk to your Regional Director.

Q: Who adjudicates ASO claims?

A: It depends on the ASO plan you have selected. For client's with a non-budgeted ASO plan, Green Shield Canada (GSC) adjudicates the claims. For client's with a budgeted ASO plan, ClaimSecure adjudicates the claims.

Q: Are there any deposits required for ASO plans?

A: Since non-budgeted ASO plans are pay-as-you-go and are billed in arrears, there is a deposit required. The deposit is equal to two months of anticipated claims costs for your client, plus any applicable fees and taxes. If your client chooses to not opt for a Pre-Authorized Payment Plan, they will be required to pay three months of anticipated claims, applicable fees, and taxes. This deposit is held throughout the duration of the benefit plan and is adjusted yearly at renewal based on participating employee demographics.

For budgeted ASO plans, since there are monthly premiums collected, there is no deposit required. A Pre-Authorized Payment Plan is mandatory with this arrangement.

Q: Is there an option to request a quote for a standard (non-budgeted) ASO plan through ClaimSecure?

A: BBD has lots of fantastic plan designs to suit your client's needs. Requests will be treated on a case-by-case basis.