



# NewsForum

Numekevor & Associates Inc.

Health Disaster Relief Programs for Business Owners

The HDRP Specialists

HealthDisasterRelief.com

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## *Implementing a private label benefit plan*

# Why you should self-insure vision care

In creating and managing a private-label health benefit plan for the Canadian small and medium size employer, size and frequency of claim or plan component are important determinants of whether the item should be insured or self-insured. In other words, if the claim will not create a catastrophic financial burden on the employer, then consideration should be given to self-insuring it.

Vision care falls into this category of non-catastrophic claim.

In the world of vision care, one has 24 months within which to use one's allocated benefit amount. This applies to adults between ages 18 and 65. Today, the average amount designated for eye glasses is about \$250, with another \$100 allocated for eye exam per insured family member reimbursed at 100 per cent.

Today, however, eye glasses cost \$400 or more which makes the \$250 reimbursement a mere drop in the bucket. And because the eye exam allocation of \$100 is separate from that of the eye glasses, the plan member is unable to transfer any unused balance to defray the cost of the glasses.

It is for this reason that we usually recommend a combined

allocated amount of typically \$350 for vision care. This is an incentive and affords the plan members opportunity to manage their budgets.

Vision care is not the only benefit item we recommend to the employer to self-insure. Using the size and frequency test, dental care and professional services like chiropractor and massage would also be candidates for self-insurance.

We use our proprietary private-label plan system to help

employers choose the right maximums for these benefits as well.

Typically we set the maximums at the employee/family and the professional services provider level. This way the insured have a pool of money they can manage

relative to their family needs and budgets

At Numekevor & Associates we believe that the risk associated with extended health and dental benefits for most small and medium sized group plans can be managed. This is because the claims are very predictable year after year.

In this way our groundbreaking implementation process helps employers design their own private label benefit plan, creating value for them and employees alike.



**We will no longer be sending out monthly birthday wishes. Going forward, we will recognize the milestone birthdays from sweet 16 to centenarian...and beyond!**



## Our Client's Side

# Advocating to rebuild Canadian healthcare

By Lebene Numekevor



This year I started my first year in the Dalhousie University, Masters in Health Administration program (MHA). A Masters in Health Administration is a far cry from my initial career aspiration of becoming a dermatologist. Nonetheless, I changed my mind after enduring first year science classes and realizing I no longer enjoyed biology and chemistry. Although my career choice had changed, my overall goal was the same; I

still wanted to help people. After reflecting on the aspects I enjoyed in my first year health sciences and found a common, overarching theme: health.

I strongly believe in the importance of health. One important concept I have learned is that **health is much more than absence of disease and infirmity; it is an overall state that includes physical, social and mental wellbeing**. Poor health can negatively impact your entire life. What I have learned about health matters has underscored for me the importance of insuring the health of my fellow Canadians.

Insuring the health of Canadian's includes having a good health care system. While I am proud of our commitment to publicly funded health care, the system as we know it, is not perfect; there are many issues that need innovative resolutions. While some may tout private insurance or a two-tiered system as the solution to our problems. I disagree. Changes need to be made to make the present system more efficient. **The focus should not be on how much money is spent, it should be on how that money is spent**. For instance, going forward, spending priorities will have to be adjusted in order to respond to the needs of an aging population.

Even so, advancements have been made, specifically in areas of electronic health (eHealth). EHealth is the intersection of technology and health care for better provision of services. One example is the implementation of Electronic Medical

## Health Clinic

# Homeopathy for Colds and Coughs

By Natalie Lauzon H.D. Cambridge Homeopathy

Many cold symptoms are the body's natural way of cleansing to re-establish health and balance: mucus discharge removes toxins, coughing clears airways, fevers create a climate inhospitable to germs.

Conventional drugs block the body's natural response to illness (e.g. antibiotics, anti-inflammatories, etc). Conversely, homeopathy uses the **Law of Similars** to help the body heal itself. Homeopaths find a suitable remedy based on an individualized symptom picture that recognizes even small distinctions between different colds and coughs.

