City of Yorkton

POLICY TITLE		ADOPTED BY	POLICY NO.
HEALTH CARE SPENDING ACCOUNT GROUP BENEFITS POLICY OUT-OF-SCOPE TERM & SEASONAL EMPLOYEES		City Manager	30.121
ORIGIN/AUTHORITY	**JURISDICTION**	**EFFECTIVE DATE**	**PAGE #**
Director of Human Resources	City of Yorkton Out-of-Scope Term and Seasonal Employees	March 1, 2007 Amended March 24/08	1 of 10

I. PURPOSE AND ELIGIBILITY

To provide a benefit program for out-of-scope employees designated to term and seasonal positions as recognized by the City where the employee is employed in a position of an ongoing seasonal and/or term nature of not less than 6 months in any year. The City at its sole discretion will establish a Health Care Spending Account (HCSA) for out-of-scope term and seasonal employees who have been hired to work a minimum of six months during a given year. The City of Yorkton will allocate $50.00 per month of service subsequent to each month of service to a HCSA for term or seasonal employees who have actively worked an average of between 80 and 120 hours during the proceeding month. The City of Yorkton will allocate $100.00 per month of active service to a HCSA for term and seasonal employees who have actively worked in excess of 120 hours during the proceeding month. These allocations will be made on a monthly basis on the first pay period following the month so worked and shall be outlined on the employee's payroll stub.

Out-of-scope term and seasonal employees must utilize this allocation to purchase health and/or dental insurance from an underwriter of the employee's choice unless they provide proof of health and dental coverage through a spousal plan as outlined below. The funds from the HCSA shall be reimbursed to the employee upon proof of payment for premiums for health and dental benefits as provided herein.

II. GENERAL POLICY

Operation & Application of the Health Care Spending Account

Term and seasonal employees due to the intermittent nature of their employment do not meet the eligibility requirements for health and dental benefits under the City of Yorkton's Group Benefits Plan. Therefore, term and seasonal employees shall be required to utilize the funds in their HCSA for the purchase of health and/or dental insurance unless they have comparable coverage with a spousal plan. If the term or seasonal employee has comparable coverage, they are required to provide proof of same on the attached form identified as Schedule "B" <Spousal Plan Coverage> to the City of Yorkton Payroll Department within thirty (30) days of their employment with the City of Yorkton.

Term and seasonal employees who have spousal coverage or whose expenses for health and dental coverage do not exceed the allocations in their HCSA, may utilize the funds for other eligible medical expenses as outlined in the following.

Eligible expenses are those that are listed as an eligible medical expense tax credit in the *Income Tax Act*, its regulations and Interpretation Bulletins as of January 1995 (see the list below). This list is subject to change according to amendments made to the *Act.* You can also use your "before tax" benefit dollars to pay for unpaid portions of expenses from the regular health and dental benefit plans such as, deductibles, coinsurance amounts and amounts which exceed plan maximums. These expenses can be claimed for yourself, your spouse and any other dependent for whom you are claiming a tax deduction in the taxation year in which the expenses were incurred.

1. Medical Practitioners

Payment for the services of the following medical practitioners who are licensed to practice in the province where the expense is incurred:

- Acupuncturist
- Chiropodist or Podiatrist
- Chiropractor
- Christian Science Nurse
- Christian Science Practitioner
- Dentist
- Medical Doctor
- Naturopath
- Nurse (RPN, RN)
- Optometrist, Oculist or Ophthalmologist
- Osteopath
- Physiotherapist
- Psychologist
- Speech Therapist or Audiologist
- Therapist or Therapeutist (with referral from Dr.)

2. Care and Facilities

Payment for the services of the following care and facilities:

- Public or licensed private hospital (including hospitals located outside of Canada).

- A full-time attendant or full-time care in a nursing home for a person who has a severe and prolonged mental or physical impairment.

- A full-time attendant in a self-contained domestic establishment if a qualified medical practitioner certifies that the patient is likely to be dependent on others for his personal needs and care for a prolonged and indefinite period of time because of a mental or physical infirmity.

- Full-time care in a nursing home for a person who, because of a lack of normal mental capacity, is and will continue to be dependent on others for his personal needs and care. The certification of a qualified medical practitioner is required to support the need for his care.

