

FLEXIBLE BENEFITS PLAN

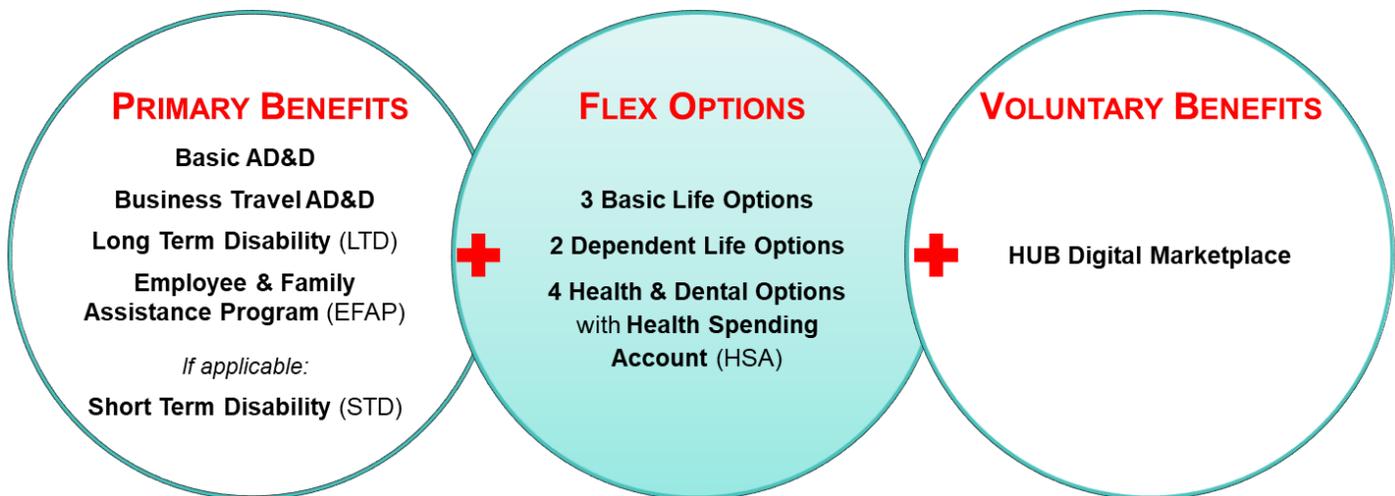
Enrolment Guide

The University of Winnipeg is committed to providing a comprehensive benefits program to our employees. The Flex Plan includes 3 Basic Life Options, 2 Dependent Life Options and 4 Health and Dental Options providing varied degrees of coverage.

Our group benefits carrier is Manitoba Blue Cross with Chubb Life Insurance underwriting our Basic Accidental Death & Dismemberment (AD&D) benefit and Beneva (SSQ Insurance) underwriting the AD&D Business Travel. Manitoba Blue Cross is our Employee and Family Assistance Plan provider.

FLEXIBLE BENEFITS PLAN

Our Flexible Benefits Plan includes Primary Benefits, Flex Options and Voluntary Benefits for all employees. You can select the option and/or Voluntary Benefits that best meets the needs of you and your family.



Your Flex Option selections will take effect on your eligibility date and are locked in for 2 years with the next re-enrolment unless you experience a Life Event. A Life Event is explained in the Frequently Asked Questions (FAQ) section of this Guide.

Please take time to read this Enrolment Guide as it provides important information on your plan and how to enroll. To address any questions you may have, please review the Frequently Asked Questions (FAQs). If you do not find what you are looking for here, you can email any questions to payroll@uwinnipeg.ca.

ENROLMENT GUIDE

This guide contains:

- ✓ Instructions on how to enroll in the Flexible Benefits Plan and designate a beneficiary
- ✓ Information on Cost Share
- ✓ Benefits Plan Overview
- ✓ Health and Dental Flex Option Selection Examples
- ✓ Frequently Asked Questions (FAQ) section



STEPS TO ENROLL

You will receive all applicable forms from Human Resources to complete. These forms will allow you to make your Option selections for Basic Life and Dependent Life as well as Health and Dental. The deadline to complete and return the enrolment forms is **your commencement date**. If you do not complete and return the enrolment forms by the deadline provided by Human Resources, you will be enrolled in Basic Life Option 1, Dependent Life 1 and Health and Dental Flex Option 3.

STEP 1: Review the Enrolment Forms

STEP 2: Complete all fields including personal information for you and your dependents

STEP 3: Select your Basic Life Option, Dependent Life Option and Health & Dental Flex Option

STEP 4: Review the authorization for payroll deductions (if applicable) and data collection

STEP 5: Ensure you complete the beneficiary designation section

STEP 6: Sign and date all three Enrolment Forms

STEP 7: Submit forms to Payroll & Benefits by the deadline

Special Notes:

- **Deadline for completing and returning the enrolment forms is no later than your commencement date.**
- If you do not make your Basic Life, Dependent Life and Health and Dental Flex Option selections by the deadline, you will be defaulted.
- **If you default, you will not be allowed to change your Options until the next re-enrolment in two years, unless you experience a Life Event.**
- You must enroll according to your **true Family Status** – Single, Couple or Family.
 - **Single** means you have no spouse (married or common-law) and have no eligible dependent children.
 - **Couple** means you have a spouse or one eligible dependent child.
 - **Family** means you have a spouse and one or more eligible children, or two or more eligible children. Refer to the FAQ's for more information on Family Status.

