



Benefits Plan Introduction

Support Staff

The purpose of this package is to provide a brief summary of Rocky View Schools' Support Benefit Program. This comprehensive program represents a very important and vital part of your total compensation package. Please become familiar with it so that you can use the program wisely.

Discuss any questions on your coverage or the manner in which a claim has been adjudicated with the Benefit Department. If you disagree with the explanation you receive, a written inquiry should be directed to the Director of Finance and you will receive a written response. If you disagree with this reply, you may submit a written appeal to the Benefit Plan Advisory Committee through the Associate Superintendent of Human Resources.

You will be provided with regular communication regarding your Benefit Program. If you have any questions regarding the benefit plans or your individual coverage, please contact the Payroll Department.

Information on the cost sharing applicable to each of the Plans, monthly premium costs, and actions required by you in various situations is provided in the following pages.

For more comprehensive information, please refer to the Benefits booklet that is located at <https://wwwec7.manulife.com/GBPlanMemberUI/Login.aspx?language=English&choice=true>.

BENEFIT DETAILS

Your benefit plan year runs September 1 to August 31

Coverage is effective the first day of employment but there will be a delay in receiving the benefit card due to timing of receiving the paperwork. Please hold on to any expenses that are incurred as you will be able to submit the expenses once benefits are set up and benefit cards are received.

Manulife Online Services for Plan Members

As a Manulife plan member, you can also register for Plan Member Secure Site™ for Plan Members at www.manulife.ca/planmember.

This service enables you to access the following and much more, within a user-friendly environment:

- Benefit Booklet
- Your benefit details and claims history;
- Personalized claim forms and cards;
- Online claim submissions; and
- Extensive health and wellness content.

Using the Plan Member Secure Site Mobile app, you can access certain features of Plan Member Secure Site for Plan Members to:

- Submit many of your claims online – part of our industry-leading Plan Member Secure Site online services;
- Access personalized coverage information about benefits, claims and more – quickly and easily, any time
- View card information; and

- Locate the nearest provider who has access to Provider eClaims, through a built-in GPS mapping tool.

GROUP BENEFIT PLANS ARE PROVIDED BY

Manulife Financial - 1-800-268-6195

- Supplementary Health Care, Dental Care Policy Number 5489
- Health Care Spending Account (HCSA): Policy Number 5490
- Taxable Wellness Account (TWA): Policy Number 5491
- Life, Optional Life, Long Term Disability (LTD): Policy Number 633929

Shepell-fgi

- Employee & Family Assistance Program (EFAP)

Morneau Shepell Absence Management Services

- Phase I Long Term Disability (Disability Consulting Services)

Industrial Alliance - 1-800-567-5670

- Group Registered Retirement Savings Plan (RRSP) : Policy ID Number 40967XX011BR
- Tax Free Savings Account (TFSA): Policy ID Number 41235XX011YE

SSQ Insurance

- Basic and Voluntary Accidental Death and Dismemberment (AD&D): Policy Numbers 1MG00 and 1MG20
- Voluntary Critical Illness: Policy Number 1MG35

Additional information is also available by contacting:

Email: benefits@rockyview.ab.ca
Internet: <http://www.rockyview.ab.ca>
Phone: (403) 945-4048
Fax: (403) 945-4001

ACCESS TO DOCUMENTS

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Manulife as evidence of insurability, subject to certain limitations.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation (e.g. Limitations Act, 2002 in Ontario, Quebec Civil Code).

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Manulife sends you a notice of the overpayment, or within a longer period if agreed to in writing by Manulife. If you fail to fulfill this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Manulife's right to use other legal means to recover the overpayment.

Protecting your personal information

Manulife will recognize and respect the importance of privacy. When you apply for coverage or benefits, they establish a confidential file of personal information. They limit access to personal information in your file to Manulife staff or persons authorized by Manulife who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

We use the personal information to administer the group benefit plan under which you are covered. This includes tasks, such as:

- Determining your eligibility for coverage under the plan;
- Enrolling you for coverage;
- Assessing your claims and providing you with payment;
- Managing your claims;
- Verifying and auditing eligibility and claims;
- Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan; and
- Preparing regulatory reports, such as tax slips.

