

**Canadian  
Home Builders'  
Association**



**Employee  
Benefits Program**



# FREQUENTLY ASKED QUESTIONS

## 1. Who is the insurance provider?

The benefits program is insured by Equitable Life.

## 2. I am a single owner-operator. Do I qualify to join the CHBA Benefits Program?

Yes. As a single owner-operator, you may join the Bronze program without having to provide medical evidence of good health. Or, if you choose to complete the medical evidence of good health questionnaire and you are approved by Equitable Life, you may enrol in the Silver or Gold programs.

## 3. Are dependents covered?

Yes. Eligible dependents are the spouse and children of the employee.

Spouse: married or if common-law, after 12-months of cohabitation  
Child: natural, adopted or step, up to age 21 or up to age 25 for full-time students.

## 4. Is it possible for my employees to choose their own coverage option?

No. The plan selection is at the firm-level, meaning that your employees will all be covered by the same one plan option that you choose for your company.

## 5. Can my employees opt-out of the program?

Employees who have access to Health and Dental benefits through a spouse's program may opt-out of these benefits with your program, but they must enrol for Life and Accidental Death & Dismemberment with your program; the cost is \$12 per month. This way, they will be permitted to enrol for Health and Dental benefits with your program later and without penalty, should there be a loss or reduction in their spouse's program.

## 6. How do I cancel coverage for my company?

You may cancel your coverage through this program by providing Equitable Life with a minimum 30-days notice. Contract cancellations take effect on the 1<sup>st</sup> of the month.

## 7. I have an existing program for my employees. Am I eligible to participate in the CHBA's program?

Yes. If you have coverage already, you are eligible to explore the options available with the CHBA program. We will be pleased to work with you to compare coverage options and help you identify the cancellation provisions for your existing plan.

## 8. Can someone help me with the administrative duties of the program?

Yes. The team at People Corporation/Blueprint is fully equipped to assist you with enrolments, terminations and changes, contract interpretation, claims resolution, support with unique needs, etc.

## 9. How do I pay the monthly invoice?

The monthly invoice will be prepared by Equitable Life and posted on your administrator portal before the start of each month. You will pay your invoice via pre-authorized debit that you will set-up as part of the implementation process. The payment is due by the 10<sup>th</sup> of each month.

## 10. Once I choose a program for my firm, is there a lock-in period?

After two years, you may change your selected program. The change will apply to all your employees.

## 11. What is the eligibility period?

Once the program is implemented for your firm, all existing employees must enrol immediately. All future employees must enrol within 31 days of joining your firm or following a 3-month probationary period if you wish to impose one. Enrolments outside of these guidelines may be subject to medical evidence requirements and employees may be denied access.

### 12. How long does it take for claims to be reimbursed?

Many claims are reimbursed in real-time. For example, claims for dental services, prescriptions medications and several paramedical services (i.e: massage, chiropractor, physiotherapy, etc.) can be submitted directly to Equitable Life by the vendor.

Expenses that you pay-for yourself are reimbursed in as little as 24 to 48 hours when you submit the claims online and if you have set-up your direct-deposit feature with Equitable Life. If you mail your claims and you opt to receive a reimbursement cheque, the transaction may take up to 14 business days; timing will vary based on mail processing timelines.

### 13. How are benefit maximums calculated?

For dental care services, paramedical practitioners, and prescription drugs, the maximums are calculated on a calendar year basis, from January 1<sup>st</sup> to December 31<sup>st</sup>.

For vision care services (eye exams/glasses), the maximums accumulate on a rolling 12-month basis for children and 24-month basis for adults; the count begins with the first claim.

For hearing aids, the maximum is per 5 calendar years.

### 14. For calendar-year maximums, is the amount pro-rated if I join the program part-way through the year?

Calendar-year maximums are not pro-rated. You have access to the full benefit amount from the moment you join the program, including if you join part way through a calendar year.

### 16. Can part-time or seasonal employees join the program?

The program is available to employees who regularly work at least 20 hours per week.

### 15. Is there a waiting period before I can start making claims?

Once you are enrolled in the program, you may start making claims right away; there is no waiting period.

### 17. Are there resources for mental wellness?

The program includes Homewood Health's online portal, which provides access to a personalized library of tools, assessments, and courses to help plan members better cope with every day issues including work-life balance, parenting concerns, financial and legal issues and dealing with aging loved ones. There is also access to an online Health Risk Assessment, and an innovative Cognitive Behavioural Therapy program that provides support for managing anxiety and depression.

You may upgrade this embedded resource by purchasing access to an Employee Assistance Program (EAP), also through Homewood Health and Equitable Life. The cost of the EAP is \$3.30 per employee per month. In addition to the online resources described above, the EAP provides access to counselling with a mental health practitioner, either in-person, via phone or email.

**Contact us** for more information or to establish a program for your firm:

[CHBABenefits@peoplecorporation.com](mailto:CHBABenefits@peoplecorporation.com)

