

Title: Sunlife Benefits Session 2

Date: Jun 27, 2013 01:30 AM

URL: <http://pirsa.org/13060022>

Abstract:

# Agenda

- Introduction: Sheri Keffer
- Benefit Review: Wendy Moody, Cowan Group
- Sun Life System Overview –
  - Lisa Montgomery/Marion Gayk, Sun Life



# Group Benefit Plan

- Current benefit plan has been transferred with some slight modifications
  - Benefit Retirement Age – actively at work to age 75 or earlier of Retirement

## Life Benefit

- Optional Child Life – NEW BENEFIT ADDED
  - Units of \$5,000 to a maximum of \$20,000
- Dependent Child Benefit
  - Life benefit eligible at 20 weeks of gestation



# Benefit Modifications - Health

- Massage Therapy: \$750 annual maximum
- Physio Therapy: \$750 annual maximum
- Dietician: \$500 per calender year
- Occupational Therapist: \$500 per calender yr
- Surgical Stockings – 2 pairs per calender yr
- Wigs/Hair pieces \$300 per calender year
- Fertility Drugs - \$5,000 per lifetime



# Claim History – Claim Payment

- Claim History from ManuLife has been transferred to the Sun Life Claim system effective July 1, 2013
  - Annual plan maximums
  - Lifetime plan maximums
  - Vision 24 month maximums
- New plan year Jan 1<sup>st</sup> 2014



# Important Dates to Remember

- July 1<sup>st</sup> to Sept 29<sup>th</sup> -2013
  - Manulife 'online' e-claim system is closed effective June 30<sup>th</sup>
  - Claims that were incurred prior to June 30<sup>th</sup> eg. Paramedical claims, Drug claims, other EHC claims
    - Submit them this week to ManuLife's online system
    - Or
    - Submit them via 'paper' claim forms directly to Manulife for reimbursement up until Sept 29<sup>th</sup> 2013



# Sun Life Services Online

[mysunlife.ca](http://mysunlife.ca) and  
[my Sun Life mobile app](#)

- Check coverage
- Print coverage cards
- Manage personal information
- Claims paid within 24-48 hours
- Direct deposit and email confirmation
- Claims status and history
- Mobile app is able to be downloaded from app stores



# How to register online

[mysunlife.ca](http://mysunlife.ca)

A few easy steps...



## 1 Getting started

## 3 My access ID & password

# Welcome Page and Quick links

## Quick view

Member ID: 987654321  
Medical: 025104  
Dental: 025104

### Claims and coverage

Most Recent Claim Payment:	25 Apr 2013	\$507.51
Health Spending Account balance:		
01 Aug 2012 - 31 Jul 2013	\$ 245.00	
01 Aug 2011 - 31 Jul 2012	\$ 100.00	
Total remaining HSA Balance as of:	20 June 2013	\$345.00
Need glasses/lenses?:		\$200.00
Next dental checkup:	20 May 2013	

### Wellness centre

[Wellness centre](#)

[Health Library](#) 

[Medication Library](#) 

### Guides and Information

[My plan made easy](#)

[Plan member communications](#)

[Resource centre](#)

[Provincial Health Plans](#)

[PVS Discounts](#)

[Europ Assistance](#)

## Take me to

- [Submit a claim »](#)
- [Direct deposit »](#)
- [Coordination of benefits »](#)
- [Print drug card »](#)
- [Print travel card »](#)
- [Leaving the plan »](#)
- [Your comments »](#)
- [PVS Discounts »](#)
- [Europ Assistance »](#)

Quick links  
to common  
actions



# Coverage Tab

[Help](#) [Contact us](#) [Secure messages](#) [Profile](#) [Sign out](#)

[Home](#) [Coverage](#) [Claims](#) [Wellness centre](#) [Leaving the plan](#) [FAQs](#) [Print](#)

## my coverage

### Medical

- [▶ Medical coverage](#)
- [▶ Drug coverage](#)
- [▶ Need glasses/lenses?](#)

### Dental

- [▶ Dental coverage](#)
- [▶ Next dental checkup](#)
- [▶ Dental estimates](#)

### Spending Account

- [▶ Health Spending Account balance](#)
- [▶ Health Spending Account coverage](#)

### Resources

- [▶ Print my coverage card.](#)