- Care and/or training at a school, institution or other place (nursing home) when the person has been certified to be someone who, because of a physical or mental disability, requires the equipment, facilities and personnel specially provided by that school, institution or other place. An appropriately qualified person must certify that the person's disability requires such special care. This also includes care of a person who suffers from behavioral problems and is attending a school specializing in this type of problem.

3. Assistance Devices, Supplies and Equipment

Payment for the following assistance devices, supplies and equipment:

- Artificial eye
- Artificial limbs
- Crutches
- Iron lung/portable chest respirator
- Rocking bed for poliomyelitis victims
- Wheelchair
- Spinal brace/support
- Brace for a limb
- Ileostomy or colostomy pad
- Truss for hernia
- Laryngeal speaking aid
- Hearing aid
- Artificial kidney machine
- Cloth diapers, disposable briefs, catheters, catheter trays, tubing or other products required for incontinence caused by illness or injury

A medical practitioner must prescribe the following items:

- Eye glasses or other devices (contact lenses) for the treatment or correction of a defect of vision
- Oxygen tent or other equipment necessary to administer oxygen
- Custom made wig for a person who has suffered abnormal hair loss due to a disease, medical treatment or accident
- Needles and syringes for injections
- Device or equipment, including a replacement part, designed exclusively for use by a person suffering from a severe chronic respiratory ailment or a severe chronic immune system disregulation, but not including an air conditioner, humidifier, dehumidifier, heat pump, or heat or air exchanger
- Air or water filter or purifier for use by a person who is suffering from a severe chronic respiratory ailment or a severe chronic immune system disregulation to cope with or overcome that ailment or disregulation
- Electric or sealed combustion furnace acquired to replace a furnace that is neither an electric furnace nor a sealed combustion furnace, where the replacement is necessary solely because of a severe chronic respiratory ailment or a severe chronic immune system disregulation
- Device or equipment designed to pace or monitor the heart of a person suffering from heart disease
- Orthopaedic shoe or boot or an insert for a shoe or boot custom made for a person to overcome a disability
- Power-operated guided chair installation that is designed to be used solely in a stairway
- Mechanical device or equipment designed to be used to assist a person to enter or leave a bathtub or shower or to get on and off a toilet
- Hospital bed including the necessary attachments if the attachments are prescribed
- Device that is designed to assist a person in walking when they have a mobility impairment
- External breast prosthesis that is required because of a mastectomy
- Teletypewriter or similar device, including a telephone ringing indicator, that enables a deaf or mute person to make and receive telephone calls
- Optical scanner or similar device designed to be used by a blind person to enable him to read print

- Power-operated lift or transportation equipment designed exclusively for use by a disabled person to allow him access to different areas of a building or to assist the person to gain access to a vehicle or to place the person's wheelchair in or on a vehicle
- Device designed exclusively to enable a person with a mobility impairment to operate a vehicle
- Device or equipment, including a synthetic speech system, Braille printer and large print-on-screen device, designed exclusively to be used by a blind person in the operation of a computer
- Electronic speech synthesizer that enables a mute individual to communicate by use of a portable keyboard
- Device used to decode special television signals to permit the script or a program to be visually displayed
- A visual or vibratory signalling device, including a visual fire alarm indicator, for a person with a hearing impairment
- Device designed to be attached to infants diagnosed as being prone to Sudden Infant Death Syndrome in order to sound an alarm if the infant stops breathing
- Infusion pump, including disposable peripherals, used in the treatment of diabetes or a device designed to enable a diabetic to measure blood sugar levels
- Electronic or computerized environmental control system designed exclusively for the use of a person with a severe and prolonged mobility restriction
- Extremity pump or elastic support hose designed exclusively to relieve swelling caused by chronic lymphedema
- Inductive coupling osteogenesis stimulator for treating non-union of fractures or aiding in bone fusion

4. Transportation, Meals and Accommodation

Payment for the following transportation, meal and accommodation expenses:

