

Manitoba Government Employees

HEALTH SPENDING ACCOUNT (HSA)

This information is a synopsis of the benefits provided under the Health Spending Account. In the event of any difference between the terms of this synopsis and the terms of the Group Agreement the latter will prevail.

If you have any questions regarding the Group Agreement, please contact your Human Resource department or Manitoba Blue Cross.

In determining the basis of payment, Manitoba Blue Cross reserves the right to assess payment on the basis of the approved fee guide for the service in question, or the reasonable and customary charges as deemed appropriate by Manitoba Blue Cross.

THE HEALTH SPENDING ACCOUNT

A Health Spending Account can be easily compared to a bank account. The Province of Manitoba deposits a pre-determined amount of benefit dollars into your account.

These benefit dollars can be used to top-off existing benefit maximums, or to pay for any medical expenses you incur which meet the requirements for the medical expense credit as defined by Canada Revenue Agency, for anyone for whom you claim a tax deduction in accordance with the Income Tax Act (Canada).

ELIGIBILITY

Employees must be on staff for January 1st of each year and have met the following eligibility requirements:

a) *Regular full-time and part-time employees* are eligible upon completion of 6 months of calendar service from the date of employment.

b) *Departmental employees* upon completion of 12 months of calendar service within a period of 36 consecutive months.

Example:

- *Employees hired prior to January 1, 2005 will be enrolled in the HSA on January 1, 2005 if the six month eligibility requirement has been met or upon meeting the eligibility requirement. .*
- *Employees hired on January 1, 2005 will be enrolled in the HSA once their six month eligibility is satisfied.*
- *Employees hired after January 1, 2005 will be enrolled in the HSA on January 1, 2006 if six month eligibility requirement is satisfied.*

Employees may claim expenses under their Health Spending Account for the following **family members**::

- a. A legal or common-law spouse. To be eligible, a common-law spouse must be registered at the time of employment. Where registration does not occur at the time of employment there shall be a one-year waiting period from the date of registration.
- b. Dependents. The term dependent, as defined by Canada Revenue Agency is anyone for whom the employee can claim a tax deduction for and can include parents and other family members who are financially dependent upon the employee for support.

COVERAGE

The Health Spending Account shall pay for eligible expenses for the employee, spouse, or the employee's dependents who are eligible under Canada Revenue Agency guidelines, this can include parents, grandparents, over-age dependent children as long as they are dependent on the employee for financial support.

MAXIMUMS

Effective January 1, 2006, and limited to services performed on or after that date, the Health Spending Account will be credited with \$200 benefit dollars for permanent full-time employees and \$100 benefit dollars for permanent part-time employees.

Effective January 1, 2007, the Health Spending Account will be credited with \$300 benefit dollars for permanent full-time employees and \$150 benefit dollars for permanent part-time employees.

Effective January 1, 2008, the Health Spending Account will be credited with \$350 benefit dollars for permanent full-time employees and \$175 benefit dollars for permanent part-time employees.

ELIGIBLE EXPENSES

Eligible expenses under this plan include:

Any health or dental care expense incurred (a prescription may be required), excluding any employee paid benefit premiums, which meet the requirements for medical expense credit in accordance with the Income Tax Act (Canada) can be paid for with the employee's benefit dollars.

For details on eligible expenses you can contact Canada Revenue Agency at 1-800-959-8281 or view a list of allowable medical expenses at www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/lns300-350/330/llwxpns-eng.html#acoustic

A licensed medical practitioner has to provide or prescribe the service for it to be reimbursed through your health spending account:

- Acupuncturists
- Chiropodist (podiatrist)
- Chiropractors
- Christian Science Practitioners
- Massage Therapists
- Naturopaths
- Nurses and/or Practical Nurses
- Occupational Therapists
- Optometrists
- Osteopaths
- Physiotherapists
- Psychoanalysts
- Psychologists
- Speech Therapists

Counseling services are eligible if the person offering the counseling services is a social worker, nurse counselor or a member of a counseling association recognized at a provincial/federal level, such as the Canadian Counseling Association and the Professional Association of Christian Counselors.

Dental Expenses

- Preventive, diagnostic, restorative, orthodontic and therapeutic care

Health Related Expenses

- Devices and Supplies
- Artificial eye (includes maintenance/repair costs)
- Artificial limbs (includes maintenance/repair costs)
- Crutches
- Device or equipment, including a replacement part, designed exclusively for use by an individual who is suffering from a chronic respiratory ailment to assist breathing, but not including an air conditioner, humidifier, dehumidifier or air cleaner (or furnace filters).

