RRC POLYTECH

retiree benefits
a choice for you

FREQUENTLY ASKED QUESTIONS

Where can I find out more information about my benefits?
You can view the Benefits booklet online through Canada Life's Online Plan Member site GroupNet or by visiting the RRC Polytech Retiree Portal: **hubinternational.com/rrcretirees**.

When will my current benefit coverage terminate?
Should you take the opportunity to enroll in the RRC Polytech Voluntary Retiree Group Benefits plan, your current benefit coverage through Canada Life will be extended until the end of the month in which you retire. Your Voluntary Retiree Group Benefits coverage will be effective on the 1st day of the month following your retirement.

Should you choose to decline coverage through the Voluntary Retiree Group Benefits plan, your current benefit coverage through Canada Life will terminate at midnight on your last day actively at work.

How do I apply for coverage?
Your application, along with your banking information to set up premium deductions, must be sent to HUB International for processing within 60 days of your retirement date. HUB International will complete your enrolment and notify Canada Life to set up your monthly premium deductions.

To avoid delays in processing your enrolment, please do not mail your banking information directly to Canada Life.

Here's all you need to do:

- ✓ Complete all sections of the **Retiree Group Benefits Application** form.
- ✓ Complete and sign **(in ink)** the attached **Canada Life Personal Pre-Authorized Debit (PAD) Agreement - Bank Account Change Form** and include a copy of a void cheque or direct deposit form from your financial institution. All joint account holders must sign the PAD form **in ink**.
- ✓ Mail your forms and void cheque or direct deposit form to:

HUB International
Attn: RRC Polytech Retiree Benefits
5th flr – 1661 Portage Ave.
Winnipeg MB R3J 3T7

or

Scan and e-mail your application form electronically to **RRCretiree@hubinternational.com**

What are the Policy Numbers for the RRC Polytech Voluntary Retiree Group Benefits plan?
The RRC Polytech Voluntary Retiree Group Benefits plan has two policy numbers, each serving a different purpose:

- **Coverage Policy #160978** – used for your benefits coverage (Ambulance/Hospital, Extended Health, Dental)
- **Billing Policy #181928** – used for your monthly premium deductions (banking)

IMPORTANT: When submitting a benefits claim to Canada Life, always use your **coverage policy #160978**. Submitting under the billing policy number may cause delays in processing your claim.

How are my premiums collected?
Funds will be automatically debited from your chequing or savings bank account on a monthly basis by Canada Life's Benefits Administration Solutions team. Be sure to complete and **sign (in ink)** the attached Canada Life Personal Pre-Authorized Debit (PAD) Agreement - Bank Account Change Form and include a copy of a void cheque or direct deposit form from your financial institution, along with your Retiree Group Benefits Application form. Remember that if you have a joint account, all joint account holders must sign the PAD form **in ink**.

How is the deduction referenced on my banking statement?
Each month when premiums are withdrawn from your bank account, it will appear as "Insurance - Canada Life".

When are premium payments withdrawn?
Monthly premium payments will be withdrawn by Canada Life on the 3rd or 4th day of each month. If the 3rd and the 4th day land on a weekend or banking holiday, premiums will be collected on the next business day of the month.
If there are insufficient funds in the account to cover the monthly withdrawal, benefits will cease as of the end of the month of the last successful premium payment, and a fee may be assessed to reinstate coverage and/or you may be required to submit medical evidence of good health.

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 is considered an eligible spouse?
Your legal spouse, or common-law spouse. A common-law spouse means a person who is living with you in a conjugal relationship.

Who is considered an eligible dependent child?
Your unmarried children who are not eligible for coverage under this plan or any other group benefits plan and:

1. Is under age 22 and not working more than 30 hours per week
2. Is under age 25 if a full-time student; or
3. Is incapable of supporting themselves because of a physical or mental disorder provided they were still considered a dependent under points 1 or 2 above.

When will my coverage be effective?
Your coverage will be effective on the first day of the month following the date of your retirement. For example, if your retirement date is January 18th, your coverage will become effective on February 1st.

