Volume 4 Issue 3

# THE GROUP SCOOP

CURRY GROUP BENEFIT SOLUTIONS
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## PROTECTING THE BENEFITS PLAN WE ALL DEPEND ON

### FOR THE PLAN MEMBER

Most employees use their group benefits plan responsibly, but benefits fraud and abuse continue to be a growing concern across Canada. In recent years, insurers have uncovered cases involving healthcare providers billing for services that were never provided, altered receipts, and claims submitted for treatments that never took place.
While these situations may seem rare, they can impact everyone covered under a benefits plan.

**WHAT IS BENEFITS FRAUD?**
Benefits fraud occurs when false or misleading information is used to obtain reimbursement from a benefits plan.

*Examples include*:
• Submitting a claim for a service that was never received
• Altering a receipt to increase the amount claimed
• A healthcare provider billing for services they did not provide
• Claiming products or services that are not eligible under the plan
• A plan member and provider working together to submit inaccurate claims

**REAL CASES, REAL CONSEQUENCES**
Benefits fraud investigations have resulted in serious disciplinary action across Canada.

- The Toronto Transit Commission (TTC) investigated more than 600 employees as part of a benefits fraud scheme involving fraudulent healthcare claims. More than 250 employees were ultimately dismissed, resigned, or retired rather than face termination.
- In another case, six Air Canada employees were charged after police alleged they submitted fraudulent medical benefit claims totaling approximately $126,000.

These cases demonstrate that benefits fraud can have lasting professional and financial consequences.

**WHY DOES IT MATTER?**
Benefits fraud affects more than just insurance companies.

*Fraudulent claims can lead to*:
• Increased premiums for employers and employees
• Reduced plan sustainability
• Additional claim audits and verification requirements
• Potential reductions in future benefit offerings

If employees contribute toward their benefit premiums, higher claims costs can directly impact what they pay.

Always ensure the services you receive match the information shown on your receipt before submitting a claim.

**HOW YOU CAN HELP PROTECT YOUR PLAN**
Protecting your benefits plan is simple:
✓ Keep your benefits login credentials and passwords private.
✓ Review your claim statements regularly.
✓ Ensure receipts accurately reflect the services you received.
✓ Never sign blank claim forms.
✓ Question any claim, receipt, or provider billing that doesn't look right.
✓ Verify that your healthcare provider is properly credentialed.

Your benefits plan is an important part of your overall compensation. By staying informed and reviewing your claims carefully, you help protect the plan for yourself, your family, and your coworkers.

## WHAT INSURERS ARE DOING TO HELP PREVENT & DETECT FRAUD

Benefits fraud continues to be a growing concern across Canada. While individual fraudulent cliams may seem small, they can have significant impact on overall plan costs, leading to increased premiums and placing additional pressure on employer sponsored benefit plans.

To combat the issue, insurers are investigating heavily in fraud prevention technology, advanced analytics, and specialized investigations. Many carriers are also collaborating through industry-wide anti-fraud initiatives to identify suspicious claiming patterns and protect the integrity of benefits plans.

**How Insurers Are Fighting Benefits Fraud**

Many insurance carriers maintaine dedicated investigative claims units that are responsible for identifying and addressing fraudulent activity. These teams may:

- Conduct audits of claims and healthcare providers.
- Investigate suspicious billing and claiming patterns.
- Delist healthcare providrs found to be engaging in inappropriate practices
- Pursue recovery of improperly paid claims
- File complaints with professional regulatory colleges when warrented
- Report criminal matters to law enforcement when appropriate.

By working together, employers, employees, advisors and insurers can help ensure benefit plans remain sustainable and affordable for everyone.

## NEWS IN THE INDUSTRY

**Ozempic Update: Generic Versions Approved in Canada**

***What We Know So Far***

Health Canada has officially approved generic versions of Ozempic (semaglutide).

As this development is very recent, insurance carriers are still evaluating how generic Ozempic will be incorporated into their drug plan management strategies. At this time, we do not anticipate carriers moving immediately to mandatory generic coverage, particularly as product availability may initially be limited.


***We Will Keep you Informed***

The transition process may differ by carrier, and further details are expected in the coming months. We will continue to monitor carrier announcements and provide updates as additional information becomes available.

**Alberta Bill 11: Upcoming Changes for Employer Benefit Plans (for any groups that have employees in Alberta)**

Effective October 1st, 2026, Alberta Bill 11 will introduce important changes to employer-sponsored benefit plans in Alberta.
Key changes include:

- Equal benefits for all, regardless of age. Benefits have to be provided until retirement.
- Private benefit plans will become the first payor for drug and eligible healthcare expenses. Alberta government will be the second payor.

Thank you for taking the time to stay informed. As always, if you have any questions or concerns please feel free to reach out.

### CONTACTING CURRY GROUP BENEFIT SOLUTIONS

The best way to contact us will continue to be our **dedicated client-only email address clients@CurryGBS.ca** The inbox continues to be monitored by Joan and Shannon regularly throughout each business day.

705-749-1131 clients@CurryGBS.ca 223 Aylmer St. N, Unit A, Peterborough, Ontario, K9J 3K3