



Questions and Answers:

1. How do I enroll and make my selections – Is it difficult?

- A.** The enrollment process is user friendly. You have been provided with your user ID and password to log on to Flexit360 (benefits enrolment system). From there you will follow the Step-by-Step On-line Enrollment Guide to assist you with this process. Please type www.websinc.ca/capreit/Splash.aspx to access the online Benefits Enrollment system.

Step 1: Verify your personal information to ensure that the information is correct.

Step 2: Add your eligible dependents (spouse and/or children) to the plan (if applicable).

Step 3: Enroll in your benefits, elect your beneficiary and confirm your benefit selections. Once you have confirmed your benefits, a screen will pop up and ask you to print your Confirmation Statement and Beneficiary Declaration. Print the confirmation statement and keep for your records and return the signed original Beneficiary Declaration to Sonia Couto.

2. Once my choices are confirmed, is that final for the year?

- A.** Yes, unless a change is required due to a life status change you cannot adjust your selections. (See Terms You Need to Know for further details)

3. What if I don't complete the enrollment – am I penalized?

- A. New Employees electing benefits for the first time:** The default plan design (core coverage- see Terms You Need to Know for further details) will provide a basic level of single coverage. If you do not enroll within your open enrolment timeframe, you will be given the default plan design and will not have access to customize your benefit selections until the next enrollment.

Existing Employees who have elected benefits before: If you do not enroll within the enrollment timeframe, your coverage will remain at your current elections until next year's enrolment.

4. ***What are my benefit choices?***

- A. Under the flex plan you have many options depending on your benefit needs. To see a detailed description please see Benefits at a Glance for all plan design options. The core coverage being offered by Capreit is highlighted in blue.

5. ***If I enhance my benefits selections, how much will it cost me?***

- A. The Payroll deduction amounts will differ depending on your coverage selections. If the new benefit options you choose cost more than your allotted Flex Dollars, payroll deductions will be required (viewable on Flexit360 screen).

6. ***If I have a Life or Optional Life Insurance benefit that requires Evidence of Insurability (EOI) and I have been previously approved, will I have to re-apply for coverage and wait for approval?***

- A. No. If you were previously approved for Life and/or Optional Life Insurance, your approved amount will be grandfathered for the new plan year. If in future you increase your Life Insurance and/or Optional Life Insurance amount, you will be required to submit an EOI.

7. ***My spouse is employed with benefits, so how does his/her benefit plan fit in with mine?***

- A. If your spouse has comparable coverage, you can opt out of health, dental, vision, paramedical and prescription drugs and the flex dollars can be used to purchase other benefits. Or, you may select family coverage and co-ordinate your coverage to be reimbursed up to 100% of the eligible expenses that you incur.

8. ***Why would I opt out of the health, dental, vision, paramedical and prescription drugs program? At present, I have Coordination of Benefits.***

- A. If you opt out of health, dental, vision, paramedical and prescription drugs, the cost associated with these benefits may be directed to purchase other benefits or placed into a Healthcare Spending Account (HCSA). Any funds in the HCSA can be used to pay for out-of-pocket expenses that is not covered under our regular plan.

9. ***What happens if I decline health, dental, vision, paramedical and prescription drugs coverage because my spouse has coverage through their employer and then loses their job? Do I have to wait until the next enrolment to buy coverage?***

- A. If you lose coverage under your spouse's plan, you can enroll part way through the plan year as this is a life status change. You must enroll within 31 days of the date you lose coverage under your spouse's plan to avoid the carrier's requirement to supply evidence of good health. You must provide the effective date of the loss of coverage under your spouse's plan.

- 10. Can I claim the balance of the expenses under the health, dental, vision, paramedical and prescription drugs claim under my Health Care Spending Account?**
- A.** Yes, expenses not paid in full under the health, dental, vision, paramedical and prescription drugs plan can be paid under your HCSA. Any expense eligible under the Income Tax Act can be paid under the HCSA. (see Terms You Need to Know for more details)
- 11. Can I claim my spouse's and/or children's expenses that were not covered under his/her insurance plan under my HCSA?**
- A.** Yes, any expenses not covered under your spouse's plan that are eligible under the Income Tax Act can be paid under the HCSA. (see Terms You Need to Know for more details)
- 12. What happens if I don't use all my flex dollars under my Health Care Spending Account?**
- A.** You are able to carry forward the remaining HCSA balances for one year. For example if you have \$200 of HCSA funds left from the 2018/2019 year, they can be carried forward to the August 1, 2019-July 31, 2020 year. If not used by July 31, 2020, the funds carried forward will be lost.
- 13. I have funds in the HCSA in July 2019. How long do I have to submit my claims under the HCSA that incurred during the plan year?**
- A.** In order for you to receive HCSA benefit payments for claims incurred during the previous plan year, Great West Life must receive the claim no later than September 30th.
- 14. I've lost my drug card. What can I do?**
- A.** You may order a paper card directly through GroupNet, GWL's website, or you can contact the Benefits Specialist to re-order another card for you (approximately 10 – 15 business days for delivery).
- 15. How do I contact GWL with questions?**
- A.** If you should have any questions regarding your coverage Great West Life is available at:
Website: www.greatwestlife.com
Customer Service Center: 1-800-957-9777. Monday to Friday 7:00 am to 6:00pm Central Time
- 16. What information can I access on GroupNet, GWL's website?**
- A.** There are many things offered on GroupNet. Some things you can do on-line are:
- Submit a claim
 - View Claims History
 - Benefits Overview
 - Coverage Balances
 - Forms
 - Printable Cards
 - Wellness Library