BRITISH COLUMBIA RETIRED TEACHERS' ASSOCIATION

MEMBER BENEFIT PLAN

FREQUENTLY ASKED QUESTIONS

Dear BCRTA Members:

We know that your benefit coverage is important to you. The British Columbia Retired Teachers' Association (BCRTA) has worked with Johnson Inc., a national benefits provider, to develop a voluntary benefit plan available to BCRTA members.

BCRTA and Johnson Inc. want to ensure that members have a clear understanding of their benefit coverage. The following Frequently Asked Questions (FAQs) will assist in answering any questions you may have about the new benefit plans.

FREQUENTLY ASKED QUESTIONS

1. WHAT BENEFIT PRODUCTS ARE OFFERED THROUGH THE BCRTA MEMBER BENEFIT PLAN?

There are a variety of insurance products available to BCRTA members, including:

- **Extended Health Care (EHC)** – 2 annual household drug maximum options (includes Prestige Travel Plan)
- **Dental Care**
- **Travel Coverage** – 3 different plans (EHC with Prestige Travel Plan, MEDOC, and stand-alone Trip Cancellation)
- **Guaranteed Life Insurance**
- **Term Life Insurance**
- **Long Term Care**
- **Critical Illness**
- **Pets Plus Us Pet Insurance**
- **Home Insurance**

2. WHO IS ELIGIBLE TO ENROL IN THE BCRTA-SPONSORED EXTENDED HEALTH CARE (EHC) WITH PRESTIGE TRAVEL PLAN AND DENTAL CARE PLANS?

The following conditions must be met to be eligible for coverage under the BCRTA EHC and Dental Care plans:

- BCRTA member in good standing;
- Vested for benefits in a government-sponsored pension plan;
- Permanent resident of Canada;
- Covered by provincial/territorial healthcare in province/territory of residence (e.g. BC MSP); and,
- Covered by provincial/territorial Pharmacare Plan (e.g. BC Fair PharmaCare).

The spouse of a deceased BCRTA member is eligible if they maintain active membership in the BCRTA.

BCRTA members in good standing may apply for EHC with Prestige Travel Plan coverage within 60 days of terminating group insurance coverage without submitting evidence of good health. Members without group insurance or those applying for EHC with Prestige Travel Plan coverage outside the 60 day eligibility period require medical evidence of insurability and may be declined coverage.

Members applying for Dental Care coverage within 60 days of terminating group insurance are exempt from prorated maximums in the first calendar year.

Note: You must provide proof of enrolment in the Pharmacare Plan in your province/territory of residence (e.g. BC Fair PharmaCare) in order to be covered under the BCRTA EHC with Prestige Travel Plan.

3. I AM RETIRED AND CURRENTLY MEET ELIGIBILITY CRITERIA FOR THIS PLAN. I TERMINATED MY EMPLOYER BENEFIT COVERAGE AND AM CURRENTLY COVERED THROUGH MY SPOUSE'S EMPLOYER BENEFIT PLAN. CAN I JOIN THE BCRTA EHC WITH PRESTIGE TRAVEL PLAN AND/OR DENTAL CARE PLAN WHEN MY SPOUSE'S COVERAGE TERMINATES?

Yes, you can join the BCRTA plan within 60 days of the termination of your spouse's group benefit plan without providing evidence of good health.

If you apply for coverage after the 60-day eligibility period from the date your benefit plan coverage terminated, then evidence of good health will be required, and you may be declined for the EHC with Prestige Travel Plan and will be subject to proration of annual Dental Care limits in the first calendar year of coverage.

4. IF I DO NOT HAVE BENEFITS COVERAGE THROUGH ANY OTHER PROVIDER, CAN I STILL JOIN THE BCRTA EHC WITH PRESTIGE TRAVEL PLAN AND/OR DENTAL CARE PLANS AT A LATER DATE?

Yes, if you currently do not have EHC, Travel or Dental Care benefits coverage through any other provider, you may apply.

Applications received after the 60-day eligibility period upon losing group benefit coverage are considered Late Applicants and will be subject to medical evidence of insurability. Members who currently do not have benefits coverage through any other provider are able to apply for BCRTA's EHC with Prestige Travel Plan benefit coverage, but may be declined coverage based on their medical history.

Late Applicants for the Dental Care plan will be subject to prorated annual benefit limits for the first calendar year.

5. MY DECEASED SPOUSE WOULD HAVE MET THE ELIGIBILITY CRITERIA FOR THE BCRTA EHC WITH PRESTIGE TRAVEL PLAN. AM I ELIGIBLE TO JOIN THE PLAN AS A SURVIVING SPOUSE?

