UNIONIZED SUPPORT STAFF PROVINCIAL STANDARDIZED EXTENDED HEALTH CARE PLAN BULLETIN

You are receiving this bulletin as your local union has opted to participate in the Unionized Support Staff Provincial Standardized Extended Health Plan (Standard Plan). The effective date of the Standard Plan will be July 1, 2023.

In addition to the Standard Plan enhancements, all school district/local Support Staff dental plans will be updated to provide a minimum level of coverage, which is outlined below:

Plan	Minimum Coverage Provisions
Basic Services	Plan pays: 85%
Major Services	Plan pays: 60%
Orthodontic Services	Plan pays: 60% Lifetime Maximum: $1,000

- If your current dental plan provides a lower coverage level, the increase will be effective July 1, 2023
- If your current dental plan provides a higher coverage level, **there will be no change to coverage.**

This bulletin also provides information on the following:

- Open Enrolment guidelines
- Pacific Blue Cross Information microsite
- Responses to frequently asked questions
- Introduction to BlueRx
- Next Steps

Open Enrolment Guidelines

As your union local has opted to participate in the Standard Plan, there will be an opportunity for those individuals that have previously waived their extended health care plan to enroll in this plan. **Please note that this only applies to extended health care and does not apply to dental coverage.**

To facilitate this process, open enrolment will begin on July 1, 2023. Enrolment forms will need to be completed and submitted by the member to the school district benefits administrator no later than **September 30, 2023**. Coverage for any members opting in during this open enrolment period will be effective July 1, 2023. If members are responsible for paying a portion of the extended health plan premium, payment will be required from the effective date onward.

Please note that if you are already enrolled in the extended health care plan you will not be required to complete an enrolment form. This process is only for those members and/or dependents that are currently not enrolled but would like to join the plan as of the effective date.

If a member and/or dependent chooses to join the plan after the open enrolment period and the reason is not due to loss of coverage under another plan, Late Applicant rules will apply.

Pacific Blue Cross (PBC) Information microsite

PBC has developed a website specifically for those groups that are participating in the Standard Plan to provide information regarding the plan design and answers to frequently asked questions. Updates to the microsite, which will include information on benefit improvements to the Standard Plan, will be made shortly. Please check out this site at:

http://www.pac.bluecross.ca/cupek12

We encourage you to visit this site to better understand the changes to your Extended Health Care plan.

Responses to Frequently Asked Questions

Q: ***Can a member who was previously terminated from the plan due to reaching the extended health care plan's current maximum age be reinstated since the Standard Plan has a termination age of retirement?***

A: Those members that were terminated from the extended health care plan due to reaching the maximum age of their current extended health plan, and who still meet the eligibility requirements of the plan, can be reinstated as of the effective date of the Provincial Standardized Extended Health Care Plan for your group. They will need to complete an enrolment form within the open enrolment period. Please note that this is only applicable to the extended health plan. If the member's dental plan has a set termination age, this provision still applies.

Q: ***Can a member who was previously terminated from the extended health care plan due to reaching the lifetime maximum be reinstated since the Standard Plan has an unlimited lifetime maximum?***

A: Those members who were terminated from the extended health care plan due to reaching the lifetime maximum of their current plan can be reinstated as of the effective date of the Provincial Standardized Extended Health Care Plan for your group if they continue to meet the eligibility requirements of the plan. They will need to complete an enrolment form within the open enrolment period.

Q: ***How will the deductible of the plan be applied with a mid-year effective date of the Standard Plan?***

A: For most union locals, participating in the Standard Plan means an increase in the annual deductible. As of the effective date of the Provincial Standardized Extended Health Care Plan, the $100 annual deductible will need to be satisfied before any further claims are reimbursed. For example, if your current plan has a $25 annual deductible and a member has already satisfied this prior to the Standard Plan effective date, the remaining $75 deductible will need to be satisfied before any further claims are reimbursed.

Q: ***How will the maximum for eligible expenses such as paramedical practitioners and vision care be applied with a mid-year effective date of the Standard Plan?***

A: For union locals that opt into the Standard Plan, any eligible expenses incurred prior to the effective date of the Standard Plan will be adjudicated by PBC based on the current plan provisions. Any eligible expenses incurred on or after the effective date will be adjudicated based on the Standard Plan.

For example, if your current Physiotherapist maximum is $500 per person per calendar year and a member has already been reimbursed $500 for this service, if any further Physiotherapist services are received on or after the effective date of the Standard Plan, they would be eligible up to an additional $500 for the remainder of the year (as the calendar maximum for this service under the Standard Plan is $1,000 per person per calendar year).

Conversely, if the current Physiotherapist maximum per calendar year is $1,200 and the member has already been reimbursed this maximum amount prior to the effective date of the Standard Plan, no further reimbursement will be provided for these services for the remainder of the year. The $1,000 per person per calendar year will be reinstated at the beginning of the following calendar year.

Q: ***If a union local did not have coverage for eye exams prior to joining the Standard Plan and a plan member or dependent incurred an expense for an exam prior to joining the Standard Plan, can this be claimed under the Standard Plan?***

A: No. Eye exam expenses incurred prior to the effective date of joining the Standard Plan will be adjudicated by PBC based on the current plan provisions. Only eligible expenses incurred on or after the effective date of joining will be adjudicated based on the Standard Plan.

Introduction to BlueRx

Your group has been identified as not having the BlueRx drug formulary as part of your current extended health care plan. As the Standard Plan includes a managed drug plan with the BlueRx drug formulary, it is important that all members understand the impact this change may have on their drug coverage.

The managed drug plan includes the following:

- Generic substitution (widely used in hospitals and in current plans)
- Lowest-cost treatment alternatives
- PBC Prior Authorization Drugs and PharmaCare Special Authority Approval
- Limits on dispensing fees and drug mark-up

Please visit PBC's microsite (http://www.pac.bluecross.ca/cupek12) for more details about the managed drug plan and BlueRx. Attached to this email is a PBC bulletin outlining the BlueRx formulary for your reference. This bulletin and much more information about BlueRx is provided on the microsite.

As of July 1, 2023, there will be a one-year grace period for drugs that require approval for continued coverage and for those drugs that are excluded from the BlueRx plan because there is another drug therapy available. These drugs will be reimbursed based on the cost of that drug, but it is important to note that the managed drug plan dispensing fee and mark-up maximums will still apply.

Members or dependents taking these drugs will receive a letter from PBC outlining the steps needed for coverage approval or notification that the drug will no longer be covered. After a period of one year, the grace period of covering these drugs will expire so it is important that members and/or dependents submit the required documentation to PBC to have the drug approved for continued payment or to discuss alternative drug therapies with a physician if the drug is excluded from the plan because there are other therapies available.

If a member or dependent is taking a brand name drug that does not require special approval, but does have a lower cost generic drug available, the member or dependent has the option at point of sale to continue with the brand name drug and pay the higher cost or transition to the generic and have more of the cost reimbursed.

Next Steps

If you waived coverage under your extended health care plan but meet the eligibility requirements and want to enroll in the Standard Plan, please fill out an enrolment form and submit it no later than **September 30, 2023**. Enrolment forms can be found at pebt.ca or from your school district benefits administrator.

Review the plan information included with this bulletin and visit http://www.pac.bluecross.ca/cupek12 to learn more about the Standard Plan.

PBC will be generating a report of those members or dependents that are taking prescription drugs that require prior approval under the BlueRx plan. These members or dependents will be sent letters notifying them of the grace period and the steps to take to obtain prior approval before the expiry of the grace period.

If you have any questions, please contact your school district benefits administrator or your local union representative.