Rocky View Schools' has an agreement with Manulife under which RVS has a financial responsibility for some or all of the benefits in the plan and Manulife will process claims on Rocky View Schools' behalf. Manulife may exchange personal information with your health care providers, your plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with Manulife when necessary to administer the plan.

All claims under this plan are submitted through you as a plan member. Manulife may exchange personal information about claims with you and a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claims.

For more information about the privacy guidelines, please ask for Manulife's Privacy Guidelines Brochure.

BENEFIT PLAN ADVISORY COMMITTEE

The Benefit Plan Advisory Committee as been established for the purpose of reviewing the Board's group insurance plans and recommending any necessary changes to the Board of Trustees for consideration.

The Benefit Plan Advisory Committee consists of:

Voting Members

- Three (3) Trustees appointed by the Board at each Organizational Board Meeting
- Two (2) representatives appointed by the Alberta Teacher's Association Local #35
 - Teacher voting members shall not vote on matters pertaining to issues which apply to Support Staff only
- One (1) Support Staff representative as randomly selected from a volunteer pool
 - Support Staff voting members shall not vote on matters pertaining to issues which apply to Teachers only
- Associate Superintendent of Business and Operations

Only Designated voting members can vote (no substitution)

Non-Voting Members

- One (1) Teacher representative appointed by the Alberta Teachers' Association Local #35
- One (1) Support Staff representative as randomly selected from a volunteer pool.

Advisory Members

- The Associate Superintendent of Human Resources
- Occupational Health and Safety Advisor
- Payroll Manager
- Benefit Officer
- Benefit Consultant(s)

Ex-Officio Member

- Board Chairman

Recorder

- A Rocky View School staff member shall act as recording secretary

SPECIAL COVERAGE REQUESTS

The Benefit Plan Advisory Committee has adopted the following guidelines to evaluate requests for reimbursement of expenses not covered by Rocky View Schools' Trustee Supplementary Health Care plan. The Committee may also determine the expense that should be covered for all eligible employees and the insurer will be instructed to amend the benefit contracts.

The guidelines used to evaluate requests are:

- The cost must be one that has been incurred on the written advice of a physician or medical professional.
- The expense must be for the treatment of a serious medical condition which would impact the individual's ability to perform the normal activities of daily living. Costs for Dental treatments will not be considered except for those covered under the Supplementary Health Care plan.

- Lifestyle drugs are excluded from consideration (e.g. smoking cessation, weight control, fertility and erectile dysfunction drugs).
- The Committee may request information from the benefit insurer's claim manager or an outside medical professional. All information provided will be handled with your privacy and that of any dependents in mind, and maintained in strict confidence.
- Coverage must not be available free-of-charge from any other source such as social agencies, governments, or associations.
- Any claim must be coordinated with your spouse's coverage, where such coverage exists.
- The expense must not be specifically excluded under Rocky View Schools' benefit plans.
- The claim must reflect an unusual circumstance, rather than one usually borne by other employees.
- Rocky View Schools will consider all submitted expenses in the benefit year that meet the criteria for Special Coverage, for the entire family unit. The family unit will include the employee and all dependents eligible under the RVS group benefits program.
- The employee must share in the financial expense by paying the first \$1,000 of any special coverage request in any benefit year.
- The \$1,000 deductible paid by the employee will apply only once in any benefit year. Should circumstances change after a Special Coverage Request has been accepted, RVS will consider the additional information as a continuation of the same claim for the balance of the benefit year.
- The employee's performance or financial need does not affect the decision to provide or deny coverage.
- All long-term special coverage requests will be reviewed annually by the Committee.

If you would like to make a Special Coverage Request, please send a letter to the attention of the Occupational Health Nurse along with supporting information (e.g., receipts, doctor notes)