## Take me to

- [Quick view »](#)
- [Submit a claim »](#)
- [Print drug card »](#)
- [Print travel card »](#)
- [Direct deposit »](#)
- [Coordination of benefits »](#)
- [Provincial health plans »](#)



# Medical coverage details

## Medical coverage

### Coverage details

Expense Type: **Chiropractor**

Coverage For: **Member**

For Benefit Year: **01 Dec 2010 through 30 Nov 2011**

Current as at: **28 Oct 2011**

### Deductible

- The [deductible](#) is \$50.00 per benefit year for each person up to a maximum of \$100.00 per family.
- This [deductible](#) is shared with [other expenses](#).

### Percentage Covered

- 80% up to \$1,000 on the eligible amount per family per benefit year after you pay the [deductible](#).
- 90 % of the balance.
- This [percentage covered](#) is shared with [other expenses](#).

### Overall Maximum

- \$500,000
- Maximum amount is per individual.
- Maximum amount is per lifetime.
- This maximum is shared with [other expenses](#).

### Eligibility

- Coverage is extended to the date the member reaches the age of 65.

### Limits

- Maximum of \$1,000.00
- Coverage limits are per individual, per benefit year, on the paid amount of your expenses.
- These limits are shared with [other expenses](#).
- View [your claims](#) related to this expense type.

### Important

Services must be provided by a provincially licensed practitioner to be eligible for coverage. Provincial plan coverage may affect your benefits for this expense.

# Medical coverage details

## Medical coverage

### Coverage details

Expense Type: **Chiropractor**

Coverage For: **Member**

For Benefit Year: **01 Dec 2010 through 30 Nov 2011**

Current as at: **28 Oct 2011**

### Deductible

- The [deductible](#) is \$50.00 per benefit year for each person up to a maximum of \$100.00 per family.
- This [deductible](#) is shared with [other expenses](#).

### Percentage Covered

- 80% up to \$1,000 on the eligible amount per family per benefit year after you pay the [deductible](#).
- 90 % of the balance.
- This [percentage covered](#) is shared with [other expenses](#).

### Overall Maximum

- \$500,000
- Maximum amount is per individual.
- Maximum amount is per lifetime.
- This maximum is shared with [other expenses](#).

### Eligibility

- Coverage is extended to the date the member reaches the age of 65.

### Limits

- Maximum of \$1,000.00
- Coverage limits are per individual, per benefit year, on the paid amount of your expenses.
- These limits are shared with [other expenses](#).
- View [your claims](#) related to this expense type.

### Important

Services must be provided by a provincially licensed practitioner to be eligible for coverage. Provincial plan coverage may affect your benefits for this expense.

# Drug coverage

## Drug coverage

Your query - Drug Name containing **minocycline** - resulted in **4 matches**. Please read the Important notes at the bottom of the table. Perform a [new search](#).

Look up more drug information in the [Medication Library](#). 

Coverage for: **Randy**

Current as at: **29 Aug 2008**

DIN	Drug name	Eligible	Percent covered
02084104	<a href="#">MANUFACTURER A MINOCYCLINE 100MG CAPSULE</a> 	Y	80.00% *
02084090	<a href="#">MANUFACTURER A MINOCYCLINE 50MG CAPSULE</a> 	Y	80.00%
02237314	<a href="#">MANUFACTURER B MINOCYCLINE 100MG CAPSULE</a> 	Y	80.00% *
02237313	<a href="#">MANUFACTURER B MINOCYCLINE 50MG CAPSULE</a> 	Y	80.00%

\* The percent covered will be applied to the amount of the lowest cost generic equivalent for this brand name drug.

### Important notes:

- To be eligible, drugs must be prescribed by a [doctor](#), dentist or other qualified health professional if the applicable provincial/territorial legislation permits them to prescribe the drugs. Medication must be dispensed by a pharmacist or doctor.
- The drug information provided reflects the basic coverage under your benefits plan and should not be considered a recommendation or treatment plan.
- Eligibility is determined when we process your claim and may be subject to medical criteria. The amount paid is based on plan deductibles, the percentage paid by your plan, maximums, whether

# Dental coverage

## Dental coverage

### Select

**Member / Dependent Information: Contract 025104**

To see the details of your dental benefit coverage:

- specify who the coverage is for.
- if necessary, contact your benefits administrator to update your dependent(s).
- check the province of your dentist.
- enter the procedure code your dentist provided or select the procedure from the list below.

