



CINUP & Johnson Group Inc has provided a Member Benefit Plan to our members.

This program is coordinated with Non-Insured Health Benefits (NIHB), First Nations Health Authority (FNHA). If Members have a regular benefit plan through an employer, they would utilize the regular plan first and then the community plan to pick up any unpaid balances.

CINUP will coordinate the regular benefit plan and the member benefit plan to work together. However, Members can use the Member Benefit Plan without a regular employer sponsored plan in place to cover any medical or dental costs. Submitting claims and viewing available remaining balances can be done through www.my-benefits.ca

Each Member will have a \$500 dollar maximum per calendar year – This amount resets every January 1st.

Prescription Drugs \$100 per member/calendar year

All Other Healthcare & Dental Combined \$400 per member/calendar year

#### TO CREATE AN ACCOUNT

Before you sign up for an account, you will need your firm number & certificate number. This is found inside the booklet that was mailed by Canada Post to you from CINUP.

- Go to <u>www.my-benefits.ca</u> or you can use the app found on Google Play or in the App Store
- 2. Click on Sign up now
- 3. Enter your Certificate Number (either 5 digits or 10 digits)



- 4. Enter your last name
- 5. Enter your date of birth
- 6. Click on Submit

#### FOR ASSISTANCE IN SETTING UP YOUR ONLINE ACCOUNT

Contact Gailene William at 250-296-3507 ext. 105 or Lisa Camille at 250-296-3507 ext. 103

As an insured individual, you can view your coverage details, usage, and claims history, generate claims summary reports and submit claims online. You are also able to access forms, set up/update direct deposit banking information for claim reimbursements and view/print/request your Employee Booklet, Certificate of Insurance & Benefits Card among many other features.

If you have any questions regarding coverage/claims information or the My Benefits portal please contact the Customer Service Centre at contactus@cinup.ca or 1-800-665-1234, option 2.





# WLFN Registered Member Benefit FAQ Sheet

- 1. If I don't use my full \$500 CINUP card in the same calendar year, does the unused amount carry over to the next calendar year?
  - a. No, the calendar year benefits reset every January 1st. The unused amount is forfeited.
- 2. Dental Care is 30% for Basic Services, is this correct?
  - a. The idea behind 30% co-insurance is that FNHA also pays for a majority of basic services and 30% through the community member plan should cover any unpaid amounts that FNHA does not deem eligible.
- 3. For prescription glasses your Status Card pays \$275 per person every 2 calendar years (ages 19 and older) and ages 0-18 is every calendar year, use this along with your CINUP Card to help pay off any prescription glasses. High Index Prescriptions (7.0 Dioptre and Higher) will receive an additional \$140.00 over the \$275.00 from your status card coverage.
- 4. Present both your status card and CINUP Card to your health care provider for direct billing to avoid paying out of pocket.
- 5. If the health care provider does not direct bill your status card and/or CINUP card, save your receipt to submit for reimbursement to CINUP through your app or by faxing in with a form (through the app would be faster)
- 6. Once your \$500 CINUP card has been depleted (used) for the calendar year, it does not reset until January 1<sup>st</sup>.
- 7. Please contact Lisa Camille, Director of Member Services or Gailene William, Finance Manager at the Williams Lake First Nation Quigli Building if you need assistance in submitting claims.
- 8. Always ensure your mailing address is up to date with Lisa Camille in case we need to mail out anything from CINUP or from WLFN.

### Williams Lake First Nation - Member Plan

Benefit Outline



### **Annual Maximum**

Prescription Drugs

All Other Healthcare & Dental Care Combined

\$100 / member / calendar year \$400 / member / calendar year Note: individual benefit maximums apply

Earlier of retirement or termination of employment

## Extended Health Care

Extended Health Care	
Benefit	CINUP
Deductible - Single / Family	None
Overall Co-Insurance	100%
Overall co monance	200.0
Prescription Drugs	
Co-Insurance	100%, \$100 / calendar year maximum
Drug Type	Generic, unless "no substitution"
Pay Direct Drug Card	Yes
NIHB Carve-Out for Status Members	Yes
Smoking Cessation	\$350 lifetime maximum
Fertility Drugs	\$15,000 lifetime maximum
Medical Services & Supplies	
Co-Insurance	100%
Ambulance	Included
Hospital Accommodations	Semi-Private
Private Duty Nurse	Included, up to calendar year maximum for Healthcare & Dental Care Combined
Hearing Aids	\$500 / 60 months
Orthotics	\$400 / calendar year, custom-made
Orthopedic Shoes	\$400 / calendar year, custom-made
Special Medical Equipment	Included
<u>Paramedicals</u>	
Co-Insurance	100%
Acupuncturist	\$400 / calendar year
Audiologist	\$400 / calendar year
Chiropractor	\$400 / calendar year
Chiropractor X-rays	One x-ray U & C / calendar year
Clinical Psychologist / Social Worker	Combined \$400 / calendar year
Dietician	\$400 / calendar year
Licensed Massage Therapist / Reflexology	Combined \$400 / calendar year
Naturopath	\$400 / calendar year
Osteopath	\$400 / calendar year
Osteopath X-rays	One x-ray U & C / calendar year
Physiotherapist / Occupational Therapist / Athletic	
Therapist	Combined \$400 / calendar year
Podiatrist / Chiropodist / Foot Care Nurse	Combined \$400 / calendar year
Podiatrist X-rays	One x-ray U & C / calendar year
Speech Therapist	\$400 / calendar year
Vision Care	
Co-Insurance	100%
Adult	\$300 / 24 months
Dependent Children (18 and under)	\$300 / 24 months
Eye Exams	
Adult	One eye exam U & C / 24 months
Dependent Children (18 and under)	One eye exam U & C / 12 months

Termination

## Williams Lake First Nation - Member Plan

Benefit Outline



### **Annual Maximum**

Prescription Drugs

All Other Healthcare & Dental Care Combined

\$100 / member / calendar year \$400 / member / calendar year Note: individual benefit maximums apply

#### **Dental Care**

Benefit	CINUP
Deductible - Single / Family	None
Co-Insurance	
Basic Services	30%
Major Services	80%
Orthodontic Services	50% (covered until dependents 18th birthday)
Lifetime Maximum	\$2,000
Recall Exams	Once every 6 months
Scaling Units	Unlimited
X-rays	One complete series every two calendar years
Missing Tooth Exclusion	No
Fee Guide	Current, Province of Residence
Specialist Fee Guide	Yes
Termination	Earlier of retirement or termination of employment