

ATU EMPLOYEES

FLEX Benefits Program Enrolment Guide



Your Flex Benefits

Your needs change over time. Halifax Regional Municipality's FLEX Benefits Program allows you to review your benefits once a year and make adjustments to better suit your lifestyle. In addition to this annual re-enrolment, you are also able to make adjustments to your benefits within 31 days of a "life change" (i.e., marriage, divorce, birth, death, etc.). This Enrolment/Re-Enrolment Guide has been prepared to assist you in making your benefit choices. It includes a brief description of your options under each benefit area and gives you specific instructions on how to complete your Enrolment/ Re-Enrolment Form. Please read the entire Guide to re-familiarize yourself with the program before you commence the re-enrol or enrolment process. "Things To Think About", "Tax Tips" and a number of key definitions have been included for your information.

If you do not carry full coverage for health/dental benefits, you will not be eligible to choose them at retirement. The 20% health/dental option does not qualify for retiree benefits.

If you have any questions, or require assistance, please contact HR Employee Services at 902.490.6145 or email us at MyHR@halifax.ca.



FLEX Credit.....	1
How Does the FLEX Benefits Program Work?	2
Health	4
Coverage Categories	4
Your Health Options.....	4
FLEX Credit.....	5
Dental	8
Coverage Categories	8
Your Dental Options	8
Cancelling your Dental Plan	9
Long Term Disability.....	11
Life and Accidental Death and Dismemberment Insurance.....	13
Your Employee Life Options	14
Your Spouse Life Options.....	15
Your Dependent Life Options.....	15
Optional Accidental Death & Dismemberment Insurance.....	16
How Family Coverage Works	17
Health Spending Account (HSA) Q&A	18
What is a Health Spending Account?	18
Who is eligible for a Health Spending Account?	18
About your Health Spending Account.....	23
Completing Your Enrolment / Re-Enrolment Form	25
Your Confirmation Statement.....	25
Definitions	26

FLEX Credit

Group benefit premiums are cost shared between the Employee and Employer. FLEX credit is the dollar amount that HRM pays toward the cost of your benefit choices. FLEX credit is calculated based on your earnings plus an amount based on your health coverage status. The amount of FLEX credit you receive depends on the health coverage option you choose at enrolment/re-enrolment.

Your Benefits Price List for the FLEX Benefits Program tells you how much FLEX credit you are entitled to. Should you decide not to participate in the health plan, you are still entitled to some FLEX credit.

Your FLEX credit, along with your payroll deductions, are used to pay for your benefit choices. Should you select a lower level of coverage than you have today, or decide to increase your payroll deductions you may have FLEX credit left over. If you have unused FLEX credit, it will be deposited into your personal Health Spending Account (HSA) see page 18.

Please Note:

If you are increasing your basic life insurance, applying for optional life insurance for yourself or spouse, or making changes to your Long Term Disability (LTD) option, you must complete a [Statement of Health Form](#) and submit directly to the insurance provider for approval.

If you have any changes to your Dependents or wish to change your Beneficiary Information, you must complete the [Group Benefits Information Form](#).

These forms may be obtained at the addresses provided above or by calling 902.490.6145 or emailing MyHR@halifax.ca.

For additional resources including access to a new Benefits Calculator and Group Insurance Booklets, please refer to the [Benefits Intranet Page](#).

How Does the FLEX Benefits Program Work?

The FLEX Benefits Program offers you choices in the following areas:

- Health
- Dental
- Long Term Disability (LTD) Insurance
- Life and Accidental Death and Dismemberment (AD&D) Insurance
- Health Spending Account (HSA)

The FLEX Benefits Program offers a core-level of coverage and a variety of options. For LTD, employee life and accidental death and dismemberment insurance, minimum protection levels have been established (Core Benefits). In all other areas, coverage is optional. The cost of your benefits is funded through FLEX credit (allocated to you by the Municipality) and your payroll deductions.



