

RETIREMENT HEALTH BENEFITS



Municipal
Pension Plan

Group Numbers:

| | |
|------------------------------|--------|
| In-province group number | 088000 |
| Out-of-province group number | 093932 |

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Disclaimer

Information in this booklet is subject to change without notice. Please confirm that you have up-to-date information when making a request for service from the EHB and/or dental benefits plans. If there is a conflict between this information and the group benefits contract, the contract applies.

INTRODUCTION

THIS BOOKLET INTRODUCES YOUR EXTENDED HEALTH (EHB) and dental benefits plans. These benefits are available if you live anywhere in Canada. For more information see the Blue Cross *EHB and Dental Summary* booklets found in the Retired Members section of our website at mpp.pensionsbc.ca. For EHB, dental and Medical Services Plan (MSP) rates, see the *Retirement Health Benefit Premiums* rate sheet.

CONDITIONS OF COVERAGE

EXTENDED HEALTH AND DENTAL BENEFIT COVERAGE are contingent benefits, meaning they are not guaranteed. Coverage may be changed at any time by the Municipal Pension Board of Trustees (the Pension Board), including, but not necessarily limited to, increasing, decreasing or eliminating:

- a) coverage for members, spouses, dependants or benefits, or
- b) amounts for premiums and deductibles.

Medical Services Plan subsidies are also a contingent benefit.

Other conditions of coverage are:

- You must have medical coverage under the medical services plan of your province or territory of residence to be eligible for extended health and dental benefits.
- You must be a permanent resident of Canada to be eligible for extended health benefits.
- There is no out-of-country coverage in this plan.
- There is only limited coverage when you are travelling outside your province or territory of residence but within Canada.
- If you live in BC, you must be registered with Fair PharmaCare to maintain drug coverage under this plan.

ENROLLING WHEN YOU RETIRE

IF YOU APPLY FOR HEALTH BENEFITS COVERAGE under the Municipal Pension Plan, coverage begins the month after your pension is effective (for example, if your pension starts in January, your health benefits coverage starts in February). If you are starting your pension immediately after you retire, check the cancellation date of the health benefits you have through your employer.

If you will not have coverage for the first month after your employment terminates, you can avoid a break in coverage by paying the full premiums by personal cheque. This can only be done when you retire—it cannot be done at a later date. For full premium rates, see the *Retirement Health Benefit Premiums* rate sheet.

The total cost for MSP, EHB and dental benefits coverage can be combined in a single payment, with the cheque made payable to the Municipal Pension Plan. Date the cheque for the first day of the month following your last day of pay. Send your cheque and completed *Group Benefits Application/Waiver* form to the Municipal Pension Plan.

Your pension must be processed for payment before we can set up your health benefits coverage, so you may have to pay for drugs and services until you receive your EHB and dental identification card. You will then be able to submit claims to recover your costs from the date your coverage is effective.

THE EXTENDED HEALTH BENEFITS PLAN

YOU MUST HAVE MEDICAL COVERAGE under the medical services plan of your province or territory of residence to be eligible for extended health benefits.

The EHB plan is a supplemental health plan that extends your medical coverage beyond what is covered by the Medical Services Plan of British Columbia, the Hospital Insurance Program, the Fair PharmaCare program, WorkSafeBC, Insurance Corporation of BC, or any other party in other provinces.

To maintain drug coverage under your EHB plan, you must register with the Fair PharmaCare program. You are not eligible for Fair PharmaCare if you live outside of BC. Contact the health insurance or medical plan in your new province or territory of residence to see if you qualify for government-subsidized drug coverage.

Expenses covered under the EHB plan include:

- additional charges for private or semi-private hospital rooms,
- emergency ambulance,
- most prescription drugs,
- practitioners (chiropractors, massage therapists, acupuncturists, etc.),
- accidental dental injury,
- medical aids and supplies (oxygen, blood, walkers, permanent prostheses, etc.),
- standard durable medical equipment (wheelchairs, hospital beds, medical monitors, etc.),
- insulin injectors, and
- vision care.

This is a summary only. There are many more specific items covered, many exclusions, and individual financial limits. See the Blue Cross *EHB and Dental Summary* booklets (available online at mpp.pensionsbc.ca) for details.

Some large medical expenses must be pre-authorized. Contact Blue Cross for more information.

There is no out-of-country coverage in your EHB plan. There is no reimbursement under the plan for services rendered or medical items purchased outside of Canada, including purchases over the Internet.

