



RETIRED TEACHERS' ASSOCIATION OF MANITOBA

2015 RENEWAL FREQUENTLY ASKED QUESTIONS

Dear RTAM Members:

We know that your benefit coverage is important to you. The Retired Teachers' Association of Manitoba (RTAM) and your RTAM benefits provider Johnson Inc. want to ensure that Members have a clear understanding of their benefit coverage. The following Frequently Asked Questions (FAQ) will assist in answering any questions you may have.

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1. ARE THERE ANY PREMIUM RATE CHANGES EFFECTIVE APRIL 1, 2015?

The 2015 premium rates are applicable to all of the RTAM sponsored voluntary insurance products insured with Desjardins Financial Security for the period April 1, 2015 through March 31, 2016:

- There are no premium rate changes to the Extended Health Care Insurance Plan.
- Dental Care premium rates increase by 2.2%.
- Premier Travel Base Plan rates increase by 5%.

Note: that the MEDOC travel plan, Stand Alone Trip Cancellation / Interruption & Baggage, Guaranteed or Term Life, Long Term Care, and Home insurance plans renew at different dates. For more details on the varying renewal dates, please see Question 9.

2. WHAT CHANGES TO OUR BENEFIT PLAN IS RTAM IMPLEMENTING EFFECTIVE APRIL 1, 2015?

Core Extended Health Care (EHC) Plan

Effective April 1, 2015, the following benefits levels will be increased for the Core EHC Plan:

- Hearing Aids will be reimbursed to a maximum of \$2,000 per 5 years (up from \$1,000 per 5 years)
- Orthotics will be reimbursed to a maximum of \$500 per year (up from \$300 per 3 years)
- Vision Care will be reimbursed to a maximum of \$200 per 2 years (up from \$150 per two years)
- Private Duty Nursing will be reimbursed to a maximum of \$3,000 per 3 years (up from \$1,500 per 3 years)

Enhanced EHC Plan

The above changes will also be applied to the Enhanced EHC plan. In addition, Private Duty Nursing benefits will be increased to a maximum of \$6,000 per 3 years (up from \$3,000 per 3 years).

Eldercare Select Services

Eldercare Select services will be sponsored by Johnson Inc., for an additional year as a pilot project through to March 31, 2016. This service is available to all current and new members of the Core EHC and Enhanced EHC plans. Call toll free 1.888.327.1500 to speak to an Eldercare Select Care Specialist.

ELECTRONIC CLAIM SUBMISSION

Did you know most claims can now be submitted electronically? In addition to drugs and dental care, eClaims can be submitted through Johnson / Telus for many paramedical practitioners and vision care providers. How do you know if the clinic you're visiting accepts eClaims? Plan members can ask their healthcare provider's office directly, or they can find that information online very easily at www.telushealth.com/solutions-for-consumers. Just submit your postal code for the nearest providers using eClaims. If your clinic has not subscribed to the Telus eClaims system, you can submit your original receipts for paramedical services and vision using your personalized claim form.

3. IF I CURRENTLY PARTICIPATE IN THE MANITOBA TEACHERS' SOCIETY (MTS) OR WINNIPEG TEACHERS' ASSOCIATION (WTA) BENEFITS PLANS, CAN I MOVE TO RTAM'S EHC AND/OR TRAVEL PLANS?

Any current MTS or WTA participant, who requires more comprehensive coverage, may apply for RTAM Emergency Medical Travel, with or without cancelling their existing EHC or Travel coverage.

Any current MTS or WTA member may apply for RTAM Extended Health Care (EHC) coverage without evidence of good health, within **60** days of losing/opting out of their existing group coverage (MTS and WTA are considered a group benefit plan by RTAM).

Note: To apply without evidence of good health, you must apply for EHC within 60 days of losing your employer group coverage.

4. IF I ELECT TO PARTICIPATE IN THE ENHANCED EHC DRUG PLAN, IS THERE ANY MINIMUM PARTICIPATION PERIOD APPLICABLE, OR CAN I MOVE FROM BASE TO ENHANCED EHC AT ANY FUTURE PLAN RENEWAL DATE?

You can move up to the Enhanced EHC plan on any April 1. However, you must participate in the Enhanced plan for at least two full plan years (24 months) before you can move back down to the Core EHC plan (\$500 drug maximum). Any new participant may elect the Enhanced EHC plan when they first enroll. Applicants for the Core or Enhanced Plan do not need to submit evidence of good health within **60** days of losing prior employer-sponsored EHC coverage.