Make your selections considering:

- The different levels of coverage and cost of each Flex Options,
- Your family's and any beneficiary's financial needs,
- Your own and your family's Health and Dental needs,
- Your health status and the rules regarding medical evidence of good health for Basic Life Flex Option changes at re-enrolment,
- Your spouse's coverage, and
- The level of benefit coverage you are comfortable with.

COST SHARE

- University of Winnipeg pays the full cost of base coverage across all Basic Life Options (1x annual earnings) and all Health and Dental Flex Options as well as the full cost for AD&D, Business Travel AD&D, and the Employee Family Assistance Plan (EFAP).
- You pay the full cost for Long Term Disability and Short Term Disability (if available to your employee group). You pay the cost of disability benefits so that if you become disabled, the benefits paid to you are non-taxable.
- If you choose enriched coverage under Basic Life Options 2 or 3, Dependent Life Coverage under Option 2 and/or Health and Dental Flex Option 4, you are responsible for the added monthly cost.
- The costs of all benefits are reviewed annually and you will be notified of any change.
- Your portion of the cost will be taken through regular payroll deductions.



PRIMARY BENEFITS OVERVIEW

Basic Accidental Death & Dismemberment (AD&D)

	All Employees
Coverage	24 hours
Benefit Amount	2 x annual earnings
Benefit Minimum	\$50,000
Benefit Maximum	\$100,000
Age Reduction	50% at Normal Pension Commencement Date (First of month following attainment of age 65)
Cost Share	100% Employer paid
Termination	Support Employees: Earlier of Retirement or 1st of the month following attainment of age 70 Academic Employees: Earlier of Retirement or 1st of September following attainment of age 70

AD&D Business Travel

	All Employees
Coverage	Business Travel Only
Benefit Amount	2 x annual earnings
Benefit Minimum	\$50,000
Benefit Maximum	\$100,000
Description of Hazard	a) Traveling directly to or coming from a meeting either regular or special provided route is direct from residence to meeting place using a normal or reasonable route without delay or stop over; b) Participating as a delegate member of the University at any convention relating to the University's affairs at the expense of the University;* c) Travelling on the business and/or in the interest and/or at the expense of the University.* <i>*Coverage applies only during course of the trip.</i>
Cost Share	100% Employer paid
Termination	Support Employees: Earlier of Retirement or 1st of the month following attainment of age 70 Academic Employees: Earlier of Retirement or 1st of September following attainment of age 70



Short Term Disability (STD) – Applicable only to:

- PSAC Research Assistants
- Post Docs with terms > 12 months whose contracts begin on or after January 1, 2022

	Eligible Employees Only
Schedule	66 2/3% of weekly earnings
Waiting Period	Illness: 7 days Accident/Hospital: 0 days
Maximum Benefit Amount	\$1,000
Maximum Benefit Period	15 weeks (105 days)
Cost Share	100% Employee paid
Taxability	Non-taxable
Termination	Earlier of Retirement or Age 70

Long Term Disability (LTD)

	All Other	PSAC Research Associates & Post Docs (>12 months & Contracts on or after January 1, 2022)
Schedule	67% of first \$2,525, 55% of the next \$4,600, plus 40% of the remainder	
Benefit Maximum	\$10,000	
Own Occupation Definition	2 years	
Qualifying Period	180 days	105 days
Taxability	Non-taxable	
Cost Share	100% Employee paid	
Termination	Earlier of Retirement or Normal Pension Commencement Date less Elimination Period	

Employee Family Assistance Program (EFAP)

- Confidential 24/7 short term counselling support for you and your eligible dependents
- Counselling is available via in-person, telephonic, e-counselling (email)
- The benefits provided are not subject to any deductible or co-insurance
- Areas of personal counselling include Family/Parenting, Marital/Relationship, Emotional/Behavioral, Stress, Addictions, and Financial (budgeting, financial crisis)



FLEX OPTIONS

Basic Life

	All Employees		
	Option 1	Option 2	Option 3
Benefit Amount	1x Annual Earnings	2x Annual Earnings	3x Annual Earnings
Benefit Maximum	\$500,000		
Age Reduction	50% at Normal Pension Commencement Date (First of month following attainment of age 65) - Maximum \$50,000 at age 70 - Maximum \$20,000 at age 75		
Grief Counselling Benefit	3 sessions for beneficiary(ies) within 24 months of submission of the death claim		
Cost Share	100% Employer paid	1x annual earnings - 100% Employer paid Employee pays remaining elected Basic Life coverage	
Termination	Retirement		

If you are unsure which Basic Life option is best for you, we recommend you seek independent financial advice.