The following homeopathic medicines are commonly used to treat cold and cough cases. It is usually recommended to start with 30CH potency, but your homeopath may recommend 200CH.

### **Aconite**

A top remedy for when a cold comes on quickly and violently with symptoms of fever, restlessness, fear, anxiety and thirst. The nose may become watery and can be accompanied by an intense headache. A sudden dry cough may creep up during the night causing breathing difficulty.

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Records (EMRs).

EMRs use computer software to collect, store and manage personal medical files. The purpose is to help reduce redundancy and improve connectivity between systems by making patient information, such as test results, available to all health care providers. When used to their full potential, EMRs can also be used as a tool in preventative medicine and chronic disease management.

Prevention is one of the most important ideas for people to understand relative to health care management. It is more cost effective and efficient to prevent diseases than it is to treat them after they have occurred. Therefore I believe our health care system needs to include a shift in a collective focus on preventative medicine.

It is my strong beliefs that led me to Dalhousie's MHA program. While here, I expect to gain even more insight and knowledge on our health care system along with practical experience for my upcoming summer residency at Cambridge Memorial Hospital.



Recently, a police patrol was staking out a particularly rowdy neighbourhood bar. Late in the evening, the officer noticed a man leaving the bar so intoxicated that he could barely walk.

The man stumbled around the parking lot

for what seemed an eternity while the officer quietly watched. After trying his keys on five different vehicles, the man managed to find his car—which he fell into. He was there for a few minutes as a number of other patrons left the bar and drove off.

Finally, he started his car, switched the wipers on and off (it was a dry night), flicked the hazard flasher on and off, tooted the horn and then switched on the lights. He moved the vehicle forward a few inches, reversed a little and then remained stationary for a few more minutes as more patrons left in their vehicles. At last he pulled out of the parking lot and started to drive slowly down the street.

The police officer, having patiently waited all this time, started his patrol car, put on the flashing lights, pulled the man over and promptly carried out a breathalyser test. To his amazement the breathalyser indicated no evidence that the man had consumed any alcohol at all!

Dumbfounded, the officer said “I’ll have to ask you to accompany me to the police station. This breathalyser equipment must be broken.”

“I doubt it,” said the man. “Tonight I’m the designated decoy.”

# Understanding the Coordination of Benefits

This is the first of three excerpts from the CLHIA detailing how insurance companies coordinate a claim payment when it can be submitted to more than one group health or dental plan. Where spouses both have their own health and dental plans, it is most likely that the plans overlap. To prevent duplication or double payment for the same claim, co-ordination of benefits guidelines were created by the Canadian Life and Health Insurance Association (CLHIA).

## *The Mechanics of Co-Ordination of Benefits*

There are a number of rules that set out the order in which claims are to be paid. This section explains that order, taking into account a variety of different circumstances

### *Who Pays First*

If you are covered as a member under a plan, that plan will always pay before a plan that covers you as a dependent. In other words, you must submit the claim to your own plan first.

EXAMPLE: If you have coverage with your employer plan and as a dependent with your spouse’s employer plan:

Your employer plan pays your claim first.

Your spouse’s plan pays your claim second.

But if you have the same status under more than one plan, the plan that covered you the longest pays first.

EXAMPLE: If you have two plans because of two part-time jobs:

Job one – member of plan since March 3, 1995

Job two – member of plan since February 2, 2001

Therefore, the plan with job one pays first because it has covered you longer.

*Credit to “A Guide to the Co-Ordination of Benefits”  
by Canadian Life and Health Insurance Association.*

...from page 2.

## **Gelsemium**

TIRED is the dominant symptom: exhausted, weak and feverish to the point of trembling. There may be aches and pain throughout the body, a sensation of heaviness and often a headache at the nape of the neck or as a band across the forehead. Nasal discharge is constant, watery and irritating. These colds are often a result of emotional shock.

## **Kalibichromium**

For major congestion, mucus and crusts that cause stoppage and blockage in the nose and airways. Nasal discharge is greenish-yellow with thick stringy saliva. Coughing is heavy and deep. This remedy is for an intense sinus headache with pain between the eyes.