5. PLEASE CLARIFY WHAT DRUGS ARE COVERED UNDER THE CORE PLAN ON THE RTAM EXTENDED HEALTH CARE DRUG PLAN.

Eligible prescription drug expenses reimbursed by the RTAM Core Plan will be based on the lowest cost alternative price of the drugs on the Manitoba Drug Benefits and Interchangeability Formulary. Drugs not on the formulary list will not be covered by the Plan.

The Manitoba Drug Benefits and Interchangeability Formulary lists therapeutically effective drugs of proven high quality that have been approved as eligible benefits under the Pharmacare drug benefit program. It also includes a list of interchangeable drugs for brand name drugs with generic equivalents. The Formulary is compiled with the recommendations of the Common Drug Review and the advice of the Manitoba Drug Standards and Therapeutics Committee, assisted by Manitoba Health staff. More information can be found on the website www.gov.mb.ca/health/mbdif/index.html.

6. I AM AN RTAM MEMBER AND LIVE IN BRITISH COLUMBIA. HOW DO THE MANITOBA PHARMACARE DEDUCTIBLES AFFECT ME IF I WERE TO ENROL IN THE CORE OR ENHANCED EHC PLAN?

The introduction of the Manitoba Pharmacare Program has impacted those RTAM members living in British Columbia, as different income based deductibles apply to BC residents. RTAM members who reside in BC and participate in either the Core or Enhanced Drug plan, must provide written confirmation from Fair Pharmacare regarding their current deductible under the Fair Pharmacare plan (similar to the eligibility for coverage under the Manitoba Pharmacare plan). The BC Fair Pharmacare deductible is based on income and will determine the drug maximum that will apply to BC residents under the RTAM Enhanced EHC plan.

Note: Drugs that are not listed under the Manitoba Formulary are not payable under the plan, even if the member lives outside of Manitoba.

7. I NEED TRAVEL COVERAGE, BUT DO NOT WISH TO JOIN RTAM'S EHC PLAN. AM I ABLE TO JOIN ONLY THE TRAVEL PLAN?

Yes, you can apply for either of RTAM's Emergency Medical Travel plans without enrolling in RTAM's EHC plan. A Stand Alone Trip Cancellation / Interruption plan is also available for members who already have third-party travel insurance and wish to add annual trip cancellation, or increase their existing trip cancellation coverage. **Note:** Associate members can apply for MEDOC. Full members can apply for either the Premier or MEDOC Travel Plan.

8. HOW DO MY MONTHLY PREMIUMS CHANGE IF I JOIN ANY OF RTAM'S PLANS MID-YEAR?

Extended Health Care & Dental

EHC and Dental premiums are paid monthly and remain consistent throughout the plan year, regardless of when you join. Please note that if you choose to leave the EHC Plan and wish to re-enroll at a later date, you may be required to provide medical evidence of good health, and could be declined coverage.

Premier Travel

The Premier plan is an annual policy where payments are made in equal monthly installments. Premiums are pro-rated so there is no additional cost incurred for joining the plan late in the year. If you choose to leave the Premier plan and re-enroll at a later date, you will be required to provide medical evidence of good health, and could be declined coverage.

MEDOC Travel

The MEDOC plan is also an annual policy with pro-rated premiums that are paid in equal monthly installments. Please note that if you elect to leave the MEDOC plan, and re-enrol prior to the next renewal year, rates will NOT be pro-rated and you will be responsible for the full year's premium. If you choose to leave the plan and re-enroll at a different renewal year, premiums will be pro-rated again.

Note: MEDOC requires the accurate completion of a Health Questionnaire at application and each annual renewal in September to determine rate discounts for Optimum or Preferred Health. Otherwise Standard rates apply.

9. WHY DO THE VARIOUS RTAM INSURANCE PRODUCTS RENEW AT DIFFERENT DATES?

The various voluntary insurance plans available to RTAM members have differing renewal dates because they have separate underwriters, as well as to align with Manitoba Pharmacare's policy year. Most of the plans are underwritten on a group yearly renewable term basis. The following are the various plan renewal dates:

EXTENDED HEALTH CARE / DENTAL CARE / PREMIERE TRAVEL (aligns with Manitoba Pharmacare's policy year)

- Policy year: April 1 – March 31 (Underwritten by Desjardins Financial Security).