Dependent Life

	All Employees	
	Option 1	Option 2
Benefit Amount	No Coverage	\$10,000 Spouse/\$5,000 Child
Cost Share		100% Employee paid
Termination		Earlier of Retirement or Age 75



HEALTH AND DENTAL FLEX PLAN OPTIONS

The Health and Dental Flex Plan has 4 Options providing varied degrees of coverage. Below are the available Health and Dental Flex Options in a high level summary. Travel Health terminates the end of the month following attainment of age 70 for Support Employees and first day of September following attainment of age 70 for Academic Employees while all other Health and Dental coverage ceases at retirement. Your Manitoba Blue Cross Benefits Booklet provides coverage details.

You must select one Health and Dental Flex Option based on your true Family Status. You cannot waive coverage even if you are covered under your Spouse's group insurance health plan.

	Option 1	Option 2	Option 3	Option 4	
Health					
Travel Health/Ambulance/ Semi-Private Hospital	100%	100%	100%	100%	
Deductible	No Coverage	Drugs Only: Dispensing Fee Deductible	Annual \$25 Single/Couple/Family (not applicable to Vision, Travel, Ambulance or Hospital)	Drugs Only: Dispensing Fee Deductible	
Drugs - Pay Direct Drug Card		50%	80%	100%	
Paramedical Practitioners					
- Acupuncture		50% to \$400/year	80% to \$500/year combined	100% to \$500/year	
- Chiropractor		50% to \$400/year			
- Licensed Massage Therapist		50% to \$400/year			
- Occupational Therapist**		50% to \$400/year			
- Physiotherapy **		50% to \$400/year			
- Athletic Therapy		50% to \$400/year combined	100% to \$500/year combined		
- Osteopath					
- Clinical Psychologist, Social Worker, Psychiatric Nurse, Psychotherapist, Mental Health Counselor, Family and Marriage Counselor and Addictions Counselor		50% to \$400/year combined	80% to \$350/year combined	100% to \$500/year combined	
- Podiatrist** (Foot Care)		50% to \$400/year	80% to \$350/year	100% to \$500/year	
- Dietician (Nutritional Counselling)		50% to \$400/year combined	80% to \$350/year combined	100% to \$500/year combined	
- Naturopath					
- Audiologist					
- Speech Language Pathologist					
Private Duty Nursing		50% to \$5,000/year	80% to \$3,000/year	\$10,000/year	
Accidental Dental		Included	Included	Included	
Hearing Aids		50% to \$500/5 years	80% to \$500/5 years	\$500/5 years	
Other		50%	80%	100%	
Vision	50% to \$350/24 months combined	100% to \$250/24 months combined	100% to \$350/24 months combined		
- Eye Exams/Eye Wear					
Dental					
Basic	No Coverage	50%	80%	100%	
Major		50%	60%	75%	
Basic/Major Maximum		\$1,600/year combined maximum	\$1,600/year combined maximum	\$2,000/year combined maximum	
Orthodontics (Child)		50%	50%	No Coverage	
Orthodontics Maximum		\$2,000 lifetime maximum	\$1,600 lifetime maximum		
Health Spending Account					
Annual Allocation (Single/Couple/Family)	\$1,500	\$500	\$350	\$0	
Employee Cost - Semi-Monthly Deduction					
Single	No Cost	No Cost	No Cost	\$12.50	
Couple				\$25.00	
Family				\$37.50	



HEALTH AND DENTAL FLEX OPTION SELECTION EXAMPLES

We have created 4 examples of fictional employees to give you an idea of what you should consider when making your Health and Dental Flex Option selection. The final decision is yours. Please ensure the Option you select best meets your needs.

Example #1 – Barb

Barb and her husband Al have two children: Sam, 13, and Ashley, 9. Al works for a different company and is enrolled in the benefits program there.

What should Barb think about?

- She and her children are all covered as dependents under Al's Health and Dental benefits plan.
- Her family is healthy and doesn't have high medical or dental claims.
- Sam will need braces in 2 years

What does Barb choose?

Barb enrolls as Family, her true Family Status. Barb decides to choose **Health and Dental Flex Option 1** because of Al's coverage through work. His plan provides comprehensive coverage and the annual Health Spending Account of \$1,500 under Flex Option 1 can be used for any expenses not covered by his plan. She knows that she can move to a Flex Option with Orthodontic coverage at the next re-enrolment.

Example #2 - Gary

Gary is a single parent with two sons – Tyler, 18 and Jared, 15.

What should Gary think about?

- Both boys are dependents under Gary's plan. Tyler plans to go to college in the fall, so will remain an eligible dependent.
- Gary has no other medical or dental coverage for his family.
- Both Gary and Tyler visit a physiotherapist occasionally.
- Jared has braces.

