



Benefits Plan Introduction

Teachers

The purpose of this package is to provide a brief summary of Rocky View Schools' Teacher 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
- 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

COST SHARING

Rocky View Schools pays the **full** premium for the following plans for full-time permanent employees. Eligible part-time employees will share the pro-rated cost of their benefits with RVS for Supplementary Health Care and Dental Care plans. For example, a part-time employee working an FTE of 0.5 would contribute 50% of the premium and RVS is responsible for 50% of the monthly premium.

Mandatory Coverage consists of:

- Sick Leave
- Workers' Compensation;
- Supplementary Health Care
- Dental Care
- Basic Life

- Basic Accidental Death and Dismemberment (AD&D)
- Health Care Spending Account
- Employee and Family Assistance Program
- Phase I and Phase II: Long Term Disability (LTD) Insurance

Rocky View Schools and you each pay **50%** of the premium for the Canada Pension Plan.
 Rocky View Schools and you share Employment Insurance (E.I.) premium requirements on the basis determined by the Government of Canada.
 Rocky View Schools or the Province and you share contributions to an employee pension plan (ATRF) on the basis determined by the pension plans.

You may elect to participate in any of the following Optional Coverages which is 100% payable by you through payroll deductions:

- Optional Life
- Voluntary Accidental Death and Dismemberment (VADD)
- Voluntary Critical Illness
- Group RRSP
- Canada Savings Bonds
- Group Home and Auto Insurance

Premium rates for Rocky View Schools' benefit plans to which you contribute are shown below.

All rates subject to change

The percentage of the total premium a full-time employee pays is shown below each benefit.

<u>Benefit Plan</u>	<u>Monthly Premium Rate</u>
Phase I/Phase II: Long Term Disability	\$3.10/\$100 of coverage
Life	\$0.082/\$1,000 of coverage
Accidental Death and Dismemberment	\$0.0139/\$1,000 of coverage
Supplementary Health Care Single:	\$ 70.05
Couple:	\$140.13
Family:	\$210.99
Dental Care Single:	\$ 58.65
Couple:	\$117.30
Family:	\$175.95

Optional Life - You pay 100% of this premium

Standard Life Plan – 5-year renewable term coverage. Monthly rates per \$25,000 of coverage

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
Under 35	\$1.25	\$2.25	\$1.00	\$1.50
35-39	\$1.50	\$3.00	\$1.25	\$2.50
40-44	\$2.25	\$5.00	\$2.25	\$3.50
45-49	\$4.50	\$9.25	\$4.00	\$6.50
50-54	\$8.00	\$16.25	\$6.50	\$10.75
55-59	\$14.75	\$27.50	\$10.50	\$16.25
60-64	\$21.50	\$37.75	\$14.00	\$20.25

Optional Child Life: \$0.222 per \$1,000 of coverage

Optional Critical Illness - You pay 100% of this premium

Monthly rates per \$1,000 of coverage

Insurer/Internal Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
15-19	0.099	0.109	0.085	0.096
20-24	0.104	0.115	0.080	0.091
25-29	0.140	0.165	0.133	0.160
30-34	0.151	0.187	0.173	0.228
35-39	0.172	0.241	0.207	0.313
40-44	0.243	0.403	0.265	0.478
45-49	0.405	0.798	0.387	0.783
50-54	0.636	1.425	0.527	1.126
55-59	1.091	2.611	0.714	1.494
60-64	1.859	4.373	1.058	2.039
65	2.473	5.819	1.408	2.713
66	2.719	6.401	1.548	2.984
67	2.992	7.042	1.703	3.281
68	3.291	7.746	1.872	3.610
69	3.619	8.520	2.059	3.970

Optional Child Critical Illness: \$0.531 per \$1,000 of coverage

Voluntary Accidental Death and Dismemberment - You pay 100% of this premium

Voluntary Accidental Death and
Dismemberment (VADD)

Class I (Employee Only): \$0.021/\$1,000 of coverage
Class II (Spouse Only): \$0.021/\$1,000 of coverage
Class III (Child Only): \$0.021/\$1,000 of coverage

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' Teacher 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)