EHB Deductibles and Maximums

The following deductibles and maximums apply to your EHB plan:

- Each calendar year there is a \$100 per family deductible on claims. Certain eligible expenses are not subject to the deductible.
- For eligible expenses incurred in your province or territory of residence, Blue Cross will pay 80 per cent of the eligible cost or fee over the annual \$100 deductible. You are responsible for the remaining 20 per cent of your costs.
- Once Blue Cross has reimbursed \$1,000 for one person in a calendar year, further eligible expenses submitted on behalf of that person during the rest of that year will be reimbursed at 100 per cent, subject to the maximums stated in the group benefits contract.
- Certain eligible expenses covered under the plan have maximum limits. Once the maximum has been reached, you will be responsible for 100 per cent of any further expenses.
- Eligible expenses incurred outside BC (e.g., while travelling in Canada), will be reimbursed as if incurred in BC and will be subject to the same deductible, reimbursement percentage and maximum.
- The maximum amount payable by Blue Cross under the EHB plan is \$100,000 over the lifetime of each person covered by the plan. Once that amount is reached, coverage under the plan is terminated. For information on reinstatement of benefits if this maximum is reached, contact Blue Cross.

THE DENTAL BENEFITS PLAN

YOU MUST HAVE MEDICAL COVERAGE under the medical services plan of your province or territory of residence to be eligible for dental benefits.

The dental benefits plan covers basic dentistry charges, including basic maintenance and most major restorative services normally provided by a registered, practising dentist in his or her office.

The dental plan does not cover orthodontic services. See the Blue Cross *EHB and Dental Summary* booklets (available online at mpp.pensionsbc.ca) for details.

For current dental premium rates, please see the *Retirement Health Benefit Premiums* rate sheet.

Some large dental expenses must be pre-authorized. Please contact Blue Cross for more information.

Dental Deductibles and Maximums

The following deductibles and maximums apply to your dental benefits plan:

- There is no annual deductible with the dental benefits plan.
- For most in-province dental services, Blue Cross will pay 70 per cent of any eligible cost or fee. You are responsible for the remaining 30 per cent.
- You are covered for a visit to the dentist once every calendar year for cleaning and checkups.

ELIGIBILITY

YOU ARE ELIGIBLE FOR THE EHB and dental plans if you are:

- a retired member of the Municipal Pension Plan and are receiving a pension from the plan, and
- a permanent resident of Canada.

If you elect to have coverage, your spouse and dependent children are also eligible for coverage under your plan if they are permanent residents of Canada. If you receive a beneficiary pension, you may also be eligible for coverage. Call Municipal Pension Services for more information.

Plan members who meet the eligibility requirements described above may elect to have EHB and/or dental coverage by completing the appropriate forms, subject to enrolment rules (see “Enrolment Restrictions” on page 5).

Permanent Resident

You are a permanent resident if you:

- are a citizen of Canada (or lawfully admitted to Canada for permanent residence),
- make your home in Canada, and
- are physically present in the province in which you reside for at least six months in a calendar year.¹

Spouse

A spouse is a person of the same or opposite sex to whom you are married or living with in a marriage-like relationship.

If you are in a common-law relationship, you must live together for 12 months before applying for medical, dental and/or extended health benefits coverage for your spouse (unless you are claiming your spouse’s children as dependants on your income tax return) and sign a declaration that you and your spouse have lived together for 12 months or more. If you leave one common-law relationship and enter another, you must wait 12 months after cancelling coverage for your first spouse and dependants before you can enrol another spouse and other dependants.

Your spouse is not entitled to health benefits if they are separated from you for other than health reasons.

Dependent Child

A dependent child may be your natural child, stepchild, adopted child or legal ward. A dependent child must also be:

- under age 19, or under age 25 and attending an accredited school or university full time (minimum three courses per semester, including co-op programs, online and

¹ There may be exceptions to this requirement. Contact the medical services plan for your province or territory of residence for more information.

correspondence courses), in a program leading toward a diploma, degree or certificate recognized in Canada (proof of school attendance will be required), and

- not working more than 30 hours per week on a permanent (year-round) basis, unmarried, and accepted as a dependant for income tax purposes, or
- any age, with a mental or physical disability and accepted as a dependant for income tax purposes.

For dependent children under age 19, you need only apply for coverage once. For dependent children over age 19, you must confirm each year that the individual is still your dependant and is still attending school full time.

Enrolment Restrictions

Enrolment for you and your spouse and/or dependants is optional when you retire. If you decide not to enrol when you retire and waive coverage, you may enrol yourself and your spouse and/or dependants at a later date only if you provide proof of continuous comparable coverage from another EHB or dental plan since starting your pension (you must provide the same proof for your spouse and dependants if you wish to enrol them).

If you cancel coverage, you must re-apply within 60 days of being eligible. For example, you must apply to enrol yourself, your spouse and/or dependants within 60 days of returning to Canada after living in another country.

