# Group Insurance - Part-Time Staff

## General Information

### ELIGIBILITY

Part-time academic staff and part-time support staff will participate commencing on the July 1 or September 1 following the fiscal year in which they have satisfied eligibility requirements as follows:

The eligibility period is based on the University's fiscal year of April 1 through the following March 31. Eligibility is determined annually based on work records for the immediately preceding fiscal year. An individual may qualify for benefits as a result of a particular fiscal year record and cease to qualify on a subsequent fiscal year record.

The benefit year can be either July 1 through the following June 30 or September through the following August 31, depending on work patterns.

The July 1 benefit year relates to those who have worked a minimum of 50% time of equivalent full-time, in at least 48 weeks in the immediately preceding fiscal year.

The September 1 benefit year relates to those who have worked on a sessional basis for a minimum of 50% time of equivalent full-time service worked during at least 7 continuous months in the immediately preceding fiscal year subject to annual separation of no more than 4 continuous months. This eligibility provision is generally applicable to sessional academics who teach during the regular academic school term (September 1 to April 30). In order to qualify for benefits, sessional academics would be required to teach a minimum of 3 full-time *6 credit hour) courses or 6 half-time (3 credit hour) courses (or equivalent, i.e. 1 full-time course and 4 half-time courses). Where employee contributions are required, an excess amount is deducted and held to the staff member's credit to be drawn on to pay premiums during the 4 month separation period.

### DEEMED ANNUAL SALARY

For the purpose of the Basic Life Insurance and the Long Term Disability benefits, a calculation is done to determine the deemed annual salary for each benefit year. The deemed annual salary represents the gross basic salary in the preceding fiscal year exclusive of any supplementary, sessional, or overtime payments, increased by the cost-of-living percentage adjustment to the Canada Pension Plan at the immediately preceding January 1.

### NEW MANITOBA RESIDENTS

For those staff members who are new residents of Manitoba, it is imperative that you immediately register for Provincial Medicare Benefits with Manitoba Health Services Commission. You may obtain their enrolment forms at the following location:

Manitoba Health Commission
100 - 300 Carlton Street
Winnipeg, Manitoba R3B 3M9

Phone (204) 786-7101

**DEPENDENTS**

Dependents are the staff member's spouse and unmarried dependent children who normally reside with the staff member at his/her regular residence in the Province of Manitoba. Temporary absences to attend school, accompany the staff member on an approved leave of absence, or on a University of Manitoba out-of-province assignment, will not make the dependent ineligible.

The terms "Spouse" and "Dependent Children" mean:

1. The staff member's legal spouse, common-law spouse or same-sex partner (common-law spouse or same -
   sex partner means the individual who has been residing with the staff member in a conjugal relationship for a period of not less than one year).
2. Any unmarried natural child, adopted child or step-child of the staff member and includes any child for whom
   the staff member has been appointed legal guardian by court order provided satisfactory proof of such guardianship is provided to the University, who is chiefly dependent on the staff member for support and maintenance.
   1. from birth (from 15 days for Dependent Life) but under 21 years of age.
   2. up to 25 years of age, if a full-time student at a school, college or university
   3. 21 years of age or over, but continues to be incapable of self sustaining employment by reason of mental or physical handicap

Please note it is important that you keep the UMG Business Office informed of any changes (additions, deletions, or corrections) to your list of eligible dependents.

**When Does Group Insurance Coverage Commence?**

You are automatically insured provided you are actively at work on the date you become eligible for the following benefit plans.

- Basic Life
- Basic Accidental Death & Dismemberment
- Long Term Disability
- Supplementary Health
- Dental Care

Please see specific details regarding optional coverage available:

- Optional Life
- Dependent Life
- Voluntary Accidental Death & Dismemberment

**How Do I Apply?**

When you become eligible for benefits, the Staff Benefits Office will advise you and will provide the Group Insurance Plans Application Form A103 and the Dental and Supplementary Health

Registration Form for you to complete and return to them.

Note: It is important that your application be completed promptly.

**When Does Group Insurance Terminate?**

Insurance terminates on the earlier of:

a) termination of employment or
b) the date the staff member ceases to be in an eligible employment classification or
c) retirement

(Upon retirement, individuals may be eligible for retiree benefits. Booklets available upon request.)

**Does the Insurance Continue During Leaves of Absence or Layoff?**

Yes, under most circumstances, provided the required premium is paid.

**REINSTATEMENT**

If coverage has not been maintained during a layoff or leave of absence without pay the staff member will reestablish eligibility immediately upon return to an eligible employment classification at the University of Manitoba within the benefit year. A layoff or leave of absence may have an affect on eligibility for the following benefit year.

**CONTINUITY OF BENEFITS**

A staff member whose employment status changes to/from full-time/part-time will continue to participate provided they continue to be in an eligible employment classification.

A part-time staff member who had been a participant and who's coverage terminated due to a reduction in workload, i.e. ceased to be in an eligible employment classification, will be reinstated as a participant on the next eligible date following twelve fiscal months employment in an eligible employment classification. Reinstatement as described in this paragraph does not include returning to work from a leave or layoff.

# Group Life Insurance

**Basic Life Insurance**

Part-time staff members are insured for an amount equal to their deemed annual salary.

**Optional Life Insurance**

Part-time staff members may apply for optional life insurance coverage up to a maximum of twenty-five units. The value of a unit is $10,000.00.

**Cost?**

**Basic Life Insurance** The Basic Plan coverage is provided at no direct cost to the staff member. This is a taxable benefit as required by Revenue Canada.

