

Manitoba Government Employees Health Spending Account (HSA)

January 2016

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.

Coverage and eligibility may differ from bargaining group to bargaining group. If you are uncertain of your eligibility and/or coverage limits or if you have any questions regarding the Group Agreement, please contact your Pay & Benefits Consultant or Manitoba Blue Cross before undertaking treatment.

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:

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

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

Examples:

- Employees hired prior to January 1, 2016 will be enrolled in the HSA on January 1, 2016 if the six month eligibility requirement has been met or upon meeting the eligibility requirement
- Employees hired on January 1, 2016 will be enrolled in the HSA once their six month eligibility is satisfied.
- Employees hired after January 1, 2016 will be enrolled in the HSA on January 1, 2017 if the six month eligibility requirement is satisfied.

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

- 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.
- 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 the 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, 2016, and limited to services performed on or after that date, the Health Spending Account will be credited with \$700 benefit dollars for permanent full-time employees and \$350 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 (CRA) 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/Ins300-350/330-331/menu-eng.html

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

Acupuncturists	Optometrists
Chiropractors	Osteopaths
Christian Science Practitioners	Physiotherapists
Licensed Massage Therapists	Podiatrist
Naturopaths	Psychoanalysts
Nurses and/or Practical Nurses	Psychologists
Occupational Therapists	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.

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 approved 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

Health and dental claims will be paid through your basic plan first. Upon request, Manitoba Blue Cross will reimburse remaining balances through your Health Spending Account when you reach the minimum payment threshold, or with payment of a health or dental claim.

The easiest way to request reimbursement is during initial claim submission to your health and dental plan. When submitting your online or paper claim, check "Yes" where it says "Pay remainder from Health Spending Account." To request reimbursement after a claim has been submitted to your health or dental plan, use the HSA Online Request feature within mybluecross®. This web-based application allows you to quickly request reimbursement for outstanding balances previously submitted to your health or dental plan. Alternatively, you may complete a Health Spending Account claim form to request payment.

If you are covered under any other health or dental plan(s), benefits must be coordinated before they can be processed under your Health Spending Account. If both plans are with Manitoba Blue Cross, benefits will be automatically coordinated and held under your Health Spending Account until requested. If you have unpaid balances with another carrier, please submit an Explanation of Benefits statement from that carrier, along with a Health Spending Account claim form, so we may add these outstanding expenses to your account.

Expenses that are only eligible under the Health Spending Account may be submitted with your receipts on a completed Health Spending Account claim form.

Claims will be paid upon the accumulation of \$100 for permanent full-time employees and \$60 for permanent part-time employees in expenses with payment of a health or dental claim, or at the end of the benefit year, which runs from January 1st to the last day of December.

If you have unused credits at the end of the year, there is a 90 day claims limitation period which allows for any prior year's eligible expenses to be claimed. Current benefit year claims will not be paid until the end of the claims limitation period. Any prior year's credits remaining after this time period will be forfeited. If your eligible expenses in any year are greater than the benefit dollars credited to you, the excess will be carried forward into the next benefit year.

NOTE: Expenses cannot be carried forward more than one benefit year.

Example:

All claims incurred in 2016 must be submitted to Manitoba Blue Cross for the Health Spending Account by March 31, 2017 (90 days following the end of the calendar year.)

Late claims will not be processed

STATEMENT OF BENEFITS

Upon receipt of your claim form, Manitoba Blue Cross will process the claim in accordance with the Plan agreement. 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 have health and/or dental plans provided by their 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, then Manitoba 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 the services are provided to your spouse, then their insurer would be the "primary" carrier and would pay benefits first. Your spouse should submit the claim form to their insurer. After receiving payment, any unpaid eligible expenses can be submitted to Manitoba Blue Cross with a completed Manitoba Blue Cross claim form (including your contract number) and the statement of benefits paid or denied from the other insurer.

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

In single custody situations

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with custody of the child,
- The plan of the spouse of the parent with custody of the child,
- The plan of the parent without custody of the child,
- The plan of the spouse of the parent without custody of the child.

In joint custody situations

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with the earliest month and day of birth,
- The plan of the other parent,
- The plan of the spouse of the parent with the earliest month and day of birth,
- The plan of the spouse of the other parent.

Other scenarios

If you are covered by an employer and an individual policy, the individual plan may be considered second payer to coverage available under your group plan.

If you are covered by a group and retiree plan, claims should be submitted to your group plan first as your retiree plan is considered second payer.

Please Note: Health Spending Account Plans are payers of last resort. All other coverage should be exhausted prior to submission under a Health Spending Account.

Claims should not be submitted to Manitoba Blue Cross when another company is the primary carrier and your dependent(s) is/are covered by another company. In cases where there is an unpaid balance on a claim paid by another company, Manitoba Blue Cross will process the remaining balance. Please remember to include a copy of the payment summary, or explanation of benefits issued by the other company with your claim so that the unpaid balance may be processed for reimbursement of up to 100% of the value of the claim.

Where an employee and spouse both work for the Province of Manitoba, or a 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 Pay & Benefits Coordinator immediately of any changes in marital or dependent status or change of residence.