Yes, you can join the BCRTA EHC with Prestige Travel Plan if your spouse would have met the eligibility criteria and you maintain BCRTA membership in good standing.

If you apply for coverage after the 60-day eligibility period from the date your group benefit plan coverage terminated, then evidence of good health will be required, and you may be declined for the EHC with Prestige Travel Plan.

6. MY 24 YEAR OLD DAUGHTER LIVES WITH ME. CAN SHE BE COVERED AS A DEPENDENT?

A child up to their 25th birthday will be considered a dependent if in full-time attendance at an accredited school, college or university and dependent on the member for support. This includes students attending school outside their normal Province of Residence. Proof of enrolment will be required.

Mentally or physically handicapped children are eligible for coverage at any age provided they are incapable of self-sustaining employment and are wholly dependent upon the member for support and maintenance.

7. HOW DO I SUBMIT MY CLAIMS?

Extended Health Care & Dental Care:

All members will be supplied with a wallet card which allows service providers to submit electronic claims on your behalf. Present your wallet card to participating pharmacists, dentists, chiropractors, physiotherapists, opticians, optometrists, massage therapists, acupuncturists and other providers. Johnson Inc. will be invoiced for eligible expenses and you will only be asked to pay the remaining portion.

***Note**: The wallet card only works for healthcare providers who have signed up to participate in the Telus eClaims system.*

In the event an electronic submission cannot be made, please pay for the purchase or service and submit the original receipt(s) for reimbursement to Johnson Inc. using your personalized claim form.

For additional information on the claims submission process, please see the Certificate of Insurance documents or the Claims Submission FAQs document located at www.johnson.ca/bcrta

Prestige Travel:

In the event of a medical emergency, Contact your Emergency Assistance Help Line – SIGMA ASSISTEL. You must **ALWAYS** call Sigma Assistel before you seek emergency medical treatment, in the event of a Trip Cancellation claim prior to departure, or a Trip Interruption post departure. If you are unable to call because you are medically incapacitated, someone else (such as a relative, friend, nurse, physician or medical provider) must contact Sigma Assistel on your behalf as soon as is reasonably possible.

At first onset of symptoms of a medical emergency and before you seek medical attention, contact the 24-hour Sigma Assistel Centre. Immediate contact to Sigma Assistel is necessary to ensure expenses are covered. Call the following numbers on your Wallet I.D. card, any time of day or night:

SIGMA ASSISTEL
Canada/USA (Toll Free): 1-877-775-3695
Other Countries (Call Collect): (514) 875-3695
Or Fax: (514) 875-7729

8. MY PHARMACY AND HEALTHCARE PROVIDERS CANNOT SUBMIT MY CLAIMS ELECTRONICALLY. HOW CAN I CHANGE THIS?

On the back of your wallet card, there is contact information for your pharmacy should they have any questions or concerns regarding electronic submission of prescription drugs. At this point, Johnson Inc. can assist them with any error that may be occurring or instruct them on how to sign up to do electronic invoicing with Johnson Inc.

Plan members can ask their healthcare providers directly if they are a part of the Telus eClaims system, or they can find the information online at **www.telushealth.com/solutions-for-consumers**. Just submit your postal code for the nearest providers using eClaims. If your healthcare provider is not yet set up with eClaims and would like to be, they can visit the website **www.telushealth.com/eclaims** or contact them direct at 1-866-240-7492.

For additional information on the claims submission process, please see the Certificate of Insurance documents or the Claims Submission FAQ document located at www.johnson.ca/bcrta.

9. WHAT DRUGS ARE COVERED UNDER THE BCRTA EXTENDED HEALTH CARE (EHC) DRUG BENEFIT OFFERED WITH THE PRESTIGE TRAVEL PLAN?

The BCRTA EHC with Prestige Travel Plan will reimburse prescription drugs included only in the BC Provincial Formulary (i.e. PharmaCare) subject to PharmaCare low cost alternative (LCA) and reference drug program (RDP) pricing. Eligible drugs are comprised of:

- Drugs, sera and injectables, and compounds/mixtures which by law require a prescription from a physician, dentist or practitioner legally qualified to prescribe, and dispensed by a licensed pharmacist.
- Non-prescription drugs (which have a Drug Identification Number) required as a result of colostomy or ileostomy and/or treatment of cystic fibrosis, diabetes, heart disease or Parkinson's. For example, drugs required for heart disease would include ASA 81 mg. Medical supplies are also covered for the same conditions (e.g. lancets, test strips, syringes).