**Optional Units of Life Insurance**

The premium for optional life units is paid in full by the staff member through payroll deduction. The cost of this coverage is risk related within the following age groupings:

Monthly Rates * Per $1,000 of Insurance (effective July 1, 2009):

| | |
|---|---|
| 34 and under | 0.021 |
| 35 to 44 | 0.030 |
| 45 to 54 | 0.157 |
| 55 to 64 | 0.446 |
| 65 to 69 | 1.623 |
| 70 and over | 3.242 |

Your premium will be increased on the July 1 following attainment of an age which places you in the next age grouping.

*The rate is adjusted proportionately for staff who are paid bi-weekly.

An example of a premium calculation is as follows:

10 units x unit value of $10,000
= $100,000 of insurance.

Monthly premium at Insuring Age 45 is .157 per $1,000 of insurance
Total Monthly Premium $15.70

**When Is Evidence of Insurability Required?**

Evidence of insurability will be required by the insurer under the following circumstances:

Part-time staff members who apply for optional life units in excess of 10.

Such evidence of insurability will only be related to the excess over 10 units. The optional coverage in excess of 10 units will not be effective until approval is received from the Insurance Company.

**OR**

Your application for optional life coverage is submitted more than 30 days after your eligibility date. In this situation the evidence of insurability is applicable to all units and no optional life coverage will be in effect until approval is received from the Insurance Company.

The UMG/University will not be responsible for any cost incurred to obtain reports pertaining to insurability.

**Exclusions**

There is an exclusion on the optional life insurance related to suicide. It applies to optional units which came into effect within twelve months prior to the date of the suicide.

### Beneficiary

You appoint a beneficiary when you complete your application. This may be an individual or your Estate. If the Estate is designated, the proceeds become part of your Estate monies to be administered by your Executor in accordance with the terms of your Will. Arrangements may be made to change your beneficiary, subject to any legal restrictions.

### Can the Number of Optional Life Units be Changed After the Initial Application?

Yes, application for increases or decreases may be made once in any 12 month period. Any request to increase the number of units will require evidence of insurability satisfactory to the Insurance Company.

The UMG/University will not be responsible for any cost incurred to obtain reports pertaining to insurability.

### CONVERSION PRIVILEGES

Within 31 days of termination of group life insurance, prior to normal pension commencement date, application may be made for conversion to an individual policy which is customarily issued by the Insurance Company. During this 31 day period, your group life insurance coverage remains in effect.

### CLAIM PROCEDURES

The Staff Benefits Office will provide your beneficiary with the forms and assistance needed to file a claim.

## Dependent Life Insurance

### What is Dependent Life Insurance?

Dependent Life Insurance provides coverage on the life (lives) of eligible dependents.

A part-time staff member may elect one to three units of insurance. The coverage on the eligible dependent(s) will be

| Number of Units | Spouse | Each Child |
|---|---|---|
| 3 | $9,000 | $4,500 |
| 2 | $6,000 | $3,000 |
| 1 | $3,000 | $1,500 |

If a staff member's spouse is also employed by the University or an affiliated employer, only one of such staff member shall become insured in respect of dependent children, if any. Neither staff member shall be insured as a dependent under this insurance.

A staff member, on first acquiring an eligible dependent, (spouse or children as defined), may apply for Dependent Life Insurance provided application is made within 60 days of that date (for example, within 60 days of date of marriage).

### How Much Will Dependent Life Insurance Cost?

The current premium, to insure all eligible dependents, and which is paid entirely by the staff member through payroll deduction, is as follows:

**Payroll Deduction**

| Number of Units | Monthly | Bi-Weekly |
|---|---|---|
| 3 | $1.77 | $0.88 |
| 2 | $1.18 | $0.59 |
| 1 | $0.59 | $0.29 |

**Whom Are Benefits Paid?**

In the event of the death of an insured dependent, the benefit is paid to the staff member.

**When Is Evidence Of Insurability Required?**

If, on the date a staff member becomes eligible for coverage under the Basic Group Life Insurance Plan, the staff member has dependents but does not apply for Dependent Life Insurance within 30 days of that date, satisfactory evidence of insurability will be required for all dependents. Evidence of Insurability is also required when application for Dependent Life Insurance is made subsequent to 60 days following the date of first acquiring an eligible dependent. The University will not be responsible for any cost incurred to obtain medical reports pertaining to insurability.

**Can Application be made for Dependent Life Insurance or to Change the Number of Units After the Initial Application?**

Yes, application for increases or decreases may be made once in any 12 month period. Any request to increase the number of units will require evidence of insurability satisfactory to the Insurance Company. The University will not be responsible for any cost incurred to obtain medical reports pertaining to insurability.

When Evidence of Insurability is required, all eligible dependents must be insurable or the application will be declined.

**CONVERSION PRIVILEGE**

Within 31 days after termination of insurance of a spouse prior to the spouse's 65th birthday, application may be made for conversion to an individual policy customarily issued by the insurance company for that purpose.

No conversion privilege is available for dependent children.

**CLAIM PROCEDURES**

The Staff Benefits Office will provide the necessary forms and assistance needed to file a claim.

## Accidental Death and Dismemberment Insurance Basic and Voluntary

**What is the Basic Accidental Death and Dismemberment Plan?**

This plan covers eligible part-time staff members 24 hours a day.

Insurance is payable when your death results from accidental means. There is also a benefit payable for specified accidental dismemberment, paralysis, or loss of sight, speech or hearing.