Coverage for:  Randy  
 Eva Christn (Spouse)

Province of dentist:

Procedure code:

#### Bridge

[Abutment](#)  
[Pontic](#)

#### Denture

[Comp upper dent-immediate](#)  
[Complete dentures](#)  
[Complete lower denture](#)  
[Complete upper denture](#)  
[Denture rebasing](#)  
[Denture relining](#)  
[Denture repair](#)

#### Orthodontics

[Orthodontics](#)

#### Periodontic

[Bite adjustment - 15 mins](#)  
[Deep cleaning - 15 minutes](#)

#### Preventative

[Fluoride](#)  
[Oral hygiene instruction](#)  
[Perio appliance](#)  
[Polishing of teeth](#)

# Coverage card

- Print from anywhere
- Useful reference information
- Print extra copies

<b>Member:</b> Randy Doe		
<b>Member ID #</b>	<b>Access ID #</b>	
987654321	160000604471	
Medical / Dental / Drug / Travel / Vision Coverage		
<b>Contract #</b>		<b>Contract #</b>
100345 Medical		100378 Travel
100345 Dental		100345 Vision
100345 Drug		
Printed June 01, 2010		
<b>This card is valid only while the benefits are in effect.</b>		
For specific information about your coverage and claims or to complete transactions online, sign in at <a href="http://www.sunlife.ca/member">www.sunlife.ca/member</a>		
For information or help not available online, contact our toll-free Customer Care Centre at 1 800 361-6212. You can use your access id and password in our automated phone system for faster service.		
To review our privacy policy visit our website: <a href="http://www.sunlife.ca/privacy">www.sunlife.ca/privacy</a>		
<b>Travel Card</b> 		
Card is non-transferable. Not valid if group benefits have terminated.		
In an emergency, contact Europ Assistance immediately. (This is a requirement of your plan.) Physicians and hospitals can call to confirm benefits and arrange direct payment. Europ Assistance's call centre is open 24 hours a day.		
In the USA and Canada, call: 1 800 511-4610 In Mexico, call: 001 800 368-7878 Elsewhere, call collect: * 202 296-7493 Fax: * 202 331-1528 Toll-free dialing is not available in Cuba. Use international operator. E-mail: <a href="mailto:ops@europassistance-usa.com">ops@europassistance-usa.com</a> * Add the long distance code to contact the USA.		
		
 		
<b>Drug Card</b>		
Member's Name: Randy Doe (Note: please enter all numbers)		
Carrier No.	Contract No.	Member's ID No. Issue No.
16	100345	987654321 01
Use of this card authorizes Sun Life, its agents, service providers, any person having relevant information about me, my spouse or dependents including the pharmacy, health care practitioners, institutions and insurers, to exchange information for purposes of underwriting, administration, audit, paying claims and patient safety. If I am a spouse or dependent, my information will be shared with the plan member.		

# Claims Tab – E-claims



[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) | [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness centre](#) | [FAQs](#) | [Print](#)

my claims

## Submit a claim

- [▶ Vision Care e-claim](#)
- [▶ Paramedical e-claim](#)
- [▶ Dental e-claim](#)
- [▶ Print claim form](#)

## View a claim statement

- [▶ Recent claims](#)
- [▶ Dental estimates](#)

## View claim summary

- [▶ Drug claim summary](#)
- [▶ Medical and Dental claim summary](#)

## Take me to

- [Quick view ..](#)
- [Need glasses/lenses? ..](#)
- [Next dental checkup ..](#)
- [Direct deposit ..](#)
- [Coordination of benefits ..](#)
- [Print drug card ..](#)
- [Print travel card ..](#)
- [Provincial health plans ..](#)



# Claims Tab – E-claims



[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) | [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness centre](#) | [FAQs](#) | [Print](#)

my claims

## Submit a claim

- [▶ Vision Care e-claim](#)
- [▶ Paramedical e-claim](#)
- [▶ Dental e-claim](#)
- [▶ Print claim form](#)

## View a claim statement

- [▶ Recent claims](#)
- [▶ Dental estimates](#)