Limitations and restrictions:

- $10 dispensing fee cap and 8% mark-up limit per prescription filled.
- Maximum allowable supply is 100 days. Members taking an extended vacation can obtain up to a total 200 day supply by completing a Vacation Supply form.

10. UNDER THE EHC WITH PRESTIGE TRAVEL PLAN (EHC), WHAT ARE THE DIFFERENCES BETWEEN PLAN 1 AND PLAN 2 UNDER THE EHC PRESCRIPTION DRUG PLAN OPTIONS?

Plan 1 and **Plan 2** are based on the age of the BCRTA member and/or their spouse, and provide Extended Health Care coverage that differs in annual household drug benefit maximums.

- **Plan 1** – This plan is selected if **either** the BCRTA Member **or** their spouse was born in 1939 or earlier.

  Under this plan, members can choose one of two (2) annual calendar year drug maximums for their prescription drugs to be covered at 80%:

  - **Drug Option A**: $1,200 per household
  - **Drug Option B**: $2,500 per household
    - Drugs are covered at 80% of the first $1,500 household out-of-pocket expenses, and then 100% up to a combined total of $2,500 per calendar year.

- **Plan 2** – This plan is selected if **both** the BCRTA Member **and** their spouse were born in 1940 or later.

  Under this plan, members can choose one of two (2) annual calendar year drug maximums for their prescription drugs to be covered at 80%:

  - **Drug Option A**: $1,500 per household
  - **Drug Option B**: $3,500 per household
    - Drugs are covered at 80% of the first $1,500 household out-of-pocket expenses, and then 100% up to a combined total of $3,500 per calendar year.

11. UNDER THE PRESTIGE TRAVEL PLAN'S EXTENDED HEALTH CARE BENEFIT OPTION, IF I ELECT TO PARTICIPATE IN DRUG OPTION B (OF EITHER PLAN 1 OR PLAN 2), IS THERE ANY MINIMUM PARTICIPATION PERIOD APPLICABLE?

You can move up to **Drug Option B** EHC plan (household calendar year drug maximum of $2,500 for **Plan 1** and $3,500 for **Plan 2**) at any time. You would have to provide the difference in premium to cover the upgrade starting the effective date of the change. Coverage would be made effective the first of the month following the request to upgrade. All members enrolled in **Drug Option B** plan must participate for at least 24 months from the effective date of coverage before moving back down to **Drug Option A** (household calendar year drug maximum of $1,200 for **Plan 1** and $1,500 for **Plan 2**). Any new participant may elect the **Drug Option B** EHC plan when they first enrol.

12. WHAT IS PHARMACARE? WHY DO I HAVE TO BE ENROLLED IN MY PROVINCIAL/TERRITORIAL PHARMACARE PROGRAM TO BE ELIGIBLE FOR THE EHC WITH PRESTIGE TRAVEL PLAN?

Generally, government plans are first payer and private plans are second payer of supplementary health and drug benefits.

Pharmacare (e.g. Fair PharmaCare in British Columbia) is a government subsidized drug benefit program for eligible residents and financially assists those that are critically affected by high prescription drug costs. Coverage is based on total family income and the amount that family pays for eligible prescription drugs. Each year, Pharmacare enrollees are required to pay a portion of the cost of their eligible prescription drugs (the "Pharmacare deductible"), before subsidization takes effect. The program then sets an appropriate deductible based on the family's adjusted family income.

The BCRTA EHC with Prestige Travel Plan requires that members enrol in their province's/territory's Pharmacare Program (where available) to ensure that members are receiving full coverage. It allows members to get the most from their supplemental health insurance plans before reaching the annual drug maximum.

Note: BCRTA members who have not enrolled in their provincial/territorial Pharmacare plan will have their claim rejected by Johnson Inc.

13. I NEED TRAVEL COVERAGE, BUT DO NOT WISH TO JOIN THE BCRTA EXTENDED HEALTH CARE PLAN. AM I ABLE TO JOIN ONLY THE PRESTIGE TRAVEL PLAN?

The Prestige Travel Plan is only available in conjunction with the Extended Health Care (EHC) benefit. However, BCRTA members can enrol in the MEDOC Travel Insurance Plan without enrolling in the EHC plan. A stand-alone Trip Cancellation / Interruption Plan is also available for members who already have third-party emergency medical travel insurance and wish to add annual trip cancellation, or increase their existing trip cancellation coverage.