See Schedule of Losses.

**What Coverage (Principal Sum) is Provided?**

The principal sum is $20,000.

**What Will This Insurance Cost?**

The Basic Plan coverage is provided at no direct cost to the staff member.

**What is the Voluntary Accidental Death and Dismember Plan?**

This plan covers eligible part-time staff members and their eligible dependents 24 hours a day. There is a benefit payable for accidental loss of life, for specified accidental dismemberment, paralysis, or loss of sight, speech or hearing. See **Schedule of Losses**. The staff member may apply for the amount of protection which meets their needs.

**What Coverage (Principal Sum) is Available?**

One to eight units of $20,000 each from a minimum of $20,000 to a maximum of $160,000.

The Principal Sum for eligible dependents, if any, is a percentage of the staff member's Principal Sum as follows:

| | |
|---|---|
| Spouse (No Dependent Children) | 50% |
| Spouse and Dependent Children | 50% Spouse; 10% each dependent child |
| Dependent Child Benefit with no spouse | 20% each dependent child |

**What Does the Insurance Cost?**

The payroll deduction for each unit of $20,000 is $0.74 monthly ($.0.34 bi-weekly). For example, if the staff member selected 3 units for $60,000, the payroll deduction would be $2.22 monthly or $1.02 bi-weekly.

**What Benefits Are Provided?**

The Plans provide benefits for specified losses (see Schedule of Losses), and benefits for Permanent Total Disability.

S107 -750 Bannatyne Avenue Winnipeg, Manitoba Canada R3E 0W2
Office: (204)789-3645 E-mail: wallacej@ms.umanitoba.ca

**Schedule of Losses**

| FOR LOSS OF | % OF PRINCIPAL SUM |
|---|---|
| Life | 100% |
| The Entire Sight of Both Eyes | 100% |
| Speech and Hearing in Both Ears | 100% |
| One Hand and Entire Sight of One Eye | 100% |
| One Foot and Entire Sight of One Eye | 100% |
| The Entire Sight of One Eye | 66 2/3% |
| Speech | 66 2/3% |
| Hearing in Both Ears | 66 2/3% |
| Hearing in One Ear | 33 1/3% |
| All Toes of One Foot | 25% |
| **For Loss or Loss Of Use Of** | |
| Both Hands or Both Feet | 100% |
| One Hand and One Foot | 100% |
| One Arm or One Leg | 75% |
| One Hand or One Foot | 66 2/3% |
| Thumb and Index Finger of One Hand | 33 1/3% |

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Office: (204)789-3645 E-mail: wallacej@ms.umanitoba.ca

| FOR LOSS OF | % OF PRINCIPAL SUM |
|---|---|
| At Least Four Fingers of One Hand | 33 1/3% |
| **For Total Paralysis Of** | |
| Both Upper and Lower Limbs (Quadriplegia) | 200% |
| Both Lower Limbs (Para-plegia) | 200% |
| Upper and Lower Limbs of One Side of Body (Hemi-plegia) | 200% |

The maximum benefit for all losses resulting from the same accident cannot exceed 100% of the Principal Sum, except in the event of total paralysis as specified unless death occurs within (90) days of the accident.

**PERMANENT TOTAL DISABILITY BENEFIT**

When, as the result of injury occurring prior to age 71, you are, commencing within 365 days of the date of the accident, totally and permanently disabled (i.e. prevented from engaging in each and every occupation or employment for compensation or profit, for which you are reasonably qualified by reason of your education, training or experience), the Insurer will pay one sum, provided such disability has continued for a period of twelve consecutive months and is total and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the Schedule of Losses as the result of the same accident.

**ADDITIONAL PROVISIONS**

Additional limited provisions include Repatriation Benefit, Education Benefit, Day-Care Benefit, Rehabilitation Benefit, Occupational Training Benefit, Family Transportation Benefit, Seat Belt Benefit, Home Alteration and/or Vehicle Modification Benefit, Hospital Indemnity, Aircraft Coverage, Exposure and Disappearance, and Aggregate Limit of Indemnity.

While these benefits are in both the Basic and Voluntary Policies, the special limits for most of these benefits will only be payable under one of the policies.

The Voluntary Policy only also has a Common Disaster Benefit relating to you and your spouse but does not include dependent children.

**Does the Plan cover Accidents Resulting from Air Travel?**

Yes, when a passenger, provided the aircraft has a current and valid certificate of air worthiness, is flown by a licensed pilot, and the aircraft is not owned, operated, or leased by or on behalf of the University of Manitoba, at the time of accident.

NOTE: $2,500,000 is the total for which the Insurer shall be liable for all losses of participating staff members which occur from any one aircraft accident.

**Are there Any Accidental Losses NOT Covered by the Plan?**

Yes. There is no coverage for any loss, fatal or non-fatal, caused by or contributed to by:

- Suicide or self-inflicted injury, or any attempt thereat, while sane or insane;
- Active full-time service in the armed forces of any country;
- Declared or undeclared war or any act thereof;
- Flying as a pilot, operator, or member of the crew in any aircraft

**On Termination, May I Convert My Coverage to an Individual Policy?**

No.

**To Whom Are Benefits Paid?**

An accidental death benefit is paid to your beneficiary designated under the Group Life Insurance Plan. All other benefits are payable to the staff member, except for the Education Benefit, Day-Care Benefit, and Occupational Training Benefit.

