

Catastrophic Health

WHAT YOU NEED TO KNOW

Catastrophic Health is a unique hybrid health plan of essential health coverage combined with a Health Care Spending Account (HCSA). With no medical underwriting and lower monthly costs, you can have affordable health insurance protection in place for your employees.

✓ Your plan provides:

- **Emergency medical travel coverage**

Catastrophic Health travel benefit provides immediate emergency medical coverage access to employees while travelling in or outside of Canada, not including the Insured's home province. Employees have access to 100% coverage, to a maximum of 60 days coverage per trip for certain emergency services covered up to \$5,000,000 per incident, with no deductible required. Emergency services are for sudden, unexpected occurrences (disease or injury) that require immediate medical attention.

- **Essentials in health coverage**

Catastrophic Health covers employees' essential medical needs and unpredictable medical expenses that might otherwise leave them financially at risk. Employees are required to satisfy the plan deductible before receiving 100% coverage for the following health benefits: **prescription drugs, eligible medical equipment/supplies, ambulance, accidental dental, and hospital and private duty nursing.**

Catastrophic Health deductible	Deductible cost
Single coverage deductible	\$1,000 deductible for plan member
Couple/family coverage deductible	\$1,000 deductible for plan member, and additional \$1,000 combined deductible for eligible dependents

✓ Satisfying the Catastrophic Health deductible

For an employee to have 100% coverage for essential health expenses, their deductible must be satisfied. Any out-of-pocket costs for eligible expenses submitted through their plan are applied to their deductible. Once met, the Catastrophic Health Plan will cover eligible claims.

Eligible claims	Claims exclusions
<ul style="list-style-type: none">• Prescription drugs• Eligible medical equipment/supplies• Ambulance• Accidental dental• Hospital and private duty nursing	<ul style="list-style-type: none">• Vision care and related costs• Paramedical claims (massage, chiropractor, physio, etc.)• Other CRA eligible health expenses not covered under Catastrophic Health Plan essentials• Dental claims

This list is not complete. Those looking for whether a specific claim is considered eligible are encouraged to contact GreenShield directly at 1.888.711.1119.

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DESIGN THE HEALTH CARE SPENDING ACCOUNT (HCSA) THAT WORKS

- ✓ **A Health Care Spending Account (HCSA) provides employees with a dollar amount, set by the employer, to use towards eligible health expenses. The Canada Revenue Agency (CRA) regulates HCSAs and determines what expenses are eligible. Here are some of the things plan members that have a Catastrophic Health Plan may use their HCSA for:**

- Dental services
- Vision care
- Paramedical expenses: (massage therapy, chiropractor, physio, speech therapy, psychologists, etc)

This list is not complete. A full list of eligible expenses under an HCSA is available on the Canada Revenue Agency website.

- ✓ **Choose the allotment amount for your employees**

You decide how much to provide your employees to cover additional medical expenses, in addition to or not covered by the health plan. The amount can be different for Single and Family coverage and can vary in amount by class. You only pay for what your employees claim, plus applicable taxes and administrative fees.

- ✓ **Set how you want to allocate funds:**

Your employees' HCSA funds can be given out monthly, quarterly, semi-annually, or annually, providing a measure of cost-containment.

For example: \$1,000 in total for the year, with a Benefit Period from January 1st to December 31st.

Monthly	Quarterly	Semi-Annually	Annually
Example: \$1,000 Monthly allotment = \$83.33 monthly If a claim is submitted for an employee that is over the monthly allotment, the employee will receive \$83.33 until the claim is paid out in full, or the allotment is reached.	Example: \$1,000 Quarterly allotment = \$250.00 every three months If a claim is submitted for an employee over the quarterly amount, the employee will receive back \$250.00 until the claim is paid out in full in the final quarter, or the allotment total is reached.	Example: \$1,000 Semi-Annual allotment = \$500 every six months If a claim is submitted for an employee over \$500, the employee will receive the remaining reimbursement in the next period until the claim is paid out in full or the allotment total is reached.	Example: \$1,000 yearly for each employee If a claim is submitted under the total annual allotment, the employee will receive the full claim amount, to the overall annual allotment amount.

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DESIGN THE HEALTH CARE SPENDING ACCOUNT (HCSA) THAT WORKS

✓ Set your rolling type

You may also select what happens to unused HCSA dollars at the end of the allocation period by choosing from one of three Rolling Types:

No rolling	Rolling claims	Rolling contributions
Unused amounts are forfeited if not used by the end of the benefit year. Example : \$1,000 HSCA 2019 Fund Used in 2019 \$555.00 Carry forward for 2020 = \$0	Claims incurred beyond the HCSA benefit amount are paid out of the following period's contributions. Example : \$1,000 HSCA 2019 Fund Claim submitted in 2019 \$1,300 Carry forward for 2020 = \$300 Claim	Unused HCSA contributions are rolled over into the next year but must be used by the end of that year. Example : \$1,000 HSCA 2019 fund Used in 2019 \$555.00 Carry forward for 2020= \$445.00