



HEALTHCARE SPENDING ACCOUNT (HCSA) MAXIMUMS AND INFORMATION ON SUBMITTING YOUR CLAIMS

The annual allocation for your Healthcare Spending Account is increasing as shown in the table below.

	Current Allocation		Increased Allocation	
	Full-Time	Part-Time	Full-Time	Part-Time
April 1, 2014	\$600	\$420	\$650	\$455
April 1, 2015			\$725	\$510

If you have already submitted claims in excess of the current allocation for 2014/15, Great West Life will automatically re-adjudicate your claims based on the increased allocation.

THE HCSA CAN BE USED:

- to top up payment for services not fully covered under your benefit plan, or to cover deductibles under your plan or your spouse's plan;
- for prescription drugs not recognized on the Manitoba Pharmacare formulary;
- for vision care
- for any expense that qualifies as a medical expense tax credit under the Income Tax Act. See CRA Interpretation Bulletin IT-519R2 for a list of qualifying medical expenses. You can link to http://www.cra-arc.gc.ca/E/pub/tp/it519r2-consolid/it519r2-consolid-e.html#P382_79898 for this information.

THINGS TO KNOW ABOUT THE OPERATION OF THE HCSA:

- The policy year is April 1 to March 31.
- Expenses incurred between April 1, 2014 to March 31, 2015 and to be paid from the 2014/15 HCSA **must be received, processed and paid by Great-West Life** no later than 90 days following the end of the policy year (June 30, 2015). In order to allow adequate time for processing, submit your claim before June 15, 2015.
- If you do not spend the full allocation, you cannot carry forward any unused amount. If you don't use it, you lose it.
- You can carry forward expenses until the next policy year. For example, if you purchased an eligible item for \$1,000 in this policy year, you could carry forward any unpaid amount until the next policy year. You could not carry forward any additional unpaid amount into any subsequent policy year.
- The HCSA can cover you, your spouse and children. In addition, a dependent can qualify if you are entitled to claim a medical expense tax credit for that dependent.

HOW ARE CLAIMS SUBMITTED TO THE HCSA?

The HCSA pays out only on the balance remaining after all other insurance plans have paid out. That includes your plan (provided you did not opt out of the University of Manitoba Supplementary Health Plan), your spouse's plan, and provincial plans.

You will be allowed a 90 day grace period following the end of the fiscal year to submit claims incurred during the fiscal year to be paid in that fiscal year's allocation.

Some things to remember about submitting your claim are:

If you are covered under the Supplementary Health Plan you should complete the combined Supplementary Health Plan and HCSA claim form.

On the Supplementary Health claim form you are asked to select how you want the benefits to be paid. Your options are Supplementary Health Plan only, HCSA only, or both. It is very important that you clearly identify how you would like your expenses paid.

- If the claim is for you:
 - send in your claim to Great-West Life for your regular Healthcare expenses
 - send in your claim to your spouse's plan (if applicable) for the remaining reimbursement
 - submit claim to your HCSA (GWL) which will reimburse any unpaid portion
- If the claim is for your spouse (who is not a U of M employee):
 - send in your spouse's claim to your spouse's insurer
 - send the claim to Great-West Life for the remaining reimbursement
 - submit claim to your HCSA (GWL) which will reimburse any unpaid portion
- If the claim is for your dependent children:
 - health claims are processed first through the plan of the parent whose birthday is first in the calendar year
 - send the claim to the other parent's plan
 - submit claim to your HCSA (GWL) which will reimburse any unpaid portion

If you have opted out of the Supplementary Health Plan, you should complete the HCSA claim form. Any health claims which have been incurred by you or your dependants should be submitted to your spouse's plan first with any remaining unpaid expenses submitted to the HCSA.

Supplementary Health Plan claims are to be submitted promptly and calendar year expenses should be claimed no later than the immediately following April 30 or 16 months from the date incurred.

For the HCSA, you will be allowed a 90 day grace period following the end of the fiscal year to submit claims incurred during the fiscal year to be paid in that fiscal year's allocation.

Claim forms can be obtained from the Staff Benefits office, UMG office, from the St. Boniface University Human Resource office, or visit the Staff Benefits' website at www.umanitoba.ca/admin/human_resources/staff_benefits/.

Claim forms should be submitted directly to Great-West Life.

LEAVING MANITOBA TO TRAVEL, WORK, STUDY OR MOVE

MANITOBA HEALTH COVERAGE AND REQUIREMENTS.

When **visiting another Canadian province or territory** and you need hospital or medical care, show your Manitoba Health card. In most cases, the doctor and hospital bill will be sent directly to Manitoba Health for processing.

When you travel outside of Canada, you are responsible for some of the costs of emergency hospital or medical care. Prescription drugs purchased in countries other than Canada are not covered.

If you are **planning to reside outside of Manitoba for an extended period** for the purposes of vacation or an extended travel leave, you can be absent from the province for up to seven months and remain eligible for Manitoba Health coverage. **Report any expected absence of 90 days or more in a 12-month period to Manitoba Health prior**

to your departure. To ensure that you are eligible for out-of-country benefits while abroad, you must apply for a Term Registration Certificate.

If you are a **Manitoba resident leaving the province to attend school on a full-time basis**, the following must be provided to Manitoba Health prior to your departure:

- A letter or completed Manitoba Health form requesting continued coverage from Manitoba Health.
- A letter from an accredited educational institution confirming your full-time attendance and duration of studies. You must reapply for coverage and provide confirmation for each subsequent year.

If you are leaving Canada specifically to obtain medical treatment, you should contact representatives of your provincial healthcare plan and Great-West Life to determine if coverage is available.