**CLAIM PROCEDURES**

The Staff Benefits Office will provide the staff member or their beneficiary with the forms and assistance needed to file a claim. Written notice of death or injury must be given to the Insurer within a period of 30 days from the date of the accident.

# Long Term Disability

This Plan provides income to eligible part-time staff members who, due to illness or injury, are unable to work.

**CONTRIBUTIONS**

Each participating staff member will contribute to this Plan. The premium effective April 1, 2009 is $1.50.per $100.00 of earnings split equally between the employee and the University of Manitoba.

**BENEFITS DURING DISABILITY**

1. Monthly Income Benefits

The monthly income is subject to income tax.

**Basic**

The basic monthly income payable from this Plan to a disabled staff member is 60% of Monthly Earnings. Monthly earnings are defined as 1/12 of the current basic annual salary of the staff member in effect on the last day of the 180 day sick leave period.

The basic monthly income from this Plan and other sources related to disability cannot exceed 85% of Monthly Earnings. The basic benefit from this Plan will be reduced, if necessary, to meet the limit.

**Other sources include:**

1. All benefits payable under the Canada Pension Plan, Quebec Pension Plan or other government plan.
2. Income from employment or retraining courses (see rehabilitation clause).
3. Disability benefits payable under any group insurance plan.
4. Benefits payable under any Workers Compensation Act
5. Retirement benefits provided by an employer and/or government
6. Income replacement plans under Autopac or other automobile insurance plan.

Only income from a source which is related to the onset of the disability, and which commences on or subsequent to the date of Total Disability, will be included for calculating the 85% limit.

**Cost Of Living Adjustment (COLA)**

The COLA, effective each January 1, is calculated as follows:

The base earnings upon which the Long Term Disability benefit is based shall be increased by 1% each January 1st following the October 1st that a staff member has received 24 consecutive months of disability payments. A staff member who on the October 1st preceding the increase has been receiving disability payments for more than 12 consecutive months but less than 24 consecutive months shall have their base earnings increased by 1/12 of 1% for each month or portion thereof over 12 such months for which disability payments have been received.

No increase in base earnings shall occur on any January 1st unless more than 12 consecutive months of disability payments have been received on the October 1st preceding the date of the increase.

The increase in base earnings shall be reflected in the amount of Long Term Disability income being paid and shall also increase the benefits payable in the form of required contributions to the pension plan and premiums on the non-pension group insurance benefits.

The increase in liabilities, including increases in the amount of Long Term Disability income being paid, increases in the benefits payable in the form of required contributions to the pension plan and increases in premiums on the non-pension group insurance benefits, cannot exceed the value of assets allocated for this purpose. The value of assets and liabilities will be determined by the plan actuary.

2. Other Staff Benefits

During the period a staff member is in receipt of disability payments under this Plan, the following will apply:

All University group insurance coverages and the University Pension Plan contributions are maintained.

Canada Pension Plan and Unemployment Insurance contributions are discontinued.

**DURATION OF BENEFITS**

Monthly income will be payable effective from the 181st calendar day of continuous disability and for the duration of eligibility for disability benefits but not beyond the last day of the calendar month immediately preceding the disabled member's Normal Pension Commencement Date. For staff members, who are not members of the Pension Plan, their normal pension commencement date will be calculated as the date that would apply had they been a member of the University of Manitoba Pension Plan.

"Total Disability" or "Totally Disabled" shall mean:

A) With respect to eligible staff members under age 60, who are wholly and continuously disabled due to illness
Or bodily injury sustained in an accident such that the staff member is, during the initial assessment period (i.e the Qualifying Period and the succeeding 24 months), under the care of a qualified physician and for whom there is no combination of duties that can be performed that regularly took at least 60% of the staff member's time at work to complete. If disease or injury prevents a staff member from performing a duty, it will also be considered to prevent that staff member from performing:

- other that are performed only in order to complete that duty; and
- others that can only be performed after that duty is completed.

After the initial assessment period, a staff member is considered disabled if disease or injury prevents that staff member from being gainfully employed.

Gainful employment means work:

- a staff member is medically able to perform;
- for which the staff member has at least the minimum qualifications; and
- that provides income of at least 60% of the staff member's pre-disability monthly earnings, adjusted by the accumulated COLA.

The availability of work will not be considered in assessing disability.
b) With respect to eligible staff members age 60 or older, who are wholly and continuously disabled due to illness or bodily injury sustained in an accident such that the staff member is under the care of a qualified physician and for whom there is no combination of duties that can be performed that regularly took at least 60% of the staff member's time at work to complete. If disease or injury prevents a staff member from performing a duty, it will also be considered to prevent that staff member from performing:

- others that are performed only in order to complete that duty; and

- others that can only be performed after that duty is completed.

A staff member who is Totally Disabled while outside of Canada must return to Canada within 6 months of the date of commencement of a Disability Benefit in order to remain eligible to receive the Disability Benefit unless a longer period is approved by the University.

A staff member who is Totally Disabled and in receipt of a Disability Benefit must physically reside in Canada for a minimum of 6 months in each calendar year to maintain eligibility for the Disability Benefit.

The residency requirements detailed in the preceding two paragraphs may be waived subject to the following:

- the staff member and the staff member's dependents would no longer be eligible for supplementary health coverage; and
- the staff member must provide proof that acceptable medical evidence can and will be provided on a regular, and as required, basis in one of the official languages of Canada.

Written confirmation of (i) and (ii) shall be required by the Claims Administrator. If written confirmation is not received, benefit payments will cease.

