# Benefits

Post Retirement Your Election Guide

# Helping you make the most of your flexible post retirement benefits program

The flexible post retirement benefits program gives you the opportunity to choose personalized benefits coverage that meets your specific needs and preferences, with the flexibility to choose from two options upon enrolment.

All plan members:

- are provided a number of core coverages;
- have an opportunity to select from two distinct benefit plans (Birch Leaf, and Maple Leaf with each of these two plans offering a different degree of flexibility and a different level of coverage;

A summary of the plans – including information on the drug formulary, the Healthcare Spending Account (HCSA) – is provided in this guide. Included separately in your enrolment package is a copy of the election form and a copy of the Beneficiary form.

The choices are yours to make. All options provide meaningful post retirement benefit coverage, and you have the opportunity to determine which one best meets your benefit needs.

### For New Enrolments

### What's inside

- Enrolling in the program
- Plan details
- Your benefits at-a-glance
- Your Healthcare
   Spending Account

The information in this Election Guide is designed to help you understand the flexible benefits program, consider the options available to you, and make informed retirement benefit decisions. We encourage you to review this guide and supporting materials carefully as you consider your retirement needs. The more you know about the program, the better it will work for you.

# Enrolling in the program

#### There are four steps to enrol:

#### 1. Review the program information.

This Election Guide highlights the coverage available under the flexible post retirement benefits program, including the Healthcare Spending Account (HCSA). Pages 3 and 6 provide more detail on the benefits, plan policy and rules. Pages 4-5 provide you with 'Your benefits at-a-glance,' a summary and visual comparison of the Birch Leaf and Maple Leaf Plans.

Review all the materials you have received in your enrolment package before making your selections. If you have a spouse who participates in a group or employer benefit plan, take the time to review any coverage you have under that plan. You'll need to consider how both plans work together to provide coverage. Enrolment is a onetime opportunity at retirement.

#### 2. Make your selections.

The *Election Form – Benefits Selection* (enrolment form) has been included for all members.

- 3. Complete your beneficiary designation(s). See page 3 for details.
- 4. Return your paperwork

This includes your *Election Form* and your *Designation* of Beneficiary Form.

If you have any questions about the enrolment process, please contact your regional office.

# For more information

Enrolment in the plan is a one time opportunity at retirement. It is important that you understand your options

We are here to help during your retirement transition. If you have any questions about the enrolment process, you eligibility, premium costs, please contact your regional office:

CBWC: office@cbwc.ca or 403-930-7006 CBM: membercare@cbmin.org or 905-821-3533 CBOQ: slee@baptist.ca or 416-622 8600 FBU: gendron@unionbaptiste.com or 514-526-6643

CBWC and CBOQ use J&D Benefits Inc to administer the invoicing, enrolments and general administration. Contact Linda Bissonnette @ Ibissonnette@jdbenefits.com or telephone: 1-800-218-7018 ext 2222 or 905-477-7088 ext 2222

# **Plan details**

# **Plan funding and Eligibility**

The flexible post retirement benefit program is an optional plan for retirees. Currently premiums are the same regardless of your leaf colour selection. All premiums are 100% retiree paid.

Eligibility: Actively employeed in a the Baptist family of churches for a minimum of 10 years.

#### **Formulary drugs**

The post retirement program will reimburse your cost for eligible drugs under two categories:

- formulary drugs
- non-formulary drugs

A drug formulary is a clearly defined list of drugs that a plan covers. The post retirement program coverage includes the widely used "National Formulary." This formulary covers approximately 85% of the most commonly prescribed drugs (brand-name and generic) in Canada.

The formulary is reviewed and updated regularly by a team of pharmacy and medical experts from across Canada. While some medications are non-formulary, the goal is to ensure

### **Family status**

There are three categories of family status under the flexible post retirement benefits program:

- 1. Member only = You
- 2. Member + 1 = You + your spouse or a dependent child
- 3. Member + 2 or more = You + your spouse and/or dependent children

# **Benefit period**

When you enrol in the flexible benefits program, your plan choices (Birch Leaf, or Maple Leaf) are only given once at the time of enrolment. You can not adjust this selection, please ensure your review carefully.

During a benefit period, you can change your benefit choices under special circumstances only. If you experience a qualifying life event - such as marriage, separation, divorce, or death of a spouse - you can change your benefit choices.

that, to the extent reasonably possible, the most effective drug for a medical condition is covered - at the most reasonable cost. Most doctors are very familiar with drug formularies and will prescribe National Formulary drugs if you tell them your plan is a "National Formulary plan."

A summary of the current "National Formulary" drugs is posted on the website. If you have questions about your current personal medications, print a copy from the website and discuss it with your doctor or pharmacist.

### **Beneficiary designation**

Complete all applicable sections in the Designation of Beneficiary Form. Be sure to sign and date the form.

# Your benefits at-a-glance

Following is a high-level summary of your flexible post retirement benefits program.

YOUR CORE BENEFITS	
Basic Life Insurance	<ul> <li>\$5,000</li> <li>Reduces to \$2,500 at age 70</li> </ul>
Dependent Life (Spouse)	<ul><li>\$5,000</li><li>Terminates when you turn 70</li></ul>
Dependent Life ( Child)	<ul><li>\$2,000</li><li>Terminates when you turn 70</li></ul>
Note: No selection is required for the Core Benefits.	

