



Health Spending Account

Working for you

When it comes to meeting your needs and those of your family, your Health Spending Account could prove one of the most valuable features of your group benefits plan.

How does it work?

A Health Spending Account, or HSA, is a great addition to your group plan. It can cover expenses that aren't covered by your group health or dental benefits. Your employer allocates credits into your HSA, and you can then use your credits to pay for a wide variety of health and dental care expenses. If you don't use your credits or if you leave your employer, you'll lose them.

What can HSAs cover?

Any expense that qualifies as a medical expense under the federal Income Tax Act qualifies for payment under your HSA. You'll find a list of the types of expenses eligible under an HSA in your benefits booklet or on our Plan Member Services website.

In addition to health or dental care expenses your benefits plan doesn't cover, you can use your HSA to pay deductibles, the percentage of your expenses you normally pay and any amounts over your benefit plan's maximums.

Are my dependents covered too?

Use HSA credits to pay for expenses for your dependents, even if they aren't covered under your health and dental benefits plan. In addition to your spouse and children, you can claim expenses for family members, as long as they qualify as dependents under the federal Income Tax Act.

Making the most of your credits

You need to use your HSA credits within a certain time period or you'll lose them.

Your plan allows a specified number of days after the end of your benefit year to claim expenses incurred during that benefit year. After this time, you can no longer submit claims for the previous year's expenses.

Any credits remaining in your account at the end of a benefit year are automatically carried forward to the following benefit year. You have until the end of the second benefit year to use any credits carried forward, or they'll be lost.

To find out your plan's benefit year, and the amount of time you have to submit claims after the end of the benefit year (e.g. 60 or 90 days), check your benefits booklet.

Making a claim

There are two ways to submit HSA claims: online or by mail.

Online

Sign in to our Plan Member Services website. Click 'Submit a Claim' and the easy-to-follow directions will help guide you through the process. From the site, you can link to a list of the types of expenses eligible under your HSA. The system will process your claim and let you know if the expense is covered and, if so, the amount and details of your claim payment.

Not all types of HSA expenses can be submitted online. You'll be asked to select your expense from a drop-down list. If you don't see your expense on the list, you'll need to submit a paper claim. Also, HSA claims over \$1,000 can't be submitted online.

If you submit an HSA claim online, please keep your original receipts for twelve months. We conduct random checks to ensure all e-claims are valid and accurate.

By mail

You can also submit Health Spending Account (HSA) claims by mail. Simply complete a combined Extended Health Care/HSA or Dental/HSA claim form. Complete the HSA section and we'll process the claim as you've directed, using your HSA to process all or part of your claim.

You'll find personalized claim forms on our Plan Member Services website. Your benefits administrator should also have a supply.

Remember to include original receipts when you submit your claim.

A reminder about drug cards and electronic dental claims

If you use a drug card or if your dentist submits your claims electronically, the balance of your claim isn't automatically processed through your HSA. You'll need to submit a separate claim to your HSA for the unpaid amount.

What if I'm covered under more than one plan?

If you're covered under more than one plan, such as your spouse's plan, it's to your advantage to send the balance of your claim to the other plan before claiming any amount from your HSA. Simply attach the claim statement from the other insurer, if you're coordinating with the other plan. If you prefer to pay for the expense from your HSA first, simply indicate this in the HSA section of your claim form.

If Sun Life Financial administers both your plan and your spouse's plan, we can automatically coordinate regular health claims for you. Just indicate your preference on the claim form.

Remember to visit our Plan Member Services website at mysunlife.ca to:

- Check your HSA balance
- Check the status of your claim
- Find a list of types of expenses eligible under an HSA
- Request to have your claim payments deposited directly into your bank account

QUESTIONS?

If you any have questions about your Health Spending Account, please call us toll-free at [1-800-361-6212](tel:1-800-361-6212) to speak to a Sun Life Financial customer care representative.

Life's brighter under the sun

Group Benefits are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

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