



| Manitoba Home Care Employees Benefits Plan Summary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|--------------------|-----|-----|-----|-----|--|-----|--|--|---|---|---|---|---|---|---|--|--|----------------|--|--------------------|--|--|--|--|--|
| Benefit Service Provider | Great-West Life Assurance Company | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan Numbers | Life Insurance: #156365 Weekly Sick Leave, Dental and Vision Care: #51504 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eligibility | <p>1. Be a Home Care Attendant, a Home Support Worker, or a Mental Health Proctor, and</p> <p>2. Work enough "eligible hours" so that benefits can start. Eligible hours must be worked and reported over at least three consecutive months, but over no more than six consecutive months. Two hundred & forty (240) hours must be deposited into your hour bank before benefits can start. "Eligible hours" include only the paid straight time hours you work and paid vacation hours. Overtime hours, and more than eight hours a day for a live-in or an overnight shift are not included.</p> <p>Each month, your eligible hours are reported to your Payroll department for deposit into an <i>hour bank</i>. The <i>hour bank</i> works like a bank account - each eligible hour is deposited, and then 80 hours are withdrawn each month so that you can have benefits, and</p> <p>3. Send a completed enrolment form, if applicable, to the RHA Benefits/Payroll Office.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefits Begin: | <p>On the first day of the second month after you have 240 eligible hours in your hour bank. <i>For example, if the balance is at least 240 hours by the end of April, your benefits will start on June 1.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staying Eligible | <p>1. Keep working as a Home Care Attendant, a Home Support Worker, or a Mental Health Proctor, and</p> <p>2. Work enough eligible hours so that your benefits continue. Each month, the eligible hours reported for you will be deposited into your hour bank. Then, 80 hours will be withdrawn so that your benefits continue for the coming month. You must always have a balance in your hour bank of at least 80 hours each month so that benefits can continue.</p> <p>3. If you fall out of benefit for more than five (5) consecutive months, you will need to accumulate 240 hours to re-establish benefit eligibility.</p> <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td>eg. Oct</td> <td>Nov</td> <td>Dec</td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">√</td> <td style="text-align: center;">√</td> <td style="text-align: center;">√</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X <-- at this point you need to re-establish 240 hours to be "in benefit"</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">√ - in benefit</td> <td colspan="6" style="text-align: center;">X - out of benefit</td> </tr> </table> | eg. Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | | | √ | √ | √ | X | X | X | X | X <-- at this point you need to re-establish 240 hours to be "in benefit" | | √ - in benefit | | X - out of benefit | | | | | |
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| | √ | √ | √ | X | X | X | X | X <-- at this point you need to re-establish 240 hours to be "in benefit" | | | | | | | | | | | | | | | | | | | | |
| | √ - in benefit | | X - out of benefit | | | | | | | | | | | | | | | | | | | | | | | | | |
| Life Insurance Benefits | A benefit of \$10,000 is payable to your beneficiary or estate if you die. Coverage continues until you reach age 70 as long as you remain eligible, or age 65 if you are disabled. | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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| Dental Benefits | <p>You Are Paid: 100% of the cost of Basic Services (Exams, cleanings, x-rays, etc.) 50% of the cost of Major Services (Crowns, dentures, & repairs) Up to \$1,100 per person each calendar year for Basic and Major dental expenses. 50% of the cost of Orthodontic Services for dependent children 6 to 18 years of age. Up to \$1,100 per dependent child for each complete course of Orthodontic treatment.</p> <p>YOU PAY: \$25 for you or your family each calendar year (This is called a "deductible"). Payment are based on the charges listed in the current year Manitoba Dental Fee Guide.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly Sick Leave Benefits | <p>Each week you get paid: 66 2/3% of your average regular earnings over the previous 26 bi-weekly pay periods, or the average of all pay periods if less than 26.