



Frequently Asked Questions (FAQ)

1. What are group benefits?

Group benefits are insurance plans and other perks offered by employers to their employees as part of a compensation package. They typically include coverage for health, dental, vision, disability, life insurance, and wellness programs.

2. What is covered under a group benefits plan?

Coverage varies depending on the plan but often includes:

- **Health insurance:** Prescription drugs, hospital stays, paramedical services (chiropractor, physiotherapy, etc.).
 - **Dental care:** Preventative care, major procedures, and orthodontics.
 - **Vision care:** Glasses, contact lenses, and eye exams.
 - **Disability insurance:** Income replacement in case of illness or injury.
 - **Life insurance:** Financial support for beneficiaries in the event of death.
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3. Who is eligible for group benefits?

Eligibility depends on your employer's plan, but typically:

- Full-time employees
 - Part-time employees working a minimum number of hours (as defined by the employer)
 - Some plans may also cover dependents, including spouses and children.
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4. How much do group benefits cost?

Costs are often shared between employers and employees. Your employer typically pays a portion of the premiums, and the rest may be deducted from your paycheck. The amount depends on the specific plan design.

5. What happens to my group benefits if I leave my job?

When you leave your job, your group benefits coverage usually ends. However, some plans offer conversion options, allowing you to switch to an individual plan without medical underwriting.

6. Can I opt out of group benefits?

Yes, but only if you have comparable coverage elsewhere (e.g., under a spouse's plan). Some benefits, like life insurance, may still require mandatory participation.

7. Are group benefits taxable?

In Canada:

- Employer-paid premiums for health, dental, and vision coverage are generally not taxable.
 - Employer-paid premiums for life and disability insurance are considered a taxable benefit.
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8. What are the advantages of group benefits over individual insurance?

- Lower premiums due to group rates
- No medical underwriting for most plans
- Access to a broader range of coverage options
- Easier claims process through employer administration



9. How do I submit claims?

Most plans offer multiple options:

- Online claims submission through the insurer's portal
 - Mobile apps for quick uploads
 - Paper forms mailed to the insurer Check with your plan administrator for specific instructions.
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10. Can I customize my group benefits?

Some plans offer a **flexible benefits plan**, allowing employees to choose the coverage options that best suit their needs. These plans typically provide a set amount of credits to allocate to different benefits.

11. Are dependents covered under my group benefits?

Yes, most plans allow you to add dependents (spouse, children) for coverage. However, there may be additional costs for dependent coverage.

12. What happens to my group benefits when I retire?

Some employers offer retiree benefits, but this varies. You may need to transition to an individual health insurance plan to maintain coverage after retirement.

13. How can I maximize my group benefits?

- Use preventative services like dental cleanings and vision exams regularly.
- Take advantage of wellness programs (gym discounts, mental health services, etc.).
- Understand your coverage limits to avoid out-of-pocket costs.
- Review your plan annually during open enrollment to ensure it meets your needs.