IN THE EVENT OF

In the Event Of	Contact	Benefits Affected	Decisions Required	Forms Required	Date Effective
Initial Hire	<ul style="list-style-type: none"> • Human Resources • Payroll • Benefits 	<ul style="list-style-type: none"> • Supplementary Health Care and Dental Care • Life Insurance • Disability Benefits • Alberta Health Care Insurance Plan • Health Care Spending Account (HCSA) 	<ul style="list-style-type: none"> • Optional coverage required • Beneficiary designation 	<ul style="list-style-type: none"> • Employee Registration & Benefit Information Form • Applications for Optional Plans 	<ul style="list-style-type: none"> • Date of employment

In the Event Of	Contact	Benefits Affected	Decisions Required	Forms Required	Date Effective
Change in Marital Status (marriage, separation, divorce)	<ul style="list-style-type: none"> • Payroll • Benefits 	<ul style="list-style-type: none"> • Supplementary Health Care and Dental Care • Life Insurance • Alberta Health Care Insurance Plan • Health Care Spending Account (HCSA) 	<ul style="list-style-type: none"> • Add or delete dependent • Add or delete family coverage • Add or delete optional coverage • Beneficiary designation 	<ul style="list-style-type: none"> • Employee Change Form 	<ul style="list-style-type: none"> • Date of event
Change in Dependent Children	<ul style="list-style-type: none"> • Payroll • Benefits 	<ul style="list-style-type: none"> • Supplementary Health Care and Dental Care • Life Insurance • Alberta Health Care Insurance Plan • Health Care Spending Account (HCSA) 	<ul style="list-style-type: none"> • Add or delete dependent • Add or delete family coverage • Add or delete optional coverage • Beneficiary designation 	<ul style="list-style-type: none"> • Employee Change Form 	<ul style="list-style-type: none"> • Date of event
Maternity Leave	<ul style="list-style-type: none"> • Associate Supt. of Human Resources • Payroll • Benefits 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Note from attending physician 	<ul style="list-style-type: none"> • Date leave commences
Parental Leave	<ul style="list-style-type: none"> • Associate Supt. of Human Resources • Payroll • Benefits 	<ul style="list-style-type: none"> • Supplementary Health and Dental • Life Insurance • Alberta Health Care Insurance Plan • HCSA; can spend existing credits but no new credits until you return to work • Sick Leave coverage does not continue • Phase I/Phase II: Long Term Disability (LTD) coverage does not continue 	<ul style="list-style-type: none"> • To continue benefits advise Payroll in writing and pay 100% of premium in advance 	<ul style="list-style-type: none"> • Advise Payroll in writing and submit premium payment 	<ul style="list-style-type: none"> • Date parental leave commences

In the Event Of	Contact	Benefits Affected	Decisions Required	Forms Required	Date Effective
Absence due to Temporary Disability	<ul style="list-style-type: none"> • Immediate Supervisor • Occupational Health Nurse 	<ul style="list-style-type: none"> • Sick Leave 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Statement substantiating illness in form approved by the Board, signed by employee, for absences of less than 10 days • Statement from attending physician in form approved by the Board, signed by employee and attending medical practitioner, for absences of 10 days or more 	<ul style="list-style-type: none"> • All benefit coverage and your premium deductions continue • Benefits may be payable for up to 90 calendar days
Work-Related Injury	<ul style="list-style-type: none"> • Immediate Supervisor • Occupational Health Nurse 	<ul style="list-style-type: none"> • Sick Leave • Workers' Compensation (WCB) • Health Care Spending Account; can spend existing credits but no new credits until you return to work 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • WCB worker's report • Other insurance forms as required 	<ul style="list-style-type: none"> • All benefits coverage and your premium deductions continue
Absence due to Extended (Long Term) Disability	<ul style="list-style-type: none"> • Immediate Supervisor • Occupational Health Nurse 	<ul style="list-style-type: none"> • Phase I/Phase II: Long Term Disability (LTD) 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • LTD application; • Canada Pension Plan (CPP) application, if absence is expected to be severe and prolonged 	<ul style="list-style-type: none"> • Phase I LTD benefits may be paid after 90 calendar days of disability; • Life insurance coverage continues at no cost to you; • Supplementary Health Care and Dental Care coverage can be continued on the same cost-sharing basis as if working • HCSA, can spend existing credits & credits allocated based on fixed dollar amount but no new credits (based on the % of gross annual earnings) until you return to work