- Transportation of the patient by ambulance to or from a public or licensed private hospital
- Transportation of the patient by a person engaged in the business of providing transportation services from the locality where the patient lives to a place more than 40 kilometres from that locality where medical services are normally provided (or from that place to that locality), provided:
  - Substantially equivalent medical services are not available in that locality,
  - The route travelled by the patient is reasonably direct, and
  - It is reasonable for the patient to travel to that place to obtain medical services

  This also includes the transportation of one other person to accompany the patient when the patient has been certified by a medical practitioner to be incapable of travelling without the assistance of an attendant.
- Reasonable expenses for meals and accommodation for the patient and, if necessary, the accompanying person, provided the conditions for the above transportation expenses are satisfied and the distance travelled to obtain medical services is more than 80 kilometres from the locality where the patient lives.

5. Drugs

Payment for the following drugs when prescribed by a medical practitioner or dentist and recorded by a pharmacist:

- Drugs, medications, or other preparations or substances which are manufactured, sold or represented for use in the diagnosis, treatment, or prevention of a disease, disorder, abnormal physical state or symptoms, or in modifying an organic function

Payment for the following drugs when prescribed by a medical practitioner:

- Insulin
- Oxygen
- Vitamin B12 and liver extract injectible for pernicious anemia

6. **Dental**

Payment for the following dental expenses:

- Preventive, diagnostic, restorative, orthodontic and therapeutic care
- The making or repairing of an upper or lower denture, or for the taking of impressions, bite registrations and insertions for the denture by a person who is authorized under the laws of a province to carry on the business of a dental mechanic

7. **Other Medical Expenses**

Payment for the following medical expenses:

- Cost of laboratory, radiological and other diagnostic procedures or services for maintaining health and preventing disease or assisting in the diagnosis or treatment of an injury, illness or disability when prescribed by a medical practitioner
- Acupuncture treatment when performed by a qualified medical doctor
- Reasonable expenses for rehabilitative therapy, including training in lip reading and sign language, in order to adjust the patient's hearing or speech loss
- Reasonable expenses for renovations or alterations to a dwelling of a patient who lacks normal physical development or who has a severe and prolonged mobility impairment, to enable the patient to gain access to, or to be mobile or functional within, the dwelling
- For a patient who requires a bone marrow or organ transplant:
  - Reasonable expenses, including legal fees and insurance premiums, to locate a compatible donor and to arrange for the transplant, and
  - Reasonable travelling, board and lodging expense of the donor and the patient. This also includes the expenses of one person who accompanies the donor and another person who accompanies the patient.
- For a patient who is blind or profoundly deaf or who has a severe and prolonged impairment that markedly restricts the use of his arms or legs:
  - Costs or acquisition, care and maintenance, including food and veterinarian care, of an animal specially trained to assist the patient in coping with the impairment and provided by a person or organization whose main purpose is the training of such animals, and
  - Reasonable travelling, board and lodging expenses while in full-time attendance at a school, institution or other facility that trains blind or profoundly deaf persons in the handling of such animals.
- Premiums paid to a private health services plan for extended health care, vision, dental plan or any part thereof. (excluding premiums paid to provincial/public health or hospitalization plans, Life, AD&D and LTD) Premiums must be paid with taxable money (ie. out-of-pocket or payroll deductions.) Therefore, premiums paid with non-taxable money (ie. HCSA credits) are not eligible.
- Altered audio feedback devices for the treatment of a speech disorder
- Electrotherapy devices for the treatment of a medical condition or a severe mobility impairment
- Standing devices for standing therapy in the treatment of a severe mobility impairment
- Pressure pulse therapy devices for the treatment of a balance disorder

- Individuals who may claim expenses related to service animals has also been expanded to include those with severe autism or epilepsy

III. TAX ADVANTAGES

With the exception of Quebec residents, the advantage of participating in a Health Care Spending Account is that the balance and benefits are sheltered from tax. “Before tax” dollar contributions are used to pay for expenses that would otherwise have been paid on an “after tax” basis.

IV. CLAIM SUBMISSION

A claim for an eligible expense must be received by the Human Resources Department within 30 days of the end of the policy year (November 30th) on the form as designated in Schedule “A” (attached). Itemized receipts or explanation of benefit statements for expenses or portions of expenses, which cannot be reimbursed under any other benefit plan, must accompany a claim.