## View claim summary

- [▶ Drug claim summary](#)
- [▶ Medical and Dental claim summary](#)

## Take me to

- [Quick view ..](#)
- [Need glasses/lenses? ..](#)
- [Next dental checkup ..](#)
- [Direct deposit ..](#)
- [Coordination of benefits ..](#)
- [Print drug card ..](#)
- [Print travel card ..](#)
- [Provincial health plans ..](#)



# Claims Tab – E-claims



[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) | [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness centre](#) | [FAQs](#) | [Print](#)

my claims

## Submit a claim

- [▶ Vision Care e-claim](#)
- [▶ Paramedical e-claim](#)
- [▶ Dental e-claim](#)
- [▶ Print claim form](#)

## View a claim statement

- [▶ Recent claims](#)
- [▶ Dental estimates](#)

## View claim summary

- [▶ Drug claim summary](#)
- [▶ Medical and Dental claim summary](#)

## Take me to

- [Quick view ..](#)
- [Need glasses/lenses? ..](#)
- [Next dental checkup ..](#)
- [Direct deposit ..](#)
- [Coordination of benefits ..](#)
- [Print drug card ..](#)
- [Print travel card ..](#)
- [Provincial health plans ..](#)



# E-Claims

## Paramedical e-claim

### Claim Information

#### Step 4 of 4

Using your original receipts enter the information below for each individual claim.

- select your provider from the drop-down list or, if necessary, select the **new provider** button
- complete the claim information
- when you have finished entering your claim information, click **continue**

#### Claim information:

Provider	Type of Service	Service Date dd/mm/yyyy	Claim Amount (xxx.xx)	Initial visit	
Fred Jones	Physiotherapy visit	12/08/2010	\$ 150.00	<input type="checkbox"/>	clear
Colleen Watson	Massage therapy visit	08/10/2010	\$ 150.00	<input type="checkbox"/>	clear
			\$	<input type="checkbox"/>	clear
			\$	<input type="checkbox"/>	clear
			\$	<input type="checkbox"/>	clear
			\$	<input type="checkbox"/>	clear
			\$	<input type="checkbox"/>	clear
			\$	<input type="checkbox"/>	clear
			\$	<input type="checkbox"/>	clear
<b>Total Amount Claimed:</b>			<b>\$ 300.00</b>		

# E-Claims

[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) | [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness centre](#) | [FAQs](#) | [Print](#)

## Paramedical e-claim

### Confirmation

**Your paramedical claim has been processed.**

Please hold on to your original paramedical expense receipts and/or supporting documents for **12** months in case we need clarification of your claim.

Your online claim reference number: **120400-15026-81**

Amount to be deposited into your bank account in most cases within 24 to 48 hours: **\$240.00**

To view the Claim Statement (Explanation of Benefits), click here: [view](#)

Amount not covered by your benefits plan : \$60.00

Tip: If your spouse has benefits coverage, you may want to [coordinate benefits](#) by submitting the claim under your spouse's benefits plan.

To go to your Quick view page, [click here](#).

[submit another claim](#)

# Audit request

## *Submitted but not yet processed*



[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) | [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness Centre](#) | [FAQs](#) | [Print](#)

### Paramedical e-claim

#### Confirmation

Thank you for submitting your paramedical claim. Please keep your receipts and claim information for **12 months** as we may audit your e-claim and request this information during that period.

If we have your e-mail address on file, we will send you an e-mail notice when your claim is processed. In the meantime, you can view your [In Progress](#) claim online.

In case you need to contact us on this claim, your online claim reference number is: **120400-15026-81**

To go to your Quick view page, [click here](#).

[submit another claim](#)

GBM-E0967

# Recent claims

[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) | [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness centre](#) | [Leaving the plan](#) | [FAQs](#) | [Print](#)

## Recent claims



### Completed

Claims received but not yet completed can also be viewed by clicking [In progress](#).

We can only present detailed information for claims completed since 30 Dec 2011.

Note: our statement format has changed and you may see different statement types below. Claims not yet paid and Explanation of Benefits statements will continue to display in the previous format.

Claims for the indicated period are listed below and exclude any claims received but not yet completed. If you want to view a claim completed in a different period, please indicate the period and click continue.

