

# GROUP BENEFITS FREQUENTLY ASKED QUESTIONS

## ► How do I know what benefits I'm eligible for?

Your collective agreement and benefit booklets outlines the coverage. CUPE refer to Article 26. Faculty refer to Article 14 in the Local Agreement and Article 93 in the Common Agreement. Administrators refer to the Administrator's Policy Handbook. The collective agreements, handbook and benefit booklets are located at <a href="https://cnc.bc.ca/jobs/benefits">https://cnc.bc.ca/jobs/benefits</a>

## ▶ What is the procedure to enroll in the Group Health and Dental Benefits?

When you first become eligible for this coverage, you will receive the Manulife enrolment forms. Complete the enrolment forms whether you are enrolling or waiving. If you have coverage elsewhere, you can waive coverage. If you waive and subsequently lose your other coverage, you may enroll on a later date. You are to send completed benefit forms to the HR Department within 1 week of receiving them or earlier.

# ▶ What benefits have waiting periods?

Waiting periods are outlined in your benefit booklets. Benefit booklets are available on the HR webpage <a href="https://cnc.bc.ca/employees/employee-resources">https://cnc.bc.ca/employees/employee-resources</a> and the Manulife Secure Site: <a href="https://wwwec7.manulife.com/signin/">https://wwwec7.manulife.com/signin/</a>. After you have satisfied your waiting periods, your coverage will reflect the information you provided on the enrolment forms. Benefit coverage will be active for the duration of your work term.

#### ► What is Medical Services Plan (MSP) and how do I enroll?

The Medical Services Plan is the provincial health insurance program that covers health care benefits for British Columbia (BC) residents. Under the *Medicare Protection Act*, enrolment with MSP is mandatory for all BC residents and their dependents who meet the eligibility criteria.

If you are new to Canada, apply for MSP as soon as you arrive. Your coverage may start three months after your arrival date in British Columbia. You should get private health care insurance while you wait. If you are moving from another province, you should arrange for coverage with your former medical plan during the wait period. If your family is not here yet, they need to keep their existing provincial health care. Once they arrive, you can apply to add them to your plan. The wait period for each family member, will begin on his/her individual arrival date. For more information, check <a href="https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/how-to-enrol">https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/how-to-enrol</a>

#### ► How do I submit a prescription drug claim?

After enrollment in the extended health plan, you will receive a prescription drug card. Present this card to the pharmacist with your prescription and the claim will be paid based on your coverage. Should you not have your drug card at the time of your prescription, you can submit a manual paper claim to Manulife by using an extended health claim form. Extended health claim forms are available online at <a href="https://cnc.bc.ca/employees/employee-resources">https://cnc.bc.ca/employees/employee-resources</a> and on the Manulife Secure Site.

#### ▶ How do I submit an extended health care claim not paid by the prescription drug card?

Vision care claims or other extended health care claims can be submitted online through Manulife Secure Site or by faxing or mailing a paper Extended Health Claim Form to Manulife. Be sure to keep copies of your receipts.

#### ► How do I submit a dental claim?

Most dentists electronically bill the insurance company. To do that, your dentist needs to know the group number (83709) and your plan member identification number (this is the same as your employee id number found on your pay advice and on your prescription drug card). Alternatively, you can submit your claim online through Manulife Secure Site or mail or fax a paper Dental Claim Form to Manulife. Paper claim forms are online at <a href="https://cnc.bc.ca/employees/employee-resources">https://cnc.bc.ca/employees/employee-resources</a> and on Manulife Secure Site.

## How do I get refund for my claim?

When you make a claim, Manulife will send payment to the address you included on the claim form. Manulife also has a direct deposit (also called Electronic Funds Transfer) option. Please go to the HR website or the Manulife Secure Site to download Manulife's Electronic Funds Transfer form. Complete the form and send it directly to Manulife. Most dental claims will be paid directly to the Dentist.

#### ▶ What is Manulife Secure Site?

The Manulife Secure Site grants plan members access to services online. The site enables fast and easy access to health, vision and dental benefit information. The site will help you get the most out of your health and dental plan.

#### ► How do I register for Manulife's Plan Member Secure Site?

Go to <a href="https://wwwec7.manulife.com/signin/">https://wwwec7.manulife.com/signin/</a>. To register you will need the benefits group number, your employee number and a password of your choice. *Plan contract number* is 83709 for extended health and dental benefits. *Certificate number* is your employee identification number, which can be found on your pay advice or prescription drug card.