A disability will be considered continuous if, following termination of eligibility for benefits and return to employment in an eligible employment classification, either of the following should happen:

a) a recurrence of the original or directly related disability within 12 months, or
b) a disability due to a wholly different cause occurs within 3 months.

In either case, the benefit at the same level as paid during the previous disability will resume on the date the subsequent disability commenced, without application of the 180 day qualifying period.

**REHABILITATION AND OTHER INCOME**

The University, with the concurrence of a qualified medical practitioner, may require a staff member who is Totally Disabled to become involved in a Rehabilitation Program or to undertake Rehabilitative Employment which is recommended by the Claims Administrator. Where deemed appropriate by the Claims Administrator Rehabilitation Consultant, the Long Term Disability Plan may cover related expenses (tuition, training, special equipment, etc.). Proposed expenses must be approved in advance by the University.

If, after the Qualifying Period, a staff member who is Totally Disabled is engaged in an appropriate Rehabilitative Employment for remuneration, the monthly amount of the Disability Income benefit will be 60% of the difference between the staff member's Monthly Earnings, adjusted by the accumulated COLA, and the monthly rate of such remuneration.

The maximum period during which such Rehabilitative Employment shall be permitted in conjunction with a benefit from this Plan is 24 months after the qualifying period.

There is provision within the plan, for disabled staff members to earn Other Income From Em-

ployment. Other Income From Employment is defined to be work at any occupation or work at a lesser paid occupation performed by a disabled staff member who continues to meet the definition of Total Disability. All Other Income From Employment must be approved by the Claims Administrator. The Claims Administrator must be satisfied that the disabled staff member is not likely to return to the workforce and as such rehabilitative employment or training is not reasonable.

If, after qualifying for benefits under Long Term Disability, a staff member who is Totally Disabled is engaged in Other Income from Employment for remuneration, the monthly amount of the Disability Income Benefit will be 60% of the difference between the staff member's Monthly Earnings, adjusted by the accumulated COLA and the monthly rate of such remuneration from employment.

Benefits will be payable for each month or partial month that such Other Income From Employment continues, subject to the following maximum benefit period restrictions:

1. beyond the staff member's Normal Pension Commencement Date
2. Beyond the date the claims adjudicators determines the staff member is no longer considered totally disabled.

Any income not approved by the Claims Administrator will be offset directly from the total monthly income of a staff member from this plan.

**EXCEPTIONS AND LIMITATIONS** No payments shall be made for:

- A disability for which the staff member is not under continuing medical supervision and treatment consistent with the nature of the disability and satisfactory to the Claims Administrator and/or the University.
- A disability caused by intentionally self-inflicted injuries or illness
- A disability from bodily injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country, or participation in a riot.
- The scheduled duration of a layoff or leave of absence including maternity leave.
- Maternity leave is considered to begin on the earlier of:
  - the date agreed upon by the employee and employer; and
  - the date of delivery

**TERMINATION**

Coverage under this Plan terminates on the earliest of the following events:

- On termination of employment at the University;
- On transfer to a class of employment which is excluded under this Plan;
- On the date of death;
- On the date which is six months prior to Normal Pension Commencement Date;
- On the date the staff member ceases contributions to the Plan following lay-off instituted in accordance with the terms of a collective agreement or employment policy;

- On the date the staff member ceases contributions to the Plan due to a leave of absence in which the date of termination of employment with the University is established prior to the commencement of the leave;
- On the date the staff member ceases contributions to the Plan due to a leave of absence in which subsequent employment is contingent on the staff member being the successful application for a vacant position.
- On the termination of this Plan

## Supplementary Health Benefits

The Supplementary Health Plan provides coverage for eligible part-time staff members and their eligible dependents for certain medical expenses which are not insured by the Manitoba Health Services Commission.

The plan does not, because of government restrictions, provide reimbursement of charges for services rendered in Manitoba in excess of the Commission's fee for any procedure provided under the Provincial Health Services Plan.

Reimbursement for covered services required outside of Manitoba, where charges are in excess of the Manitoba fee schedule, will be provided on the basis that the staff member has maintained coverage under the Provincial Health Plans of the Manitoba Health Services Commission, whether or not such coverage has been maintained.

**How Much Does It Cost?**

Coverage is provided at no direct premium cost to staff members as the premium for the Supplemental Health Plan is paid by the Clinical Department on behelf of the employee. who is actively at work. Under certain circumstances, members on leave may be required to pay premiums.

**What Expenses Are Covered?**

Covered expenses are divided into four categories:

**HOSPITAL**

The daily charge by a hospital for semi-private ward care which is in excess of the cost of the standard ward charge covered by the Manitoba Health Services Commission.

- Deductible - none.
- Co-insurance - 70%

**AMBULANCE**

The usual charge for medically necessary emergency ambulance service, by a professional ambulance company, within the boundaries of the Winnipeg Perimeter Highway plus the current mileage allowance beyond. The Plan does not provide any benefit if the charges relate to non-emergency stretcher transportation provided by Medi-car or similar service.

- Deductible - none.
- Co-insurance - 70%

**PRESCRIPTION DRUGS**
For active part-time members, our plan deductible, co-insurance, and maximum benefit are applied for the period of April 1 to the following March 31. (These dates are the same as the Manitoba Pharmacare benefit year).

- Deductible - $70 per employee / $70 for all dependents combined.
- Co-insurance - 55%

Yearly maximum - lesser of Manitoba Pharmacare Deductible and $1,400 individual maximum. (If your Pharamcare deductible amount is greater than $1,400, and you have reached our plan's maximum, then there is no further prescription drug benefit due under our plan for that particular benefit year).