14. WITH BCRTA OFFERING THREE TRAVEL PLANS, WHICH ONE DO I APPLY FOR?

The best BCRTA Travel Plan for you to apply for depends on your health and travel needs. Below is a summary of benefits:

1. **EHC with Prestige Travel Plan:**

   - The Prestige Travel plan covers multiple annual trips up to **62 DAYS** duration (per trip) with a lifetime maximum of $2,000,000 coverage for **SUDDEN AND UNFORESEEN** eligible emergency medical travel expenses.

- Provides trip cancellation / interruption coverage for up to $6,000 per insured, per trip.
- Supplemental trip extension coverage is available for purchase for trips lasting longer than 62 days.

2. MEDOC Travel Plan:

- This Plan is attractive for those who travel for shorter durations with a Base Plan that covers multiple trips up to either (1) **17-DAYS** per trip, or (2) **35-DAYS** per trip.

  Note: *If you are in the Base 17-day plan and your trip goes past this duration, you will then move into the 35-day plan.*

- Supplemental coverage available to purchase (in addition to the Base Plan) for single trips longer than 35 days.
- Guaranteed issue (with short health questionnaire) regardless of age, health status, or date of application.

  Note*: It is important that you provide accurate and complete medical history on your applications and medical questionnaires. If you have questions about your health or medical history while completing your questionnaire, you should consult with your doctor.*

- Coverage includes:
  - Up to $5,000,000 of eligible expense emergency medical coverage (subject to **90 DAY STABILITY PRIOR TO DEPARTURE**);
  - Up to $8,000 of non-refundable expenses for trip cancellation / interruption insurance per insured person, per trip (subject to a 90 day stability clause before booking); and,
  - $1,500 per insured ($3,000 per family) of Baggage and Personal Effects benefits.

3. Stand-Alone Trip Cancellation / Interruption & Baggage:

- For Members who already have third-party emergency medical travel insurance, but wish to add annual trip cancellation, or increase their existing amount of annual trip cancellation coverage.
- Covers up to $6,000 per insured **PER YEAR** for trip cancellation before departure and trip interruption after departure.
- Up to $1,000 for baggage and personal effects.

15. WHAT IS THE DEFINITION OF "SUDDEN & UNFORESEEN" IN RELATION TO TRAVEL EMERGENCY MEDICAL COVERAGE?

Prestige Travel Plan:

An emergency under travel coverage is defined as any sudden and unexpected illness or injury which takes place during an insured trip and requires immediate medical treatment by a licensed Physician, Nurse Practitioner, Dentist or Dental Surgeon. The "sudden and unforeseen" aspect translates into the sudden onset of a medical condition, manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could result in:

a) Permanently placing the individual's health in jeopardy;

b) Serious impairment to bodily functions;

c) Serious impairment and dysfunction of any bodily organ or part; or

d) Other serious medical consequences.

Immediate contact to your travel insurance provider (Sigma Assistel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan's 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

MEDOC Travel Plan:

The MEDOC plan covers reasonable and customary expenses arising from a medical emergency up to the plan's specified maximum of $5,000,000 per insured per illness/injury. A medical emergency is defined as any **SUDDEN AND UNFORESEEN** illness or injury that occurs while on a trip and makes it necessary to receive immediate medical treatment from a licensed physician, dentist or dental surgeon or to be hospitalized. An emergency ends when the illness and/or injury has been treated such that your condition becomes stable, as determined by your attending physician, and the emergency has ended.

***Note**: MEDOC does not cover pre-existing conditions incurred directly or indirectly as a result of a medical condition or related condition (other than a minor ailment), if in the 90 days before your day of departure or day of booking, that medical condition or related condition was not stable. In other words, the plan will not cover any medical conditions that were not deemed "stable" by your health care professional within 90 days of trip departure.*

Immediate contact to your travel insurance provider (Global Excel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan's 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

16. I AM PLANNING A TRIP NEXT WEEK. AM I ABLE TO GET TRAVEL COVERAGE? HOW MUCH LEAD TIME IS NECESSARY TO SET-UP MY POLICY? WHEN DOES MY COVERAGE TAKE EFFECT?

1. **Prestige Travel Plan:**

   Coverage begins the day after existing group coverage terminates*, or the date the insurer **APPROVES** your application if you are a Late Applicant. (*Members can apply for coverage earlier, however they must provide a letter advising us that they would like the EHC with Prestige Travel Plan to commence prior to their termination date as they require travel plan coverage.)

