

Frequently asked questions

Q: What is a Health Care Spending Account (HCSA)?

A: Formerly referred to as your HSA benefit, the Health Care Spending Account provides you with the flexibility to cover unexpected health and / or dental expenses your standard benefit plan may not cover.

Q: Can I carry forward any unused HCSA funds?

A: Yes. Funds credited for any fiscal year may be used for expenses incurred during that fiscal year or may be carried forward and used to cover expenses incurred during the subsequent calendar year. Claims must be submitted within 30 days of fiscal year end.

Q: Can I access my HCSA allocation after I terminate from UFV.

A: Yes. There is a grace period of 90 days for submission of claims incurred prior to termination.

Q: How do I know how much money is left in my HCSA?

A: You can view your balance online at any time. When you receive your payment and claim statement from Manulife, it will show the balance in your HCSA. Depending on how your plan is set up, the entire amount may not be available for all expenses – it depends on when you incurred the expense. See “How your HCSA works” in this guide for more details.

Q: How long do I have to submit a claim?

A: Always try to submit your claims as soon as possible, during the same plan year in which you paid the expense. Certain rules apply – see “How your HCSA works” in this guide for more details.

Q: How long does the money stay in my account?

A: The money in your HCSA stays in your account for one year from the time it is deposited or until you use it – whichever comes first.

Q: If my health or dental claim isn't 100% covered, will you automatically pay the rest from my HCSA?

A: No. Manulife can only pay a claim from your HCSA if you authorize such payment when submitting the claim online. For claims submitted directly by providers, you can request top-up through the Manulife website without submitting a new claim. If you have Coordination of Benefits with another plan where Manulife is first payor, you must submit a request for payment of any amount remaining unpaid after the claim has gone through your secondary plan.

Q: Can my pharmacist, dentist or professional services provider submit my HCSA claim electronically?

A: While health care providers cannot authorize payment or receive reimbursement directly from your HCSA, claims can be submitted directly by providers, and you can then easily request payment through the Manulife website (rather than having to submit the claim yourself.)

Q: Can I assign my HCSA benefit to my dentist?

A: No. HCSA claims can be paid only to you, and you must pay your dentist for any portion not assigned to them under the Core Dental benefit.. However, your dentist can submit claims on your behalf, and you can then easily request reimbursement from your HCSA for any amount not covered by your Core Dental plan.

Q: If I don't use all the money in my HCSA, can I get it back in cash?

A: No, in order for the HCSA to remain non-taxable, based on ITA rules, any remaining balance cannot be cashed.

Q: Is my HCSA a taxable benefit?

A: HCSAs are a non-taxable benefit in all provinces except Quebec (in Quebec, HCSAs are a taxable benefit for provincial income tax purposes).

Q: If I leave my employer or my coverage terminates, am I still entitled to my HCSA or take it in cash?

A: No. Your HCSA is part of your current compensation package and cannot be transferred to another employer or taken as cash.

Q: How long does it take to process my HCSA claim?

A: Prior to going through your HCSA, your claim must be processed through your extended health or extended dental benefits (core benefits) first, and through any other coverage you have through coordination of benefits such as a spousal plan. Standard turnaround times for processing claims is 1-5 business days once the claim has been processed through your core benefit plans. If you have indicated for the claim to be coordinated with any unpaid amounts through your HCSA, it will be processed within a few days.

Q: Why should I submit my claims to my other plan(s) first?

A: You must submit claims to your other plan(s) before using your HCSA. This makes the best use of your benefit plan(s) and helps you recover the maximum amount of each expense. This also saves your HCSA amounts for other expenses.

Q: How is a claim processed through core benefits and the HCSA?

A: When you request coordination between an Extended Health or Dental claim and HCSA, settlement of each portion will be processed separately:

- First, the claim will be processed under your Extended Health or Dental benefits, and an Explanation of Benefits will be issued.
- Then, the claim will be processed through HCSA, and top-up payment will be issued (if applicable) with a separate Explanation of Benefits.

While timing will differ by claim, you can generally expect the HCSA portion within 1-2 weeks of receiving payment under your Extended Health plan.

Q: What happens if I also have a Coordination of Benefits through a spousal or other plan?

A: If you have Coordination of Benefits through a spousal or other plan and Manulife is the primary payer, you may be required to claim through that plan before you can top up through HCSA. In this circumstance, you will need to submit a new claim for top-up and will be asked to confirm the amount paid through your spousal coverage.