What does Gary choose?

Given their physiotherapy and other professional service claims, Gary decides to enroll in **Health and Dental Flex Option 3** for the 80% reimbursement of physiotherapy expenses (\$500 combined annual maximum) and the 50% Orthodontic coverage (\$1,600 lifetime maximum). He also likes the advantage of the \$350 Health Spending Account to pay for expenses not covered.



Example #3 – Dave

Dave, and his wife Karen, are married with no children living at home. Karen works for a different company and is enrolled in the Benefit program there.

What should Dave think about?

- Karen's plan provides 70% coverage for Health, Drugs and Dental.
- They are saving towards an early retirement.

What does Dave choose?

Dave chooses **Health and Dental Flex Option 2** as he can coordinate this coverage with his spouse's plan to obtain comprehensive coverage. When he coordinates benefits with Karen's plan, they will be fully covered for most of their medical and dental needs, using the \$500 Health Spending Account to pay for any expenses not covered.

Example #4 – Nicole

Nicole's Family Status is currently Single. She and her boyfriend, Ben, have been dating for two years and have recently been talking about marriage or commencing a common-law relationship.

What should Nicole think about?

- Nicole only needs to consider what her own claims might look like in the future. Ben is not eligible under her plan.
- She visits a Chiropractor, Massage Therapist and Dietician on regular basis.
- Nicole has some major dental work requirements.

What does Nicole choose?

Nicole decides to choose **Health and Dental Flex Option 4**. This Option provides her the highest co-insurance and maximum for paramedical practitioners (Chiropractor, Massage Therapy and Dietician) and Major Dental. If Nicole and Ben get married or following one year of co-habitation in a common-law relationship, Nicole can choose a new Flex Option within 60 days of her Life Event; she would not have to wait for the next re-enrolment to change her Option.



Frequently Asked Questions

This document is intended to be used only as an information source. If there are any discrepancies between the group contracts and the information in this document, the group contract will take priority.

ELIGIBILITY

When am I eligible to enroll in benefits?

All benefit coverage is effective the date your employment begins. To complete your enrolment, the following Manitoba Blue Cross enrolment forms are to be returned to Human Resources:

- Life Insurance / Long Term Disability enrolment form (Manitoba Blue Cross)
- Health Benefits enrolment form (Manitoba Blue Cross)
- Flex Plan enrolment form (Manitoba Blue Cross)

It is imperative that all sections related to you and your eligible dependents are completed in full (e.g. personal information and coordination of benefit details) and signed.

Optional – Group Retirement Savings Plan and Tax Free Savings Account through Desjardins Insurance. For more information, visit Group RRSP webpage at <https://www.uwinnipeg.ca/hr/benefits/pension-rrsp.html> and Group TFSA at <https://www.uwinnipeg.ca/hr/benefits/tfsa.html>.

Completed forms must be returned to Human Resources no later than your commencement date to:
HR Office: 705 – 491 Portage Avenue
Hours: 8 am – 12 pm & 1 pm – 4 pm
Reception: 204-786-9400

Mailing Address:
Human Resources
University of Winnipeg
515 Portage Avenue
Winnipeg, MB R3B 2E9

What is considered a Life Event?

A Life Event for the purpose of the Flex Plan is:

- Addition of an eligible spouse
- Addition of an eligible dependent child
- Removal of a spouse due to death, separation or divorce
- Removal of an ineligible dependent child only if this results in a change in Family Status (e.g. Family to Couple)
- Your spouse gains or loses coverage through his/her own employer's group insurance plan

You have **60 days** from the date of your Life Event to contact Human Resources and choose new Flex Options. You don't have to make a new benefit selection, but if you feel that the Flex Options you've selected are no longer best for your new situation, you can make new selections. Note: You are able to increase Basic Life coverage within 60 days of a Life Event without the requirement for medical evidence.

Regardless, you must notify Human Resources within 60 days of the event when you have a change in Family Status. If eligible dependents are not reported within 60 days of eligibility, you may be required to provide medical evidence of good health to enroll them on the benefits plan for coverage

What does Family Status mean?

You must enroll according to your true Family Status.

- Single - means you are single with no spouse (married or common-law) and have no eligible dependent children.
- Couple - means you either have a spouse (married or common law) OR have only one eligible dependent child.
- Family - means you either have a spouse (married or common law) with at least one eligible dependent child; OR are single (no spouse) with at least 2 eligible dependent children.



Who are considered my eligible Family Members?

Eligible Family Members must reside in Canada and include:

- Your legal spouse or common-law spouse. Only one spouse will be eligible for coverage.
- Your natural or legally adopted child, stepchild, or a child of the person with whom you are residing in a conjugal relationship provided such a child is living with you. All children must be unmarried, not employed on a full-time basis or eligible for coverage as an employee under this or any Group Benefits Program and:
 1. under age 21 and dependent upon you for support, or
 2. under age 25 if a full-time student; or
 3. became totally and permanently disabled for a continuous period while still considered to be a Dependent under points 1 or 2 above.

