OUR FLEX BENEFITS PROGRAM

Going Places Together.

RED RIVER COLLEGE
OF APPLIED ARTS, SCIENCE AND TECHNOLOGY

Red River College is pleased to provide eligible employees with a Flex Benefits Program for medical and dental coverage. The Flex Benefits Program includes 5 Options providing varied degrees of coverage for:

- Ambulance/Hospital
- Drugs
- Health
- Dental
- Vision (Eyewear/Eye Exams)
- Travel
- Health Care Spending Account (HCSA)

Red River College contributes to the cost of the basic coverage under all Flex Options. Should you choose enhanced coverage, you will be responsible to pay the difference through regular bi-weekly payroll deductions.

You choose the Flex Option that best meets your own needs. Select the desired Flex Option after considering:

- The differences between Options,
- Your individual and family's medical and dental needs,
- The cost of each Option,
- Your spouse's coverage, and
- The level of benefit coverage you are comfortable with.

Enrolment

Complete the Flex Enrolment Form included in your package to make your Option selection.

The deadline for submitting your form is 2 weeks from receiving the guide and form.

Special Notes:

- **If your form is not received by the deadline, you will be enrolled in Flex Option 1.**
- You will **not** be able to choose a new Flex Option until the next re-enrolment in January 2021, unless you experience a Life Event. A Life Event is explained in the Frequently Asked Questions (FAQ) section of this kit.
- You must select a Flex Option; you **cannot waive** coverage even if you are covered under your spouse's group insurance plan.
- You must enrol according to your **true Dependent Status** – Single or Family. Single means you have no spouse (married or common-law) or have no eligible dependent children.
- Based on your Flex Option selection, you will be assigned into a Division and Class.

Flex Options

Below are the 5 available Flex Options. **You are required to choose only one Option.**

	Option 1	Option 2	Option 3	Option 4	Option 5
Ambulance/ Hospital	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital
Drugs	80% $650 FT/$325 PT annual max	80% $650 FT/$325 PT annual max	No coverage	50% Dispensing fee deductible Maximum up to Pharmacare Deductible	90% $4 deductible per script Maximum up to Pharmacare Deductible
Health	No coverage	80% $100/yr max Athletic Therapy $350/yr max other Paramedical $3,000 Private Duty Nursing No Hearing Aid coverage	No coverage	50% $350/yr max Paramedical No Massage $5,000 Private Duty Nursing Hearing Aids $500/5 yrs	90% $450/yr max Paramedical $10,000 Private Duty Nursing Hearing Aids $750/5 yrs
Dental	80% Basic 60% Major 50% Ortho $1,475 FT/$738 PT /yr max for Basic/Major $1,675 FT/$838 PT max Ortho	80% Basic 60% Major 50% Ortho $1,475 FT/$738 PT /yr max for Basic/Major $1,675 FT/$838 PT max Ortho	No coverage	50% Basic 50% Major 50% Ortho $1,500/yr max for Basic/Major $2,000 max Ortho	100% Basic 50% Major No Ortho $1,500/yr max for Basic/Major
Vision (Eyewear/ Eye Exams)	80% FT $225/24 months 40% PT $114/24 months	80% FT $225/24 months 40% PT $114/24 months	No coverage	50% to $225/24 months - adult 50% to $225/12 months - child	100% to $225/24 months - adult 100% to $225/12 months - child
Travel	100% Travel Health, unltd	100% Travel Health, unltd	100% Travel Health, unltd	100% Travel Health, unltd	100% Travel Health, unltd
HCSA	$850 FT/$425 PT	$850 FT/$425 PT	$1,850	$900	$450
2020 Employee Bi Weekly Cost	**No Employee Cost Share**	**$7.65 Single / $16.81 Family**	**No Employee Cost Share**	**No Employee Cost Share**	**$23.04Single / $50.65 Family**

Notes:
- *FT = Full Time Employee*
- *PT = Part Time Employee*
- *Drugs and HCSA benefit maximums are per contract/family unit; maximums for all other benefits are per insured member*

The amount you are responsible to pay for each Flex Option is listed in the **Employee Annual Cost and Bi-Weekly Cost** at the bottom of the column in the table above. Each Flex Option has a different cost for Single or Family coverage. Payment is made conveniently through bi-weekly payroll deductions. The costs of these Options will be reviewed annually and you will be notified of any change.

Refer to the Canada Life Flex Benefits Booklet included in your kit for detailed coverage information.

To complete the Flex Enrolment Form, fill in your First Name, Last Name and Employee ID. Also indicate your true Dependent Status as Single or Family.

Example: Ted is enrolling for his benefits. Ted's Dependent Status is Family.

First Name: Ted Last Name: Potter

My Employee ID is: 11100

My Dependent Status is (circle one): Single Family

On your Flex Enrolment Form, circle the Flex Option number that matches the Option you want.

