



UNIVERSITY
OF MANITOBA

RETIREE GROUP INSURANCE INFORMATION

JANUARY 2019

FOR RETIREMENTS AFTER JULY 1, 2004

DEAR RETIRED STAFF MEMBER:

On the retirement of eligible retired staff members, the University provides a benefits package. You are encouraged to read your booklet in detail and keep it in a safe place for future reference.

Best wishes in your retirement days and good health to you and your family.

This brochure is a summary of your employee benefits. The actual benefit provisions are contained in the Master Contracts issued by the insurers to the University of Manitoba. The University of Manitoba retains the right to modify, reduce or terminate benefits at any time. In the event of any variations or discrepancy, the contracts and not this brochure will prevail.

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GENERAL INFORMATION

Retiree Optional Extended Life Insurance, Supplementary Health and Dental coverage are available to retiring staff members who, as of their date of retirement,

- (a) are age 55 or older, and
- (b) held a continuing full-time position or part-time position, and
- (c) have had group insurance full-time or part-time coverage for 10 continuous years prior to their date of retirement.

Employee Assistance Program is available to all retiring staff members regardless of age, position, or service.

Supplementary Health, Dental and Employee Assistance Program coverages are also provided to a retired staff member's spouse and unmarried dependent children, as defined, who normally reside with the retired staff member at his/her regular residence. Temporary absences to attend school will not make the dependents ineligible.

HOW TO APPLY

The Staff Benefits Office identifies any retiring staff member who is eligible for insurance. Any required forms are completed at the time of retirement.

ELECTION OF COVERAGE

You are automatically covered for Employee Assistance Program. You may elect optional Life and/or Supplementary Health and Dental benefits.

If you elect Supplementary Health and Dental benefits, you must elect both. However, if you are covered under another benefit plan you may elect not to participate in either the University's Supplementary Health or Dental benefits. If you lose coverage under the other benefit plan, you must apply for coverage under the University's plan within 31 days of loss of such coverage.

BENEFIT COMMENCEMENT

You are eligible for the following benefits on the first of the month following the date of termination of your full-time or part-time benefits plans, provided you have met all the conditions of eligibility:

- Optional Extended Life Insurance
- Supplementary Health Coverage
- Dental Coverage

Employee Assistance Program automatically continues as of your date of retirement.

DEFINITIONS

The term "spouse" means the person to whom you are legally married, your common-law spouse or same-sex partner. For purposes of supplementary health and dental, common-law spouse or same-sex partner means the person who has resided with you in a conjugal relationship for at least one year, provided that relationship is permanent and exclusive of all other relationships.

The term "Dependent Child" means any unmarried natural child, adopted child, or step-child who is chiefly dependent on you for support and maintenance and who is:

- (a) under 18 years of age
- (b) up to 25 years of age, and a full-time student at a school, college, or university
- (c) over 18 years of age, but continues to be incapable of self sustaining employment by reason of mental or physical handicap.

Dependent also includes any child for whom you have been appointed legal guardian provided satisfactory proof of such guardianship is provided to the University.

BENEFIT TERMINATION

Optional Extended Life Insurance terminates on the first day of the month prior to attainment of age 71. Supplementary Health and Dental coverage remains in effect for the retiree's lifetime provided the required premiums are remitted monthly. Employee Assistance Program terminates two years following the date of retirement. Coverage for a surviving spouse will continue for 6 months following the death of the retiree.

BENEFIT COSTS

You are automatically covered under the Employee Assistance Program. The other retiree benefits are optional.

You pay the entire cost of Optional Extended Life Insurance.

For Supplementary Health and Dental Coverage:

- With at least 20 years participation in the benefit plans as an active member
 - Paid 50% by the member to age 75 and 100% thereafter
- Between 10 and 19 years participation in the benefit plans as an active member
 - Paid 100% by the member

There is no cost to you for the Employee Assistance Program.

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BENEFICIARY DESIGNATIONS

Your designated beneficiary under the Optional Extended Life Insurance plan, at date of retirement will remain in force until you complete and file with the Staff Benefits Office the required form to change the beneficiary. Your beneficiary designation can be changed at a later date subject to legal restrictions. It is important that the beneficiary designation be updated to reflect changes in personal circumstances.

