

Application/Enrollment

What are the age requirements?

The Standard plan is available for new applicants age 70 and under and is renewable for those who have been insured prior to age 70. All persons included on your application must be age 70 or under on the date you apply.

The Comprehensive plan is available for new applicants age 64 and under and is renewable for those who have been insured prior to age 64. All persons included on your application must be age 64 or under on the date you apply.

Can I choose a different plan for different members of my family?

No. When a plan is chosen, each family member must be covered by the same plan.

Do I cancel my Provincial Government coverage once I have been accepted?

No, your provincial health care plan provides in-hospital care and doctor's fees which are not covered through the Arts & Entertainment Plan®. It is very important that you are always keep your provincial health care benefits in place.

I'm a single parent with one dependent child. Do I apply as a couple or a family?

You would apply as a couple paying the lower rate.

I'm already covered under another health and dental plan. If I were to change plans, would there be a lapse or duplication in coverage?

As long as we know when your other benefits are terminating we'll try to ensure that there is no lapse in coverage. Your benefits under the Arts & Entertainment Plan® will commence on the 1st of the month following receipt and approval. We'll need your completed application and premium payment in advance of your termination in order to avoid any lapse. Depending on when your other insurance terminates you might have some duplication of coverage for a short while. Contact us to discuss your particular scenario.

I have a previously diagnosed medical condition. Can I still get coverage?

Yes. This is a guaranteed acceptance plan – no medical questionnaires need to be filled out.

When are my benefits effective?

If we receive your application and payment on or before the last of the month (and it has been approved), your benefits will be effective the first (1st) day of the following month.

Leaving a group plan?

If you're a member of a company that provides group benefits and you leave that company, you may be able to join the Comprehensive plan at Year 3 levels (Subsequent years). Call for more details.

Benefits

Can I change my plan option?

You may upgrade/downgrade between plan options however, you must satisfy the 12 month period in which your original contract was issued. Also, once you move you must satisfy the 2 year lock-in provision. This means once you make the move it is a 24 month commitment under your new plan option.

Can I top-up my Travel Emergency Medical benefit?

No, this is a group plan and increasing the duration or changing the benefits is not possible.

Claims

How do I submit a health or dental claim?

Many prescription drug and dental claims can be processed immediately at your pharmacy or dentist's office. Be sure to provide your pharmacist and dental office with your group number and certificate number which can be found on your welcome letter included as part of your enrollment package. When claims are processed at your pharmacy you'll find in many instances that you only pay your portion of the costs. And when dental claims can be processed electronically through your dental office your reimbursement will be on its way to you immediately. Make sure you have confirmation on whether your prescription or dental expense was adjudicated electronically.

Sometimes electronic adjudication is not possible and in these situations or when you are submitting an extended health care claim your expense receipt must be submitted to AFBS for reimbursement. Generally, once all of the pertinent information has been received at AFBS your claim will be adjudicated within 10 business days.

How will I know if my claim has been approved?

Once you submit a claim, whether it was handled electronically or by submission, you will receive an Explanation of Benefits (EOB) which details what was processed and the amount of any reimbursement. You will want to keep this document for income tax purposes or to coordinate benefits with another insurer. When you submit a claim and it is processed manually, in most cases the EOB will be accompanied with a cheque however, if there is no payment you will just receive the EOB.

Premiums

How do I pay for my personal health insurance?

You can pay your annual premium by credit card (we accept Visa and Mastercard) or pay by cheque. Alternatively, you may chose to have the monthly premium amount withdrawn from your bank account.

When do I pay premiums if I pay monthly?

Your first premium payment is required at the time of application. If you choose the monthly payment option premium will be withdrawn on the 15th or next business day each month. Note: You can't change the day of the withdrawal.

Do my premiums change?

Your initial premium rate is guaranteed for the one year, as long as you do not make any changes to your chosen coverage. Changes in age bands, determined based on your age at the annual renewal, will also result in changes to your premium costs. Further, the premium rates for the program are reviewed regularly and changes may be implemented at anytime. The premium costs at each renewal are further guaranteed for one year as long as there are no coverage changes.

Are premiums tax deductible?

Medical (Health and Dental) premiums may be tax deductible for individuals or businesses. Please consult your tax advisor for more information.

Terminology

Benefit Year

Refers to the 12 month period from the date your benefits commence. For example, if your benefits start November 1st your benefit year would be November 1st to October 31st.

Children

Natural children, stepchildren, common law children or legally adopted children.

Couple

The applicant and his/her married or common-law spouse/partner or a single parent with one child who qualifies as a dependant.

Dependant

Spouse/partner and/or unmarried children (as defined above), under age 18. Note: Children between 18-26 may be covered as a dependent if they are in school or

Family

The applicant and his/her spouse or common-law spouse/partner and any children who qualify as a dependant or a single parent with 2 or more children who qualify as dependants.

Generic Drugs

Products that contain medical ingredients identical to the original brand name drug in dosage form, safety, strength, administration, quality, performance and intended use. Generic drugs may be produced and marketed after the brand name drug's patent has expired.

Medically Necessary

Any treatment, service or supply which is generally accepted by the medical profession as essential, effective and appropriate in the care and treatment of a medical condition, sickness or injury.