

May 31, 2013

CHANGES TO THE BENEFIT PLANS FOR MEMBERS OF BCGEU - EX-MINISTRY OF HEALTH

Please find attached information regarding the changes to the benefit plans for your employees who are members of BCGEU (Ex-Ministry of Health) and covered under the Health Services and Support Community Subsector Collective Agreement (Community Agreement).

If you have any questions about the attachments, please feel free to contact:

- Wendy Fullerton (wendy.fullerton@hbt.ca or 604-678-8316)
- Darren McKnight (darren.mcknight@hbt.ca or 604-678-8512)
- Toll free at 1-888-736-2087

HEALTHCARE BENEFIT TRUST

Please ensure that this communication is distributed to the appropriate people within your organization.



New Health and Welfare Benefit Provisions Community Agreement

2012 - 2014

Administrative Guidelines #2 - 2013

To: Benefit Administrators

c: Payroll Department
Head of Organization

Date: May 31, 2013

Subject: 2012 - 2014 Community Agreement Changes
BCGEU - Ex-Ministry of Health

We have received confirmation from HEABC regarding changes to the benefit plans for your employees who are members of BCGEU and are covered by the Health Services and Support Community Sub-Sector Collective Agreement (Community Agreement).

Please find attached:

- Administrative Guidelines #2 - 2013
- Benefit Plan Changes Summary for Employer
- Information for Employees that you may wish to distribute or post
 1. Benefit Plan Changes at April 1, and June 1, 2013
 2. Change in Prescription Drugs at June 1, 2013

The new provisions only apply to HBT Class Code 036.

If you have any questions about the attachments, please contact:

- Wendy Fullerton, Client Consultant wendy.fullerton@hbt.ca or 604-678-8316
- Darren McKnight, Manager, Operations darren.mcknight@hbt.ca or 604-678-8512
- Toll-free at 1-888-736-2087

This Administrative Guideline is intended to assist you in implementing and administering the new benefit provisions for your employees who are members of BCGEU (ex-Ministry of Health – Class Code 036) that were recently negotiated under the 2012- 2014 Community Agreement.

The benefit plan changes for Group Life, AD&D, Dental and Extended Health and the contribution rates are being adjusted retroactive to April 1, 2013.

A brief summary of the changes is noted below. Also attached is an “Employer Summary” document detailing all of the benefit changes and contribution rates that apply to this employee group.

Changes to Provisions Effective April 1, 2013 & June 1, 2013	
Group Life and AD&D	<p>Effective April 1, 2013 the Group Life benefit is changing to a flat \$50,000 benefit and an AD&D benefit is being added.</p> <p><u>Reporting to HBT</u> Please ensure that your next enrollment file submission to HBT includes an enrollment record for the AD&D benefit effective April 1, 2013 for all eligible employees under Product Set A036. The billing adjustment will be reflected on a future HBT invoice.</p>
Long Term Disability	No change.
Dental	Effective April 1, 2013 the Dental benefit is being changed to match the levels of coverage as per the standard provisions of the Community Agreement.
Extended Health	There are two dates on which changes to the Extended Health Care plan occur – April 1, 2013 and June 1, 2013. The April 1, 2013 changes would result in a rate increase due to improvements being made to the plan while the June 1, 2013 change would result in a rate decrease due to the implementation of the PharmaCare tie-in. The Trust recognizes the work involved in changing rates multiple times therefore we wish to advise that the EHC rates will only be adjusted at April 1, 2013. Employers will receive the benefit of lower rates for the entire two month period prior to the implementation of the PharmaCare tie-in.
Employee Communication	<p>Attached to this Guideline are two notices for employees who are covered under Class Code 036. The first notice describes the benefit plan changes that are effective April 1, 2013 and June 1, 2013. The second notice describes the changes to the prescription drug coverage under BC PharmaCare. We encourage you to distribute the weblinks and copies of these notices to eligible employees.</p> <p>PBC will readjudicate claims and make any necessary adjustments to claims that have been paid incorrectly since April 1, 2013.</p> <p>At a later date, revised benefit booklets will be produced that will includes the new benefit plan provisions.</p>



Notice to Employees covered by the Community Subsector Collective Agreement BCGEU Ex-Ministry of Health

Benefit Plan Changes effective April 1, 2013 & June 1, 2013

Group Life	Current Plan	Effective April 1, 2013
	2x basic annual earnings, rounded to the next higher \$1,000. Minimum Benefit \$65,000.	\$50,000
	Includes Accidental Dismemberment.	See Accidental Death & Dismemberment benefit below.
	Includes Advance Payment program for terminally ill employee. 50% to a maximum of \$40,000.	Includes Advance Payment program for terminally ill employee. 50% to a maximum of \$25,000.
	Includes Funeral Advance.	No coverage

Accidental Death & Dismemberment	Current Plan	Effective April 1, 2013
	No coverage	\$50,000 Scheduled amount paid for dismemberment or loss of use.