</p> <p>When? From the 1st calendar day for an accident, or From the 3rd calendar day for sickness</p> <p>How Long? A total of 67 weeks from: Weekly Sick Leave plan 3 weeks EI Sickness benefits and Weekly Sick Leave plan 15 weeks Weekly Sick Leave plan <u>49 weeks</u> Total 67 weeks</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision Care Benefits | <p>Vision Care is available on a once a year basis in respect of the previous calendar year subject to the following: You must have been "in benefits" for a minimum of nine (9) months in the previous calendar year. Note: 9 months does not have to be consecutive. Coverage is only for you and is not transferable to your spouse or dependents. Coverage is up to a maximum of \$200 every other year to reimburse for vision care expenses incurred in the year immediately preceding the year in which the claim is submitted. You must submit original vision care receipts (eye exam, glasses, contact lenses) with the claim form when submitting to Great-West Life.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision Care Examples | <p>Example 1: Vision Care Expense Incurred in July 2017 (while "in benefit")</p> <table border="0"> <tr> <td colspan="12" style="text-align: center;">Expense Incurred</td> </tr> <tr> <td colspan="6" style="text-align: center;">2017 (Calendar Year 1)</td> <td colspan="6" style="text-align: center;">2018 (Calendar Year 2)</td> </tr> <tr> <td colspan="6" style="text-align: center;">in July 2017</td> <td colspan="6"></td> </tr> <tr> <td style="text-align: center;"> </td> <td></td><td></td><td></td><td></td><td></td> <td style="text-align: center;"> </td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">Jan</td><td style="text-align: center;">Feb</td><td style="text-align: center;">Mar</td><td style="text-align: center;">Apr</td><td style="text-align: center;">May</td><td style="text-align: center;">Jun</td> <td style="text-align: center;">Jul</td><td style="text-align: center;">Aug</td><td style="text-align: center;">Sep</td><td style="text-align: center;">Oct</td><td style="text-align: center;">Nov</td><td style="text-align: center;">Dec</td> </tr> <tr> <td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td> <td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td> </tr> <tr> <td colspan="12" style="text-align: center;"> -----9 months----- </td> </tr> <tr> <td colspan="12" style="text-align: right;">Submission of claim can be on or after January 2018</td> </tr> </table> <p>Example 2: Vision Care Expense Incurred in March 2017 (while "out of benefit")</p> <table border="0"> <tr> <td colspan="12" style="text-align: center;">Expense Incurred</td> </tr> <tr> <td colspan="6" style="text-align: center;">2017</td> <td colspan="6" style="text-align: center;">2018 (Calendar Year 2)</td> </tr> <tr> <td colspan="6" style="text-align: center;">in March 2017</td> <td colspan="6"></td> </tr> <tr> <td style="text-align: center;"> </td> <td></td><td></td><td></td><td></td><td></td> <td style="text-align: center;"> </td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">Jan</td><td style="text-align: center;">Feb</td><td style="text-align: center;">Mar</td><td style="text-align: center;">Apr</td><td style="text-align: center;">May</td><td style="text-align: center;">Jun</td> <td style="text-align: center;">Jul</td><td style="text-align: center;">Aug</td><td style="text-align: center;">Sep</td><td style="text-align: center;">Oct</td><td style="text-align: center;">Nov</td><td style="text-align: center;">Dec</td> </tr> <tr> <td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td> <td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td><td style="text-align: center;">√</td> </tr> <tr> <td colspan="12" style="text-align: center;"> -----9 months----- </td> </tr> <tr> <td colspan="12" style="text-align: right;">Submission of claim can be on or after January 2018</td> </tr> </table> <p>√ - in benefit 9 months X - out of benefit</p> | Expense Incurred | | | | | | | | | | | | 2017 (Calendar Year 1) | | | | | | 2018 (Calendar Year 2) | | | | | | in July 2017 | | | | | | | | | | | | | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | X | X | X | √ | √ | √ | √ | √ | √ | √ | √ | √ | -----9 months----- | | | | | | | | | | | | Submission of claim can be on or after January 2018 | | | | | | | | | | | | Expense Incurred | | | | | | | | | | | | 2017 | | | | | | 2018 (Calendar Year 2) | | | | | | in March 2017 | | | | | | | | | | | | | | | | | | | | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | X | X | X | √ | √ | √ | √ | √ | √ | √ | √ | √ | -----9 months----- | | | | | | | | | | | | Submission of claim can be on or after January 2018 | | | | | | | | | | | |
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| Questions | Contact your applicable Resource Coordinator or the RHA Benefits/Payroll Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |