



BENEFITS INFORMATION

This booklet contains important information regarding your benefits. Please read it carefully and keep it for your records.

August 1, 2023

The UFCW Local 247 Benefit Trust Fund operates the following benefits, for UFCW Twenty Four Seven members who work for participating Employers:

**Dental Care / Prescription Drugs / Vision Care
Extended Health Care / Death Benefit**

This booklet briefly summarizes the coverage, but it does not confer any contractual or other rights. The Trustees have full authority to resolve all questions about the administration of the benefits, and from time to time, to increase or decrease benefits.

The benefits are financed from a Trust Fund into which employer contributions are made. The amount and the timings of those contributions are specified in Collective Agreements between the Union and the Participating Employers. In turn, the records of Contributions are the basis upon which Employees become plan members.

The Trust Fund is governed by a joint board of Employer and Union Trustees, who control every aspect of the Trust Fund and the plan.

Everyone has the right to refuse to disclose personal information, or to withdraw it from use by the plan. Doing either of those things however, may hamper or preclude the payment of Benefits for the Plan Member who chooses that option, and/or the related Dependents. Therefore, the consequences of refusal or revocation of personal information should be understood before either action is taken.

Personal information on plan members and their dependents, is stored with the utmost attention to security. As well, it is used carefully and sparingly to fulfill only the requirements of the plan and related laws.

Dissatisfaction with the storage or use of personal information should be reported to the Administrator. If that proves to be unsatisfactory, you should send a letter to the Board of Trustees, or with the appropriate outside authority.

If you have any questions, once you've read the booklet, contact the Administration Office.

WHAT YOU SHOULD KNOW...

Eligibility for / Termination of Coverage

You must be a UFCW Local 247 member employed by a participating employer and have worked for three (3) consecutive calendar months, not counting the month in which you started. Your coverage will terminate when you are no longer eligible or on your employment termination date (last day worked).

Spouses/Dependants

“Spouse” is a legal spouse, or a person living with a member for a period of at least 6 continuous months and represented as their spouse or partner.

“Dependant” is defined as your natural child, legally adopted child, stepchild or other child who is under 21 years of age, living with and dependent upon you for support, or under 25 years of age, attending a full time course of education at a recognized school, college or university and dependant upon you for support.

Continuation of Benefits

If you are on an approved Leave of Absence with your employer for any reason, your benefits will continue for 3 months from the day you start your leave provided you had qualified for coverage before going on said leave. If you have not returned to work after 3 months, your coverage will be suspended until you return to work. Therefore, you will not be covered/reimbursed for any expenses after the first 3 months.

If you are absent from work due to illness or injury, your benefits will continue for 3 months from the date of your illness or injury. If you have not returned to work after 3 months, your death benefits (only) will continue until you reach age 65 or your employment ceases. Sufficient evidence of your continued disability must be received by the Plan after 3 months and at least annually thereafter.

If you are absent from work due to a maternity leave, your benefits will continue for up to 17 weeks from the day you start your leave, provided you had qualified for coverage before going on said leave. For parental and adoption leave, your benefits will continue for up to 61 weeks from the day you start your leave, provided you had qualified for coverage before going on said leave. If you combine maternity and parental leave, you will be covered for a maximum of 78 weeks from the week of your child's birth or adoption.

Submitting Claims

In order to claim any benefit described in this booklet, you must complete a registration card. You also need to complete the appropriate forms. Registration cards and claim forms are available at the Administration Office.

Signed forms are required for dental claims. Please ensure all personal information is accurate before signing claim. For prescription drugs reimbursement, you will

need to attach, to the signed claim form, the official BC Pharmacare receipt(s). Cash register receipts are not acceptable and will not be returned. For vision care reimbursement, you will need to attach to the claim form, the original itemized receipt. All claim forms can be mailed or dropped off at the Administration Office (see back page for mailing addresses).

Please keep the Administration Office updated on your current address.

Claim forms are available at www.ufcw247.com/your-benefits or by calling the administration office. Receipts that are received over 18 months from the purchase date will **not** be covered.

Contributions to the Benefit Trust

The Employer will remit contributions to the Benefit Trust for all hours worked, vacation, general holiday, sick days, jury duty, bereavement leave, paid time off for negotiations, up to a maximum of 37 hours per week. Note that overtime hours are not included in determining eligibility.

