



July 2012

Dependent Life and Supplementary Health Premium Changes Effective July 2012

The Board of Governors, upon recommendation from the Staff Benefits Committee, approved premium rate changes at the June 26, 2012 Board of Governors' meeting.

Renewal Results

Each year the Staff Benefits Committee reviews the Financial and Renewal Report prepared by the consultant. The goal of the annual renewal analysis is to set premium rates at a level that is sufficient to cover anticipated claims and operating expenses for the next policy year (April 1 to March 31). Plan operating expenses include claims settlement costs, administrative fees, risk charges and premium tax.

Based on the most recent Financial and Renewal Report, effective July 1, 2012, Dependent and Supplementary Health premium rates will be changing.

Dependent Life Insurance

Effective July 1, 2012 premium rates will increase as a result of less favourable experience. Dependent Life Insurance is available to all eligible employees on a voluntary basis. The maximum amount of insurance for a full-time employee is 5 units and for a part-time employee is 3 units.

The chart below indicates the premium rate for each unit.

	Before July 1, 2012	After July 1, 2012
Premium cost per unit	0.53	0.56

Supplementary Health Insurance

Effective July 1, 2012 premium rates will increase by 3% for all active staff. The cost of the Supplementary Health Plan is shared equally between you and the University.

Premiums you have paid for this coverage can be claimed as an expense under the Healthcare Spending Account or as a medical expense on your income tax return. **You cannot claim under both.**

Full-Time Employees - Premium Rates		
Coverage Level	Monthly Premium Rate (100%)	Employee Share (50%)
Single	24.92	12.46
Couple	49.44	24.72
Family	88.12	44.06

Part-Time Employees - Premium Rates		
Coverage Level	Monthly Premium Rate (100%)	Employee Share (50%)
Single	16.32	8.16
Couple	31.52	15.76
Family	56.80	28.40

A summary of your benefit information is available on the Employee Self-Service Portal (ESS)

The Employee Self-Service Portal includes not only a summary of your current benefit coverage but will also show your beneficiary designations and benefit dependents currently on file. It includes a link to the group insurance page on the HR website which has information about covered expenses and claim forms.

In order to view this information you must sign on to Jump and click on the HR tab. This tab includes a link to the Employee Self Service Portal. Changes to benefit coverage, beneficiary designations and dependents will still require original documents to be completed and filed with Staff Benefits.

If you have questions, require clarification or need to make changes, please contact the Staff Benefits Office at 474-7428.

Other Online Information and Services

Great West Life

GroupNet for Plan Members is an on-line service of Great West Life which gives you access to your claims information.

To register, visit **www.greatwestlife.com**. You will need to enter your plan number (20778) and member ID number which can be found on your Benefit ID card.

Once you have registered you can:

- View your claim status and Explanation of Benefits for the past 24 months
- Check the balance remaining in your Healthcare Spending Account
- Sign up for Direct Deposit Claim payments to have your claims paid directly into your bank account
- Submit a claim online

Blue Cross

To access Dental Claims information, register online at www.mb.bluecross.ca.

Once you have registered you can:

- View your claim status and history
- Sign up for Electronic Fund Transfer to have your claims paid directly into your bank account
- Request new ID cards