To maximize your dollar contributions, it is to your advantage to co-ordinate benefits by submitting your claim in the following order:

1. If the expense being claimed is not covered by another group insurance policy, submit to:

   a) this policy, then
   b) the Health Care Spending Account

2. If the expense being claimed is covered by another group insurance policy, submit to:

   a) the policy that has been determined as being the **first** payor according to the co-ordination of benefit clause below,
   b) the policy that has been determined as being the **second** payor according to the co-ordination of benefit clause below, then
   c) the Health Care Spending Account.

V. CO-ORDINATION OF BENEFITS

If you or your insured dependants are covered under another group insurance policy and the other policy does not contain a co-ordination of benefits clause, payment under the other policy must be made first.

If the other policy does contain a co-ordination of benefits clause, priority of payment will be attributed in the following order:

Member

a) The plan where the person is covered as a member,
b) If a person is covered under two plans, priority goes to
   - the plan where the member is a full-time employee,
   - the plan where the member is a part-time employee,
   - the plan where the member is a retiree

Spouse

c) The plan where the person is covered as a member

Dependent Child

d) The plan of the parent with the earlier birthdate (month/day) in the calendar year

e) The plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birthdate

f) In situations where parents are separated/divorced, then the following order applies:
- the plan of the parent with custody of the dependent child,
- the plan of the spouse of the parent with custody of the dependent child,
- the plan of the parent not having custody of the dependent child,
- the plan of the spouse of the parent not having custody of the dependent child.

VI. PAYMENT OF BENEFIT

The dollar contributions accumulated in your account will be used to reimburse you for the eligible expenses incurred. The total amount reimbursed will not exceed the balance of your account and the balance of the expense cannot be resubmitted. (ie. You have a balance of $375.00 in your HCSA and submit a receipt for eyeglasses totalling $410.00. You would receive a cheque for $375.00 but cannot claim the difference of $35.00 in the future. In this case you would benefit by retaining the claim until sufficient funds were in your HCSA to cover the full cost of the eyeglasses.)

Cheques are not issued until your expenses reach $15.00. If the total amount of your claim is less than $15.00, the claim will be held over until future claims are submitted. Payments will be made to you on a periodic basis, once a claim has been submitted at which time you will receive an account balance.

VII. ADDITIONAL INFORMATION

You may carry forward excess funds (ie. funds accrued during the policy year in the Health Care Spending Account, which are in excess of expenses incurred) to the end of the following year. Cash withdrawals from your account are not permitted by Revenue Canada and any surplus funds remaining at the end of the second policy year shall revert back to the employer. (ie. In 1999 you had contributions totalling $430.00 in your HCSA and did not submit any claims, then $430.00 would be carried forward to 2000. If in 2000 you submit claims totalling only $375.00 on December 31, 2000, $55.00 from your HCSA would revert back to the City and the 2000 contributions of $430.00 would be carried forward to 2001. (assuming no change in contribution rate)

VIII. AT TERMINATION

If your employment terminates, the balance in your account will be lost. However, the eligible expenses incurred while you were employed can be submitted within 30 days of the termination date of your employment.

IX. INQUIRIES

For more details about these eligible expenses, or to inquire about your claim or the balance of your account, please call (306) 786-1708.

If you have any questions about payroll deductions or how the Health Care Spending Account works, please contact your plan administrator.

X. RESPONSIBILTY

The Director of Human Resources is responsible for the Health Care Spending Account Policy and its administration.

The City of Yorkton has determined that it is a benefit to the employees to reduce the administration costs of a formal program and therefore, the HCSA shall be self-administered by the City rather than through conventional insurance contracts.

The employee shall be responsible if a Revenue Canada audit determines that reimbursement for a claim results in a taxable benefit to the employee.