Example: Ted has decided to choose Option 5 for his Flex Option. Ted circles:

I have chosen ***Flex Option:*** (circle one)

1	2	3	4	5

and enters the Employee Annual Cost for Family of the Flex Option he chose in the yellow box.

Employee Annual Cost: *$ 1,317*

Lastly, please sign and date your Flex Enrolment Form. Your Flex Option selection is now done.

Your completed Flex Enrolment Form is ready to be submitted to Human Resource Services. Keep a copy of the form for your records so that you know what Flex Option you selected.

The deadline to submit your Flex Enrolment Form is 2 weeks from receiving the guide and form.

Flex Choice Examples

We have created 4 examples of fictional employees to give you an idea of what you should consider when making your Option selections. The final decision is yours. Please ensure the Option you select best meets your needs.

Example #1 – Barb
Barb has worked at Red River College for seven years. Her husband Al works for a different employer and is enrolled in the Benefits program there. Barb and Al have two children: Sam, 13, and Ashley, 9.

What should Barb think about?

- She and her children are all covered as dependents under Al's Health and Dental benefits
- Her family is healthy and doesn't have high medical or dental claims
- She knows that Sam is likely going to need braces in the future

Which Option does Barb choose?
Barb enrols as Family, her true Dependent Status. Barb decides to choose **Option 4** for her Flex choice because of Al's coverage through work. When she coordinates her benefits with her husband's plan, the family is fully covered for their medical & dental needs and she'll have $2,000 in coverage for Sam's braces when he needs them. She understands that when she visits the pharmacy, she will be responsible to pay the dispensing fee deductible in addition to the amount not covered by the co-insurance (50%) for each drug claim. Barb does not have to contribute to the cost of her Flex Option as the full cost is paid for by Red River College.

Example #2 - Gary
Gary has taught at Red River College for 18 years. He's married to Maria, who is self-employed. Gary and Maria have two sons – Tyler, 18 and Jared, 15.

What should Gary think about?

- Both boys are dependents under Gary's plan. Tyler is planning 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 are seeing a physiotherapist every few weeks and Maria sees a podiatrist and needs orthopedic shoes to help her with a foot problem.
- Jared will need braces soon.

Which Option does Gary choose?
Given their physio and other paramedical claims, Gary decides to choose **Option 2** for the 80% reimbursement of paramedical expenses ($350 annual per paramedical maximum) and 50% coverage (to a maximum of $1,675 for full-time employees) towards Jared's braces. Gary will make regular bi-weekly payroll deductions toward the cost of his chosen Option.

Example #3 – Dave

Dave has worked for Red River College for 12 years. His wife Karen works for a corporation and receives full benefit coverage. They have no children living at home. They are looking forward to an early retirement and are trying to build their nest egg.

What should Dave think about?

- Karen's plan provides 100% coverage for medical and Basic Dental.
- Dave believes he and Karen will not need any Major Dental work for the next few years.
- They are saving towards an early retirement.

Which Option does Dave choose?

Dave chooses **Option 3** which has no employee bi-weekly cost. He feels his wife's coverage through her employer adequately covers all of their medical and dental needs. He also likes the advantage of having the flexibility of a Health Care Spending Account (HCSA) should they incur costs not covered under his wife's plan but which are eligible under his HCSA.

Example #4 – Lynn

Lynn has worked for Red River College for 5 years. Lynn is single and is starting to think about buying her first home. She and her boyfriend, Brent, have been dating for two years and have recently been talking about marriage.

What should Lynn think about?

- Lynn only needs to consider what her own claims might look like in the future. Brent is not a dependent under her plan.
- She has high drug claims as she suffers from a chronic condition.
- Lynn routinely visits the Chiropractor to deal with a back problem.

Which Option does Lynn choose?

Lynn decides to choose **Option 5**. She feels that it provides the best drug coverage for her prescription needs and understands that she will be responsible for the $4 deductible per prescription and is covered for 90% of the balance up to the Manitoba Pharmacare deductible. Lynn also likes the higher reimbursement of 90% on paramedical expenses ($450 annual per paramedical maximum). Lynn will pay the costs of her Option through regular bi-weekly payroll deductions.

If Lynn and Brent get married, Lynn can choose a new Option within 60 days of her Life Event; she would not have to wait for the next re-enrolment to select her Option.

Frequently Asked Questions

How often can I change my Flex Option?

Employees will have the opportunity to change their Flex Option every two years. The next re-enrolment will be in January 2021. This way, you can choose a different Flex Option to meet your changing needs. If the Flex Option you've chosen still works for you when it's time to re-enrol, you do not need to make a change.

Should you experience a Life Event before it's time to re-enrol, you may make a new Flex Option choice within 60 days of the event.

What is considered a Life Event?

A Life Event is:

- Adding a dependent through marriage, common-law relationship, or birth/adoption of a child
- Losing a dependent through death, divorce, or a child losing their eligibility as a dependent under your plan
- Your spouse loses/gains coverage through their own employer's group plan

You have 60 days from the date of your Life Event to contact Human Resource Services and choose a new Flex Option. You don't have to make a new choice, but if you feel that the Flex Option you've chosen is no longer best for your new situation, you can make a new selection. Regardless, you must notify Human Resource Services when you have a change in dependent status.

