





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.





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	
Cost Share	100% Employee paid
Taxability	Non-taxable
Termination	Earlier of Retirement or Age 70

Long Term Disability (LTD)

	Eligible Employees Only	
Schedule		
Benefit Maximum		
Own Occupation Definition		
Qualifying Period	180 days	105 days
Taxability		
Cost Share		
Termination		

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)¹



HEALTH AND DENTAL FLEX P



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



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 (0.5(at)3.BDC EMC 42/P 4/TT5ifaTf BDC 0 0 1- Tw26.003 Tw -16.75A(:)3.5Lnan(:)3.5Evg/btu- ReR4((t.9



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, 2025. 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 per





What is a *Paramedical*?

The term Paramedical is used to describe medical



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)



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



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 2 years in another province or territory - your coverage begins on the first day of the third month after you arrive in



Your
Expenses

1

Submit your claim to Manitoba Blue Cross.



Your
Spouse's
Expenses



Your
Dependent
Child's
Expenses*

2

If you have Family coverage,

FOR MORE INFORMATION

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

Payroll & Benefits
payroll@uwinnipeg.ca