A more detailed definition of a Dependent is available in your Flex Plan Benefits Booklet.

When is my common-law spouse eligible?

Your common-law spouse is eligible after continuously residing with you for not less than one full year having been represented as members of a conjugal relationship.

What if I or one of my eligible dependents does not have a Manitoba Health number?

If you do not have a Manitoba Health number, please refer to the Manitoba Health section of the Frequently Asked Questions (FAQs).

- Employees coming from another province: the Provincial Health Number box on the enrolment form refers to any provincial health number. If moving from another province, you are required to maintain current provincial coverage until Manitoba Health comes into effect.
- Employees, spouses and/or dependents that are not eligible for provincial health: coverage will only be for Dental, Vision and Health Spending Account, where applicable, through Manitoba Blue Cross.

ENROLMENT & CHANGES

How do I enroll?

To enroll, the following documents are to be returned to Human Resources with the desired level of coverage/Flex Option checked off on the enrolment form by the deadline provided by Human Resources:

- Life Insurance / Long Term Disability enrolment form (Manitoba Blue Cross)
- Health Benefits enrolment form (Manitoba Blue Cross)
- Flex Plan enrolment form (Manitoba Blue Cross)

All details including provincial health number and dependent personal information must be clearly noted on the form(s).

What do I do if I have a change in my personal information (name, address, date of birth, Family Status or gender) and/or my dependents?

For all changes after your initial enrolment to your personal information and/or dependents that needs to be

reported (name, date of birth, Family Status or gender), you need to notify Payroll & Benefits within 60 days.

If you wish to increase your Basic Life insurance when there is an addition of a spouse and/or child without having to provide medical evidence, you must report this within 30 days.

A written request to decrease Basic Life insurance option can be made to Human Resources with the preferred effective date at any time.

What happens if I don't make my selections by the deadline?

If you do not make your selection within the stated deadline, you will be enrolled in:

- Basic Life – Option 1 – 1x annual earnings
- Dependent Life – Option 1 – No Coverage
- Health & Dental – Flex Option 3



Can I waive my Health and Dental coverage?

No. All employees must enroll in the Flexible Benefits Plan according to their true Family Status. The Flexible Benefits Plan offers 4 Options providing varied degrees of coverage for Ambulance/Hospital, Drugs, Health, Dental, Vision, Travel Health and Health Spending Account. You can choose the Flex Option that best meets your own needs as well as your family's.

How often can I change my Health and Dental Flex Option selection?

Employees will have the opportunity to change their Health and Dental Flex Option selection every 2 years. The next re-enrolment will be effective January 1, 2027. At that time, you can choose a different Health and Dental Flex Option to meet your changing needs. If the Health and Dental Flex Option you've selected still works for you when it's time to re-enroll, you do not need to make a change.

Should you experience a Life Event before it's time to re-enroll, you may change your selection **within 60 days** of the event by contacting Human Resources and completing the appropriate forms.

Can I select any Basic Life option without providing medical evidence?

Yes, at time of your initial enrolment you can select the Basic Life coverage that best suits your needs without the need to provide medical evidence of good health provided the application is received within 31 days of your benefit eligibility date.

How often can I change my Basic Life option?

After initial enrolment, you may only change your Basic Life Option at the bi-annual re-enrolment. Any increase in coverage is subject to medical evidence.

You can also change your Basic Life Option within 60 days of a Life Event with no medical evidence required.

Can I ever change my beneficiary designation?

Yes, beneficiary forms are required to change your beneficiary. Please request the Beneficiary Designation

form from Human Resources. Once completed, keep a copy of your form, and send the original directly to Human Resources.

Why should I designate a beneficiary?

The beneficiary designation must be clearly identified on the enrolment form to carry out your intent and pay claims without any delay. You should review your beneficiary designation regularly (once every 12 months) to ensure it reflects your current situation. If you wish to change your designation in the future, please contact Human Resources.

In most provinces, insurance proceeds cannot be paid directly to children under the age of 18. You can appoint a Trustee to receive the insurance proceeds "In Trust" for minor children to avoid process delays for the court to appoint a legal guardian or paying out the Public Trustee.

Life insurance proceeds are not taxable, provided the named beneficiary is a person, and not the 'Estate'. If the 'Estate' is named as beneficiary, the proceeds may be subject to Estate taxes. You should discuss the tax implications with your personal financial advisor.

What is the difference between primary and contingent beneficiaries?

- A Primary beneficiary is the person, people, or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.
- A Contingent beneficiary is the person, people, or entity you designate to receive the proceeds of the death benefit if all the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.



MANITOBA BLUE CROSS

Will I get a Manitoba Blue Cross identification card?

