



Frequently Asked Questions

Group Insurance Program

KDP

Non-unionized Employees –
Keurig Canada Inc.

Non-unionized Employees –
Van Houtte Coffee Services Inc.

Non-unionized Employees –
Canada Dry Mott's Inc.

2019



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GENERAL INFORMATION CURRENT COVERAGES AND INSURANCE

1. When will the deductibles and yearly maximum entitlement be reset?

- As the program year is from April 1st, to March 31st of each year, deductibles will be reset as of April 1, 2019.
- The same will apply for the yearly maximum entitlements. You are entitled to the maximum annual reimbursement according to the option under which you are covered.

2. Can I know which coverages I currently have?

- Simply access the site <https://connect.medavie.bluecross.ca/KDP/Splash.aspx>.
- If you have forgotten your user name and password, click the link [Forgot/Need my PASSWORD](#)

3. How can I know who is (are) my actual beneficiary (ies)?

- Simply access the site <https://connect.medavie.bluecross.ca/KDP/Splash.aspx>
- If you have forgotten your user name and password, click the link [Forgot/Need my PASSWORD](#)

ANNUAL ENROLLMENT

Reminder: The annual enrollment period with Medavie Blue Cross will take place from February 13 to February 27, 2019.

4. When will we be able to make our coverage selections?

- The enrollment period for the program will take place from February 13 to February 27 inclusively.

5. What actions will I need to take?

- **Making changes?** Log into connect.medavie.bluecross.ca/KDP to complete your enrollment. Changes will be effective starting April 1, 2019.
- **Satisfied with your current coverage?** No action is required on your part.

6. How can I proceed with the enrollment if I am not actively at work during that period?

- All employees who are not actively at work during the period from February 13 to February 27 will not be able to do their enrollment except for employees on maternity, paternity or parental leave who will receive a letter at their home address to inform them of the enrolment period.



PROGRAM

7. What documents and tools are available to help me understand the program?

- You have access to Medavie Bleue Cross Flexit web site named. Within this web site, you have access to all necessary information regarding the coverages available to you. Here is an overview:
 1. Your group insurance at a glance
 2. FAQ
 3. Decision Tool
 4. Flexit User Guide
 5. Medavie Blue Cross Brochures

8. Who can I contact if I have questions regarding the program and coverages?

- Coverages questions: Contact Medavie Blue Cross for question regarding the coverages, eligibility and claims at 1-888-588-1212.
- Technical questions: Medavie Blue Cross is also available through a toll-free line to answer your technical questions and those specific to your personal situation, is needed. The Flexit technical team can be reached at 1-844-787-3539.

9. Will we also be able to submit our claims online with Medavie Blue Cross?

- Medavie Blue Cross has very up-to-date electronic tools including a mobile platform. Please refer to Medavie Blue Cross web site.

10. Will I have a direct payment card if I elect the health and dental coverage and if so, when will we receive them?

- Cards will be sent to your home following the end of the enrollment period. Therefore, it is important that your address is up-to-date. Please refer to the instructions previously mentioned in this document on how to change your address.

11. Are the reimbursements amounts shown in the coverages are per family?

- The maximum reimbursement amounts are per insured person.

12. Will we have to get a referral from a physician to receive reimbursement for health care professionals?

- No reference will be required however expenses must be eligible under the contract.



13. Is the use of generic drugs mandatory?

- Generic drug use is not mandatory in the plan.
- This being said, the reimbursement of an original drug will be based on the cost of a generic drug with a lower ingredient cost regardless of the generic drug that has been prescribed. A deductible will also be applied depending on the level of coverage chosen.
- If you are unable to take the generic drug for health reasons, you may complete the special authorization process with Blue Cross Medavie.

14. What is the "Travel Guarantee" coverage?

- This guarantee covers costs associated with an emergency or emergency situation that requires immediate treatment.
- This is a medical emergency coverage when traveling for personal purposes outside the province of residence (including travel outside the country).
- It is not a travel cancellation insurance if a medical emergency occurs before departure or insurance for the loss of luggage.

15. How often will the payroll deductions take place? What does "per pay" mean?

- Payroll deductions are made at each of your payrolls based on your regular payroll schedule.

FLEX DOLLARS, HEALTH AND WELLNESS ACCOUNTS

16. What are flex dollars?

- The flex dollars is an amount of money credited each year to each permanent employee based on a formula, at the beginning of the each enrollment.
- The flex dollars can be used to pay certain additional coverages based on your needs:
 - Medium and Dark Roast coverages (Health or dental care)
 - Optional coverages for life insurance, AD&D and critical illness for you and your dependants.