For more detailed information and other requirements, refer to www.gov.mb.ca/health/mhsip/leavingmanitoba.html Or call the Registration and Client Services Unit, Manitoba Health at **204-786-7101**.

OUT-OF-COUNTRY COVERAGE PROVIDED THROUGH YOUR SUPPLEMENTARY HEALTH BENEFITS

Out-of-country coverage is provided for all active, eligible employees covered under the University of Manitoba Supplementary Health Plan. Great-West Life's out-of-country coverage is designed to provide benefits during a medical emergency while you or your dependants are temporarily outside Canada for business, education or vacation.

Below are some examples of what might be considered a medical emergency:

- a sudden, unexpected injury,
- an acute episode of a medical condition that was not identified or being treated prior to departure from Canada,
- an unexpected and unforeseen acute episode of a previously identified medical condition that was stable and controlled at the time of departure from Canada.

In assessing whether a previously identified medical condition is stable and controlled at the time of departure, Great-West Life may consider whether, within three or more months prior to your departure:

- you've had any new medications or changes in dose,
- your doctor has prescribed or recommended any medical, surgical or diagnostic procedures for you,
- your medical condition has worsened.

Great-West Life will also consider whether your doctor has advised you not to travel. In some cases, Great-West Life will require your medical records to assess your claim.

Out-of-country coverage generally covers expenses associated with the initial treatment of a medical emergency, such as doctor fees, lab fees and hospital fees. Here are some examples of out-of-country expenses that may not be covered:

- non-emergency care or followup care after the initial emergency treatment,
- expenses related to pregnancy or delivery after the 34th week of pregnancy or at any time prior to the 34th week if the patient's Canadian physician considers the pregnancy to be high-risk,
- continued medical care following an emergency outside Canada if the patient's medical condition permits a return to Canada for treatment.

If you have a medical condition, you may wish to check with your doctor before travelling. If you are advised it is safe to travel and you would like clarification of your out-of-country coverage, call Great-West Life at **1-800-957-9777**. You will need to provide them with your policy number (20778) and your employee ID number.

HOW OUT-OF-COUNTRY COVERAGE DIFFERS FROM TRAVEL ASSISTANCE

Out-of-country coverage is sometimes confused with travel assistance. These are two separate types of coverage. Out-of-country coverage provides benefits for the medical costs associated with a medical emergency, such as doctor, hospital and lab fees. Meanwhile, Great-West Life's Global Medical Assistance coverage includes such services as 24-hours-a-day, seven-days-a-week access to co-ordinators who can direct you to an appropriate healthcare facility or assist with travel arrangements following a medical emergency.

The University's Supplementary Health Plan does not include coverage for trip cancellation, trip interruption or loss or damage of baggage. You may want to consider obtaining these types of coverage from other sources, such as travel agencies.

OUT-OF-COUNTRY COVERAGE CONFIRMATION LETTER

If you are travelling to CUBA you may be required to provide proof of medical coverage. An “Out of Country Confirmation Letter” can be obtained from the Great-West Life website at www.greatwestlife.com for this purpose. Click on the link for **GroupNet for Plan Members**. The letter template can be found on the Forms and Cards tab. This letter can also be obtained by calling Great-West Life at **1-800-957-9777**. Make sure you have your policy number (20778) and ID number handy.

KEEPING CONTACT INFORMATION CURRENT

You must maintain coverage with your provincial healthcare plan in order to be eligible for benefits under a Great-West Life group plan. For this reason, it is important that you keep your personal information current with your provincial healthcare plan; this includes providing notification of any address and name changes as well as notification about moving away from Canada for extended periods.

IN CASE OF MEDICAL EMERGENCY

If you experience a medical emergency while outside Canada, contact the Assistance Centre or have someone call on your behalf. The phone numbers (which can also be found on the back of your travel assistance card) are listed below.

Call collect:

From anywhere in the world: 1-204-946-2577

From Cuba: 1-204-946-2946

Call toll-free:

From Canada or the U.S: 1-855-222-4051

From the United Kingdom: 0-800-252-074

From Mexico: 0-1-800-522-0029

If the operator is unable to assist in making a collect call, plan members can opt to pay for the call and submit a claim for reimbursement later to cover the cost of the long distance charges.

MAKING A CLAIM

As a plan member, you are ultimately responsible for managing your out-of-country claims; this includes correctly filling out forms. You should submit your claims directly to Great-West Life along with an authorization for the provincial plan to reimburse Great-West Life for the province's share of the claim cost. Great-West Life will reimburse you for both the province's share of the claim cost as well as the balance of expenses covered under your group plan.

Time requirements for claim submission vary by jurisdiction. Please be aware of these requirements to ensure you submit claims within the designated time period.

When submitting an out-of-country claim to Great-West Life, please ensure you complete an out-of-country claim form, rather than a healthcare expenses statement.

FOR MORE INFORMATION

For out-of-country claim forms, visit Great-West Life's website at www.greatwestlife.com and click Client Services or use the **GroupNet for Plan Members** website. If you have any questions about out-of-country coverage, please call **1-800-957-9777**. Out-of-country claim forms are also available from the Staff Benefits Office upon request.

BEFORE YOU LEAVE

- If you have a medical condition, consider talking to your doctor about whether it's safe to travel. Follow up with Great-West Life if you need clarification of out-of-country coverage under your plan.
- Be sure to pack your confirmation of coverage letter (if required), travel insurance information, along with emergency help numbers, your provincial health insurance card and your family doctor's contact information.
- Let family members and travelling partners know the details of your travel insurance.
- If you have lost your Global Medical Assistance card, visit Great-West Life's **GroupNet for Plan Members** website to print a new card, or call the Staff Benefits Office. A new card will be mailed to you.