You have Core Benefits

(minimum levels of coverage required)

ACCIDENTAL DEATH & DISMEMBERMENT

LONG TERM DISABILITY

LIFE INSURANCE



You receive FLEX Credit

FLEX credit is a contribution made by the Municipality which you can apply to the payment of your benefit choices. FLEX credit is calculated based on your earnings plus an amount based on your health coverage status. Your FLEX credit amount depends on the health coverage option you choose at enrolment/re-enrolment.



You choose your benefit options

You use your FLEX credit along with payroll deductions to pay for your benefit options.

LIFE INSURANCE

4 options

OPTIONAL LIFE INSURANCE

(Employee and/or
Spousal Coverage)

Increments of \$10,000 up to
\$300,000 maximum or no
coverage.

HEALTH

4 options for coverage, including
no coverage. Coverage available for
employees and eligible dependents.

DENTAL

5 options for coverage, including
no coverage. Coverage available for
employees and eligible dependents.

DEPENDENT LIFE COVERAGE

3 options for coverage for spouse
and/or eligible children.

ACCIDENTAL DEATH & DISMEMBERMENT

4 options for coverage. Must match
your option for Life Insurance.

LONG TERM DISABILITY

2 options for coverage.



Any remaining FLEX credit will be directed to your
Health Spending Account (HSA)

Health

Health coverage is an important part of any benefits program and supplements your provincial health plan coverage. You may decide to choose only minimum provincial coverage under the health plan if you are also covered under your spouse's plan, or choose an option that provides you with more extensive coverage. With the FLEX Benefits Plan you can get your health benefits working for you in the best possible way.

Coverage Categories

You have two (2) levels of coverage to choose from:

- **Single** (employee only) and
- **Family** (employee, spouse and/or dependent children).

Your Health Options

Within the FLEX Benefits Plan you have four (4) health options:

- **Core**—Participation in the health plan is not mandatory. Therefore, there are no health benefits offered as part of the core program.
- **Option 1**—This option reimburses 20% of most health care expenses. You may want to choose this option if your spouse has health coverage available through his or her employer.
- **Option 2**—This option reimburses 80% for common health care expenses at a reasonable cost.
- **Option 3**—This is the most comprehensive of the health options. You might choose this option if you want an enhanced level of coverage and minimal exposure to out-of-pocket expenses.

FLEX Credit

If you choose No Health, FLEX credit will be allocated as follows:
1.93% of your current salary.

If you choose Health Option #1, FLEX credit will be allocated as follows: 1.93% of your current salary, plus \$162.10/year for Single or \$405.25/year for Family.

If you choose Health Option #2 or #3, FLEX credit will be allocated as follows: 1.93% of your current salary, plus \$324.20/year for Single or \$810.50/year for Family.

The 1.93% and your extra FLEX credit are then divided by 12 months to determine your monthly credit amount.

Coverage Chart				
	Core	Option 1	Option 2	Option 3
Prescription Drugs	Not Applicable	Employee pays 80% managed-care formulary	Employee pays 20% (to max. of \$10), managed-care formulary	Employee pays 10% managed-care formulary
Hospital	Not Applicable	Plan pays 100%, semi-private	Plan pays 100%, semi-private	Plan pays 100% private
Out-of-country Coverage	Not Applicable	Emergency coverage only	Emergency coverage only	Emergency coverage plus referrals
Extended Health Benefits	Not Applicable	Plan pays 20%	Plan pays 80%	Plan pays 100%
Vision Care	Not Applicable	Plan pays 20% (to max. of \$100 every 24 mos.), eye exam incl.	Plan pays 80% (to max. of \$150 every 24 mos.), eye exam incl.	Plan pays 100% (to max. of \$200 every 24 mos.), eye exam incl.
Paramedical Practitioners*	Not Applicable	\$500/year per practitioner	\$500/year per practitioner	\$500/year per practitioner
Physiotherapy*	Not Applicable	\$500/year	\$500/year	\$500/year
Mental Health Practitioners*	Not Applicable	Maximum \$1500/year for all practitioners		

*Payment for services provided by paramedical practitioners and physiotherapists is subject to the co-insurance of the extended health benefit.