MEDOC TRAVEL PLAN

- Policy year: September 1 – August 31 (Underwritten by Royal & SunAlliance).

STAND ALONE TRIP CANCELLATION / INTERRUPTION & BAGGAGE INSURANCE

- Policy year: September 1 – August 31 (Underwritten by Royal & SunAlliance).

HOME INSURANCE (UNIFUND)

- These are yearly renewable term policies. Member premiums and policy updates renew at the same time of year that the policy was original processed (underwritten by Unifund).

GUARANTEED LIFE INSURANCE / TERM LIFE INSURANCE / LONG TERM CARE

- These are individual policies that do not renew annually (underwritten by Manulife).

For clarification, Johnson Inc. administers all of the insurance plans, and is the point of contact for RTAM members who have questions or wish to enroll in any of the plans. The plan underwriters (Desjardins Financial Security, Royal & SunAlliance and Manulife Financial), are the insurers of the policies by evaluating risk, and determine coverage, eligibility and plan rates.

10. WHAT IS THE DEFINITION OF "SUDDEN & UNFORESEEN" IN RELATION TO MY TRAVEL EMERGENCY MEDICAL COVERAGE?

Premier Travel

An emergency under travel coverage is defined as any sudden and unexpected illness or injury which takes place during an insured trip and requires immediate medical treatment by a licensed Physician, Nurse Practitioner, Dentist or Dental Surgeon. The "sudden and unforeseen" aspect translates into the sudden onset of a medical condition, manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could result in:

- a) permanently placing the individual's health in jeopardy;
- b) serious impairment to bodily functions;
- c) serious impairment and dysfunction of any bodily organ or part; or
- d) other serious medical consequences.

Immediate contact to your travel insurance provider (Sigma Assistel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan's 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

MEDOC Travel

The MEDOC plan covers reasonable and customary expenses arising from a medical emergency up to the plan's specified maximum of \$5,000,000 per insured per illness/injury. A medical emergency is defined as any sudden and unforeseen illness or injury that occurs while on a trip and makes it necessary to receive immediate medical treatment from a licensed physician, dentist or dental surgeon or to be hospitalized. An emergency ends when the illness and/or injury has been treated such that your condition becomes stable, as determined by your attending physician, and the emergency has ended.

Please note that the MEDOC plan does not cover pre-existing conditions incurred directly or indirectly as a result of a medical condition or related condition (other than a minor ailment), if in the **90 days before your day of departure or day of booking**, that medical condition or related condition was not stable. In other words, the plan will not cover any medical conditions that were not deemed "stable" by your health care professional within 90 days of trip departure.

Immediate contact to your travel insurance provider (Global Excel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan's 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

11. WITH RTAM OFFERING THREE TRAVEL PLANS, WHICH ONE DO I APPLY FOR?

The best RTAM Travel Plan for you to apply for depends on your Member status (Full or Associate Member) as well as your travel needs. Below is a summary of benefits:

1. Premier Travel Plan (available to Full Members only):

- The Premier Travel plan covers multiple annual trips up to 62 days duration (per trip) with a lifetime maximum of \$2,000,000 coverage for sudden and unforeseen eligible emergency medical travel expenses.
- Up to \$7,000 of non-refundable expenses for Trip Cancellation/ Interruption/Delay Insurance per insured person, per trip.
- Guaranteed issue regardless of age or health status with no evidence of good health required on first application.
- Supplemental trip extension coverage is available for purchase for single trips lasting longer than 62 days.

2. MEDOC Travel Plan (available to Full and Associate Members):

- This Plan is attractive for those who travel for shorter durations with a Base Plan that covers multiple trips up to either (1) 17-days per trip, or (2) 35-days per trip.
 - **Note:** *If you are in the Base 17-day plan and your trip goes past this duration, you will then move into the 35-day plan.*
- Supplemental coverage available to purchase for single trips longer than 35 days.
- Guaranteed issue regardless of age, health status, or date of application.
 - **Note:** *A health questionnaire must be completed for Optimum or Preferred rate discounts. It is important that you provide accurate and complete medical history on your applications and medical questionnaires. If you have questions about your health or medical history while completing your questionnaire, you should always contact Johnson Inc. who may recommend you consult with your doctor.*

- Coverage includes:
 - Up to \$5,000,000 of eligible expense emergency medical coverage (subject to 90 day stability prior to departure);
 - Up to \$8,000 of non-refundable expenses for Trip Cancellation/ Interruption Insurance per insured person, per trip; and,
 - \$1,500 per insured (\$3,000 per family) of Baggage and Personal Effects benefits.