CHANGE OF ADDRESS

Please advise the Staff Benefits Office of any change of address to update their records. Also advise any of the financial institutions who are providing you with pension payments.

CONVERSION OF LIFE INSURANCE COVERAGE

(ALL RETIRING STAFF MEMBERS ARE ELIGIBLE TO CONVERT THEIR LIFE INSURANCE)

Staff members may convert, without medical evidence of insurability, their term life insurance to an individual policy of insurance with the current insurer, Great-West Life. The conversion privilege is subject to the terms and conditions of the insurer and application must be made on or prior to your retirement date and within 31 days of your termination date.

If you are interested in this option, please let us know as soon as possible and we will send you the Group Life Conversion Privilege Notification form. This form provides basic information about the conversion privilege and outlines the specific group plan information required to process the conversion privilege.

OPTIONAL EXTENDED LIFE INSURANCE

COVERAGE

As an eligible retiring staff member, you may purchase Optional Extended Life Insurance up to an amount equivalent to your Life Insurance coverage in effect as of the date immediately preceding your retirement, rounded to the nearest unit. The amount of coverage in effect includes your Basic Life coverage (one times your annual salary) and any Optional Life coverage you may have elected.

At retirement, your Basic Life coverage is converted into units and rounded to the nearest unit. Your Optional Life coverage is equivalent to the number of units of Optional Life in effect as of your date of retirement. The total of your Basic Life and Optional Life units is then multiplied by the dollar value of one unit of Optional Life Insurance (\$10,000). The resulting amount is the amount of your Retiree Optional Extended Life Insurance.

Example: Prior to retirement, you were insured for:

- (1) one times your pre-retirement salary of \$45,000, which the University of Manitoba paid for on your behalf; and
- (2) ten units of Optional Life Insurance which you paid for.

At retirement, you may elect to continue your insurance up to an amount equivalent to the sum of:

- (1) one times your salary of \$45,000. Your pre-retirement salary is converted to units and rounded to the nearest complete unit. In this example, the number of units you would be insured for if you retired would be equal to five ($\$45,000 \div \$10,000$)
- (2) up to ten units of Optional Life Insurance.

Under this scenario, the maximum number of units you could be insured for would be equal to fifteen, which is equivalent to \$150,000 of insurance. Provided you continue to remit premiums, this amount of insurance will remain in effect until you reach age 71.

On the first day of the month prior to your attainment of age 71, all coverage will cease.

There is no indexing of the unit value, under the Optional Extended Life Insurance, subsequent to retirement.

COST

You pay the entire cost of any Optional Extended Life Insurance elected.

The premium rates for this coverage are age related and are identical to the rates for active staff members. The rates are reviewed annually and are available from the Staff Benefits Office.

The premium rates will be increased on July 1 following attainment of an age which places you in the next age category.

CLAIM PROCEDURES

The Staff Benefits Office will provide your beneficiary with the applicable forms and provide assistance in filing a claim.

SUPPLEMENTARY HEALTH BENEFITS

Coverage is provided to you and your eligible dependents for certain medical expenses which are not insured under the provincial health plan for the province in which you reside.

Coverage for expenses incurred outside of Canada are not covered.

The plan does not provide reimbursement of charges for basic services rendered in your home province in excess of your provincial health plan.

For covered services required outside of your province of residence, in the situation where charges are in excess of your provincial fee schedule, reimbursement will be provided on the basis that you have maintained coverage under your provincial health plan in your province of residence.

WHAT EXPENSES ARE COVERED

You are covered under four categories for costs incurred as a result of medical expenses. The four categories are:

- Hospital
- Ambulance
- Healthcare Expenses (covered when medically necessary)
- Prescription Drugs

MAXIMUM

There is a \$25,000 (former full-time) and \$17,500 (former part time) combined lifetime maximum per individual. After each policy year of insurance, amounts applied against the individual's lifetime maximum will be reinstated by a maximum of \$1,000.

HOSPITAL

The daily charge for hospital semi-private ward care which is in excess of the cost of the standard ward charge covered under the government hospital plan of your home province. Full-time retired staff members will be reimbursed at 100%, part-time retired staff members at 70%.