Some eligible expenses are:

- **Prescription Drugs**—covers drugs based on a Managed Care List. Some drugs may require special authorization.
- **Vision Care**—reimburses for eye examinations and prescription glasses or contact lenses.
- **Out-of-Country Travel Insurance**—covers emergency care for an illness or injury that occurs while you are traveling on business or pleasure outside Canada.
- **Extended Health**—includes private-duty nursing, diabetic supplies, diagnostic and x-ray services, physician services outside of province, speech therapists, accidental dental, prosthetic appliances, ambulance, clinical psychologist, Victorian Order of Nurses, plus many other items.
- **Paramedical Practitioners**—includes chiropractors, osteopaths, podiatrists, chiropodists, naturopaths and registered massage therapists.
- **Mental Health Practitioners**—includes psychologists, counselling therapists, psychotherapists and social workers

Tax Tips:

Employer contributions (i.e., FLEX credit) are non-taxable if used to pay for your health coverage. Therefore your FLEX credit will be used to pay for your health option before paying for any benefits that may be taxable to you. The alternative, payroll deductions, means you are using after-tax money.



Things to think about:

Do you have coverage under your spouse's plan?

If you have leftover FLEX credit after the total cost of benefits or if you have a taxable benefit, you may qualify to have a Health Spending Account (HSA) (see details page 18).

Keep in mind that certain rules apply when changing options at annual enrolment/re-enrolment.



Dental

You can shape the dental plan that best meets your needs through a variety of dental options.

Coverage Categories

You have two (2) levels of coverage to choose from:

- **Single** (employee only) and
- **Family** (employee, spouse and/or dependent children).

Your Dental Options

You have five (5) dental options:

- **Core**—Participation in the dental plan is not mandatory. Therefore, there are no dental benefits offered as part of the core program.
- **Option 1**—This option reimburses 20% of the basic and major dental services to an annual maximum of \$500.
- **Option 2**—This option reimburses 100% of basic dental services.
- **Option 3**—This option reimburses 100% of basic dental services and 80% of major restorative dental services to an annual maximum of \$1,000 per person.
- **Option 4**—This option reimburses 100% of basic dental services, 80% of major restorative dental services to an annual maximum of \$1,000 per person, and 50% for orthodontic services to a lifetime maximum of \$1,500 per person.

Coverage Chart				
	Option 1	Option 2	Option 3	Option 4
Basic Services	Plan pays 20% unlimited	Plan pays 100% unlimited	Plan pays 100% unlimited	Plan pays 100% unlimited
Major Restorative Services	Plan pays 20% to a max. of \$500/year	Not Applicable	Plan pays 80% to a max. of \$1000/year	Plan pays 80% to a max. of \$1000/year
Orthodontic Services	Not Applicable	Not Applicable	Not Applicable	Plan pays 50% to a lifetime max. of \$1,500 (incl. adult coverage)
Fee Guide*	Current	Current	Current	Current

*All dental procedures are paid according to the general practitioner's fee guide. Service performed by a specialist will be covered to the maximum outlined in the general practitioner's fee guide for that procedure code.

Cancelling your Dental Plan

Note: At re-enrolment, you may increase your dental coverage, but **you are unable to decrease your coverage until you are in that higher option for a period of three years**. At the end of the three years, you may move down to the next lower option each year until you reach Option 2—once you are in Option 2 for that enrolment year, the following year you may opt out of dental. These rules also apply to a life change.

A detailed description of the covered dental procedures is provided in the Definitions section of this Enrolment Guide.

Tax Tips:

Like health, employer contributions (FLEX credit) are non-taxable if used to pay for your dental coverage. Therefore, your Flex credit will be used to pay for your health and dental options before paying for any benefits that may be taxable to you.

Things to think about:

Take a look at the dental expenses you had over the last year. Which option would have best met your needs?

Do you anticipate incurring any major dental expenses during the upcoming year?

Does your spouse have coverage through his or her job? How does it compare to your options?