Yes, soon after you enroll, you will receive an identification card. This card identifies you and your eligible dependents, and your coverage. Whenever you are claiming benefits from this Plan, be sure to quote your certificate number in the space provided on the claim form.

If you lose or misplace your ID card, log on to mybluecross® to print an ID card or request a new card. This new card will be sent to you within five business days.

Do all Flex Options have a Pay Direct Drug Card?

Yes, all Options with Drug coverage, Options 2, 3 and 4 have a Pay Direct Drug Card. Present your ID card to your Pharmacist so that they can update your information for direct drug claim submissions at the pharmacy.

How can I check my coverage and claims information with Manitoba Blue Cross?

Manitoba Blue Cross has an easy-to-use website – mybluecross®. You will be able to access coverage information, submit most claims online, view your claims status, claims history and Explanation of

Benefits and complete and print claim forms. You can visit www.mb.bluecross.ca to register.

You can also call Manitoba Blue Cross' toll-free customer service centre at 1-800-873-2583 to speak directly to a Customer Service Representative. Please refer to your ID card for contact information.

How do I register for mybluecross® site?

To register and set up your mybluecross® site access with Manitoba Blue Cross by following these steps:

1. Visit Manitoba Blue Cross' site at www.mb.bluecross.ca
2. Click the blue 'mybluecross®' button at the top right of the webpage
3. Choose the tab 'Sign Up' to be brought to the Registration page
4. Select 'Member' as type of account and proceed with entering the requesting details

To successfully register you will need your Certificate and Client number which both can be found on your benefits ID card.

If you have any questions regarding the process and/or require assistance, please contact the Manitoba Blue Cross Customer Service Centre at 1-800-873-2583.

INSURANCE TERMS

What is the definition of annual earnings?

Your annual earnings for benefit calculation purposes are defined as your regular earnings from the University of Winnipeg excluding overtime earnings and stipends for teaching evening, summer, or special sessions.

What is Coinsurance?

Coinsurance is the portion of an eligible claim covered by the plan, expressed as a percentage.

For example, Flex Option 3 has an 80% coinsurance on Basic Dental coverage, which means that you would be reimbursed for 80% of the cost of a dental cleaning (based on the Manitoba Dental Fee Guide) up to the yearly maximum. The remaining 20% of the cost will be your responsibility. For example, if you paid \$80 for a cleaning, the plan would cover \$64, and you would pay \$16:

Plan covers 80%:	\$64 = \$80 x 80%
You pay 20%:	\$16 = \$80 x 20%



What is a *Paramedical*?

The term Paramedical is used to describe medical professional practitioners including:

- Acupuncture
- Athletic Therapy
- Audiologist
- Chiropractor
- Dietician
- Massage Therapist
- Naturopath
- Occupational Therapist
- Osteopath
- Physiotherapy
- Podiatrist
- Speech Language Pathologist

Mental Health specific Paramedical Practitioners include:

- Addictions Counselor
- Clinical Psychologist
- Family and Marriage Counselor
- Mental Health Counselor
- Psychiatric Nurse
- Psychotherapist
- Social Worker

Please refer to the coverage chart to see the annual maximum and coinsurance under each Health and Dental Flex Option.

What does *Usual, Customary and Reasonable* mean?

Manitoba Blue Cross defines Usual, Customary, and Reasonable as the following:

- **Usual** is the Usual charge for a given service or supply by an individual providing services or supplies hereunder in his personal practice.
- **Customary** is that range of Usual charges by individuals providing services or supplies hereunder of similar training and experience for the same service within a specific limited geographic or socioeconomic area.
- **Reasonable** is a charge which meets the above two criteria, or, in the opinion of the provider's professional association, is justifiable in the special circumstances of the case in question.

The application of Usual, Customary, and Reasonable limits is a standard practice in group benefits and is reviewed by the carrier to ensure reimbursable amounts are representative of the current standard charges in the region.

If your service provider charges more than the Usual, Customary, and Reasonable amount, you will be responsible for the difference.

What is the difference between *Basic and Major Dental*?

- Basic Dental coverage includes the ongoing care and maintenance of your teeth, roots, and gums. Services included are exams, x-rays, polishing, scaling, fillings, root canal therapy and removal of teeth.
- Major includes procedures concerned with restoration of teeth such as crowns, bridges, and dentures. Coverage would be based on the coinsurance of the applicable Option to the annual maximum.

What is a *Drug Dispensing Fee*?

The price of every drug prescription is made up of two parts: (a) the cost of the ingredients to make the drug and (b) the cost of the pharmacist's services and advice called the dispensing fee. Dispensing fees can be different from pharmacy to pharmacy, and from drug to drug.

What is a *Drug Dispensing Fee Deductible*?

A deductible is the amount you pay before expenses are covered. In Flex Options 2 and 4, there is a deductible equal to the dispensing fee for each prescription. This means that you will pay a deductible equal to the dispensing fee each time you fill a prescription, the remainder of the prescription cost will be paid subject to the coinsurance amount.