## **Bryonia**

For a cold with body aches and pain that feels worse with any kind of movement. Especially indicated when patient says, “it even hurts to move my eyes!” Cough is worse with movement and from being in an overheated room. The patient wants to be left alone and feels better with rest and fresh air.

## **Phosphorus**

The patient is prone to deep coughs that go into the chest and lead to bronchitis. There may be dark circles under the eyes, sensitivity to stress, and a sensation of weight in the chest. The cough is hard and dry because the mucus cannot be expelled and gets worse from talking. The cough is painful to the throat and worse from breathing in cold air.



# Is my current lifestyle really taking away from my retirement? (part two)



In the last issue, I pointed out that traditional retirement financial planning does not help us uncover the cache of money, transferred money, we literally sit on. Consequently, we lose the opportunity to invest it for retirement.

The new planning in town, the *Private Reserve Strategy™* (PRS) lets you harvest and harness this transferred money

to create your own personal bank account we call *Private Reserve*. It is a private reserve because you accumulate an increasing pool of money over which you have absolute and total control. That is, you can access the funds anytime and anywhere without having to answer to any financial institution, especially during your retirement years!

So what is the big deal and why can't I simply call my regular savings account my Private Reserve? Nice try!

Here is the difference: when making a major capital purchase, a car for example, you empty your savings "tank" for the purchase. This way you have avoided paying interest to the bank, but you have also lost the opportunity to continue to earn compounding interest on the money withdrawn. In other words, paying cash is more costly than you think. This is the traditional, or old school, approach which makes your current lifestyle take away from your retirement lifestyle.

With PRS, rather than empty the "tank" to purchase the car, you access the money through collateralization of your private reserve account. This way your private reserve account continues to earn and compound interest, thus continuing to grow your wealth for retirement. In other words, you use other people's money to maximize efficiency.

Having a regular savings account simply makes you a saver, whereas having a private reserve account makes you a wealth creator. With the latter, you have uninterrupted compounding of interest earnings.

Allow me the pleasure to now reveal the most powerful wealth creating private reserve account ever created: *Permanent Life Insurance* (PLI). It beats all investment vehicles including GICs, RRSPs and the equity in your home. This is because out of the 12 characteristics and benefits listed below, there is only one it does not meet, deductible contributions. As well, it is the only one that *will continue your regular contributions during disability*.

## Private Reserve Account Ideal characteristics and benefits

- ✓ Tax deferred growth
- ✓ Tax free distribution
- ✓ Competitive return
- ✓ High contributions
- ✓ Collateral opportunities
- ✓ Safe harbour
- ✓ No-loss provisions
- ✓ Guaranteed loan option
- ✗ Deductible contributions
- ✓ Unstructured loan payments
- ✓ Liquidity, use and control
- ✓ Waiver of contributions during disability

**While other accounts may work as a private reserve, only Permanent Life Insurance meets 11 of these characteristics.**

Your private reserve account is a time-proven tax-effective savings vehicle that provides tremendous guarantees as well as a reasonably high rate of return. It is one of the top secrets Revenue Canada does not want you to know about. As an absolute fact, people that invested in this vehicle did not lose a dime when the bottom fell out of the financial markets in 2008.

**About the company.** We've focused on small business owners and executives since 1988. Founded by Lordy Morgan Numekevor, Numekevor & Associates is one of Canada's leading corporate insurance advisory organizations. We are the innovators of Health Disaster Relief Programs (HDRPs), combining comprehensive benefit and insurance programs to give you, the business owner, the peace of mind you're after. Contact Numekevor & Associates Inc., 88 Robson Avenue, Cambridge, Ontario, N1T 1L2, Tel: 519-621-4422; Fax: 519-621-1466; hdrp@numekevor.com; www.numekevor.com. **About the newsletter.** This newsletter belongs to our clients. Publication dates are January and July with deadlines in November and May. Submissions of original articles, photos or artwork are welcome. For guidelines contact us at 519-621-4422 or email hdrp@numekevor.com. We reserve the right to edit articles for length and clarity.