Can I change my Option at a later date?
You may reduce your coverage at any time, but you cannot choose a higher Option at a later date.

If I terminate my Retiree coverage, can I join again at a later date?
No, you will not be allowed to rejoin the RRC Polytech Retiree Insurance plan if you terminate coverage.

The exception to rejoining the RRC Polytech Retiree Insurance plan is if you waive coverage due to coverage under your spouse's plan. You will be permitted to rejoin the plan if your spouse loses their Group Benefits coverage. If you elect to rejoin the plan, notification to HUB International is required within 60 days of loss of coverage.

Will I receive a Canada Life benefit card?
Yes, a Canada Life ID card will be mailed to your home address. If you do not receive your new card within one month of your eligibility date, please contact HUB International directly. Your benefit card will only be effective as of your approval date.

Present your card to your Pharmacist, Dentist and any Paramedical provider so they can update your coverage information for direct claims submission to the insurance company.

How can I check my benefits and claims information with Canada Life?
Canada Life has a very extensive and user-friendly Online Plan Member site called GroupNet. Through GroupNet, you'll be able to access coverage information, view your claims status and Explanation of Benefits (EOB), complete and print personalized claim forms, as well as get Health and Wellness Information. Or, you have the option of calling their toll-free customer service centre to speak directly to a Customer Service Representative. Please refer to the Benefit booklet for contact and online access information.

How do I register for *GroupNet*™?
1. Visit **https://my.canadalife.com/sign-in**
2. Click *Register*
3. Have your Plan Number and Member ID number available – this can be found on your new benefits card
4. Follow the instructions to register and choose your own name and password

What happens if I move or my dependents change?
Notification of any change needs to be received within 60 days of the change. Please contact HUB International for the applicable form or visit: **hubinternational.com/rrcretirees**.

Note, if you move outside of Manitoba, your coverage continues provided you are covered under the government health plan of your new province of residence, however all Health and Dental benefits will be paid at Manitoba rates. Ontario premium tax will be applied to Health and Dental rates if you reside in the province of Ontario.

What does per family and per insured maximum mean?
A per family maximum means that expenses for each covered family member under your plan will be combined. Per insured maximum means that each covered family member's expenses will be calculated separately and each individual will have their own maximum amount.

What is coinsurance?
Coinsurance is the portion of an eligible claim covered by the plan, expressed as a percentage. For example, Option 3 has an 80% coinsurance on Basic Dental coverage, which means that you will be reimbursed for 80% of the cost of a dental cleaning 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 Reasonable and Customary?
Under the benefit plan, there are reasonable and customary limits applied when assessing claims. Reasonable and customary limits are the range of usual fees for comparable medical services in a geographic or socioeconomic area charged by those of similar training and experience.

The application of reasonable and customary 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 the service

provider (e.g. Massage Therapist, Physiotherapist, etc.) charges more than the reasonable and customary amount, the plan member is responsible for the difference.

What is Virtual Health Services (Consult+)?

Virtual Health Services (otherwise known as Consult+) handles non-urgent medical conditions and is available 24/7 anywhere in Canada.

You and your family can use Virtual Health Services to:

- Talk to health care professionals
- Get prescriptions from doctor
- Get referrals for lab work, when medically indicated
- Find mental health and well-being specialists such as psychologists and dieticians
- See your account history (e.g. chats, prescriptions, referrals, care plans)

What is Paramedical?

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

- Athletic Therapists
- Dieticians
- Psychologists/Social Workers
- Podiatrists/Foot Care Nurses
- Acupuncturists
- Chiropractors
- Chiropodists
- Massage Therapists
- Naturopaths
- Osteopaths
- Physiotherapists
- Speech Therapists

Please refer to the coverage chart to see the maximums and coinsurance amounts under each Option.

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 Dispensing Fee Deductible in Option 4?

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

Are Flash Glucose Monitoring Machines and Supplies Covered?

Yes, when prescribed by a physician, flash glucose monitors and supplies are included under the RRC Polytech Voluntary Retiree Group Benefits plan under Options 2, 3, and 4, subject to the applicable co-insurance. Flash glucose monitoring involves scanning a sensor to view glucose levels on a handheld device.