Note: If the cost of any planned dental treatment is expected to exceed \$300, you should submit a detailed treatment plan (from your dentist) to the insurer before the treatment begins.

Keep in mind that you can use your HSA to be reimbursed for your dental expenses (details on page 18).

Remember, certain rules apply when changing options at annual re-enrolment.



Long Term Disability

The FLEX Benefits Program allows you to choose the disability coverage that best suits your needs. The Long Term Disability (LTD) plan continues income protection if you remain disabled after 180 calendar days or the expiry of accumulated sick leave credits, whichever is longer.

The LTD plan pays a benefit if you remain totally disabled because of illness or injury after the elimination period.

Totally disabled means you are unable to work in your own occupation for the first 24 months of disability and in any occupation after that.

Disability benefits may also be paid under the Worker's Compensation Board (WCB) and Canada Pension Plan (CPP). WCB and CPP disability payments would directly reduce your LTD benefit, as your CPP, WCB and LTD benefits are integrated to provide the level of income replacement under the option of your choice. LTD benefits continue until the earliest of either age 65 or retirement, as long as you remain disabled and comply with the provisions of the plan.

Coverage Chart		
	Core	Option 1
Benefit (non-taxable)	50% earnings	60% earnings

Your maximum LTD benefit, when added to any other disability income to which you may be entitled, cannot exceed 85% of your net pre-disability income. If the combined total is greater than the 85% maximum, your LTD benefit will be reduced accordingly.

Things to think about:

If you were absent from work for a long period of time, how much income would you need?

Do you have any other sources of disability income?

If you increase your LTD coverage at re-enrolment, you must provide evidence of good health.

Tips:

This plan is employee-paid to maximize the tax advantage to employees. When you pay the premium, your LTD benefits will be tax free if you become disabled. (Note: Any CPP benefit you receive is considered taxable income. WCB benefits are non-taxable).

Life and Accidental Death and Dismemberment Insurance

Life insurance benefits can mean financial security for you and other survivors if a death occurs. The FLEX Benefits Program offers five (5) insurance plans with different coverage options under each. Accidental Death & Dismemberment (AD&D) insurance is provided automatically based on the amount of basic life insurance you choose. This coverage matches your life insurance up to the three (3) times earnings and is payable if death is accidental. AD&D coverage also provides many “living” benefits such as coverage for paralysis due to an accident.



Your Employee Life Options

You can initially enrol in Core or Options 1, 2 or 3, and medical evidence is not required. If you choose to add or increase coverage at re-enrolment, you will be required to provide medical evidence. Medical evidence is required for any additional coverage under Option 4, if your total amount of employee life insurance exceeds the amount currently in place. (Please note that medical evidence is not required to increase AD&D insurance or for increases in employee life insurance resulting from salary increases.)

You must select a minimum-coverage of one (1) times your earnings (Core). You may also purchase life insurance up to three (3) times your earnings plus additional insurance, in units of \$10,000, up to \$300,000 of additional units. If the amount of insurance for which you are applying is greater than the amount of insurance you currently have, you must complete a Statement of Health form. Note that the cost of coverage up to three (3) times earnings is at a common premium rate for all employees, while the cost of additional life insurance is based on your age, sex and smoking status.

Employee Coverage Chart					
	Core	Option 1	Option 2	Option 3	Option 4
Benefits (non-taxable)	1 x earnings	2 x earnings	2.5 x earnings	3 x earnings	3 x earnings, plus additional coverage in \$10,000 units to a max. of \$300,000

Things to think about:

What expenses would your survivors have in the event of your death?

What other sources of life insurance do you have?

How does your life insurance compare with the cost of life insurance you could purchase privately?

Your Spouse Life Options

The life insurance plan pays benefits in the event of your spouse's death. You are automatically the beneficiary of spouse life insurance.

Spouse life insurance rates are priced based on the amount of coverage you choose and on your spouse's age, sex and smoking status. Please see page 16 for rates.