- Device or equipment designed to pace or monitor the heart of an individual who suffers from heart disease
- Device designed to assist a crippled individual in walking
- Device or equipment, including a synthetic speech system, Braille printer and large print-on-screen device, designed exclusively to be used by a blind individual in the operation of a computer
- Device to decode special television signals to permit the vocal portion of the signal to be visually displayed
- Device designed to be attached to infants diagnosed as being prone to sudden infant death syndrome in order to sound an alarm if the infant ceases to breathe
- Device designed to enable diabetics to measure blood sugar levels
- Drugs, medications or other preparations or substances prescribed by a medical practitioner or dentist (and dispensed by a pharmacy)
- Electronic speech synthesizer that enables a mute individual to communicate by use of a portable keyboard
- External breast prosthesis that is required because of a mastectomy
- Hearing aids (batteries/maintenance/repair costs are also eligible)
- Hospital bed, including attachments to it that may have been included in a prescription
- Ileostomy or colostomy pads
- Insulin
- Iron lung
- Kidney machines
- Laryngeal speaking aids
- Limb braces
- Mechanical device or equipment designed to be used to assist an individual to enter or leave a bathtub or shower, or to get on or off a toilet
- Needle or syringe
- Optical scanner or similar device designed to be used by blind individuals to enable them to read print
- Orthopedic shoe or boot, or an insert for a shoe or boot, made to order for an individual in accordance with a prescription to overcome a physical disability of the individual
- Oxygen tent or equipment
- Power operated lift designed exclusively for use by disabled individuals to allow them access to different levels of a building or assist them to gain access to a vehicle or to place a wheelchair in or on a vehicle
- Spinal braces
- Teletypewriter or similar device, including a telephone ringing indicator, that enables a deaf or mute individual to receive telephone calls
- Walkers
- Wheelchairs
- Wig made to order for an individual who has suffered abnormal hair loss owing to disease, medical treatment or accident

Facilities

- Alcoholism or drug addiction treatment centers, including meals and lodging
- Care in a nursing home
- Care in a self-contained domestic establishment (e.g. in own home)
- Care of a person who has been certified to be mentally incompetent
- Care in a special school, institution or other place for a mentally or physically handicapped individual
- Care in an institution
- Care of a blind person
- Full time attendants or care in a nursing home (for confinement to a bed or wheelchair)
- Payments to a licensed private hospital
- Semi-private, preferred or private charges in a hospital

Other

- Ambulance fees for transportation
- Cosmetic surgery
- Cost of arranging and having a bone marrow or organ transplant
- Costs of medical services and supplies out of the province of residence
- Electrolysis or hair removal when payment is made to a medical practitioner
- Hearing expenses, including hearing aids and hearing ear dogs
- Laboratory, radiological or other diagnostic procedures or services
- Modifications to a home for persons confined to a wheelchair
- Preventative, diagnostic, laboratory and radiological procedures
- Surgical hair transplant performed by a physician
- Transportation expenses to receive medical care
- Cost of using public transportation or private vehicle if not available, for distances of 40 kilometers or greater
- Cost of meals and accommodation if travel distance is at least 80 kilometers
- Reasonable transportation, meals and accommodation for one accompanying person, if doctor certifies that a person is not capable of traveling alone
- Vision expenses including eyeglasses, contact lenses, laser eye surgery, and seeing eye dogs
- Weight-loss program when prescribed by a medical practitioner and performed by a registered dietician or nutritional counselor
- Stop-smoking program when prescribed by a medical practitioner. Please note the laser stop-smoking program provided at Southside Laser Therapy Centre is not eligible for reimbursement, as it is not run by recognized Medical Practitioners).

GENERAL EXCLUSIONS

Some examples of expenses not covered by this plan are as follows:

Ineligible expenses include purchase of exercise equipment, hot tubs, payment of services using gift certificates, over-the-counter medications purchased without a Doctor's prescription and dietary supplements purchased from Health food stores/over the internet as well as any expenses which do not meet the requirements for the medical expense credit as defined by Canada Revenue Agency.

TERMINATION OF COVERAGE

Health Spending Account coverage ceases on the day in which employment with the Government of Manitoba is terminated.

Seasonal employees, subject to lay-off, are covered for 30 days after lay-off date.

Employees on an apprenticeship program continue to be eligible for Health Spending Account benefits.

Employees on Maternity Leave (Plan A or Plan B) or Adoptive Leave will continue to be eligible for Health Spending Account benefits for the first seventeen (17) weeks of leave.

All eligible claims must be submitted and payment requested within 90 days of the date of termination of employment or they will be disallowed.