The Manitoba Pharmacare deductible is based on your total family income. Pharmacare pays 100% of eligible prescription drugs over their annually determined deductible. Pharmacare application forms and more information are available in a brochure available from pharmacies across the province. If you have questions about Pharmacare, phone 786-7141 (in Winnipeg) or 1-800-297-8099 (outside Winnipeg).

Apply immediately to Pharmacare if you think you spend more than your Pharmacare deductible on prescription drugs. As a result, Pharmacare will reimburse you for 100% of your eligible prescription drug costs over their deductible.

In the event you don't apply to Pharmacare, and you have high drug claims, the insurer, Great West Life, will contact you and request that you apply to establish your Pharmacare deductible amount.

Drug claims must include your claim form and photocopies of your Pharmacare receipts for prescription drug purchases. If a prescription drug is not an approved Manitoba Pharmacare drug, then it is not covered under our plan either.

Prescription drugs purchased outside of Canada are not eligible for benefits.

**Medical Benefits** (covered when medically necessary)

- Deductible - none
- Co-Insurance - 55% of first $500 of covered expenses, 70% of covered expenses in excess of $500 for each fiscal year.
- Lifetime Maximum - Aggregate of $70,000 per eligible individual, with an automatic annual reinstatement amount of $1,000.
- Hospital out-patient services and supplies (in excess of coverage provided by the Manitoba Health Services Commission).
- Physician's services in excess of that covered by the Manitoba Health Services Commission if required outside of Manitoba, and if payment of such excess is not prohibited by law.
- Charges for services of registered graduate nurses and/or licensed practical nurses, both in hospital and in the home, when "medically necessary" and prescribed by a physician, subject to the maximum reimbursement of up to but not more than $3,500 per individual in any twelve month period. This feature excludes nursing services provided by members of the insured's family or any regular on-duty nursing staff of any hospital in which the insured or dependent is confined. It is not a substitute for "home care" services which are not covered. The physician's prescription should include a description of

the nursing services to be performed and should be submitted for pre-authorization to the insurer.

- Professional ambulance service (in excess of that covered under the under the Ambulance Benefit) if medically necessary and prescribed by the attending physician, to return the patient to point of departure in Canada, including one economy air fare for the patient plus additional economy air fare for an accompanying licensed practical nurse or registered nurse (excluding a family member) and a stretcher, cast or life support medical equipment when required. It is provided, however that no benefit shall be payable for such additional air fare expenses if the person is returning from a trip made for the purposes of undergoing medical treatment outside the area of departure.
- Transportation charges to return a deceased insured or a deceased dependent of an insured to Winnipeg, subject to reimbursement not exceeding $1,000.
- Paramedical practitioners up to a $245 annual maximum for combined services including: acupuncturists, chiropractors, Christian Science Practitioners, dietitians, massage therapists, naturopaths, osteopaths, physiotherapists/athletic therapists, podiatrists, psychologists/social workers, and speech therapists.
- Wigs for cancer patients undergoing chemotherapy, $200 lifetime maximum.
- Injectible drugs, when administered by a physician, and for which no reasonable non-injectible alternative is available.
- Treatment by X-ray, radium and radioactive isotopes and diagnostic laboratory procedures (if not covered by the Manitoba Health Services Commission).
- Blood and blood transfusions, oxygen and its administration.
- Rental of a standard wheelchair, standard hospital bed or iron lung.
- Prosthesis and surgical support garments as identified in the group policy.
- Splints, braces, crutches and casts.
- Insulin, insulin syringe, and Clinitest or similar home chemical testing supplies for diabetics (excluding supplies used with blood glucose monitoring machines).
- Diabetic equipment, limited to blood glucose monitoring machines and blood letting devices, provided they have been prescribed by a physician or surgeon for insulin dependent diabetics. This feature is limited to a lifetime maximum of $350.
- External breast prostheses, once per calendar year, post-mastectomy.
- Post-mastectomy support brassieres, one per calendar year following single mastectomy, or two per calendar year following bilateral mastectomy

The following dental services, rendered out-of-hospital by a dentist or oral surgeon, are excluded from the dental plan with Blue Cross as they are Basic Covered Expenses under the Healthcare Expense Benefits of the Supplementary Health Plan with Great-West Life.

- Accidental injuries to natural teeth completed within twelve months after the accident.
- Alveoplasty
- Treatment of cellulitis
- Excision of soft tissue lesion of oral cavity
- Biopsy
- Closure of oro-antral fistula
- Removal of salivary stone from duct or gland

**HEALTH CARE SPENDING ACCOUNT (HCSA)**

The HCSA provides flexibility and relief for those healthcare expenses, which are outside the insured health and dental benefits. Each eligible employee will have a spending account in addition to the insured benefits. The spending account for part time staff members is $350.00 per year. Contact the UMG office for more details.

# Out-of-Province/Out-of-Country Emergency Medical Coverage

Many staff members travel outside of Manitoba and Canada on business, pleasure or for furthering their education, and may be in need of travel health benefits.

Under the Supplementary Health Benefit Plan, you may be covered for eligible hospital confinement, medical services or supplies that result from an emergency- a sudden or unexpected injury, illness, or acute episode of disease.

