

**Faculty  
Frequently Asked Questions  
Benefits, Co-insurance Plan and Health Care Spending Account**

**Q: When does the new co-insurance plan for full-time faculty benefits come into effect?**

A: January 1, 2008.

**Q: What is the rate of co-insurance?**

A: The University will pay 85% towards eligible expenses for claims under the Extended Health & Dental Plans, and the Member will pay the other 15%.

**Q: Is there any limit to the amount that the Member will have to pay in each calendar year?**

A: Yes, the maximum out-of-pocket cost for Members is \$450 with single coverage and \$900 with family coverage per calendar year. Once the maximum is reached in any given calendar year, you will no longer be required to pay 15% towards eligible expenses for the remainder of that year.

**Q: Does this mean that if I have family coverage I am required to pay the first \$900 of my family's eligible expenses before the University begins to cover them?**

A: No, this means that for each eligible expense, you will have to pay 15% of the cost, until you reach the annual out-of-pocket maximum of \$900 (or \$450 if you have single coverage).

**Q: Does the Member's annual Claim Expense Cap of \$450 for single coverage or \$900 for family coverage apply to only the 15% co-insurance expenses the Member incurs for medical and dental claims, or does the expense cap include as well other costs (e.g., money spent to cover the 20% co-insurance for major dental expenses)?**

A: The annual cap on out-of-pocket Medical and Dental expenses (\$450 for single coverage, \$900 for family) only applies to out-of-pocket expenses associated with the new 15% co-pay.

**Q: A Member with single coverage at January 1st has \$225 deposited into the Members HCSA. If the Member acquires dependents during that same year is the annual deposit to the HCSA increased to the \$675 family level?**

A: The level of HCSA deposit is based on the single or family status as of January 1 each year so there would not be an adjustment in the HCSA deposit in the year of family status change until January of the following year.

**Q: What benefits fall under the new co-insurance plan?**

A: The new co-insurance plan affects only those Extended Health and Dental benefits that have neither a fixed dollar maximum nor existing co-insurance provisions. The co-insurance arrangement does not apply to the following:

- the \$6.11 dispensing fee cap;
- any internal maximums already defined within the plans (e.g. Visioncare benefit of \$300 every two years, \$15 per visit for various medical practitioners such as Physiotherapists); and
- the major restorative benefits under the Dental plan (already subject to 80/20 co-insurance).

**Q: Is there any other coverage available to off-set the 15% co-insurance, or to enhance the existing fixed dollar amounts, for instance for Visioncare?**

A: Yes, effective January 1, 2008, a Health Care Spending Account (HCSA) will be established in your name.

**Q: Who administers reimbursement from the HCSA for eligible medical expenses?**

A: Manulife, the University's health and dental insurance carrier, will administer Member's HCSAs.

**Q: Can I call Manulife Customer Service Centre to find out information about my Health Care Spending Account?**

A: Yes, starting January 1, 2008.

**Q: Can I use the regular health claim form when submitting claims under my HCSA?**

A: All claims processed under your HCSA need to be submitted manually using a Health Care Spending Account claim form. These forms will be available on Human Resources' web site and the Manulife self-served web site beginning January 1, 2008.

**Q: How much am I entitled to each year under my HCSA?**

A: Full-time Members with single coverage will have \$225 each calendar year in their HCSAs. Full-time Members with family coverage will have a HCSA of \$675 each calendar year.

**Q: What level of HCSA do new members hired after January 1 receive?**

A: New members receive the full HCSA entitlement based on single or family status on hire.

**Q: Can I enhance my HCSA by adding additional funds from elsewhere?**

A: On November 1st of each year, Members will be notified that they have \$400 in flexible benefit credits that they may elect to allocate, in \$100 increments, to either the Professional Expense Reimbursement (PER) or the HCSA for the upcoming calendar year. This designation must be made by November 30th of each year and credits are irrevocably transferred to the HCSA in January of the applicable year. Where a Member makes no election, \$200 of flexible benefit credits will be automatically credited to the PER and \$200 will be automatically credited to the HCSA.

**Q: What type of health-related expenses may I claim under the HCSA?**

A: Medical expenses as defined by the Income Tax Act, regulations and interpretation bulletins are eligible. These would include any 15% co-insurance you pay after January 1, 2008, medical practitioner expenses over the \$15 per visit limit, Visioncare costs in excess of \$300 every two years or other medical/dental expenses previously not covered (such as orthodontics). For more information on eligible expenses under the Income Tax Act, see [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca).

**Q: May I carry forward unspent HCSA funds to the next year?**

A: Yes, but the funds may only be carried forward for one year. HCSA funds remaining unused at the end of this second calendar year will be forfeited. No cash-outs of HCSA funds are permitted.

**Q: What is the HCSA entitlement in the calendar year of retirement?**

A: The full single (\$225) or family (\$675) annual entitlement, plus any carryover amount from the prior year, plus up to \$400 in flexible benefit credits transferred to the HCSA is available for eligible medical expense up to the date of retirement. Any unspent funds in the HCSA after the earlier of the end of the year of attaining age 69 or your retirement date are forfeited. Once you move to the retiree plan, you will have 90 days during which you can submit eligible claims incurred prior to your retirement date or the end of the year in which you reached 69 to your HCSA.

**Q: When a Member retires how long does the Member have to claim expenses that were incurred up to the retirement date?**

A: The Member has up to 90 days after the retirement date to request reimbursement.

**Q: How important is the effective date of a medical or dental expense in relation to the year in which the claim is made?**

A: This is very important. Expenses incurred in a given year may only be claimed from the HCSA during that same calendar year. An expense from the previous year may be claimed but only from funds that were carried over from the previous year.

**Q: Will Manulife automatically reimburse me from my HCSA for medical and dental expenses not fully covered under my Extended Health and Dental coverage with Manulife, such as the 15% co-insurance and Visioncare claim amounts in excess of the two year maximum?**

A: Not quite. If you have checked off the appropriate box on the HCSA claim form and have single coverage or family coverage with no secondary coverage from your spouse, then Manulife will process any unpaid balance of your claim from your HCSA. If you have family coverage with secondary coverage from your spouse, the process for claiming is outlined in the Questions below.

**Q: If my spouse is also a full-time faculty Member, do we each have a HCSA?**

A: Yes.

**Q: How will the HCSA tie in with coordination of benefits through my spouse/partner's health and dental coverage?**

A: For those Members with secondary coverage under your spouse's plan that is also under Manulife: you can use the HCSA claim form and provide your spouse's policy and certificate number and check off the appropriate box on the claim form. This will allow Manulife to process your claim through your Extended Health and Dental Plan first. Then Manulife will automatically process your claim under your spouse's plan with Manulife, and if there is an unpaid balance, your claim will then be processed under the HCSA.

For those Members with secondary coverage under your spouse's plan that is not under Manulife: you will need to submit your claim through your Extended Health and Dental plan first. Then you will need to submit your claim manually through your spouse's plan. If there is an unpaid balance, you can then submit the Explanation of Benefits to your HCSA using the HCSA claim form.

**Q: Will I be able to access my HCSA information?**

A: Yes, in the same way you now access information relating to your medical and dental claim history on the Manulife self-service web based application. There will be an additional tab labeled HCSA on the application that will show your HCSA balance.