SCHEDULE "A"

City of Yorkton
Health Care Spending Account

No._________

A. PLAN MEMBER INFORMATION

Name of Employer: City of Yorkton

Tel: (306) 786-1708

Plan Member's Name: ____________________ (in full)

Address: ____________________ Street / Apt. # / RR#

____________________ City ____________________ Province

Date of Birth: |_|_|_|_|_|_|_|_| Day Month Year

Sex: ☐ F Section______ ☐ M Section______

Member ID: |_|_|_|_|_|_|_|_|_|

Policy/Plan No. HCSA

____________________ Postal Code (_____)______________ Phone No.

B. CO-ORDINATION OF BENEFIT INFORMATION

Co-ordination of Benefits is a method used by the insurance industry to determine the order of paying benefits when the spouse and children are covered under more than one group insurance plan. For example, a spouse who is covered under his/her employer's plan must submit claims to that employer's plan first, and a university student who is covered under a university plan must submit claims to the university plan first. Expenses for your children must be submitted under the plan of the parent with the earlier month, then day of birth in the calendar year.
Refer to your employee booklet or contact your plan administrator for more information about Co-ordination of Benefit guidelines.

1. Are any of the expenses being claimed covered by another group insurance plan? ☐ No ☐ Yes. If yes, complete the following information about the person who is the MEMBER under the other plan:
   Other Member's Name ____________________ (In full) Cert./ID No. __________ Date of Birth: |_|_|_|_|_|_|_|_| Day Month Year
   Insurance Company's Name ____________________ Policy/Plan No. __________
2. If your health coverage under another group insurance plan has been cancelled, please give the cancellation date: |_|_|_|_|_|_|_|_| Day Month Year

C. ACCIDENT INFORMATION

Are any of the expenses being claimed due to an accident? ☐ No ☐ Yes. If yes, did the accident happen at work? ☐ No ☐ Yes

Please provide a letter:
- explaining the details of the accident, and
- indicating if another party is liable.

Date of the accident |_|_|_|_|_|_|_|_| Day Month Year

D. DRUG EXPENSES

Patient's Usual Name	Relationship to Plan Member Self Spouse Child	Date of Birth DD	MM	YY	Children Only, Check if full-time university or college student	disabled	Number of Receipts Per Patient	Total Drug Amount Charged Per Patient
	☐ ☐ ☐				☐	☐		$
	☐ ☐ ☐				☐	☐		$
	☐ ☐ ☐				☐	☐		$
	☐ ☐ ☐				☐	☐		$
	☐ ☐ ☐				☐	☐		$

E. OTHER EXPENSES

Patient's Usual Name	Relationship to Plan Member Self Spouse Child	Date of Birth DD	MM	YY	Children Only, Check if full-time university or college student	disabled	Type of Expense	Amount Charged For Each Expense	Date of Visit or Purchase DD	MM	YY	Practitioner's or Supplier's Name
	☐ ☐ ☐				☐	☐		$				
	☐ ☐ ☐				☐	☐		$				
	☐ ☐ ☐				☐	☐		$				
	☐ ☐ ☐				☐	☐		$				

TOTAL OF ALL DRUG AND OTHER EXPENSES ——————► $

Have you stapled all ORIGINAL receipts to the BACK of this form? We need these to process your claim.

F. AUTHORIZATION

I certify that the information given on this form is true, correct and complete to the best of my knowledge. I authorize the release, by any health care provider, Clarica or any of its agents, of any information necessary for the administration of this claim or my group plan. This may include the release of information to pharmacies, physicians or dentists to promote the safe and effective use of drugs. A photostat of this authorization is as valid as the original.

Plan Member's Signature X____________________ Date |_|_|_|_|_|_|_|_| Day Month Year

G. PLAN ADMINISTRATOR VERIFICATION

	Day	Month	Year
1. Date Member coverage began			
2. Date Dependent coverage began			
3. Date coverage terminated			

Plan Administrator's Signature X____________________

Date |_|_|_|_|_|_|_|_| Day Month Year

The intentional falsification, misrepresentation or omission of information on or relating to this claim constitutes fraud

SCHEDULE "B"

Spousal Plan Coverage

Health Care Spending Account

If you are insured for comparable coverage under your spouse's plan, you may decline the extended health and/or dental coverage offered under this plan. If this comparable coverage stops, you must enroll for at least single coverage provided by this plan.

I wish to decline City of Yorkton Health and/or Dental coverage as I have spousal coverage under Policy Number ________________ with ____.
(Name of Insurance Company)

I certify the above to be a true and accurate statement.

______________________________ ____
Date Signature