17. How many flex dollars do I get?

- To be eligible to flex dollars, you have to be a regular permanent employee.
- With Health Care options the amount is \$400 + 0.275% of base salary and, without Health Care option (opt out), the amount is \$200 + 0.275% of base salary.



18. What can I do with my Flex dollars?

- Flex dollars can help you pay for medium and dark roast options under the health and dental coverage. Otherwise, they can also help you pay premiums for optional life, DMA and critical illness coverage for you and your dependents.
- Also, at the end of your enrollment, you will be required to allocate the remaining Flex dollar, if any, to your Health Spending Account (HSA), your Wellness Account (WA) or to your Group RRSP at Sun Life as a voluntary contribution. Since it is a voluntary contribution, there will be no "match" from the employer.
- Any remaining balance of Flex dollars deposited in the CGS or CME is available for a period of 2 years. Beyond this 2-year period, any unused amount will be lost.

19. Is it normal for that my Flex dollars show a zero balance after I have made my choice for health and/or dental coverage?

- Yes, it is possible that the cost of the option you chosen (medium or dark roasting) depending on the level of protection (individual, couple, single-parent or family) will require to use all your Flex dollars.

20. I still have a Flex dollar balance available but the system does not take it, instead, I have payroll deductions; is it a problem?

- Some coverage must absolutely be paid through payroll deductions, such as basic life and accidental death and dismemberment as well as long-term disability.
- Paying long-term disability coverage through payroll deduction will exempt you of paying income taxes should you benefits form long term disability payment.

21. Can I change the allocation of my Flex dollars during the year, for example, I realize that I will not use my dollars in my HSA so I would like to transfer them into my RRSP?

- It is not possible to change the allocation of Flex dollars during the year. However, do not forget that you have two years to use your Flex dollars in your HSA.
- A change in the allocation of your Flex dollars is only possible during the annual enrollment process when you're a granted your new Flex dollars allocation.

22. Can I transfer my Flex dollars to my personal RRSP?

- Any transfer of Flex dollars to an RRSP will be made to your group RRSP account.at Sun Life.
- If you are not enrolled in the Group RRSP, note that you have a 31 days delay to open an account, otherwise your Flex Dollar allocation will be transferred to the HAS.

23. What is a health spending account (HSA)?

- **Summary:** The HSA allows you to obtain refunds for eligible health care and dental coverage that you and/or your dependent have incurred that are not covered/reimbursed under your current health and dental cover. You can think of this account as a bank account that gets debited every time you submit a claim to this account but note that the remaining balance of this account cannot be cashed.
- **Benefits:** This program reimburses eligible expenses at 100% up to the balance of your account (remaining Flex \$ transfer toward your HSA at the time of your enrolment). Any Flex \$ deposited in this account will be lost if unused following two program years.
- **Eligible expenses:**
 - Expenses not covered by your health and dental care coverage (deductible and co-insurance costs, amounts exceeding the maximum amounts provided by the coverage, etc.)
 - Costs not covered by any other insurance scheme, whether collective, provincial or private;
 - Expenses designated as eligible medical expenses under the Income Tax Act Income, its related regulations and interpretation bulletins, such as the examples described in this leaflet (note, however, that the Act may be amended).

24. What is a wellness account (WA)?

- **Summary:** KDP places great value on our employees and we want you to be healthy, happy, and productive. We encourage you to make a commitment to better health for yourself and your family by reimbursing eligible expenses for fitness-related services.
- **Benefits:** This program reimburses eligible expenses at 100% up to the balance of your account (remaining flex \$ transfer toward your wellness account at the time of your enrolment).
- **Process:** You may submit a reimbursement request for qualified expenses you incur for yourself only expenses as expenses for your dependent do not qualify.

Wellness Account: Eligible Expenses

<i>Services / items reimbursed</i>	<i>Services / items not eligible for reimbursement</i>
<p>→ Fitness center memberships (supporting physical activity):</p> <ul style="list-style-type: none"> ◦ Gym memberships ◦ Ski/snowboard seasonal pass ◦ Hiking and State Park passes <p>→ Group fitness classes (excluding equipment and accessories fees)</p> <ul style="list-style-type: none"> ◦ Zumba, Yoga, tai-chi, méditation, relaxation ◦ Cross Fit, Jazzercise <p>→ Lessons</p> <ul style="list-style-type: none"> ◦ Dance ◦ Martial arts ◦ Scuba diving ◦ Personal training <p>→ Sport program fees (soccer, baseball, basketball, hockey, volleyball)</p>	<p>→ Recreational activities are not covered under the wellness account (ex.: painting and photography classes, skating...)</p> <ul style="list-style-type: none"> ◦ Fishing and hunting licenses ◦ Alternative medicine and holistic healing ◦ Equipment (all) ◦ Accessories (ex.: Fitbit, yoga mattress...)