Spouse Coverage Chart		
	Core	Option 1
Benefit	No coverage	\$10,000 units to a max. of \$300,000. Rate based on age, sex and smoking status of spouse.

To increase optional spouse life insurance (or to apply for coverage for the first time), your spouse will need to provide evidence of good health.

Things to think about:

What expenses would you need to cover in the event of your spouse's death?

Do you have other life insurance covering your spouse?

Your Dependent Life Options

Your dependent child life insurance plan provides coverage for each of your eligible dependent children (regardless of how many children you have), and a small amount for your spouse (please see definition of dependent child and spouse). You are automatically the beneficiary of any proceeds payable under this benefit.

Dependent Child (plus Spouse) Coverage Chart				
	Core	Option 1	Option 2	Option 3
Benefits (non-taxable)	No coverage	Spouse \$5,000 Child \$2,000	Spouse \$10,000 Child \$5,000	Spouse \$20,000 Child \$10,000

Things to think about:

What expenses would you have in the event of a dependent's death?

Do you already have coverage for your dependents?

Optional Accidental Death & Dismemberment Insurance

The optional AD&D insurance plan provides coverage for loss of life or permanent physical injury such as loss of limb, loss of use of a limb or eyesight as a result of an accident. Medical evidence is not required for any amount of optional AD&D insurance. Employee and family coverage is available. The Optional AD&D insurance rates are \$0.20 per month per \$10,000 for single coverage and \$0.32 per month per \$10,000 for family coverage.

These benefits are payable in addition to the employee life and AD&D insurance benefits. This coverage is not part of the core program, therefore is not mandatory. You can choose coverage in units of \$10,000 to a maximum of \$300,000.

Additional Employee Life and Spouse Life Monthly Rates				
Rate per \$10,000				
Age Ranges	Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
Under 30	0.77	0.50	0.53	0.36
30-34	0.85	0.53	0.62	0.41
35-39	1.07	0.62	0.80	0.45
40-44	1.78	0.98	1.21	0.67
45-49	3.12	1.69	2.01	1.07
50-54	5.12	2.85	3.12	1.78
55-59	8.46	4.82	4.77	2.85
60-64	12.25	7.40	6.60	4.25

Note: Rates are per \$10,000 of coverage and apply to amounts of employee life in excess of three (3) times earnings. These rates apply to all amounts of spouse life insurance.

Tax Tips:

Life insurance premiums are taxable if you pay with FLEX credit. Whenever possible, your deductions will be used to pay for life insurance, leaving your FLEX credit for other benefits.

How Family Coverage Works

Spouse's amount of insurance	Employees without children	60% of the amount of employee optional AD&D
	Employees with children	50% of the amount of employee optional AD&D
Child's amount of insurance	Employees with no spouse	20% of the amount of employee optional AD&D
	Employees with spouse	10% of the amount of employee optional AD&D

Things to think about:

What expenses would your survivors have in the event of your accidental death, or if you were to become physically disabled?

For the optional AD&D plan to pay a benefit, the loss must be the direct result of an accident.

You can make changes to your current coverage at re-enrolment without providing evidence of good health.



Health Spending Account (HSA) Q&A

What is a Health Spending Account?

A Health Spending Account is a unique and effective way to offer employees the benefits they want using pre-tax dollars. The HSA is funded through employer contributions called flex credits. They can be used by employees for medical and dental expenses, including any employee premiums paid for health and dental plans, not covered under their basic or provincial health plan.

Who is eligible for a Health Spending Account?

In the Flex Benefits Plan, you may be eligible for a Health Spending Account. There are two ways of having a Health Spending Account:

A. Put unused FLEX Credit into HSA

If the Employer Flex Credit exceeds the overall cost of your chosen Flex Benefits, these leftover credits will be put into a Health Spending Account.

B. Target amount

An Employer Flex Credit is used to pay for a portion of your overall benefit cost, this credit pays Health and Dental premiums first. When the Employer Flex Credit for your Flex Group Benefits is used to pay for Life Insurance, LTD, AD&D and/or Dependent Life premiums, these benefits become a taxable benefit. You will see on your pay statement a taxable benefit amount and you pay income tax on the portion of the premiums that the employer pays.