However, if you move from one province or territory in Canada to another province or territory, and you notify us of your new address within 60 days of your move, and confirm the date of your move, your benefits will automatically be set up for you in your new province or territory of residence.

If you do not want or need your benefits in your new province or territory, you must advise us in writing that you want your benefits cancelled.

You must enrol in the medical services plan in your new province or territory to be eligible for EHB and dental coverage under your pension plan.

There are other cases where you must apply within 60 days of being eligible. For example, you must apply to enrol yourself, your spouse and/or dependants within 60 days of:

- the termination of your spouse's benefits coverage under another plan,
- the date you married or remarried,
- the date an individual became your dependant, or
- the date you and your common-law spouse have lived together for 12 months.

If you do not notify our office within the 60-day deadline, and cannot provide proof of continuous comparable coverage, you will never again be eligible for EHB and/or dental benefits through your pension plan.

PREMIUMS

THE MUNICIPAL PENSION PLAN MAY PAY A PORTION of your EHB and dental premiums, depending on how much pensionable service you have. Premium subsidies are contingent and the amount of subsidy provided may be changed or eliminated.

Any premiums that you are required to pay will be automatically deducted from your monthly pension payment as long as the pension payment is large enough to cover the premiums. Premiums are deducted one month in advance. For example, February premiums are deducted from the January pension payment, so the February rates will affect your January pension payment.

If your pension payment is not large enough to cover the premiums, you can pay the EHB or dental premiums directly to Blue Cross via pre-authorized withdrawal from your bank account. This direct-payment option is available to your spouse after your death if the pension continues to be paid and your spouse had EHB or dental coverage when you died. Contact Municipal Pension Services for more information.

Any EHB or dental premiums that you are required to pay may be tax deductible as part of your eligible medical expenses.

For current EHB and dental premium rates, see the *Retirement Health Benefit Premiums* rate sheet.

IDENTIFICATION CARD

BLUE CROSS ISSUES YOUR EHB/DENTAL PLAN ID card. This contains your group number and other information about your coverage. Please verify the information on the card and call Municipal Pension Services to correct any errors.

MAKING A CLAIM

EHB

Blue Cross must receive your EHB claim for the prior year's medical services and expenses by June 30 each year, although you can submit claims throughout the year.

You can make an EHB claim by:

- presenting your Blue Cross ID card at your pharmacy when filling your prescriptions (may not be available in all provinces), or
- paying all your costs up front and submitting your original receipts with an EHB claim form (available from the Blue Cross website or by calling them); please review both sides of this form before submitting your claim.

Dental

Blue Cross must receive your dental claims within 12 months of the date of service.

You can make a dental claim by:

- having your dental professional submit a claim on your behalf to Blue Cross (may not be available in all provinces), or
- paying all your costs up front and submitting your original receipts with a dental claim form (available from your dentist or Blue Cross).

For information about making a claim for emergency expenses incurred while outside your province or territory of residence, see page 8.

To have your claim payments deposited directly to your bank account, complete a *Direct Deposit Enrollment* form (available at www.pac.bluecross.ca) and return it to Blue Cross.

CANCELLING BENEFIT COVERAGE

YOU CAN CANCEL YOUR EHB AND DENTAL COVERAGE at any time. Please contact Municipal Pension Services if you wish to do so. If you cancel coverage, you may re-enrol yourself and your spouse and/or dependants at a later date only if you provide proof of continuous comparable coverage from another EHB or dental plan since your cancellation date.

Coverage must be cancelled when you, your spouse or your dependent children are no longer eligible for coverage, for example, when:

- you move out of the country,
- you separate or divorce,
- your over-age dependent child marries, works more than 30 hours weekly, or no longer attends school full time, or
- you die, or your spouse or dependent child dies.

You can cancel coverage for your spouse or dependent children by requesting the cancellation in writing or by completing an *Add/Cancel Dependant Coverage for Extended Health Benefits (EHB) and/or Dental* form (available on our website at mpp.pensionsbc.ca).

COVERAGE OUTSIDE YOUR PROVINCE OR TERRITORY OF RESIDENCE

YOU ARE COVERED FOR EMERGENCY SERVICES and expenses while temporarily outside your province or territory of residence, but within Canada. You are strongly urged to contact Blue Cross before you leave to find out what is covered, and at what level. You may want to purchase travel insurance when you travel within Canada.

There is no out-of-country EHB or dental coverage. The extended health benefits plan is not a travel insurance plan. If an emergency occurs outside Canada, you are responsible for all medical costs. Buy extra insurance when you travel outside Canada.