25. Are Flex dollars taxable benefits?

- Amounts reimbursed through the **health spending account** or wellness account are considered a taxable benefit for provincial income tax purposes for Quebec employees only.
- Amounts reimbursed through the **wellness account** are considered a taxable benefit for provincial and federal income tax purposes for all employees only.

PERSONAL & BENEFICIARY DATA ON FLEXIT

26. What if my personal information is incorrect on Flexit?

- If you have a change of address, please contact your HR representative to update your personal contact information.

27. The correspondence that I receive from Medavie Blue Cross is not in the correct language of correspondence; How do I change?

- Please contact your HR representative indicating your request for preferred language so that this data can be corrected.



28. Is the beneficiary designation mandatory and do I have to complete it even if I designate my estate?

- Yes, the Medavie Blue Cross process requires a beneficiary designation regardless of the designation.
- Should you choose not to send your signed beneficiary designation; a reminder will be sent to you on a monthly basis until you have completed the process.

29. Where can I find the beneficiary designation form? To whom and how can I send it?

- At the end of your enrollment, once you have confirmed your choices, the system will indicate the forms to print and complete.
- You can choose to send your signed form by mail or scanned by e-mail. Contact information for Medavie Blue Cross is shown at the end of the form.

INSURANCE DATA ON FLEXIT

30. The amount of Optional Life Insurance I choose for myself and/or my spouse always indicates an amount of \$50,000 regardless of the coverage requested; Is this normal?

- Amounts in excess of \$50,000 must be approved by Medavie Blue Cross. Regardless of the number of units selected a maximum of \$50,000 and a premium equivalent to \$50,000.
- In order to know the possible coverage amounts associated with each level of coverage, we suggest that you select option 1 or "no protection". This will allow you to view the information.
- As long as your application is awaiting approval, the system will indicate \$50,000. Once approved, the amount will reflect the option you have chosen. Please do not forget to submit your documents as requested on the Medavie Blue Cross website when you sign up for your enrollment.

31. Why do I only see \$50,000 for Optional Life Insurance when I have chosen my salary more than once?

- If you have not submitted the necessary documents to approve your optional life insurance application, your application for Optional Life Insurance has not been approved. A maximum amount of \$50,000 has been allocated to you. You can complete the process with Medavie Blue Cross directly.

32. How do I know the amount of the premium that will apply after the approved amount?

- In order to know the premium associated with each level of coverage, we suggest that you select option 1 or "no protection" in order to view the information.
- Note that a table of premiums will be available to you shortly.



33. How will I pay the Optional Life Insurance I have chosen for my dependents and / or me once the amounts have been approved by Medavie Blue Cross?

- Once your voluntary life insurance amounts are approved (amount in excess of \$50,000), the premium amounts will be automatically deducted from your pay. It will not be possible to use your Flex dollar balance, if applicable, since these dollars will already have been allocated to either your health and wellness account or your RRSP.

34. How does the optional life insurance amount for children work? Is the amount shown divided by the number of children I have?

- The optional amount of life insurance you choose is the amount per child.
- The cost of this coverage is therefore global regardless of the number of dependent children. Each of your children benefits from the coverage amount according to the chosen option.

DEPENDENT CHILD

35. My child will be 21 within the next year; when should I confirm his/her student status?

- About 1 month prior to your child's 21st birthday, Medavie Blue Cross will email you to confirm your child's student status. Your child will therefore continue to benefit from your insurance coverage if he or she continues to qualify and completes the process.
- Also, an annual Student Confirmation Process will take place for all employees with dependents age 21 and over. Details of the process will follow.

36. My child over the age of 26 is always dependent on me and requires special care since he is disabled; how do I proceed to keep it on my insurance?

- Your child may continue to qualify for insurance; however, you must contact Medavie Blue Cross to complete the approval process.

TERMINATION AND RETIREMENT

37. Will it be possible to convert my insurance at retirement?

- You will be able to exercise your right to convert your life and health care coverage within thirty-one (31) days of your termination of employment.