Dependent Life	Current Plan	Effective April 1, 2013
	Spouse \$8,000 Child \$4,000	No change to the current plan

Long Term Disability	Current Plan	Effective April 1, 2013
	68.3% of the first \$2,200 of basic monthly earnings plus 50% of excess plus adjustments; qualification period the later of 7 months or exhaustion of sick leave bank; payable for 24 months for own occupation and thereafter any occupation.	No change to the current plan

Dental	Provisions	Current Plan	Effective April 1, 2013
	Basic Services	100% Recall visits twice per calendar year	100% Recall visits once every 9 months
	Major Reconstruction Services	60%	60%
	Orthodontic Services	50%	60%
	Orthodontic Lifetime Maximum	\$3,000	\$2,750
	Dual Coverage Permitted	Dual coverage is not allowed to two spouses covered by this plan.	Dual coverage is not allowed if employee and/or dependents are covered by a comparable plan.
	12 month waiting period for orthodontic coverage	No	Yes

Extended Health Plan	Current Plan	Effective April 1, 2013
Deductible	\$25 per calendar year	\$25 per calendar year
Reimbursement	80%	80%
Lifetime Maximum	\$40,000	Unlimited
Payable/Claimable	*Payable **Claimable	Claimable
Dual Coverage Permitted	Dual coverage is not allowed to two spouses covered by this plan.	Dual coverage is allowed.
Acupuncturist	No	\$100 per person per calendar year
Chiropractor	\$200* per person (\$500* per family) per calendar year	\$200 per person per calendar year
Naturopathic Physician	\$200* per person (\$500* payable per family) per calendar year	\$200 per person per calendar year
Physiotherapist	Unlimited	Unlimited
Podiatrist	Unlimited	\$200 per person calendar year
Psychologist	\$600** per family per calendar year	No coverage
Registered Massage Therapist	Unlimited	\$1,000 per person per calendar year
Speech Therapist	No	\$100 per person per calendar year
Orthopedic Shoes/Orthotics	\$400* per person per calendar year	1 pair; reimbursement for orthopedic shoes or custom-made orthotics, with replacements when required due to normal wear and tear or as a result of a change in condition.
Mastectomy Brassieres	\$500** per person every 12 months	1 item per calendar year
Surgical Stockings	Unlimited	2 item(s) per person per calendar
Stump Socks	\$200* per person every 12 months	Unlimited

Extended Health Plan	Current Plan	Effective April 1, 2013
Pharmacare tie-in	No	No Yes - Pharmacare tie-in effective June 1, 2013
BlueNet Pay Direct Drug Cards	Yes	Yes
Dispensing Fee Cap	No	Per Pharmacare program currently \$10 per prescription
Oral Contraceptives	No	No
Contraceptive Devices	No	No
Preventative Vaccines	No	No
Vision Care	\$150* per adult every 24 months; \$150* per dependent child every 12 months. Reimbursement at 100%. The deductible does not apply.	\$350 per person per 24 months
Eye Exams	No	No
Hearing Aids	\$600* per ear per adult every 48 months; \$600* per ear per dependent child every 24 months. Reimbursement at 100%. The deductible does not apply.	\$600 per person per 48 months
Wigs or hairpieces	\$200** per person every 24 months	\$500 per person per lifetime
Medi-Assist	Yes	Yes
Glucometer	Unlimited	Unlimited
Needleless Injectors	\$500* per person every 60 months Reimbursement at 100%.	No

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Notice to Employees covered by the Community Subsector Collective Agreement BCGEU Ex-Ministry of Health

Change in Prescription Drug Coverage as at June 1, 2013

May 31, 2013

The Health Employers Association of BC (HEABC) and the Community Bargaining Association (CBA) have negotiated the following change in the Community Agreement: **Extended Health Care plan will include a BC PharmaCare tie-in.**

For Prescription Drug Coverage this means:

- Effective June 1 2013, reimbursement of prescription drugs, purchased from a licensed pharmacy, applies only to drugs approved by BC PharmaCare unless special authority is granted. Not all drugs are eligible for Special Authority.
- Reimbursement for drugs will be in accordance with BC PharmaCare price limit maximums.

WHAT HAS CHANGED?

Effective June 1, 2013, only drugs that are approved by BC PharmaCare will be reimbursed unless special authority is granted by BC PharmaCare. Reimbursement of covered drugs is in accordance with BC PharmaCare price limit maximums.

WHAT SHOULD YOU DO TO ENSURE YOUR DRUGS ARE/WILL BE REIMBURSED?

Talk to Your Physician

When obtaining a prescription for you and/or your dependents, discuss the BC PharmaCare eligibility of the medication with your Physician to ensure that drug is covered by BC PharmaCare. If the drug is not covered, your physician may prescribe an alternate drug that is approved and reimbursed under BC PharmaCare program.

You can search the BC PharmaCare website to see if your drug is covered or find other alternative drugs eligible for coverage: <http://www.health.gov.bc.ca/pharmacare/benefitslookup/>

Apply for Special Authority (SA)

If your drug is not covered by BC PharmaCare and there is no suitable alternative that is available under BC PharmaCare, it may be available with Special Authority approval. Not all drugs are eligible for Special Authority. Your physician can apply to BC PharmaCare Special Authority for approval of the drug. If the criteria is met and the drug is approved by PharmaCare, Pacific Blue Cross will reimburse you subject to any deductible, coinsurance, exclusions and as per the BC PharmaCare price limit maximums.

For a list of drugs eligible for Special Authority approval visit:

<http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html>

More information on drugs approved by BC PharmaCare can be found at:

<http://www.health.gov.bc.ca/pharmacare/benefitslookup/>

Who can you speak to if you have any questions about BC PharmaCare and your drug coverage?

Contact BC PharmaCare directly. Customer Service Representatives are available at:

From Vancouver, call **604-683-7151** or from the rest of B.C., call toll-free **1-800-663-7100**

- Monday to Friday, 8:00 a.m. to 8:00 p.m. (except statutory holidays)
- Saturday 8:00 a.m. to 4:00 p.m. (except statutory holidays)

Contact Pacific Blue Cross:

Client Service Representatives 604-419-2600 or 1-877-342-2583

This employee notice is available on the HBT website: <http://www.hbt.ca>.

If you have additional questions about the negotiated changes to your drug plan please speak directly with your employer or your union representative.