CLAIMING EMERGENCY EHB OR DENTAL EXPENSES INCURRED OUTSIDE YOUR PROVINCE OR TERRITORY OF RESIDENCE

EHB

You must pay all your costs up front. You can then recover these costs as follows:

- Submit a claim to Medical Services Plan for the full expenses, within 90 days of the date of service.
- For services MSP will not pay, submit an EHB claim form for review. Claim forms are available from Blue Cross. Further details and requirements for submitting claims are listed on the back of the form. Please review this form carefully before submitting your claim.

Dental

When travelling outside your province or territory of residence, you must pay all your costs up front. You can then recover eligible expenses by submitting a claim to Blue Cross within 12 months of the date of service.

MAINTAINING COVERAGE WHEN MOVING FROM ONE PROVINCE OR TERRITORY TO ANOTHER

THE MUNICIPAL PENSION PLAN PROVIDES EHB and dental coverage in all provinces and territories in Canada. When you move within Canada, your existing health benefits coverage remains in effect during the month you move plus the two months following.

You must enrol in the medical services plan in your new province or territory of residence before the end of that time to be eligible for EHB and voluntary dental coverage under your pension plan.

You must notify us of your new address within 60 days of your move, and confirm the date of your move. Your dental and/or extended health benefits will automatically be set up for you in your new province or territory of residence. Your new coverage will begin the month after your previous coverage ends. For example, if your coverage ends on July 31, your new coverage will begin August 1.

If you do not want or need your benefits in your new province or territory, you must advise us in writing that you want your benefits cancelled.

If you do not advise us within the 60-day deadline that you moved, and cannot provide proof of continuous comparable coverage, you will never again be eligible for EHB and dental benefits through your pension plan.

DUAL COVERAGE

YOUR EHB AND DENTAL PLANS ALLOW DUAL COVERAGE with most other health benefits plans, including the BC Public Service Pension Plan and BC Teachers' Pension Plan voluntary dental plans.

Dual coverage is not allowed between retired members of the BC Municipal Pension Plan. Also, dual coverage is not allowed with the:

- BC Teachers' Pension Plan EHB plan
- BC Public Service Pension Plan EHB plan

CONTACT INFORMATION

Municipal Pension Services

IF YOU HAVE QUESTIONS ABOUT ELIGIBILITY, enrolment or premiums, or if you want to change your personal information (including name, address and spousal status), contact Municipal Pension Services.

Mailing address:

PO Box 9460
Victoria BC V8W 9V8

Phone:

Victoria 250 356-9657
Toll-free in BC 1 866 876-6677
Toll-free in
Canada and U.S. 1 800 663-8823

Fax: 250 953-0431

Web: mpp.pensionsbc.ca

Fair PharmaCare

To register, or for information on coverage, deductibles and eligible expenses, contact Fair PharmaCare.

Mailing address:

Fair PharmaCare Administration
PO Box 9655 Stn Prov Govt
Victoria, BC V8W 9P2

Phone:

Vancouver 604 683-7151
Toll-free elsewhere
in BC 1 800 663-7100

Web:

www.health.gov.bc.ca/pharmacare

Medical Services Plan

To register, or for information on coverage and eligible expenses, contact Medical Services Plan.

Mailing address:

PO Box 9035 Stn Prov Govt
Victoria BC V8W 9E3

Phone:

| | |
|-----------------|----------------|
| Vancouver | 604 683-7151 |
| Toll-free in BC | 1 800 663-7100 |

Web:

www.health.gov.bc.ca/msp

Blue Cross

If you have questions about eligible expenses, coverage or deductibles, or need information on making a claim, contact Blue Cross.

From inside British Columbia

You will need your group and ID numbers when contacting Pacific Blue Cross.

Mailing address:

PO Box 7000
Vancouver BC V6B 4E1

Phone:

| | |
|---|----------------|
| Toll-free in Canada, if you are a resident of BC | 1 888 275-4672 |
| EHB Claims | 604 419-2600 |
| Dental Claims | 604 419-2300 |

Location:

4250 Canada Way
Burnaby BC

Web:

www.pac.bluecross.ca

From outside British Columbia

Mailing address:

Please refer to your Blue Cross identification card for the address of your regional Blue Cross office.

Phone:

Toll-free in Canada, if you reside
in a province other than BC
1 888 873-9200

This number automatically connects you to the Blue Cross office in your area.

Web:

www.bluecross.ca

USING THE BLUE CROSS WEBSITE

CHECK THE BLUE CROSS WEBSITE FOR CURRENT DETAILS of coverage and eligible expenses.

You can view your personal claims and plan information online by registering for CARESnet on the Blue Cross website (available in BC only). To register you will need to provide your group number and ID number (found on your Blue Cross ID card), and you will need an e-mail address so your CARESnet password can be sent to you.