From:   To:   [continue](#)  
dd/mm/yyyy dd/mm/yyyy

### Claim Statements

Date of Statement	Benefit Type	Claimant	Claim Number	Amount Claimed	Amount Paid
<a href="#">17 May 2013</a>	Medical	Randy	<a href="#">120400-15026-81</a>	\$270.00	\$60.00
<a href="#">25 Apr 2013</a>	Dental	Andreia	<a href="#">090400-12177-00,60</a>	\$525.00	\$507.51
<a href="#">20 Apr 2013</a>	Medical	Randy	<a href="#">120400-15005-00</a>	\$411.00	\$150.00

### Explanation of Benefits

Date of Payment	Benefit Type	Claimant	Claim Number	Amount Claimed	Amount Paid
<a href="#">07 Apr 2013</a>	Medical	Andreia	<a href="#">120400-15005-99</a>	\$300.00	\$150.00
<a href="#">20 Mar 2013</a>	Medical	Eva Christin	<a href="#">120400-15725-00</a>	\$55.00	\$44.00
<a href="#">12 Jan 2013</a>	Dental	Randy	<a href="#">120400-12160-00</a>	\$300.00	\$250.00

# Claim statement

## Your Claim Statement

### Overview of your claims

<b>Total amount you claimed</b>	<b>\$60.00</b>			<b>Statement date</b> 15 May 2013
Amount paid by your Health benefits		\$48.00		<b>Member name</b> [REDACTED]
<b>Total amount paid by your plan benefits</b>			<b>\$48.00</b>	<b>Member Id number</b> [REDACTED]
Your out of pocket expense	\$12.00			<b>Contract number</b> [REDACTED]
* Amount of cheque G1354760 paid to provider [REDACTED]		<b>\$48.00</b>		<b>Plan sponsor/employer</b> [REDACTED]

\* The total claim payment has been made to your service provider, however, the claim amounts paid on your behalf are shown separately by benefit.

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

### Details of your Health claims

[back](#)

Service date and description	Amount claimed	Amount eligible	Amount deductible	Percent covered	Paid by your plan
[REDACTED]					
Claim number 150513-08650-00					
08 May 2013					
Phvsiotheraov	60.00	60.00	0.00	80%	48.00

[▶ See note S88](#)

Total paid for your health claims: \$48.00

#### Important notes about your health claims

**S88** Many expenses from your practitioner can be grouped according to the type of service provided, to ensure correct reimbursement. Due to the grouping of expenses, the number of detail lines on your Claim Statement could be fewer than the description of the actual number of services submitted for reimbursement by the practitioner. Therefore, the statement you received from your practitioner may appear to be different from your Claim Statement. The total dollar amount of the expenses claim will be the same on both statements.

# Your claim history

[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness centre](#) | [Leaving the plan](#) | [FAQs](#) | [Print](#)

## Medical and Dental claim summary

If you require claims information for your record, for tax reporting purposes or to send to another carrier for Coordination of benefits, please use the Recent claims under the Claims menu above.

What is the time period of the Medical and Dental claims you want to see?

From: 01/08/2012   
dd/mm/yyyy

To: 20/06/2013   
dd/mm/yyyy

Would you like to see your expenses by  Date Paid or  Service Date

**Note:** Date Paid shows the expenses that were paid within the specified dates.  
Service Date shows the expenses that were incurred within the specified service dates.

[view summary](#)

GBM-E0700

# Claim forms

**Print claim form**

To submit a claim using a claim form:

- Select the form you want.
- Either complete the form online then print it, or print the form and complete it manually.
- Sign the form, attach all original receipts and mail to the address on the form.

You will need the [Adobe Acrobat Reader](#). If you don't already have it, it can be downloaded free of charge.

**Contract Form**

- 025104 Extended Health Care Claim Form
- 025104 Dental Claim Form

Sign up for [direct deposit](#) and have your claim payment deposited directly to your bank account. It's quick and convenient. Have one of your cheques handy in order to sign up.

## Extended Health Care Claim Form

**Sun Life Financial**

• Use this form for all medical expenses and services. For dental expenses, please use the *Dental Claim Form*.  
 • Attach the **original** receipt for each expense claimed and keep photocopies for your records.  
 • Sign on page 2 and mail your claim to the address at the bottom of page 2. Some plans allow claims to be submitted online at [www.sunlife.ca](http://www.sunlife.ca).