SUMMARY OF COVERAGE

For more details on coverage, please see Program information.

DENTAL CARE

Group “A” members are covered for a maximum of \$1,000 per calendar year. A \$25.00 annual deductible will apply.

Coverage includes 100% Routine/Basic dental care and 50% of eligible bridgework for members only.

Group “B” members are covered for a maximum of \$2,000 per family member, per calendar year. A \$50.00 maximum family deductible will apply.

Coverage includes 100% Routine/Basic dental care and major restorative care for members and their dependants, and 50% of eligible bridgework.

PRESCRIPTION DRUGS (GROUPS A & B)

\$2,000 per calendar year for members only.

VISION CARE (GROUPS A & B)

\$250 in a 24 month period from the date of purchase for members only.

Coverage includes basic prescription lenses & frames, prescription contact lenses, prescription sunglasses, tints, anti-reflective coatings and eye examinations.

Fitting fees are NOT covered.

EXTENDED HEALTH CARE (GROUPS A & B)

Members only are covered for Chiropractic treatments, to a maximum of \$300 per calendar year, and Physiotherapy and Massage Therapy treatments, to a combined maximum of \$300 per calendar year. All benefits must be provided by practitioners registered with the applicable Provincial Association.

DEATH BENEFIT (GROUPS A & B)

\$10,000 to be paid to your named beneficiary(ies).

DENTAL CARE

If you work less than 128 hours in each of 3 consecutive 4 week pay periods, you will be covered under Group “A”. If you work more than 128 hours each of 3 consecutive 4 week pay periods, or are a full-time employee on a modified work plan due to disability, you, your spouse and your eligible dependants will be covered under Group “B”.

If you have less than 128 hours in 3 consecutive 4 week pay periods, you will disqualify for Group B coverage and become eligible for Group A coverage. It is important, therefore, that you keep track of your hours.

If you or your dentist wish to verify your coverage, call the Administration Office at 604.945.7607.

All benefit payments are based on the procedures in the Dental Fee Guide approved by the Board of Trustees. As of July 1, 2023, the Board of Trustees have approved the use of the 2023 BC Dental Association Suggested Fee Guide. Please note that a dentist or specialist might charge over and above the 2023 fee guide, which will not be covered.

If you are considering a dental treatment under Major Restorative Care, a pre-authorization must be submitted (including x-rays). It is strongly recommended that you have your dentist submit a pre-authorization for proposed claims over \$300, in writing, to the administration office, who in turn will let you know exactly what is covered. By doing so, you will avoid unnecessary treatment or excessive charges, that may not be covered by this plan.

Please note that dental work done for purely cosmetic reasons, orthodontic treatments, implants, and charges for missed appointments or for the completion of claims forms, along with various other procedures, are not covered by this plan.

Routine/Basic Dental Care are charges made by the Dentist for the following:

- ▶ oral exams, including cleaning*, scaling and/or root planing (total of 9 units combined per calendar year);
- ▶ dental x-rays, fillings, root canals and extractions (some limitations may apply);
- ▶ topical applications of sodium or stannous fluoride;
- ▶ anaesthesia and oral surgery;
- ▶ antibiotic drug injections;
- ▶ space maintainers (primary teeth);
- ▶ repair, resurfacing or recementing of crowns, inlays, onlays or bridges
- ▶ eligible bridge work is covered at 50%;
- ▶ repair, relining or rebasing of dentures.

* cleanings are covered once every 6 months to the exact day

Major Restorative Care are charges made by the Dentist for the following:

- ▶ The addition of teeth to an existing denture, if required for the placement of one or more natural teeth extracted while you are covered by this plan;
- ▶ The preparation and installation of partial or full, removable dentures, which replace one or more natural teeth, extracted while you are covered by this plan, including adjustments that occur more than 3 months after installation;
- ▶ The replacement of an existing partial or full, removable denture if it was installed 5 or more years before and cannot be made serviceable;
- ▶ The replacement of temporary full dentures, which replaces one or more natural teeth extracted while you have been covered by this plan, provided it is replaced by a permanent denture having been first installed;
- ▶ Crowns, inlays, onlays and gold fillings;
- ▶ 50% of the charge for eligible bridge work.
- ▶ Periodontal Treatment

