# Flexible Learning Employee Benefits: Frequently Asked Questions

**1. What are the eligibility criteria for first time Flexible Learning Employee benefits coverage?**

A Flexible Learning employee must accrue 250 qualifying hours in the previous calendar year and must not have group benefits coverage through another employer.

**2. How are qualifying hours defined?**

Only teaching and curriculum development hours count towards qualifying hours.

**3. How is a calendar year defined for Flexible Learning Employee benefits eligibility?**

A calendar year is defined as June 1st to May 31st.

**4. What if I am working other hours at BCIT through a regular or temporary day school contract, are those hours combined with my Flexible Learning contract hours for eligibility?**

Eligibility requirements for regular or temporary employees are separate from Flexible Learning employee benefit eligibility requirements. Therefore, these contracts will not be combined with your Flexible Learning contract hours for eligibility.

For information on eligibility for regular or temporary day school contracts, please refer to the benefits frequently asked questions.

**5. How do I apply for benefits?**

If a Flexible Learning employee believes they are eligible for benefits based on the criteria above, they must contact Heather Thomas, Benefits & Wellness Advisor at hr@bcit.ca and she will confirm eligibility and provide you with the necessary forms.

**6. What benefits may I apply for?**

Eligible Flexible Learning employees may apply for Medical Services Plan (MSP), Extended Health and Dental coverage.

**7. When does benefits coverage begin?**

For new applications, the earliest benefits coverage can begin is July 1st.

Once the application is returned to Human Resources, it will be processed with benefit coverage to begin on the first day of the month following the date of application. It is the employee's responsibility to ensure that all application forms are returned in a timely manner.

**8. When does benefits coverage cease?**

Once you begin receiving benefit coverage, there are several ways in which benefit coverage may cease:

a) If you decide to opt out of coverage under the plans. In that case, the you will not be eligible to re-enroll in the plans for a period of two (2) years; or
b) If you have less than 150 qualifying contract hours in a subsequent calendar year; or
c) If you have no qualifying contract hours credited for five (5) consecutive months.

**9. Once benefit coverage ceases, how do I requalify for benefits?**

a) If you opted out of coverage, you may apply to HR to re-enroll in the plan two (2) years after the last day of coverage. On the date of application, you must have accrued 250 qualifying contract hours in the previous calendar year in order to re-enroll.
b) If your benefits coverage ceased because you had less than 150 qualifying hours in a calendar year, you may apply again for benefits once you accrue 250 qualifying hours in a subsequent calendar year.
c) If your benefits coverage ceased because you had no qualifying contract hours credited for five (5) consecutive months, you may apply again for benefits if you accrue 250 hours in the previous calendar year.

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| **10. If I currently have benefits coverage, and work the necessary 150 qualifying hours to maintain benefits, will I be notified each year?** |
| You will only be notified if you did not maintain the necessary 150 qualifying hours to maintain your benefits. |
| **11. When does HR run the qualifying hours report for new enrollments and those requalifying for benefits?** |
| In order to capture all qualifying contracts up to and including May 31st, these reports cannot be run until the pay period that includes May 31st has closed. Therefore, the date will change each year. |
| **12. How much will I have to pay for benefits?** |
| Benefit premiums are paid by BCIT. |
| **13. Does it cost extra to add my spouse and dependents to my benefits?** |
| BCIT pays for the premiums, including family coverage. |
| **14. Where can I find detailed information on my benefits?** |
| Benefit booklets are posted on the HR website at: https://www.bcit.ca/hr/services/benefits/extended.shtml. Please ensure that you click on the information for Flexible Learning Employees. |
| **15. How do I access my benefits?** |
| To access Manulife benefits, once you have been enrolled, you will receive a Manulife Financial Benefit Card that will need when filling out health or dental claims or when purchasing prescriptions. You may also access your electronic benefit card by signing in to Manulife's Group Benefits employee portal or through the Manulife Mobile App. |
| **16. When will my benefit card arrive?** |
| Your benefit card should arrive around 3 to 4 weeks after your Manulife benefit start date. The benefit card is mailed to BCIT Human Resources and then we will send it to you via interoffice mail. Currently, we will be providing an emailed electronic version of the card to you. |
| **17. What is Fair PharmaCare and why do I need to enroll in it?** |
| The BC Fair PharmaCare program is designed to help ease the burden of prescription drug costs for residents. Manulife administers your drug claims and requires enrollment to ensure that you receive coverage from the province for eligible drug expenses so that you are able to make the most of your available drug coverage. Without confirmation of enrollment in the Fair PharmaCare plan, Manulife will pay claims up to the threshold limit and no further drug claims will be accepted until proof of enrollment has been submitted. |
| **18. How do I enroll in Fair PharmaCare?** |
| To enroll, and for more information, go to the Fair PharmaCare Plan site. |
| **19. How do I notify Manulife, once I have enrolled in Fair PharmaCare?** |
| Once you have received confirmation of enrolment, update Manulife through the secure "Send a Note" function on the Manulife Employee Portal or mail a copy to: Manulife Financial PO Box 1653 Waterloo, ON N2J 4W1. Please include your plan contract number, plan member certificate number and the registration date with your confirmation of enrolment. |
| **20. Where do I find claim forms?** |
| Claim forms can be found on the HR website at: Forms – BCIT |
| **21. How do I submit a Manulife claim?** |
| You can either submit a claim online through the Manulife Employee Portal or via a claim form mailed to Manulife. |
| **22. How do I change/add/delete dependents?** |
| For MSP, please complete the Medical Services Plan Group Change Request form and e-mail Heather Thomas at hr@bcit.ca.<br><br>For Manulife benefits, please complete the Extended Health & Benefit application and change form and e-mail to Heather Thomas at hr@bcit.ca. |
| **23. How do I correct birthdates for dependents?** |
| This can be processed on-line by Human Resources. Please e-mail the details to Heather Thomas at hr@bcit.ca. |
| **24. What are the cut-off dates for overage dependent coverage?** |

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| MSP coverage ends on the end of the month in which they turn 19. After age 19, they will be covered on their own MSP account.<br><br>For Manulife (Extended Health & Dental Benefits), coverage ends on their 21st birthday. However, If they are over the age of 21 and under the age of 25, dependents can remain on Manulife benefits provided they are a full time student at a recognized post-secondary institution. Additional information can be found at: https://www.bcit.ca/hr/services/benefits/dependents.shtml |
| **25. Do I have out of country coverage?** |
| If you are covered under BCIT's Extended Health plan, then you are covered for out of country coverage. Details on coverage can be found in your benefit booklet at: https://www.bcit.ca/hr/services/benefits/extended.shtml |
| **26. Does our plan cover Emergency Travel Assistance?** |
| As long as you are covered under BCIT's Extended Health Plan, you have access to Emergency Travel Assistance. Information on what the coverage entails can be found at: https://www.bcit.ca/hr/services/benefits/travel.shtml Further details can be found in the benefit booklets at: https://www.bcit.ca/hr/services/benefits/extended.shtml |
| **27. What do I do if I believe my benefits claim was adjudicated incorrectly?** |
| Contact Manulife's BC College's Line first at 1-800-575-2200 to request additional information. If you are still unsure, contact Heather Thomas, Benefits & Wellness Advisor in Human Resources (heather_thomas@bcit.ca). You may be asked to provide her with a copy of the Explanation of Benefits form describing why the claim was denied. |