# ▶ What are the time limitations for submitting claims?

All extended health, dental and medical travel referral benefit claims must be submitted within 15 months from the date the expenses was incurred. However, in the event of termination of insurance, a claim must be submitted within 90 days from the date your benefit was terminated. For more information click: <a href="https://www.manulife.ca/personal/support/group-plans/group-benefits/claim-submission-guidelines.html">https://www.manulife.ca/personal/support/group-plans/group-benefits/claim-submission-guidelines.html</a>

## Can I claim expenses under both my plan and my spouse's plan?

Yes, this is called "Co-ordination of Benefits" Payment of Extended Health Care, Vision Care and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim.

#### Order of benefit payment will be determined as follows:

A variety of circumstances will affect which Plan is considered as the "Primary Carrier" (i.e. responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (i.e. responsible for making the payment to cover the remaining eligible expenses).

If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expenses.

If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier:

For Claims incurred by you or your Dependent Spouse: The Plan covering you or your Dependent Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependent.

In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment will be determined as follows:

The Plan where the person is covered as an active full-time employee, then

The Plan where the person is covered as an active part-time employee, then

The Plan where the person is covered as a retiree.

For Claims incurred by your Dependent Child: The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birth date, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

When are my dependent children no longer eligible for benefit coverage under my health plan? Extended health and dental benefits end at age 21. After age 21 and under age 26, to be covered, they must be enrolled in full-time studies, dependent on you, not working full-time and not married. You are required to complete and submit a verification of student status form by August 15<sup>th</sup> of every year.

#### ▶ What is Best Doctors and how do I use the service?

Best Doctors is available to all CNC Employees. It is a confidential healthcare consulting service that provides expert second opinion on medical diagnosis and advice on health issues. It also helps in locating leading specialist (accepting new patients) and providing access to community resources. To use the service call 1-877-419-2378 and identify yourself as a CNC employee.

## **PENSION QUESTIONS AND ANSWERS:**

## ▶ Where do I get information about my pension fund?

The Pension Plan uses its website <u>www.pensionsbc.ca</u>, to communicate information. The Plan mails out Pension Benefit Statements annually, benefit Statements can also, be viewed online through *myaccount* on the pension website.

# ► How do I know what pension plan I belong to?

Municipal Pension Plan covers Operational staff.

College Pension Plan covers Faculty and Administrative staff.

#### How do I enroll with the Pension Plan?

HR does the enrolment. If you are unsure if you qualify, contact the HR Advisor, Benefits and Abilities Management.

# **EMPLOYEE & FAMILY ASSISTANCE QUESTIONS AND ANSWERS:**

## How do I access the Employee & Family Assistance Program?

By calling the toll-free, 24 hours a day, seven days a week confidential helpline number (1-800-663-1142). There is also, the use of online counseling and online resources at <a href="https://www.homeweb.ca">www.homeweb.ca</a>

# **GLOSSARY OF TERMS**

**Coverage** – Benefits available to eligible individuals under an employee benefit program.

**Deductible** – The amount of out-of-pocket expenses that must be paid for health services by the insured before becoming payable by the carrier.

**Eligibility Requirements** – Conditions that an employee must satisfy to participate in a plan or obtain a benefit.

**Premium** – The amount of money a policyholder agrees to pay an insurance company for an insurance policy in consideration of which the insurance company guarantees the payment of specified benefits.

**Qualifying period** – The period of time between the beginning of a disability and the start of a policy's benefits. Also called an elimination period.

**Waiting Period** – The period between employment or enrolment in a program and the date when an insured person becomes eligible for benefits.

#### **RESOURCES AND CONTACTS**

# **CNC Human Resources Department:**

Phone: 250-561-5828 Fax: 250 561-5864

Website: https://cnc.bc.ca/employees/departments-services/hr

Email: <u>HR@cnc.bc.ca</u>

#### **Manulife Financial**

Website: <a href="https://www.manulife.ca">https://www.manulife.ca</a>

Phone: 1-800-575-2200

# **Best Doctors**

Website: <a href="https://bestdoctors.com">https://bestdoctors.com</a>

Toll free: 1-877-419-2378

#### **Pension Plans**

# College Pension Plan:

Website: <a href="https://college.pensionsbc.ca">https://college.pensionsbc.ca</a>

Toll free: 1-888-440-0111

# **Municipal Pension Plan:**

Website: <a href="https://mpp.pensionsbc.ca">https://mpp.pensionsbc.ca</a>

Toll free: 1-800-668-6335

#### **Homewood Health**

Website: <u>www.homeweb.ca</u> Toll free: 1-800-663-1142