REINSTATEMENT

An Employee who returns to work following a leave without pay, educational leave without pay or within 12 months of the date the employee was laid-off and was enrolled in the Health Spending Account prior to their leave, is eligible for Health Spending Account benefits effective on the date of return to work.

HOW TO MAKE A CLAIM

- a. Obtain a Health Spending Account Claim Form from your Human Resource department or print a copy of the form. [Click here for a printable copy of the claim form.](#)
- b. Complete the subscriber and patient part of the form. Be sure to provide all information or payment of your claim may be delayed.
- c. Submit your completed Health Spending Account Claim Form together with a printed itemized receipt from the service provider along with a statement of benefits from either primary or secondary insurer, if applicable, to Manitoba Blue Cross.

- d. Claims will be paid out once every 2 months if your eligible Health Spending expenses are \$100 or more for permanent full-time employees and \$60 or more for permanent part-time employees.
- e. There is a 90 day run-off period at the end of the plan year (calendar year) which allows for any prior year's eligible expenses to be claimed within the maximums allowed.
- f. If your claims have been submitted and do not exceed \$100 or \$60 in eligible expenses, your eligible balance will be paid out at the end of the run-off period (90 days following the end of the calendar year)
- g. Any prior years credits remaining after the run-off period will be forfeited.

If your eligible claims in any year are greater than the benefit dollars credited to you, the excess will be carried forward in to the next benefit year. (NOTE: Claims cannot be carried forward more than one year and unused account balances are forfeited December 31st of each year if not used).

A proper claim form must be used or a delay in payment may result. Claim forms must be properly completed or the claim will be returned. Claims must be submitted within 90 days of the termination of the calendar year in which they were incurred.

Example: All claims incurred in 2005 must be submitted to Blue Cross for the Health Spending Account by March 31, 2006 (90 days following the end of the calendar year.)

Late claims will not be processed

STATEMENT OF BENEFITS

Upon receipt of your claim form, the Manitoba Blue Cross will process the claim in accordance with the Plan benefits.

You will receive a "Statement of Benefits" from Manitoba Blue Cross once a year which will indicate how the payment was calculated.

COORDINATION OF EMPLOYEE/SPOUSE PLANS

Coordination of benefits is available if both spouses in a family are regularly employed and health and/or dental plans are provided at both places of employment.

Under the "Coordination of benefits" provision, you are entitled to claim benefits from both plans, as long as the total benefits received does not exceed the actual expenses incurred.

If the services are provided to you, and are eligible to be claimed by any of your current employee benefit plans (i.e. Dental, Vision, Extended Health etc.), then Blue Cross would be the “primary” carrier and would pay benefits first. The other insurer would then be responsible for any unpaid eligible expenses. If there are still eligible expenses after your secondary insurer has paid on your claim, the balance may be forwarded to your Health Spending Account. Should your spouse also have a Health Spending Account, and if a balance is still unpaid, you may then forward that unpaid balance to your spouse’s Health Spending Account.

If the services are provided to your spouse, and are eligible to be claimed by any of your spouse’s benefit plans, then the other insurer would be the “primary” carrier and would pay benefits first. Your spouse should submit the claim form to the insurer. After receiving payment, any unpaid eligible expenses can be submitted to Blue Cross with a completed Blue Cross Claim form (including your contract number), a copy of the receipts, and the statement of benefits paid from the other insurer. If there are still eligible expenses after Blue Cross has paid on your spouse’s claim, and your spouse has their own Health Spending Account, the remaining balance may be forwarded to your spouse’s Health Spending Account. If a balance is still unpaid, or your spouse does not have a Health Spending Account, any remaining un-paid expenses can be forwarded to your Health Spending Account.

If the services are provided to a dependant child, then plan of the covered person with the earlier day and month of birth would be the “primary” carrier. The claim would then be processed according to the procedures listed above.

If you are separated or divorced, then plan will pay benefits for your dependant children will be determined in the following order:

- a. The plan of the parent with custody of the child,
- b. The plan of the spouse of the parent with custody of the child,
- c. The plan of the parent without custody of the child,
- d. The plan of the spouse of the parent without custody of the child.

A Health Spending Account is always the final payee of any benefits. If no Extended Health, Vision, Prescription Drug Plan or Dental plan exists, or if your current benefit plans do not cover the expense, then you may claim directly to your Health Spending Account.

Where an employee and spouse both work for the Province of Manitoba, or and Government Agency, Commission or Board, and are covered simultaneously by this Plan, payment of benefits shall be co-ordinated and/or reduced to the extent that benefits payable from all Plans shall not exceed 100% of the actual incurred expenses.

CHANGE IN STATUS

In order to ensure proper coverage please notify your Human Resource Department immediately of any changes in marital or dependent status or change of residence.