**What's Covered**

Reimbursement for emergency expenses is as follows:

| | |
|---|---|
| Staff, Member, Group | Plan Pays For<br>70% of in-hospital expenses (no maximum) |
| Active Part-Time | 55% out-of-hospital expenses up to $500, 70% thereafter up to $70,000 lifetime maximum* |

*Lifetime Maximum encompasses reimbursement relating to all claims whether Out-of-Province/Country or while at home in Manitoba.

Each claim for benefits is assessed by the insurance company individually based on the severity of the incident experienced by a staff member or eligible dependent.

**What's Not Covered**

Expenses for the following services or situations would not be covered by the Plan:

- Treatments which are required as part of regular care and maintenance of a chronic condition, especially if an episode of illness is typical for the individual and/or medical disease. Examples of chronic conditions include, but are not limited to, diabetes, asthma, Crohn's disease, epilepsy, back problems or chronic migraines.
- Routine expenses associated with pregnancy such as routine fetal checkups, blood tests, or delivery after the 34th week.
- The cost of prescription drugs purchased outside the country, or
- The cost of prescription drugs purchased outside the province, but within Canada, that are NOT listed as eligible by the Manitoba Pharmacare formulary.
- Claims for or on account of hospital confinement, medical services and supplies, disability, death or injury resulting from:
  - service, including part-time or temporary service, in the armed forces of any country or
  - war (declared or undeclared), insurrection or participation in a riot.

Please refer to the separate brochure which provides more detailed information concerning Out-of-Province/Out-of-Country Emergency Medical Coverage.

S107 -750 Bannatyne Avenue Winnipeg, Manitoba Canada R3E 0W2
Office: (204)789-3645 E-mail: wallacej@ms.umanitoba.ca

**What Happens If I am Insured for Health Benefits Under More Than One Plan?**

If staff members are eligible for benefits under this plan and are simultaneously insured under another plan which also provides health benefits, any benefit payable will be co-ordinated and/or reduced to the extent that total reimbursement received from both plans will not exceed the actual expenses incurred.

Note: If a staff member's spouse is also eligible for benefits as a staff member, one spouse must be designated as the claimant for benefits on behalf of the family.

**How is a Claim Submitted?**

Staff members must complete the prescribed claim for M635 if claiming ambulance, medical or drug expenses. Receipts, or preferably photocopies, to support itemized expenses should be attached to the claim form. Staff members who incur out-of-province expenses in excess of those covered by the Manitoba Health Services Commission must include with their claim form all supporting statements and the notice showing the amount paid by the Commission.

The same procedure can be followed for hospital expenses. Alternatively, at the time of admission to a Winnipeg hospital, the staff member can advise the hospital of their semi-private coverage under Contract No. 20778GH issued by The Great-West Life Assurance company. The hospital can then submit all billings directly to the Staff Benefits Office. This direct billing procedure may not be acceptable to hospitals located outside of Winnipeg.

**CLAIM PROCEDURES**

Claims are to be submitted promptly and calendar year expenses should be claimed no later than the immediately following April 30th or 16 months from the date incurred. Please note that Hospital Benefits only may be assigned to the hospital. For all other types of benefits, you must pay the provider of the services yourself, and any benefits due will be paid to you by Great-West Life.

Claim form (M635) can be obtained from Staff Benefits or from the Human Resources Office, P-001 Pathology Building, Bannatyne Campus. If the procedure is a dental procedure listed above, the special dental claim form should be requested from the Staff Benefits Office.

All claims should be sent to the Staff Benefits Office, Fort Garry Campus. Do not submit claims directly to the Great-West Life Assurance Company.

GLOBAL MEDICAL ASSISTANCE - provides worldwide assistance to travelers in emergency situations through a worldwide communications network that operates 24 hours per day. The network assists in locating medical care and in obtaining Great West Life's prior approval of covered services.

## Dental Benefits

The Dental Plan, which is administered by Manitoba Blue Cross, has been developed to assist in the payment of dental expenses incurred by eligible part-time staff members and their eligible dependents.

**HOW MUCH DOES IT COST?**

Coverage is provided at no direct premium cost to staff members who are actively at work. Under certain circumstances, members on leave or lay-off may be required to pay premiums.

**REIMBURSEMENT**

There is no deductible. The plan reimburses members subject to maximums for eligible expenses incurred for Basic, Major and Orthodontic services based on the following:

| REIMBURSEMENT PERCENTAGE | | |
|---|---|---|
| Basic | Major | Child Orthodontic |
| 50% | 50% | 50% |

Benefit payments are based on the Manitoba Dental Association Fee Guide in effect at the time the services were provided.

**Which Expenses are Covered?**

Under our Dental Plan, the most frequently used Basic and Major Services are being listed below. If you require a procedure not listed, you can obtain the Dental Fee Schedule code from your dentist, and then phone Manitoba Blue Cross Claims Department at 775-0151, providing them with your name, the dental policy number 67000, your six digit employee number with a prefix of 8 (8-xxxxxx) and the Dental Fee Schedule code, to determine if the proposed procedure is covered.