What is a *Manitoba Pharmacare*?

Pharmacare is a drug benefit program for eligible Manitobans, regardless of disease or age, whose income is seriously affected by high prescription drug costs. Pharmacare coverage is based on both your total family income and the amount you pay for eligible prescription



drugs. The total family income is adjusted to include a spouse and the number of dependents, if applicable. Each year you are required to pay a portion of the cost of your eligible prescription drugs. This amount is your annual Pharmacare deductible. Pharmacare sets your deductible based on your adjusted family income.

You qualify for the Manitoba Pharmacare program if you meet all the following criteria:

- You are eligible for Manitoba Health, Seniors and Active Living
- Your prescriptions are not covered by other provincial or federal programs.

For more information, visit MB Pharmacare’s website: <http://www.gov.mb.ca/health/pharmacare/index.html>.

How does *Manitoba Pharmacare Drug Formulary* affect my coverage through *Manitoba Blue Cross*?

For drugs to be considered eligible under the Manitoba Formulary, prescription drugs must be prescribed by a doctor or dentist and must be included in the provincial drug listing (provincial formulary). Manitoba Blue Cross follows this same listing when determining drug eligibility under our Benefits plan.

The Manitoba drug listing is constantly changing, with Pharmacare adding and removing drugs frequently. As

Manitoba Blue Cross reimburses drug claims according to this formulary, you may find a drug that has been covered in the past is no longer eligible when you try to refill your prescription. Or you may find a drug that was not previously eligible becomes eligible.

There are three different levels of drug coverage under the Manitoba formulary:

- **Part 1 medications** – are drugs that are covered regardless of the medical need, e.g. Tylenol 3 is eligible regardless if you broke your toe or have a migraine.
- **Part 2 medications** – are prescriptions that are only eligible under the Pharmacare program if they have been prescribed for a specific eligible condition and it must be noted on the prescription by the doctor; the need determines whether the drug is eligible.
- **Exception Drug Status (EDS)** – medications listed in this category are only eligible if the patient has received prior approval from Manitoba Pharmacare. Approval is given on a case-by-case basis. Your doctor must submit the application on your behalf to Manitoba Health. Manitoba Health will send a letter to the patient confirming their eligibility for coverage. If you are approved, simply send a copy of the letter to Manitoba Blue Cross to have your record updated and retain the original.

HEALTH SPENDING ACCOUNT (HSA)

What is a *Health Spending Account (HSA)*?

A Health Spending Account (HSA) is a non-taxable account that can be used to cover a range of benefits not normally covered under other types of group benefits plans, or by provincial medical plans. The HSA is like a bank account for benefits. That means \$1 from the HSA buys you \$1 of eligible dental or medical services. The Income Tax Act governs the types of expenses that can be reimbursed under the HSA. Please visit www.canada.ca/en/revenue-agency and search on medical expenses for a complete list.

Any claim payments to you from the HSA are non-taxable (unless you live in Quebec, in which case they are taxable).

Who can I cover through my *Health Spending Account (HSA)*?

You may cover expenses for yourself, your spouse, your eligible children, and any other eligible dependents. A dependent, for the purpose of the HSA, is considered any person for whom you may claim medical tax credits under the Income Tax Act in that year. If you can claim for that dependent under taxation guidelines, then that dependent is eligible under your HSA.



When is the money put into my Health Spending Account (HSA)?

The total amount of your HSA is deposited into your account in full annually on January 1st.

What types of medical expenses are eligible through my Health Spending Account (HSA)?

Any expense deemed as an eligible expense by the Canada Revenue Agency is allowed. Please visit www.canada.ca/en/revenue-agency and search on medical expenses for a complete list. If you are unsure about a particular expense, contact Manitoba Blue Cross.

Are there certain types of expenses that would not be covered under my Health Spending Account (HSA)?

Yes. Any expenses not recognized as an eligible medical expense deduction under the Income Tax Act are not accepted. Some examples are drugs purchased without a prescription from a doctor or dentist, fitness club memberships, golf memberships, and daycare. Please visit www.canada.ca/en/revenue-agency and search on medical expenses for a complete list. If you are unsure about a particular expense, contact Manitoba Blue Cross.

When do I get paid for Health Spending Account (HSA) claims that I have submitted?

Once you have submitted an HSA claim form to Manitoba Blue Cross, HSA payments are processed monthly if the total expense is greater than \$50. Payments of less than \$50 will be suspended until additional claim requests bring the total claimed amount to \$50 or the end of the benefit year. Payments are made by cheque or by direct bank deposit, depending on your preferred method. An accompanying statement will be mailed or e-mailed to you. You may also view your claim statements online.

To receive a payment, you must have benefit dollars available in your account and the expenses submitted must be eligible for payment through the HSA.

How long do I have to use the money in my Health Spending Account (HSA)?