**about you – be sure to fully complete this section**

Member ID number: \_\_\_\_\_ Your plan sponsor / employer: \_\_\_\_\_ Preferred language of correspondence:  English  French

First name: \_\_\_\_\_ Sex:  Male  Female Date of birth (yyyy-mm-dd): \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Address (street name and number): \_\_\_\_\_ Apartment or suite: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Complete this section if you or your spouse are covered under another plan**

Complete this section if you or your spouse are covered under another plan. Complete this section for your own plan first. When you receive your claim statement, send a copy plus copies of your receipts to your spouse's plan first. Then send a copy of your claim statement and receipts to your plan. If you are claiming expenses for both you and your spouse, complete this section for both plans.

Are you claiming any expenses that are NOT covered under your other plan?  No  Yes. If yes, please specify: \_\_\_\_\_

Are you claiming any expenses that are NOT covered under your other plan?  No  Yes. If yes, please specify: \_\_\_\_\_

**3 Information about your claim**

List the names of all persons for whom you are claiming expenses. Add up all the receipts and insert the total amount claimed. Ensure each receipt clearly indicates the type of expense being claimed.

Person for whom you are making the claim		Date of birth (yyyy-mm-dd)	Relationship to you	Full-time student	Disabled	Amount claimed
Last name	First name			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Last name	First name			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Last name	First name			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Last name	First name			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
						<b>Total claimed</b>

## Personalized Claim Forms

# Wellness Tab – Health & Wellness Companion

[Help](#) | [Contact us](#) | [Secure messages](#) | [Profile](#) | [Sign out](#)

[Home](#) | [Coverage](#) | [Claims](#) | [Wellness centre](#) | [FAQs](#) | [Print](#)

## Wellness centre

### Health & Wellness Companion

Your health is important. Take charge of your health by using the [Health & Wellness Companion](#) to:

**Gain insight into your health:** Complete interactive [assessments](#) to help you understand how your lifestyle choices are affecting your health now, and in the future.

**Keep track of your health:** Record details of immunizations, allergies, medications and health issues in your [Personal Health Record](#). It's private, confidential and available to you anytime.

**Learn about the conditions and medications that affect your health:** Use the [Health Library](#) to get accurate, up-to-date information about medical conditions and diseases. Look up drugs in the [Medication Library](#) and find out about their manufacturers' guidelines for use, possible side effects and interactions, and more.



### Take me to

[Quick view »](#)

[Submit a claim »](#)

[Provincial health plans »](#)



### Canadian HealthCARE Navigation

Introducing a new way to [manage your health](#), solve issues and help you make the most of Canadian Health Care.

Get accurate, up-to-date information by accessing:

**The Canadian HealthCARE Guide**: Find uniquely Canadian content on topics such as finding a family doctor, wait times, and coping with disability or chronic disease.

**Health & Wellness Library**: Access up-to-date health news and tools. Search for information on medical conditions and medications available in Canada.

**Popular Topics:**  
(opens in a new browser window)

[Doctor Search](#)  
[Medication Lookup](#)  
[Condition Library](#)  
[Provincial Services Guides](#)  
[Health Screening Guide](#)  
[Community Support Groups](#)

# Personal Health Record



Guiding you  
Towards a Healthier Life

 [GO](#)  
[My profile](#)

- [Home](#)
- [Assessments](#)
- [Personal Health Record](#)
- [Health Library](#)
- [Site map](#)

Personal Health Record

[Randy Doe](#)

Randy Doe	Last update
<a href="#">Contact Info</a>	2008/02/25
<a href="#">Medical History</a>	.....
<a href="#">Medication</a>	.....
<a href="#">Family History</a>	.....
<a href="#">Lifestyle</a>	.....
<a href="#">Tests</a>	.....
<a href="#">View Detailed Record</a>	<a href="#">Print Manager</a>
<a href="#">Share Health Record</a>	

**Take control of your health! Keep track of your vital information.**

Welcome back. To improve your health management, please take the time to complete and update your Personal Health Record with the most accurate information available to you.

Remember you can [print](#) parts or all of your PHR for your next visit to your physician or [create access to share it online](#).

[Add new record](#)