Who are considered my Dependents?

Eligible dependents include:

- Your legal spouse, common-law spouse or former spouse. You can only insure one spouse at a time.
- You or your spouse's unmarried and financially dependent natural, adopted, or step child or any other unmarried financially dependent child for whom you or spouse has been appointed guardian and who meets at least one of the following conditions:
    1. Is under 22 years of age,
    2. Is under 25 years of age and attends an educational institution on a full-time basis, or
    3. Became totally and permanently incapacitated for a continuous period while still considered to be a Dependent under points 1 or 2 above.

A more detailed definition of a Dependent is provided in the Flex Benefits Booklet.

Will I be receiving Canada Life ID and Drug cards?

Yes, you will receive Canada Life ID and Drug cards indicating your Class. Based on your Flex Option selection, you will be assigned a Division and Class. Your Canada Life ID and Drug cards have the information required when submitting a claim form.

Present your Drug card to your Pharmacist so that they can update your information for direct drug claim submissions at the pharmacy. Present your ID card to your Dentist so that they can also update your coverage information for direct claims submission.

What is Paramedical?
The term Paramedical is used to describe medical professionals including:

- Audiologist
- Athletic Therapist
- Chiropractor
- Dietician
- Massage Therapist
- Naturopath
- Osteopath
- Physiotherapist
- Podiatrist/Chiropodist
- Psychologist/Social Worker
- Speech Therapist

Please refer to your Flex Benefits Booklet for more specific details of what is included under each Option.

What is an HCSA?
An HCSA is a Health Care Spending Account which can be used to cover a range of benefits not normally covered under other types of group benefits plans, or by provincial medical plans. The HCSA is like a bank account for benefits. You use your benefit dollars to pay for covered expenses out of your HCSA. That means $1 from the HCSA buys you $1 of eligible dental or medical services.

Please refer to the Health Care Spending Account pamphlet included with your benefits package.

What is Coinsurance?
Coinsurance is the portion of eligible claim covered by the plan, expressed as a percentage.

For example, Flex Option 2 has an 80% coinsurance on Basic Dental, which means that you would 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. If you had paid $80 for a cleaning, the plan would cover $64 and you would pay $16 as illustrated below:

Plan covers 80%:	$64 = $80 x 80%
You pay 20%:	$16 = $80 x 20% = $80 – $64

What does Maximum up to Pharmacare Deductible mean in Options 4 and 5?
As a Manitoba resident, you and your family are eligible to receive prescription drug benefits through the Manitoba Pharmacare Provincial Drug Program (Pharmacare).

Pharmacare sets your deductible based on your annual family income. For Options 4 and 5, you can submit drug claims to the Flex Benefits Program up to your Pharmacare deductible amount. Once your Pharmacare deductible is met, Pharmacare will pay 100% of the cost of eligible prescription drugs. The Pharmacare deductible can be satisfied through the claims paid by a group benefits program. Once your claims reach $750, Canada Life will send you a notification to apply for your MB Pharmacare deductible and confirm back to Canada Life the amount.

Application to MB Pharmacare can either be made on a one-time basis or annually. For more information on MB Pharmacare and to calculate your MB Pharmacare deductible, please visit their website at www.gov.mb.ca/health/pharmacare.

What is a Dispensing Fee Deductible in Option 4?

The price of every drug prescription is made up of two parts: (a) the cost of the ingredients to make the drug and (b) the cost of the pharmacist's services and advice called the dispensing fee. Dispensing fees can be different from pharmacy to pharmacy, and from drug to drug.

A deductible is the amount you pay before expenses are covered for each time you claim or purchase an eligible prescription. A Dispensing Fee Deductible means that the deductible is equal to the dispensing fee.

For example, if you were enrolled in Flex Option 4, which has 50% coinsurance for prescription drugs and has a deductible equal to the dispensing fee, for a $50 prescription with a $10 dispensing fee, you would pay $30 as illustrated below:

Plan covers 50% of drug ingredient cost:	$20 = ($50 - $10 dispensing fee) x 50%
You pay 50% plus dispensing fee:	$30 = [($50-$10) x 50%] + $10 deductible = ($40 - $20) + $10

What is a Deductible per Script in Option 5?

A Deductible per Script (prescription) is the amount you pay before expenses are covered for each time you claim or purchase an eligible prescription drug.

For example, if you were enrolled in Flex Option 5, which has a 90% coinsurance for prescription drugs and has a $4.00 deductible per prescription, for a $50 prescription, you would pay $8.60 as illustrated below:

Plan covers 90% of cost less deductible:	$41.40 = ($50 – $4 deductible per script) x 90% = $46 x 90%
You pay deductible plus 10% of balance:	$8.60 = [($50 - $4) x 10%] + $4 deductible = $8.60