To help you select the plan that best suits your needs and preferences, the following table provides you with a side-by-side comparison of your program choices:

COVERAGE	BIRCH LEAF PLAN	MAPLE LEAF PLAN	
Life Insurance			
Employee Basic Life	\$5,000	\$5,000	
Dependent Life (spouse)	\$5,000	\$5,000	
Dependent Life (child)	\$2,000	\$2,000	
Healthcare			
Prescription drugs			
Reimbursement of:			
<ul> <li>Formulary drugs</li> </ul>	• 70%	• 80%	
<ul> <li>Non-formulary drugs</li> </ul>	• 50%	• 60%	
Dispensing fee cap	\$5 per prescription		
Drug card	Included		
<ul> <li>Annual out-of-pocket</li> </ul>	\$2,000	\$1,000	
maximum (per person)	The plan pays 100% of eligible drug costs for the balance of the year if your out-of-pocket expense exceeds the above maximum for eligible drugs in that year		
Paramedical services		80% reimbursement	
Physiotherapist		Unlimited	
<ul> <li>Psychologist/Social Worker</li> </ul>	<ul> <li>Not Included: can be claimed under your HCSA*</li> </ul>	Up to \$200 per year for each applicable service	
<ul> <li>Registered Massage Therapist (RMT)</li> </ul>			
Speech Therapist			
Osteopath			

COVERAGE	BIRCH LEAF PLAN
Healthcare continued	
<ul> <li>Chiropractor</li> <li>Naturopath</li> <li>Podiatrist/Chiropodist</li> <li>Acupuncturist</li> <li>Homeopath</li> <li>Occupational Therapist</li> </ul>	<ul> <li>Not Included: can be claimed under your HCSA*</li> </ul>
Travel insurance	
Emergency out-of-country medical insurance	
Vision care	
Frames and lenses, contact lenses	Not included; can be claimed under your HCSA*
Medical services and supplie	S
Home Nursing Care	Up to \$5,000 every 3 years. A to a lifetime maximum of \$5, in the previous 3 years
Orthotics and orthopedic shoes	Up to \$30
Hearing Aids	Up to \$300 e
Dental care	
Basic services (e.g., routine, preventive, endodontic, periodontic) Major restorative services	Not included; can be claimed under your HCSA*
Healthcare Spending Accoun	t (HCSA): annual deposit
	\$350 Single \$700 Family
Other Items	
Dependant Cover Extesion after members death	The survivor may choose to col of the p

– up to the total dollar amount you have remaining in your account.

MAPLE LEAF PLAN
Up to \$200 per year for each applicable service
Not included.
Not Covered
Up to \$150 every 2 years (every year for eligible child[ren])
t aged 65 the maximum is limite 000. Reduced by the amount pair
0 every 4 years
ver calendar year
Not Included
Not Included
Not Included
ntinue coverage by paying 100% remiums

## \$100,000

under your Healthcare Spending Account

# Your Healthcare Spending Account

The Birch Leaf Plan includes a Healthcare Spending Account (HCSA).

#### How it works

You simply use the money in your HCSA to pay for a wide range of eligible health or dental expenses that aren't covered (or fully covered) under the option you choose. For example, while the Birch Leaf Plan does not include vision care benefits, members enrolled under that plan can use their HCSA to pay for eligible

vision care expenses. Similarly, if you purchase a

prescription drug from a pharmacist who charges more than the \$5 dispensing fee covered under your plan, you can use your planfunded HCSA to cover the difference. You can use the money in your HCSA to pay for your portion of health plan expenses, such as the 30% of eligible drug expenses you are required to pay out of your own pocket under the Birch Leaf Plan. You can also use your HCSA



Note: Year A falls on an even year. Year B falls on an odd

How the carry forward

to cover expenses that are not covered by your selected option. For example, you can use your HCSA to cover any dental expenses that you incur.

For each plan year that you are enrolled in the plan will deposit the following benefit dollars in your personal HCSA on January 1st:

Family status	Birch Leaf
Single	• \$350 Per year
Family	• \$700 Per year
	ng in the plan after January 1st of the

current year, the amount of benefit dollars deposited in your HCSA will be prorated to reflect the number of months you are in the Plan this year. Based on continuous years of service.

#### **Eligible expenses**

The HCSA covers all eligible expenses as defined in the *Income Tax Act*. The list includes dozens of services and procedures – everything from laser eye surgery to orthodontics to paramedical expenses above the plan maximums. For a complete listing, visit the Canada Revenue Agency website at **cra-arc.gc.ca** and search for the bulletin "IT519R2."

To qualify as an eligible expense, the service, procedure or item must be medically necessary – which typically means it must be provided or prescribed by a licenced medical practitioner. Eligible expenses *exclude* any service or procedure that is covered under your provincial medical insurance plan.

#### **Carry forward rules**

Under current tax rules, you must spend the

money allocated to your HCSA within the current benefit period. This means that you must spend the money in your HCSA within the first and second plan years of the same benefit period. The benefit dollars that you don't spend by the end of the first plan year of the benefit period can be carried over to the second plan year. However, what you don't spend by the end of the second plan year of the current benefit period will be forfeited. If you enrol in a odd year you will be starting in year B.

This guide provides a summary of certain provisions of the benefits program. Complete descriptions are contained in the official plan documents and contracts. Every effort has been made to provide an accurate summary. If there are any differences between the information contained here and in the legal documents, the legal documents will prevail.