In the Event Of	Contact	Benefits Affected	Decisions Required	Forms Required	Date Effective
Personal Leave (60 calendar days or less)	<ul style="list-style-type: none"> • Immediate Supervisor • Associate Supt. of Human Resources 	<ul style="list-style-type: none"> • All benefits excluding Sick Leave are continued on same cost sharing basis 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Required leave approvals 	<ul style="list-style-type: none"> • Date leave commences
Personal Leave, Adoption Leave or Parental Leave (over 60 calendar days)	<ul style="list-style-type: none"> • Immediate Supervisor • Associate Supt. of Human Resources • Benefits 	<ul style="list-style-type: none"> • Phase I/Phase II: LTD coverage continued to the end of the month following the month in which the leave commences; • Sick Leave coverage does not continue; • All other benefits continued if 100% employee paid in advance • HCSA; can spend existing credits but no new credits until you return to work 	<ul style="list-style-type: none"> • Continuation of benefits - all or none 	<ul style="list-style-type: none"> • Required leave approvals • Advise Payroll in writing and submit premium payment 	<ul style="list-style-type: none"> • Date leave commences
Sabbatical Leave	<ul style="list-style-type: none"> • Immediate Supervisor • Associate Supt. of Human Resources 	<ul style="list-style-type: none"> • Phase I/Phase II: LTD benefits payable during leave based on earnings during leave, increasing on scheduled return date; • Sick Leave coverage does not continue; • All others continued at same level and on same cost-sharing basis 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Required leave approvals 	<ul style="list-style-type: none"> • Date leave commences
Termination of Employment	<ul style="list-style-type: none"> • Immediate Supervisor • Associate Supt. of Human Resources • Benefits 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • Life insurance conversion 	<ul style="list-style-type: none"> • Forwarding address for T4 purposes • Pension option 	<ul style="list-style-type: none"> • Date of termination

In the Event Of	Contact	Benefits Affected	Decisions Required	Forms Required	Date Effective
Retirement	<ul style="list-style-type: none"> • Immediate Supervisor • Associate Supt. of Human Resources • Benefits 	<ul style="list-style-type: none"> • All • Sick Leave and Phase I/Phase II: LTD coverage does not continue 	<ul style="list-style-type: none"> • Optional Early Retiree coverage until age 65 • Optional Individual Health Care & Dental Care coverage if age 65+ • Life insurance conversion • Commence or defer Canada Pension Plan (CPP) benefits, if under age 65 	<ul style="list-style-type: none"> • Request for Early Retiree coverage • For Individual Health & Dental see the Retirement brochure for your options • CPP/Old Age Security • (OAS) applications, if applicable • Forwarding address for T4 purposes • Pension option • For LAPP 90 days in advance 	<ul style="list-style-type: none"> • Date of retirement
Employees Age 65 and older	<ul style="list-style-type: none"> • Immediate Supervisor • Associate Supt. of Human Resources 	<ul style="list-style-type: none"> • Sick Leave coverage continues • Phase I/Phase II: LTD coverage does not continue • Life & AD&D • All Other Benefits continue until retirement 	<ul style="list-style-type: none"> • Conversion of Life & AD&D benefits at age 70 	<ul style="list-style-type: none"> • Conversion Form 	<ul style="list-style-type: none"> • Sick Leave and Phase I/Phase II: LTD-Terminate at 65 • Life & AD&D-Terminates at 70 • All other benefits continue until retirement
Death of Employee	<ul style="list-style-type: none"> • Associate Supt. of Human Resources should be contacted by beneficiary • Benefits 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Life insurance application form • Death certificate and beneficiary's SIN 	<ul style="list-style-type: none"> • Supplementary Health Care and Dental Care coverage continued to surviving dependents for up to one year • HCSA; can spend existing credits but no new credits • Life insurance advance may be issued
Death of Dependent	<ul style="list-style-type: none"> • Immediate Supervisor • Associate Supt. of Human Resources 	<ul style="list-style-type: none"> • Supplementary Health Care and Dental Care • Optional Insurance 	<ul style="list-style-type: none"> • Optional coverage • Family benefit coverage • Beneficiary designation 	<ul style="list-style-type: none"> • Employee Change Form 	<ul style="list-style-type: none"> • Date of death of dependent