

UNIVERSITY OF MANITOBA
FULL-TIME VS RETIREE GROUP INSURANCE COMPARISON

NOTE: This is a high-level overview only for comparison purposes. Any differences between this overview and the UM Staff Benefits booklet or UM Retiree Group Insurance booklet, then the UM booklets shall prevail.

Type	FT Active Per Person Annually	Retiree Benefits	Retiree Coverage details and notes - SEE RETIREE GROUP INSURANCE INFORMATION BOOKLET FOR MORE INFO
Hospital - semi-private room	No limit	Same as FT Active	100% co-insurance
Ambulance	No limit	Same as FT Active	100% co-insurance for medically necessary emergency service
Healthcare Benefits (includes paramedical services noted below)			No deductible, 80% reimbursement up to \$500 of covered expenses and 100% thereafter.
Hospital Outpatient Services & Supplies			Coverage for excess of provincial plan in province of residence.
Nursing Care	\$ 5,000.00	Same as FT Active	Coverage for RNs or LPNs in hospital or at home if prescribed by physician up to \$5,000 per person in 12-month period - needs to be pre-authorized by insurance company. No coverage for Home Care.
Transportation Charges			\$1,000 max for body transport to resident city.
Medical Supplies	Varies by equipment	Same as FT Active	includes hearing aids and orthotics
Paramedical:			
Chiropractor	\$ 500.00		
Massage therapy	\$ 500.00		
Physiotherapy, athletic therapy, occupational therapy	\$ 500.00		
Acupuncturists, dieticians, naturopaths, osteopaths, podiatrists, speech therapists	\$ 500.00	\$ 500.00	Paramedical included under healthcare benefits so no deductible, 80% reimbursement up to \$500 of all covered healthcare expenses in this section and 100% thereafter. Maximum per person, per policy year for all paramedical combined. No coverage for other mental health practitioners except psychologists and social workers.
Psychologists, social workers and other mental health practitioners	\$ 1,000.00		
Prescription Drugs	Family pharmacare deductible	Reduced coverage	\$100 deductible, 80% reimbursement up to lesser of Pharmacare deductible or \$1,500 per person max. Diabetic supplies covered under medical supplies.
Vision (every 24 months)	\$ 350.00	No coverage	One pair of glasses or contact lenses provided following cataract surgery
Out-of-Country Emergency Medical	Unlimited	No coverage	
Healthcare Spending Account	\$ 865.00	No coverage	
Dental	\$ 2,000.00	\$ 1,000.00	80% for basic dental services, 60% for major dental services, and 50% for orthodontic services (NOTE: orthodontics has a lifetime max of \$1,200 per family member on plan). Reimbursed based on Manitoba Dental Fee Guide if services performed outside Manitoba.
Employee Assistance Program	Varies by service	Same as FT Active	Terminates two years from date of retirement (or 6 months for surviving spouse).
Survivor Benefits	Up to 6 months		

Premiums are paid as follows:

50% with at least 20 years of service to Age 75, then 100% thereafter.

100% with at least 10-19 years of service.

Lifetime maximum of \$25,000 for Supplementary Health Benefits but \$1,000 reinstated each year thereafter.