You have the option of paying all or some of the premiums for these benefits yourself. If you opt to do this, the Employer Flex Credit will go into a Health Spending Account.

If you do not have leftover Employer Flex Credits or a taxable benefit, you would not qualify to contribute to a Health Spending Account. To see if you have a taxable benefit, review your Benefits Confirmation Statement, on the last page there is a taxable benefits section. If you need to request a Benefits Confirmation Statement, please email MyHR@halifax.ca.

Or, refer to our interactive [Benefits Calculator](#) to see if you have leftover credits that can be added to a HSA.

Examples:

Joan has Life Insurance, AD&D, LTD and Dependent Life coverage with the municipality but her health and dental is covered under her spouse's plan. Her monthly benefit costs are:

Flex Life Insurance	\$21.55
Flex LTD	\$75.56
Flex Dependent Life	\$6.00
Flex AD&D	\$1.30
Total Monthly Premiums	\$104.41

Joan receives an Employer Flex Credit of 1.93% of her annual salary:

Total Monthly Employer Flex Credit	\$129.36
------------------------------------	----------



- A. The amount of the Flex Credit, exceeds the overall cost of Joan's benefits. These leftover credits are deposited into a Health Spending Account for Joan to use.

The annual HSA contribution based on her leftover credits would be:

Employer Flex Credit (\$129.36) – Total Monthly Premiums (\$104.41) = \$24.95/month

**\$24.95 Monthly Leftover Credits x 12 Months = \$299.40
Annual HSA deposit**

- B. Due to the Employer Flex Credit paying premiums for Life, LTD, Dependent Life and/or AD&D, Joan also has a taxable benefit on the total monthly premiums because the employer pays for these benefits.

In Joan's case, the Employer Flex Credit is fully paying for these benefits at \$104.41. This means the amount of her monthly taxable benefit is \$104.41. Although, Joan does not have a payroll deduction for her group benefit costs, she is paying the taxes on \$104.41 and that is included in her taxable income for the year.

Instead of having this taxable benefit, Joan has decided to pay the premiums for her insurance costs herself for a total cost of \$104.41 per month via payroll deductions. The whole Employer Flex Credit is going to be put into a Health Spending Account.

Joan's HSA for the year will now be:

\$104.41 Monthly x 12 Months = \$1,252.92

**Leftover Credits HSA (\$299.40 annual) + \$1,252.92 = Total
Annual HSA deposit is \$1,552.32**

To select this option, go to page 4 of your Flex Enrollment form, as shown below.

Health Spending Account

☒ Target an Amount of \$ Full amount of taxable benefit
for HSA

- C. Joan has an HSA with her leftover credits. In addition to the leftover credits, Joan would like to target a specific amount to her HSA. She does not wish to put the whole amount of her taxable benefit into an HSA and has decided to have a payroll deduction for benefits of an extra \$25 per pay (\$50/month).

By doing this Joan's taxable benefit is reduced to \$54.41 / month and there is \$50 per month going into the HSA.

Joan's HSA for the year in this case is:

\$50 Monthly x 12 Months = \$600

Leftover Credits HSA (\$299.40 annual) + \$600 = Total Annual HSA deposit is \$899.40

To select this option, go to page 4 of your Flex Enrollment form, as shown below.

Health Spending Account

☒ Target an Amount of \$ 25/pay for HSA

By what date do I need to use my money and how long is it good for?

Each year, a HSA deposit occurs on April 1. For any eligible expenses incurred from April 1 to the following March 31, you have until May 30 to make a claim. If you do not make any claims within that one-year period, your HSA deposit will move over for one more year. If you do not make any claims within the two-year period, your unused funds will expire. For example, any funds remaining from the April 1, 2020 deposit will carry over to the 2021 plan year. If the funds are not used by March 31, 2022, they will be forfeited.

How can I check my HSA balance?