You will be able to use the money in your HSA during the benefit year (January to December) in which it was deposited into your account, e.g., January 1, 2025 amount can be used throughout 2025. There is a 60-day claims run-off period, which allows for prior year's eligible expenses to be claimed against the prior year's account. Any unused benefit dollars remaining after this period will be forfeited.

Is my HSA amount associated with my Health and Dental Flex Option prorated?

No. HSA amounts associated with any Health & Dental Flex Option are not prorated. As such, the total HSA amount associated with your Health & Dental Flex Option will be deposited into your account on your eligibility date.

What if my Health Spending Account (HSA) claims are higher than my HSA benefit dollars within a year?

You can carry forward claims up to one year; i.e., into the next benefit year. If you had more expenses than you had HSA dollars for the year, you can carry forward claims for reimbursement when your HSA dollars refresh in the new year.

What happens to my Health Spending Account if I terminate my employment?

If you terminate your employment, you lose your balance remaining in your HSA upon termination. All claims with a date of service prior to the date of termination can be submitted for payment within 60 days of your date of termination. After the 60 days, claims will not be processed.



MANITOBA HEALTH

When am I eligible for Manitoba Health?

You are eligible for Manitoba Health coverage if you:

- are a Canadian citizen or have landed immigrant/permanent resident status
- have a permanent residence in Manitoba
- live in Manitoba for at least six months in a calendar year

For more information on Manitoba Health eligibility, please visit: <https://www.gov.mb.ca/health/mhsip/>

Who do I contact at Manitoba Health if I have questions?

Manitoba Health
300 Carlton Street
Winnipeg, MB R3B 3M9
(204) 786-7101 (in Winnipeg)
1-800-392-1207 (outside Winnipeg)
<https://www.gov.mb.ca/health/mhsip/>

What happens if I was *not* a resident of Manitoba at time of hire?

- *Move to Manitoba from another province or territory* - if you are eligible, coverage begins on the first day of the third month after you arrive in

Manitoba. For example, if you arrive on April 25, your coverage begins on July 1. Until then, you will be covered by the health plan of the province or territory from which you departed, and you should continue to pay any premiums required under that plan until your Manitoba Health coverage becomes effective. Please contact Manitoba Health for an application form.

- *Return to Manitoba after spending time outside Canada* - if you were eligible for coverage before you left Canada, your eligibility resumes the day you return. Manitoba Health will need proof of your Canadian citizenship and residence status.
- *Move to Manitoba from another country* - bring your passport and originals of every document that Citizenship & Immigration Canada has issued to you and your dependents to Manitoba Health.
- *You have accepted a term position which is less than 12 months, and you are not a resident of Manitoba* – we strongly suggest that you make arrangements to continue your current health coverage in the province or country of your origin for your duration of term employment in Manitoba.

COORDINATION OF BENEFITS

What is Coordination of Benefits (COB)?

Coordination of Benefits, or COB, is a benefit claim procedure developed by the Canadian Life and Health Insurance Association for individuals covered under two or more Health and/or Dental plans.

Applying this procedure ensures that you and your dependents receive the maximum eligible benefits available from all plans under which you are covered. It also outlines the method used for determining where to submit your claims first. The Explanation of Benefits (EOB) is an important document in the application of COB. An EOB (also called a payment summary) is a letter from the insurance company which is sent to you with the claim reimbursement. It outlines the amount of the expense and how much has been reimbursed. For drug claims paid via your drug card, your pharmacy receipt is considered your EOB.



Your Expenses

- 1**
Submit your claim to Manitoba Blue Cross.
- ↓
- 2**
If you have Family coverage, submit any remaining balance to your spouse's group benefits plan using your EOB from Manitoba Blue Cross.
- ↓
- 3**
Any remaining portion can be submitted to your HSA, if applicable. Your spouse's HSA would be last payor for your expenses.

Your Spouse's Expenses

- 1**
Submit their claim to their group benefits plan first.
- ↓
- 2**
If you have Family coverage, submit any remaining balance to your group benefits plan with Manitoba Blue Cross and include your EOB from their provider.
- ↓
- 3**
Any remaining portion can be submitted to your spouse's HSA (if they have one). Your HSA, if applicable, would be last payor for your spouse's claims.

Your Dependent Child's Expenses*

- 1**
Submit the claim to the group benefits plan of the parent with the earlier birth date in the calendar year. If both parents have the same birth date, submit the claim to the group benefits plan of the parent whose first name occurs first in the alphabet.
- ↓
- 2**
If the first payor does not cover the expense in full, forward the EOB to the other parent's plan.
- ↓
- 3**
HSAs are the final payors. Submit the expenses in the order outlined above.

*If the parents are separated or divorced, the first payor is the parent with custody of the child. Please refer to CLHIA COB guidelines for more information.

FOR MORE INFORMATION

Should you have any questions regarding your benefits, please contact:

Payroll & Benefits
payroll@uwinnipeg.ca