AMBULANCE

The usual and customary charge for medically necessary ambulance service. You will not be reimbursed for use of an ambulance in a non-medically necessary situation. There is no coverage for medi-cabs. Former full-time staff members are reimbursed at 100% and former part-time staff members at 70%.

PRESCRIPTION DRUGS

For former full-time staff members, there is a yearly \$100 deductible, with 80% reimbursement up to the lesser of your Pharmacare deductible or \$1,500 individual maximum. For former part-time staff members, there is a yearly \$150 deductible, with 55% reimbursement up to the lesser of your Pharmacare deductible or \$1,050 individual maximum.

Covered expenses for drugs and medicine include the reasonable and customary charges that are necessarily incurred for medically necessary drugs and medicines which require the written prescription of a physician, are dispensed by a licensed pharmacist or physician in accordance with the Canadian Food and Drugs Act, are covered by the Prescription Drug Cost Assistance Act of Manitoba and are covered when the amount can be consumed within a 90 day period.

Coverage for Insulin and diabetic supplies and equipment is outlined under the Healthcare Benefits section below. The drug card is not available for these items. Claims must be submitted under the medical supply category.

HEALTHCARE BENEFITS

There is no deductible. Former full-time staff members will be reimbursed at 80% of the first \$500 of covered expenses and 100% of covered expenses in excess of \$500 and former part-time staff members will be reimbursed at 55% of the first \$500 of covered expenses and 70% in excess of \$500.

You are covered for reasonable and customary charges necessarily incurred for the following items only when medically necessary:

- Hospital out-patient services and supplies (in excess of coverage provided by the provincial health plan for the province in which you reside.)
- Charges for services of registered graduate nurses and/or licensed practical nurses both in hospital and in the home when medically necessary and prescribed by a physician, subject to a maximum reimbursement of up to but not more than \$5,000 per individual in any twelve month period for former full-time and \$3,500 for former part-time. Home Care is not covered. Pre-authorization by the insurance company is required.
- Transportation charges to return a deceased insured or deceased dependant to the retired staff member's resident city, subject to reimbursement not exceeding \$1,000.

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purchased. The maximum amount payable is \$700 every 5 years.

- Services of qualified and licensed acupuncturists, chiropractors, dietitians, massage therapists, naturopaths, occupational therapists, osteopaths, physiotherapists/athletic therapists, podiatrists, psychologists/social workers, and speech therapists. The maximum amount payable per individual per policy year combined for all the practitioners is \$500 for former full-time staff members and \$350 for former part-time staff members.
- Treatment by x-ray, radium, and radioactive isotopes and diagnostic laboratory procedures (if not covered by the provincial health plan for the province in which you reside).
- Blood and blood transfusions, oxygen, and its administration.
- Rental of a wheelchair, hospital bed, or iron lung.
- Prosthesis and surgical support garments as identified in the group policy.
- Splints, braces, crutches, and casts.
- Dental services for treatment of a fractured jaw or of accidental injury to natural teeth within 6 months following the accident.
- For insulin dependent diabetes, diabetic equipment limited to blood glucose monitoring machines and blood letting devices subject to reimbursement not exceeding \$350 per lifetime.
- Insulin, insulin syringes, and Clinitest or similar home chemical testing supplies for diabetics (excluding supplies used with blood glucose monitoring machines).
- Post-mastectomy external breast prostheses, one per calendar year.
- Post-mastectomy support brassieres, one per calendar year following single mastectomy, or two per calendar year following bi-lateral mastectomy.
- One pair of glasses or contact lenses following cataract surgery.
- Hearing aids, including batteries, tubing, and ear molds provided at the time the hearing aid is

CO-ORDINATION OF BENEFITS

If you are eligible for benefits under this plan as well as another plan which also provides health benefits, any benefit payable will be co-ordinated and/or reduced to the extent that total reimbursement received from both plans will not exceed the actual expenses incurred.

HOW IS A CLAIM SUBMITTED

Retired staff members must complete the prescribed Supplementary Health Plan claim form if claiming ambulance, medical, or drug expenses. Receipts or photocopies (Pharmacare receipts for drug expenses) to support itemized expenses should be attached to the claim form. Staff members who incur out-of-province (but within Canada) expenses in excess of those covered by the provincial health plan (for the province in which you reside) must include with their claim form all supporting statements and the notice showing the amount paid by the provincial health plan.

