



Purpose/Background

Division employees have coverage for medical expenses incurred beyond \$5,000 per calendar year that are not covered by the Division Supplementary Health Plan and/or the benefit plan(s) of the employee's spouse.

The Division Benefit Plan Advisory Committee has adopted the following parameters to evaluate financial hardship requests for reimbursement of medical expenses of less than \$5,000 per calendar year.

Procedures

1. The parameters for reimbursement request are as follows:
 - 1.1 The costs must have been incurred on the written advice of a physician or medical professional.
 - 1.2 The expense must be for the treatment of a serious medical condition, which would impact the individual's ability to perform the normal activities of daily living. Costs for dental treatments will not be considered except for those covered under the Supplementary Health Plan.
 - 1.3 Lifestyle drugs are excluded from consideration (e.g., smoking cessation, weight control, fertility, sexual dysfunction drugs).
 - 1.4 The Benefit Plan Advisory Committee may request information from the benefit insurer's claim manager or an outside medical professional pertaining to this special coverage request. All information provided will be handled with the privacy of the employee and any dependents in mind, and maintained in strict confidence.
 - 1.5 Coverage must not be available free-of-charge from any other source such as social agencies, governments, or associations.
 - 1.6 All claims must be coordinated with the coverage of the employee's spouse, where such coverage exists.
 - 1.7 All claims must be submitted to the employee's health care spending account (HCSA), where such coverage exists.
 - 1.8 The medical expense must not be specifically excluded under the Division Supplementary Health Plan.
 - 1.9 The employee must share in the financial expense by paying at least the first \$1,000 of any special coverage request in each calendar year.
 - 1.10 The employee's performance does not affect the decision to provide or deny coverage.
 - 1.11 All long-term special coverage requests will be reviewed annually by the Benefit Plan Advisory Committee.
 - 1.12 The claim must reflect an unusual circumstance, rather than one usually borne by other employees.



- 1.13 Rocky View Schools (RVS) will consider all submitted expenses in the benefit year that meet the criteria for special coverage for the entire family unit. The family unit will include the employee and all dependents eligible under the RVS group benefits.
2. If the Special Benefit Coverage Request meets all of the above parameters, employees may submit a request in writing, with supporting receipts and documented information (i.e., receipts, doctors' notes, and latest notice of assessment from Canada Revenue Agency), to the Division Occupational Health Nurse (OHN). The OHN will present the request to the Benefits Plan Advisory Committee and Benefits Consultant while maintaining confidentiality of the employee's identity, in order to protect the individual's privacy in relation to the medical diagnosis and medical treatment.
3. If the Benefit Plan Advisory Committee approves the request, the only information released by the OHN to the Director of Finance will be the identity of the employee and the amount approved for reimbursement.

Reference:

- School Act Sections 18, 20, 60, 61, 113, 116, and 117
- Employment Standards Code
- Labour Relations Act