   Trip Cancellation/Interruption and Delay coverage is effective even if you have booked a trip prior to enrolling in the Prestige Travel Plan. However, coverage is only effective if you are unaware of any known reason why you would need to use coverage at the time you book your trip.

2. **MEDOC Travel Plan:**

   Coverage begins the day Johnson Inc. **RECEIVES** your application. Coverage details can be sent to members immediately by fax or email, and hard-copies of the documents are sent out via regular mail the day applications are processed. Please note Canada Post can take up to two (2) weeks to deliver mail throughout Canada.

   For a trip to be covered under the Trip Cancellation portion of the plan, MEDOC coverage must be in effect on the day of booking your trip or purchased:

   a) Within 5 business days of booking your trip or

b) Prior to any cancellation penalties being charged for that trip.

3. Stand-Alone Trip Cancellation:

Coverage is effective the date applications are **RECEIVED** in the office. At the time of booking, members must indicate they know of no reason for them, family member, or travel companion to seek medical attention and that their travel companion and their self are deemed fit to undertake and complete any covered trip as booked.

There is a 90 day pre-existing and a 12 month clause under this plan for anyone over the age of 60. This also applies to the insured member's immediate family member, travel companion(s), travel companion's immediate family member, or the host at destination.

If you have questions about applying for travel coverage, please contact the plan administrator, Johnson Inc.

17. I AM GOING TO ARIZONA FOR THE WINTER. CAN I CANCEL MY BCRTA EHC WITH PRESTIGE TRAVEL PLAN COVERAGE WHILE I AM IN ARIZONA, AND ENROL WITHOUT EVIDENCE OF GOOD HEALTH UPON MY RETURN TO CANADA?

If you cancel your BCRTA coverage and subsequently wish to re-enrol into the plan, you will be required to submit evidence of good health, for the EHC with Prestige Travel Plan, and you may be declined coverage.

18. I AM COVERED UNDER THE PRESTIGE TRAVEL PLAN AND HAVE HAD A MEDICAL EMERGENCY. I CONTACTED THE TRAVEL PROVIDER WHO INFORMED ME THAT I NEED TO SEEK TREATMENT AT A FACILITY OUTSIDE OF WHERE I'M STAYING. ARE THESE TRANSPORTATION EXPENSES COVERED UNDER MY TRAVEL EMERGENCY MEDICAL PLAN?

Yes, if a medical emergency calls for transportation, then an ambulance (or air transportation in rural areas) would be covered under the Prestige Travel Plan. In certain situations a taxi or other transport **MAY** be required. It should be noted that a member should **NOT** use a taxi if a medical situation is serious. Submitting a taxi receipt may result in the transportation expense claim being denied. However, Sigma Assistel will review each claim on a case-by-case basis. The Certificate of Insurance states that transportation charges will be reimbursed for:

Licensed ground or air ambulance to the nearest medical care facility in which the required treatment can be provided, subject to a limit of one return trip.

ALL TRANSPORTATION MUST BE PRE-APPROVED AND ARRANGED BY SIGMA ASSISTEL CANADA.

19. HOW DO MY MONTHLY PREMIUMS CHANGE IF I JOIN ANY OF BCRTA BENEFIT PLANS MID-YEAR?

EHC with Prestige Travel Plan & Dental Care Plan:

The EHC with Prestige Travel Plan and Dental Care Plan premiums are paid monthly and remain consistent throughout the plan year, regardless of when you join. Please note that if you choose to leave the EHC with Prestige Travel Plan and wish to re-enrol at a later date, you will be required to provide medical evidence of good health, and may be declined coverage.

MEDOC Travel:

The MEDOC plan is also an annual policy with pro-rated premiums that are paid in equal monthly installments for first year applicants. Please note that if you elect to cancel the MEDOC plan, and re-enrol prior to the next renewal year,

rates will NOT be pro-rated and you will be responsible for the full year's premium. If you choose to cancel the plan and re-enrol in a different renewal year, premiums will be pro-rated again.

***Note**: MEDOC requires the accurate completion of a Health Questionnaire at application and each annual renewal in September to determine rates.*

FOR MORE INFORMATION ON THE INSURANCE COVERAGE AVAILABLE TO BCRTA MEMBERS, PLEASE CONTACT:

JOHNSON INC. - SERVICE DEPARTMENT
Toll Free: 1-866-799-0000
Telephone: (604) 881-8840
Email: pbservicewest@johnson.ca
7:30 a.m. to 4:30 p.m. PST, Monday through Friday.