The same procedure can be followed for hospital expenses. Alternatively, at the time of admission to a hospital, the staff member can advise the hospital of their semi-private coverage (100% for former full-time and 70% for former part-time) under Contract No. 44870GH issued by the Great-West Life Assurance Company. You can also visit the University's Staff Benefits Office website for more information or to download retiree supplementary health and dental claim forms at: www.umani-toba.ca/admin/human_resources/staff_benefits/

Claims are to be submitted promptly and expenses should be claimed no later than 16 months from the date incurred.

All claims should be sent directly to the Great-West Life Assurance company, at the address shown on the claim form.

DENTAL BENEFITS

Dental expenses for yourself and your eligible dependants will be reimbursed based on the Manitoba Dental Association Fee Guide in effect at the time services are provided, at the percentages indicated:

REIMBURSEMENT LEVEL

Service	Full-time Retired	Part-time Retired
Basic	80%	50%
Major	60%	50%
Orthodontic	50%	50%

Currently, there is no deductible for dental benefits.

MAXIMUM BENEFIT

The maximum amount payable per individual for Basic, Major and Orthodontic services combined for full-time retired staff member is \$1,000 and part-time retired staff member \$700 per calendar year. Orthodontic benefits are subject to a lifetime maximum of \$1,200 for full-time and \$700 for part-time per covered dependent child up to the age of 19 provided work commenced prior to their 18th birthday.

TREATMENT PLAN (PRE-AUTHORIZATION)

If the course of treatment is to exceed \$500, you should, before treatment commences, have your dentist submit to Manitoba Blue Cross, a claim form for pre-authorization to determine if the treatment is covered.

COVERED EXPENSES

Basic Services

- oral examinations (twice per calendar year but not more than once in any five month period)
- complete clinical examinations (once every three calendar years)
- full mouth series of x-rays (once every two calendar years)
- prophylaxis (cleaning and scaling of teeth) and topical application of fluoride (twice per calendar year but not more than once in any five month period)

- bite-wing x-rays (twice per calendar year)
- amalgam, silicate, acrylic, and composite fillings
- space maintainers for missing teeth
- in the event of accidental injury, the cost of procedures which are ordinarily listed under Major and/or Orthodontic services are covered to a maximum of \$1,000 per person per year.
- general anesthesia, diagnostic, and laboratory procedures required for dental surgery
- endodontics - usual procedures required for pulpal therapy and root canal filling
- periodontics - usual procedures for treatment of the diseases of the tissues and bones supporting the teeth
- extractions and alveolectomy (bone work) at time of tooth extraction
- dental surgery
- necessary treatment for relief of dental pain
- cost of medication and injections given in the dentist's office
- consultations required by attending dentist
- surgical removal of tumours, cysts, neoplasms
- incision and draining of abscesses
- excision of benign hard tumour, radicular, or dentigerous cyst

Major Services

- complete upper and lower dentures (once every five calendar years)
- partial dentures, fixed bridge restoration
- inlays and onlays
- crowns (once every five calendar years) including gold and porcelain where other material is not suitable

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Orthodontic Services

- necessary dental treatment which has as its objective the correction malocclusion of the teeth. This coverage is provided only for eligible dependent children up to the age of 19, provided work commenced prior to their 18th birthday.

EXPENSES NOT COVERED

No payment is made for:

- any service not listed as an eligible expense
- services purely cosmetic in nature
- charges for broken appointments
- congenital malformations and temporomandibular joint dysfunction
- fees arising out of extra services arranged for privately between the patient and the dentist
- implants
- appliances which were lost, mislaid or stolen
- oral hygiene instruction, experimental treatments, dietary planning, instruction in plaque control
- charges for completion of claim forms
- dental treatment required as a result of any intentionally self-inflicted injury, war or engaging in a riot or insurrection
- services required as a result of injury which are covered under the University of Manitoba Supplementary Health Benefit Plan
- expenses covered by Workers Compensation or similar programs, or for services provided under any government-sponsored program

CO-ORDINATION OF BENEFITS

If you are eligible for benefits under this plan as well as another plan which also provides dental benefits, any benefit payable will be co-ordinated and/or reduced to the extent that total reimbursement received from both plans will not exceed the actual expenses incurred.

