Frequently Asked Questions (FAQ)

Flexible Benefits Plan Eligibility and Administration

What is a Flexible Benefits Plan?

A Flexible Benefits Plan offers employees the opportunity to select the package of Health and Dental coverage that best meets their needs. Employees would be presented with 4 options of **equal value**, differing in the levels of coverage.

Can I waive Health & Dental coverage?

Yes, if you have coverage under your Spouse's Group Insurance Plan you may elect to waive coverage for Health, Dental and Health Spending Account.

Please contact Human Resources if you are electing to waive coverage.

Can I change my Flex Option at any time?

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

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

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

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

If you do not make your selection within the stated deadline, you will be enrolled in **Flex Option 3**.

Will I get a Manitoba Blue Cross Card?

Yes, you will receive a Blue Cross card indicating your certificate number. This card will be used for Health, Dental and Health Spending Account under the Flex Option you choose.

Present your Blue Cross card to your Pharmacist, Dentist and Paramedical providers so that they can update your information for direct claim submissions.

Do all Flex Options have a Pay Direct Drug Card?

Yes, when you make a prescription drug purchase, present your Blue Cross card to any pharmacy. Your contract information is entered into the system and within seconds your claims is processed electronically.

HEALTH SPENDING ACCOUNT

What is a Health Spending Account (HSA)?

A Health Spending Account (HSA) is an 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 https://www.canada.ca/en/revenue-agency.html and search on medical expenses for a complete list.

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

On January 1st of each year, your personal Health Spending Account will be credited with benefit dollars.

Is there a minimum amount I need to submit through my Health Spending Account (HSA)?

Yes. Claims will be paid upon the accumulation of $101 in expenses with payment of a health or dental claim, or at the end of the benefit year, which runs from January 1st to December 31st if you have not reached $101.

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 types of medical expenses are eligible through my HSA?

Any expense deemed as an eligible expense by the Canada Revenue Agency is allowed. Please visit https://www.canada.ca/en/revenue-agency.html and search for "eligible 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 HSA?

Yes. Any expenses no 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 a dentist, fitness club memberships, golf memberships, and daycare.

Please visit https://www.canada.ca/en/revenue-agency.html and search for "eligible medical expenses" for a complete list. If you are unsure about a particular expense, contact Manitoba Blue Cross.

Who can I cover through my HSA?

You may cover expenses for yourself, your spouse, your children and any other eligible dependents. A dependent 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.

What will happen to my remaining Health Spending Account (HSA) benefit dollars at December 31st?

If you have unused credits at the end of the calendar year, there is a 60 day claims limitation period which allows for any prior year's eligible expenses to be claimed. Any prior year's expenses claimed after this time period will not be paid. If you have credits remaining after this time period, they will be carried forward into the next benefit year plus the claims limitation period.

Credits cannot be carried forward more than one benefit period, i.e. benefit year plus the claims limitation period.

INSURANCE TERMS

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 the insurance company will pay for 80% of the cost of a dental cleaning up to the yearly maximum (subject to the dental fee guide). 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:

- Athletic Therapy
- Chiropractor
- Clinical Counsellor
- Clinical Psychologist
- Dietitian (Nutritional Counselling)
- Marriage & Family Therapist
- Massage Therapist
- Naturopath
- Physiotherapy
- Podiatrist
- Psychoanalysis
- Psychotherapist
- Social Worker
- Speech-Language Pathologist

What is a Per-Prescription Deductible?

In Flex Option 1, there is a deductible equal to $5 for each prescription. This means that you will pay the first $5 of the claim each time you fill a prescription, the remainder of the prescription cost will be paid subject to the coinsurance amount.

What is a Drug Dispensing Fee Deductible?

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. A deductible is the amount you pay before expenses are covered.

In Flex Option 2, 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.

On the Flex Option Summary Table, what does "Other" include?