The balance is shown on each HSA claim statement that is issued. You can also check your balance by going online at medaviebc.ca/en/members, using the Medavie Blue Cross mobile app or by calling Medavie Blue Cross at 1(800) 667-4511.

How can I spend my money?

Health Spending Accounts follow [Canada Revenue Agency \(CRA\) rules about expense eligibility](#) and claim deadlines which must be followed. If the expense is something you can claim as a medical expense through CRA, it would be an eligible HSA expense. If you do claim something through your Health Spending Account, you cannot also claim this as a medical expense on your taxes.

How do I find out if something is an eligible expense under my HSA?

The coverage for any product/service can be confirmed with Canada Revenue Agency at 1(800) 959-8281 or with Medavie Blue Cross at 1(800) 667-4511.

Whose expenses can I claim under my HSA?

Employees can submit expenses incurred for themselves and eligible dependents.

How does my HSA work with other health coverage I may have?

In order to preserve your HSA fund, submit all of your claims to any other coverage first (e.g. a spouse's plan), then claim the remainder under your HSA. When submitting a claim, include a copy of the receipt of service and a statement of what the other plan covered and the difference you are claiming.

How do I make a claim to my HSA?

There are several ways to make a claim, an [HSA claim](#) can be made by the employee only.

About your Health Spending Account

Unallocated FLEX credit is deposited into your HSA. You should submit claims to the insurer for your eligible health and dental care expenses as you incur them. You will receive reimbursement for these claims, as well as a statement of the balance of your HSA.

If you have FLEX credit remaining in your HSA at the end of the plan year (March 31), the funds can be rolled over for one year. At the end of the second year, Revenue Canada guidelines dictate that any unused funds will be forfeited. Please note, for any eligible expenses incurred between April 1 to the following March 31, you have until May 30 to make a claim.

If there are life changes during the year, you may re-enrol within 31 days of the life change. Any balance in your HSA can be used for eligible health and dental care expenses incurred under these new circumstances. A life change may impact the amount of funds in your HSA—ie: if you select higher coverage the amount of the HSA may reduce.

Under current Revenue Canada rules, if your employment terminates (except for retirement) you may claim any eligible expenses you incurred while employed within 31 days of your date of termination. When you retire you can continue to submit claims against your HSA for 60 days. HSA amounts may also change upon retirement. HSA amounts are credited in your account for 12 months, if your employment ends during the 12 months, your account will be adjusted.



Things to think about:

What medical expenses do you anticipate in the upcoming year?

Do you have coverage under your spouse's health and dental plans?

Tax Tips:

The HSA balance contains before-tax FLEX credit. When you use your HSA to cover an eligible expense, you are using tax-sheltered dollars instead of after-tax income.

For example, when you write a \$300 personal cheque for prescription glasses you are using after-tax money. You will have had to earn about \$430, assuming a 30% marginal tax rate, to cover this \$300 expense.

However, paying \$300 from your HSA saves you money because you are using before-tax FLEX credit.



Completing Your Enrolment/ Re-Enrolment Form

If you wish to make any changes, please scan and return your completed Enrolment/Re-Enrolment Form by email to MyHR@halifax.ca.

If you do not have email access, please submit your completed form by internal mail to:

HR Employee Services
8th Floor, Purdy's Wharf—Tower II

Your Confirmation Statement

If you have made any changes on your Re-Enrolment Form, you will receive a new personalized Confirmation Statement via the email you provided on your re-enrolment form outlining your choices. Please check the information on your Confirmation Statement and report any errors or omissions to Employee Services immediately.



Definitions

B

Basic Dental Services

- **Diagnostic:** clinical oral examination (two recall exams every 12 months);
- **Endodontic Services:** diagnosis and treatment of pulp (nerve) and tissue which supports the end of the root, root canal therapy and emergency procedures;
- **Periodontic services:** diagnosis and treatment of disease which affects the supporting tissue of the teeth;
- **General Services:** emergency treatment of pain, local anaesthetic or conscious sedation and consultation with another dentist.
- **Periodontic Services:** diagnosis and treatment of disease which affects the supporting tissue of the teeth;
- **Preventive Services:** cleaning and polishing, fluoride treatment, etc. (two every 12 months);
- **Prosthodontic Services (removal):** denture repairs;
- **Restorative Services:** fillings, re-cementing inlays and crowns, etc.
- **Surgical Services:** extraction of teeth

C

Claims for your children: first, submit to the plan of parent with the higher coverage rate. Then submit any amount not covered to the other plan.