CLAIM PROCEDURES

If dental expenses are incurred, have your dentist complete Part A of the claim form, complete the remainder of the form yourself, and forward it to Blue Cross for processing.

EMPLOYEE ASSISTANCE PROGRAM

WHAT YOUR EAP HAS TO OFFER

Immediate, confidential help for any concern.

Your EAP is a confidential and voluntary support service that can help you take the first step towards change. We'll help you find solutions to all kinds of challenges at any age and stage of life. Whether you have decided to get in shape, are considering buying a new home or want to find a better work-life balance – we have the expert insight to get you on your way.

You and your immediate family members (as defined in your employee benefit plan) can receive support over the telephone, in person, online and through a variety of self-guided resources. You'll get immediate, relevant support in a way that is most suited to your preferences, learning approach and lifestyle. Highly qualified, experienced and caring professional help you select a support option that works best for you.

Your EAP is completely confidential within the limits of the law. No one, including your employer, will ever know that you have used the service unless you choose to tell them.

Available at no cost to you

There is no cost to use your EAP. This benefit is provided to you by your employer. You can receive a series of sessions with a professional and if you need more specialized or longer-term support, your EAP can suggest an appropriate specialist or service that is best suited to your needs. While fees for these additional services are your responsibility, they may be covered by your provincial or organizational health plan.

EAP services are available to retirees and their eligible family members for up to two years following retirement.

SOLUTIONS FOR A WIDE RANGE OF LIFE'S CHALLENGES

Let us help you:

Achieve well-being:

Stress • Depression • Anxiety • Anger • Crisis situations • Life transitions

Manage relationships and family:

Separation and divorce • Elder care • Relationship conflict • Parenting • Blended family issues

Find child and elder care resources:

Maternity and parental leave • Adoption • Child care services • Schooling • Adult day programs • Nursing and retirement homes

Get legal advice:

Separation and divorce • Civil litigation • Custody and child support • Wills and estate planning

Get financial guidance:

Credit and debt management • Budgeting • Bankruptcy • Financial Emergencies • Changing Circumstances

Deal with workplace challenges:

Work-life balance • Conflict • Career planning • Bullying and harassment

Tackle addictions:

Alcohol • Tobacco • Drugs • Gambling • Other addictions • Post-recovery support

Improve nutrition:

Weight management • Boost energy and resilience • High cholesterol • High blood pressure • Diabetes • Heart disease

Focus on your health:

Identify conditions • Prevent illness • Manage symptoms • Discover natural healing strategies • Create an action plan for better health

CONTACT INFORMATION

CONTACT INFORMATION, WEBSITES AND PHONE NUMBERS

Benefit	Provider	Contact information	
Supplementary Health Insurance	Great West Life Assurance Company Group Policy #44870	Website: www.greatwestlife.com For your claims inquiries and information: 1-800-957-9777	Register on group net for plan members to submit claims, review claims history, request replacement cards, etc.
Dental Insurance	Manitoba Blue Cross Client number 7426	Website: www.mb.bluecross.ca For claims inquiries and information: 1-800-873-2583 or 204-775-0151	Log on and register on customer e-service to view claims history and status of current claims, sign up for direct deposit, request cards, etc.
Employee Assistance Program (EAP)	Shepell.fgi GEAP Policy #165370 Service Agreement with Great West Life Assurance Company	Website: www.shepellfgi.com Phone number for immediate and confidential assistance 24/7/365. English: 1-800-387-4765 French: 1-800-361-5676	This website contains online tools and resources and articles on wellness.
Benefits Booklets and claim forms		Website: www.umanitoba.ca/admin/human_resources/staff_benefits/ Staff Benefits Office 204-474-7428	To download benefits booklets, claim forms, benefits bulletins, etc. and to find information regarding benefit coverage and premium rates.
Review your current coverage and registered dependents		Website: https://jump.umanitoba.ca/ Staff Benefits Office 204-474-7428	Log on and click on the HR tab to access your self-service portal. On the tab "My Benefits" you will be able to verify your covered dependents, designated beneficiaries and levels of coverage.