DENTAL EXCLUSIONS

- Treatment other than by a Dentist, Dental Assistant, Dental Hygienist, Dental Mechanic or Dental Surgeon, licensed in Canada.
- Appliances to increase vertical dimension or restore occlusion
- Mouth guards, night guards or protective athletic appliances.
- Crowns and restorations, except those listed
- House calls
- Training and supplies used for personal oral hygiene, or dietary or nutritional counseling
- Plaque control programs
- Rental of operating room facilities, other than in a hospital, required for oral surgery
- Dentures which have been lost, mislaid, or stolen, unless the denture was at least 5 years old at the time it was lost, mislaid, or stolen, or the Plan had not made reimbursement for it during the last 5 years
- Stainless steel crowns on permanent teeth
- Orthodontic treatment
- Full mouth reconstruction
- Direct Fluorescence Visualization
- Preventative Restorative Resin.

PRESCRIPTION DRUGS

The prescription drug reimbursement plan is for all members. There is no coverage for a spouse or dependant. It entitles you to receive up to \$2,000 per calendar year reimbursement on your purchases of eligible prescription drugs.

Prescriptions purchased at Real Canadian Superstores, Wholesale Clubs, and Extra Foods Stores, will be reimbursed at 100% of the cost up to the yearly maximum. If the prescriptions are purchased elsewhere, you will be reimbursed at 70% of the amount paid, up to the yearly maximum.

Charges are covered for drugs prescribed by a licensed doctor (MD) or licensed dentist and dispensed by a registered pharmacist, that are not obtainable except by prescription. Vaccinations and immunizations are also covered but only when prescribed for preventative treatment of communicable diseases. Insulin and diabetic supplies are also covered. A maximum reimbursement of 3 months supply applies for eligible contraceptives at any given time.

Charges are not covered for vitamins, contraceptives (other than oral, transdermal patch, Depo Provera, NuvaRing, and Intra Uterine Devices including the related placement fee), drugs which have no therapeutic value, dietary food/supplements, smoking cessation aides, hair growth drugs, sexual dysfunction and fertility drugs. No coverage for drugs dispensed outside of Canada.

VISION CARE

The Vision Care plan is for all members. There is no coverage for a spouse or a dependant. It entitles you to receive up to \$250 in a 24-month period from the date of purchase.

This plan reimburses you for prescription lenses and/or frames, combined, prescription contact lenses or prescription sunglasses. Anti-reflective coatings, tints and eye examinations are covered.

Any charges for fitting fees are not covered.

EXTENDED HEALTH CARE

The Extended Health Care plan is for all members. There is no coverage for a spouse or a dependant. It entitles you to receive up to \$300 per calendar year reimbursement for Chiropractic treatments, and \$300 per year reimbursement for Physiotherapy and Massage Therapy treatments combined. All benefits must be provided by practitioners registered with the applicable Provincial Association.

DEATH BENEFIT

The Death Benefit is for all members. There is no coverage for a spouse or a dependant. In the event of your death, an amount of \$10,000 will be paid to your named beneficiary(ies) as recorded on the Benefit Registration Card. You are entitled to this benefit, as long as you are actively employed by a participating employer of this plan or on illness or injury leave.

It is essential for you to complete a Benefit Registration Card (available at the Administration Office – see back page), naming your beneficiary(ies). If you do not name a beneficiary(ies), the Death benefit will be paid to your Estate.

The Death Benefit is insured through Manulife Financial.

This booklet contains important information.
It should be kept in a safe place.

This plan is underwritten by:



Benefits Administration Office:

PBAS

103 - 14936 32 Avenue

Surrey BC V4P 3R5

Tel: 604.945.7607

Toll Free: 1.800.663.7977

Fax: 604.945.7657

Email: 247benefits@pbas.ca

Union Office:

UFCW Local 247

200-14936 32 Avenue

Surrey BC V4P 3R5

Tel: 604.535.UFCW

Toll Free: 1.800.667.2205

Fax: 604.535.6976

Website: www.ufcw247.com/your-benefits

Pension Office:

PBAS

Toll Free: 1.888.811.7227

Email: calgary@pbas.ca

Website: www.ccwipp.ca