These are the covered expenses as described in your Blue Cross booklet such as:

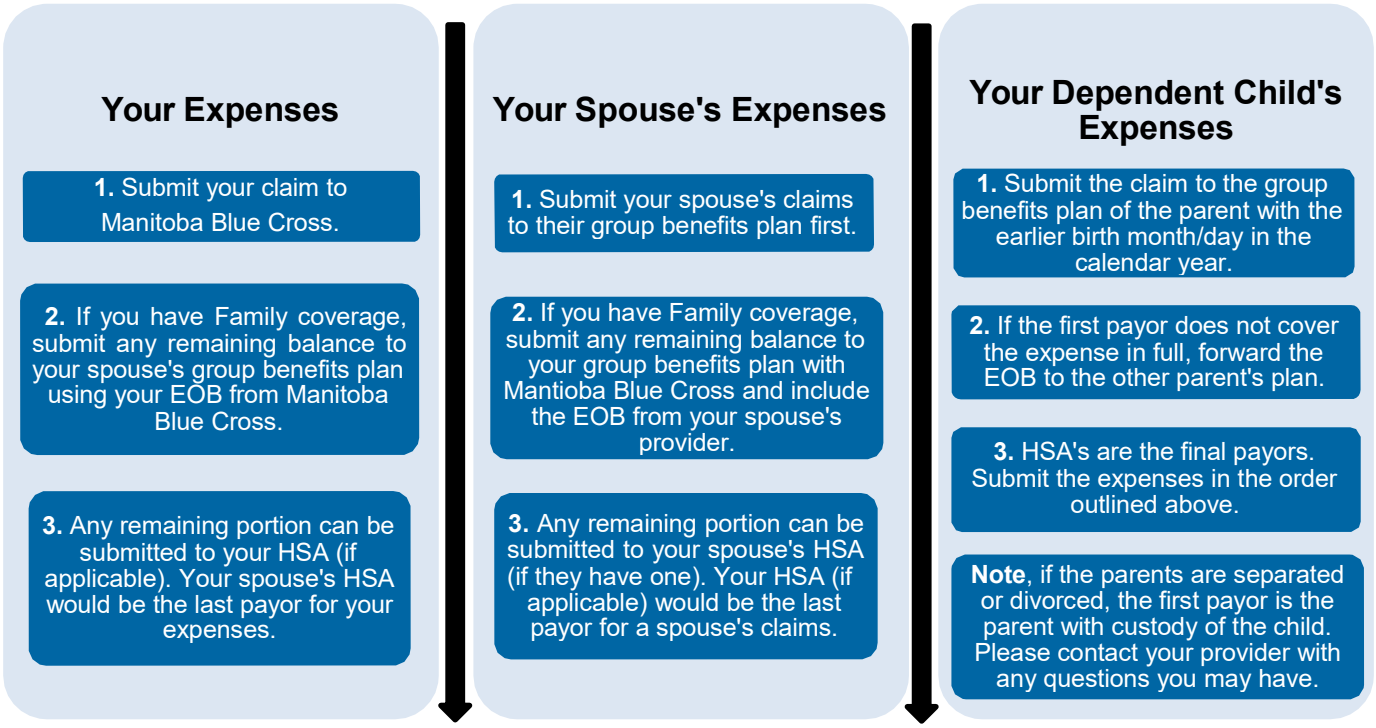
- Cardiac Rehabilitation
- Medical Appliances – wheelchair, walkers, oxygen equipment, crutches, canes, etc.
- Orthotics
- Orthopedic Shoes
- Prosthetic and Remedial Equipment

Coordination of Benefits

What is Coordination of Benefits?

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.



For Assistance

For claim status and coverage questions please contact:

Manitoba Blue Cross
1-800-USE-BLUE (873-2583)
https://www.mb.bluecross.ca

For information any other information regarding your Brandon University Group Benefits plan or to make changes to your personal information, please contact **Human Resources**.