3. Stand Alone Trip Cancellation / Interruption & Baggage (available to Full and Associate Members):

- For Members who already have third-party travel insurance, but wish to add annual trip cancellation, or increase their existing amount of annual trip cancellation coverage.
- Covers up to \$6,000 per insured per year for trip cancellation before departure and trip interruption after departure.
- Up to \$1,000 for baggage and personal effects.

12. I AM PLANNING A TRIP NEXT WEEK. AM I ABLE TO GET TRAVEL COVERAGE? HOW MUCH LEAD TIME IS NECESSARY TO SET-UP MY POLICY? WHEN DOES MY COVERAGE TAKE EFFECT?

1. Premier Travel Plan (available to Full Members only):

Medical coverage begins the day Johnson Inc. **RECEIVES** your application. Theoretically, you could apply for coverage the day you are leaving on a trip, and Johnson Inc. will fax or email you a copy of your travel cards containing the travel emergency contact numbers, and your plan member details.

For Trip Cancellation/Interruption and Delay coverage under the Premier plan, coverage will take effect the day Johnson Inc. **RECEIVES** your application. Coverage is effective even if you have booked a trip prior to enrolling in the Premier Travel Plan. However, coverage is only effective if you are unaware of any known reason why you would need to use coverage at the time you book your trip.

2. MEDOC Travel Plan (available to Full and Associate Members):

Just like the Premier plan, medical coverage begins the day Johnson Inc. **RECEIVES** your application. Coverage details can be sent to members immediately by fax or email, and hard-copies of the documents are sent out via regular mail the day applications are processed. Please note Canada Post can take up to two (2) weeks to deliver mail throughout Canada.

For a trip to be covered under the Trip Cancellation portion of the plan, MEDOC coverage must be in effect on the day of booking your trip or purchased:

- a) within 5 business days of booking your trip or
- b) prior to any cancellation penalties being charged for that trip.

3. Stand Alone Trip Cancellation:

Coverage is effective the date applications are received in the office. At the time of booking, members must indicate they know of no reason for them, family member, or travel companion to seek medical attention and that their travel companion and their self are deemed fit to undertake and complete any covered trip as booked.

There is a 90 day pre-existing and a 12 month clause under this plan for anyone over the age of 60. This also applies to the insured member's immediate family member, travel companion(s), travel companion's immediate family member, or the host at destination.

If you have questions about applying for travel coverage, please contact the plan administrator, Johnson Inc.

13. BOTH MY SPOUSE AND I ARE RTAM MEMBERS, BUT MY SPOUSE IS IN A DIFFERENT AGE BRACKET THAN I AM. WHICH ONE OF US SHOULD APPLY FOR COVERAGE?

If **BOTH** spouses are **Full Members** in good standing with RTAM, it is recommended the younger spouse take-out the application for any travel plan. This will allow both spouses to be included under **Family** coverage in the younger spouse's age bracket.

Please note that this is only applicable if **BOTH** spouses are Full RTAM members. If you have questions on the best way to apply for coverage, please contact the plan administrator, Johnson Inc.

14. I HAVE HAD A MEDICAL EMERGENCY AND CONTACTED THE TRAVEL PROVIDER WHOM INFORMED ME THAT I NEED TO SEEK TREATMENT AT A FACILITY OUTSIDE OF WHERE I'M STAYING. ARE THESE TRANSPORTATION EXPENSES COVERED UNDER MY TRAVEL EMERGENCY MEDICAL PLAN?

Yes, if a medical emergency calls for transportation, then an ambulance (or air transportation in rural areas) would be covered under the Travel Plan. In certain situations a taxi or other transport **MAY** be required. It should be noted that a member should **NOT** elect using a taxi if a medical situation is serious. Submitting a taxi receipt may result in the transportation expense claim being denied. However Sigma Assistel will review each claim on a case-by-case basis. The certificate of insurance states that transportation charges will be reimbursement for:

Licensed ground or air ambulance to the nearest medical care facility in which the required treatment can be provided, subject to a limit of one return trip.

ALL TRANSPORTATION MUST BE PRE-APPROVED AND ARRANGED BY SIGMA ASSISTEL CANADA.

FOR MORE INFORMATION ON THE INSURANCE COVERAGE AVAILABLE TO RTAM MEMBERS, CONTACT:

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