Note, flash glucose monitoring is different from continuous glucose monitoring, where blood glucose data is automatically transmitted to a device, giving continuous readings and alerts without scanning the sensor. Continuous glucose monitors and supplies are not eligible expenses under the plan.

What is 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 of the following criteria:

- You are eligible for Manitoba Health, Healthy Living and Seniors coverage.
- 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 Canada Life?

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). Canada Life follows this same listing when determining drug eligibility under the RRC Polytech Retiree benefits plan.

The Manitoba drug listing is constantly changing, with Pharmacare adding and removing drugs frequently. As Canada Life 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 of 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.
- Part 3 medications – this category is also known as 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 Canada Life to have your record updated and retain the original.

The Manitoba Pharmacare program requires that pharmacists dispense the generic or lowest-cost alternative of the prescribed medication using the current list of interchangeable drugs, unless otherwise specified by the prescribing physician. Where a generic medication is available and the brand name drug is dispensed, the prescription will be paid at the lowest-cost alternative drug available.

I have Exception Drug Status (EDS) and/or Prior Authorization Drugs. Will I be covered under the Retiree Plan?

Yes, but Canada Life will require a copy of the documentation approving the drug(s). Please submit a copy of your approval to Canada Life for their records to avoid any claim payment delays.

If you require a refill of the drugs prior to submitting the information to Canada Life, you must pay for the prescription and then submit the claim with the appropriate documentation for reimbursement.

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. Orthodontic coverage is not included in the Retiree Benefits Plan.

Can I apply for Travel Health Coverage?

The Emergency Out-of-Province/Country benefit only covers you in the event of an emergency to a maximum of $2,500 per calendar year. Should you wish to purchase additional Travel Insurance, HUB International has a service called **Emerge** that provides assistance in obtaining a personal plan that will best meet your budget and needs. For further details, please visit: **www.hubinternational.com/emerge**. You may also email: **emerge@hubinternational.com** and HUB's Emerge specialist will be happy to assist you.

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 (CLHIA) 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 Canada Life.

2. If you have Family coverage, submit any remaining balance to your spouse's group benefits plan using your EOB from Canada Life.

3. Your spouse's HCSA would be the last payor for your expenses, if applicable.

Your Spouse's Expenses

1. Submits their claims to their group benefits plan first.

2. If you have Family coverage, submit any remaining balance to your group benefits plan with Canada Life and include your EOB from their provider.

3. Any remaining portion can be submitted to your spouse's HCSA (if they have one).

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.

2. If the first payor does not cover the expense in full, forward the EOB to the other parent's plan.

3. HCSA's are the final payors. Submit the expenses in the order outlined above.

Note, 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.

CONTACT INFORMATION

For claim status, coverage questions, and general inquiries, please contact Canada Life toll-free at 1-800-957-9777 or visit their website at **https://www.canadalife.com/contact-us**.

For questions related to banking, please contact Canada Life's Benefits Administration Solutions Team at 1-833-489-4248 or **bas@canadalife.com**. Be sure to complete the Canada Life Personal Pre-Authorized Debit (PAD) Agreement - Bank Account Change Form found on the RRC Polytech Retiree Portal if making any banking changes.

To report a change in your contact information (email address or phone number) please email HUB International at **RRCretiree@hubinternational.com** as soon as possible. For all other changes to your personal information and/or dependents (e.g. name, mailing address, dependent status, or Option, etc.), please complete a Notice of Change Form (found on the Retiree Portal) and submit to HUB International at **RRCretiree@hubinternational.com**.

For questions on the Voluntary Retiree Group Benefits plan or if you require further assistance after contacting Canada Life, please visit the RRC Polytech Retiree Portal at **hubinternational.com/rrcretirees** or contact our benefit consultant HUB International at 1-844-984-9456 or by email at **RRCretiree@hubinternational.com**.

This communication is available in alternative formats upon request. To request an alternative format, please contact HUB International at RRCretiree@hubinternational.com or toll-free at 1-844-984-9456.