- oral examinations (twice per calendar year but not more than once in any five month period)
- complete clinical examination (once every three calendar years)
- full mouth series of x-rays (once every two calendar years)
- prophylaxis (cleaning and scaling of teeth and topical application of fluoride (twice per calendar year but not more than once in any five month period)
- bite-wing x-rays (twice per calendar year)
- amalgam, silicate, acrylic and composite fillings
- space maintainers for missing teeth
- if done in a dentist's office, general anesthesia, diagnostic and laboratory procedures required for dental surgery
- endodontics - usual procedures required for pulpal therapy and root canal filling
- periodontics - usual procedures for treatment of the diseases of the tissues and bones supporting the teeth
- extractions not requiring surgical procedures, and alveolectomy (bone work) at time of tooth extraction
- dental surgery
- necessary treatment for relief of dental pain
- cost of medication and injections given in the dentist's office
- consultations required by attending dentist
- surgical removal of tumours, cysts, neoplasms

- incision and draining of abscesses
- excision of benign hard tumour, radicular or dentigerous cyst

**MAJOR SERVICES**

- complete upper and lower dentures (once every five calendar years)
- denture repairs and bridge repairs
- partial dentures, fixed bridge restoration (once every 5 calendar years)
- inlays and onlays (once every 5 calendar years)
- crowns (once every five calendar years), including gold and porcelain where other material is not suitable

**ORTHODONTIC SERVICES**

- necessary dental treatment which has as its objective the correction of malocclusion of the teeth. This coverage is provided only for eligible dependent children up to the age of 19, provided work commenced prior to their 18th birthday.

**MAXIMUM**

The maximum amount payable per individual, for Basic, Major and Orthodontic services combined is $1,050 per calendar year. Orthodontic benefits are also subject to a lifetime maximum of $1,050 per eligible dependent child.

**PRE-TREATMENT AUTHORIZATION**

A treatment plan is a trial claim report prepared by you and the dentist showing the recommended treatment plan and its estimated cost. It is suggested that a treatment plan be submitted to Blue Cross for pre-authorization if the course of treatment is estimated to cost more than $500. This permits the staff member to become aware of estimated benefits before expensive dental work is actually carried out.

**What Happens if I am Insured for Dental Under More Than One Plan?**

If staff members are eligible for benefits under this plan and are simultaneously insured under another plan which also provides dental benefits, any benefit payable will be co-ordinated and/or reduced to the extent that total reimbursement received from both plans will not exceed the actual expenses incurred.

Note: If a staff member's spouse is also eligible for benefits as a staff member, one spouse must be designated as the claimant for benefits on behalf of the family.

**Which Expenses Are Not Covered?**

The following dental services, rendered out-of-hospital by a dentist or oral surgeon, are excluded from the dental plan as they are Basic Covered Expenses under the Healthcare Expense Benefits of the Supplementary Health Plan with Great-West Life.

- Accidental injuries to natural teeth completed within twelve months after the accident
- Alveoplasty
- Treatment of cellulitis
- Excision of soft tissue lesion of oral cavity
- Biopsy

- Closure of oro-antral fistula
- Removal of salivary stone from duct or gland

In addition, no payment is made for:

- full mouth x-rays, panoramic and cephalometric x-rays more often than once every 2 calendar years.
- complete clinical examinations more often than once every 3 calendar years
- application of fluoride, recall and oral examinations, and a combination of one and one-half units of polishing and/or scaling under Basic Services more than one in any five month period or twice in any calendar year.
- gold, crown, or fixed bridge when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice. Where a reasonable substitute was possible, the covered expense is that of the customary substitute.
- services purely cosmetic in nature, or for purely cosmetic reasons
- charges for broken appointments
- congenital malformations, e.g., cleft palate prosthesis
- services for Temporo-Mandibular Joint Dysfunction, including night guards
- charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by a personnel duly licensed or certified to perform such treatment under applicable professional statutes and regulations.
- separate charges for general anaesthesia except in connection with office procedures as specified in the Agreement.
- inlays, crowns, bridges, full dentures, partial dentures, including facings on crowns, or pontics (false teeth) more than once every 5 calendar years.
- fees arising out of extra services arranged for privately between the patient and the dentist
- implants
- charges for dental hygiene instruction, plaque control programs, nutritional counseling, or supervised fluoride brush-in (self-administered)
- polishing restorations; bleaching of teeth; precision attachments
- diagnostic photographs
- provision for facilities in connection with general anaesthesia.
- hypnosis and dental psychotherapy
- any procedure in connection with forensic dental
- charges for completion of claim forms
- relines or rebases more often than once every 3 calendar years
- root canal on permanent tooth more than once per lifetime per tooth.
- any procedures not specifically listed in the Agreement
- services due to an illness or injury that is compensable under any Worker's Compensation law, the Manitoba Public Insurance Corporation, or similar legislation.
- services in the nature of mileage or traveling time or detention time of any provider of services hereunder.
- services due to riot, civil commotion, war, invasion, act of foreign enemy, hostilities by any armed force (whether war is declared or not), civil war, rebellion, revolution, or insurrection.
- services which the Subscriber obtained or to which he is entitled under the terms of any government or legislative hospital, medical or health plan, or services which he obtained or is entitled to obtain without charge by law, or for which there is no actual cost to him or to which he is entitled for any other reason

- services rendered prior to the Effective Date of Coverage, or after Termination of Coverage
- any charges which, in the absence of this or similar coverage, would not be charged to the staff member

**CLAIM PROCEDURES**

Blue Cross Dental Claim forms can be obtained from the Staff Benefits Office Or the UMG Business office. There are parts of the form to be completed by you and your dentist. The completed form can then be sent directly to Blue Cross.

If the dental procedure is one covered under the Supplementary Health Plan with Great-West Life, as listed above, then the special Great-West Life dental claim form should be obtained from the Staff Benefits Office, completed by you and your dentist and the completed form returned to the Staff Benefits Office.

Please note that the dental benefits, whether paid by Great-West Life or Blue Cross, are non-assignable. In other words, you must pay the dentist yourself, and any benefits due will be paid to you by the insurer.