Claims for yourself: submit to FLEX Benefits Program first and any amount not paid under this plan can be submitted to your spouse's plan, if applicable, for reimbursement. If you are covered your spouse's plan first for payment, any amount not paid under your spouse's plan can be submitted to the FLEX Benefits Program for reimbursement (if your spouse is covered under the program).

Claims for your spouse: submit to your spouse's plan first, if applicable, and any amount not paid under the spouse's plan can be submitted to the FLEX Benefits Program for reimbursement (if your spouse is covered under the FLEX Benefits Program).

Co-insurance (or Co-Pay): the percentage of eligible health and dental expenses paid by the plan. For example, 80% co-insurance means the plan pays 80% of the eligible expenses.

Coordination of Benefits (COB): the submission of a health or dental claim to more than one group plan allowing total reimbursement up to 100% of the actual claim.

Core Coverage Category: the mandatory minimal level of coverage in each benefit area.

D

Dependent Children: Your unmarried, natural, adopted, foster or stepchildren who are:

- under 21 years of age and dependent upon you for maintenance and support; or
- under 26 years of age, in attendance at an institution of higher learning and dependent upon you for maintenance and support;
or
- by reason of mental or physical infirmity incapable of self-sustaining employment and dependent on you for maintenance and support within the terms of the Income Tax Act.

E

Earnings: for the purposes of life insurance and long term disability insurance earnings shall mean regular day excluding overtime or bonuses.

Eligibility: In order to be eligible for benefits, an employee must be employed by the employer on a full time or job-sharing basis and must work at least 20 hours per week. The definition of job-sharing is as defined by the employer. Employees who job-share must work at least 50% of the regular scheduled work week hours to be eligible.

Permanent part-time employees will be eligible for benefits if they meet the minimum work week requirement.

F

FLEX Credit: Before-tax dollars provided to you by the municipality, which you can use to purchase benefits or put into your Health Spending Account (HSA).

H

Health Spending Account (HSA): a personal account containing unused FLEX credit for reimbursement of eligible health and dental care expenses.

L

Life change: marriage, divorce, separation, establishment or termination of a common-law* relationship, birth or adoption of first child, a spouse's loss or gain of coverage under his/her plan or the death of a spouse or dependent. If you experience a life change as outlined above, you may change your flexible benefit choices within 31 days if you wish to do so. If you do not make choices at this time, you or your dependents may be considered a late applicant(s) and be required to submit medical evidence if a change or increase in coverage is requested.

*Living with a member in conjugal relationship for at least one year.

M

Major Restorative Dental Services

- **Dentures:** complete dentures (limited to one complete upper and one complete lower denture in 5 calendar years), transitional dentures (limited to one complete upper and one complete lower denture in 5 calendar years) and partial dentures (limited to one partial lower denture in 5 calendar years).
- **Extensive restorative procedures:** in-lay and on-lay restorations, crowns (caps); fixed bridges.
- **Orthodontic Services** Proper fitting of natural teeth and correction of irregularities.

Managed Care Drug Plan: a managed care drug plan excludes coverage for most over-the-counter drugs which do not require a prescription by law. New drugs are reviewed by the insurer prior to being added to the plan. Any drug not on the managed care list, which by law requires a prescription, may be eligible through a special authorization process.

S

Spouse: a person who is defined as (a) married through an ecclesiastical or civil ceremony to an employee, or (b) although not legally married to an employee, co-habits with the employee in a conjugal relationship for a period of 12 months or more which is recognized as such in the community in which they reside.

Notes:

[illegible]

