

How do I use my benefit card?

BENEFIT TRUST FUND

Your benefit card allows your provider to submit claims electronically on your behalf, without the need for you to mail in a claim. Your benefit card should be presented to your provider, in order for them to access the electronic pay-direct system and have your claim processed immediately. Your provider will advise you of any amount owing, if applicable.



Setup procedure for your pharmacy

For electronic processing of prescriptions, your pharmacy will require the 9 digit Certificate ID number that is found on the front of the benefit card. This is the number that they will enter into the "Client ID" field. MDM does not require a carrier number or a group policy number, however, should your pharmacy's software require an entry in that field; advise the pharmacist to enter 1000. Your pharmacist may need to contact their software provider in order to confirm which processing code they have assigned to MDM.

Note: Your pharmacist can call the pharmacy support telephone number on the back of your benefit card should they require assistance with a claim or for a walk through of processing your first MDM claim.

Setup procedure for your dental office

Your dental office can submit claims electronically by adding PBAS to their system:

Add: PBAS

Network: Modern Users – CSI

ASYNCR Internet Users – ITRANS

Carrier Code: 610256

CDAnet Version: 4

Group Number: 247

Certificate Number: Member ID on card (up to 9 digits)

Transaction Types: Claim, Predetermination, Request for Outstanding Transaction

Accept Window: 30 Days

Setup procedure for your health practitioner

Your vision, physiotherapy, chiropractor or massage therapy practitioners can register for the PBAS Health Provider Portal using the following steps:

1. Visit provider.pbas.ca
2. Select "Register" and enter email and password.
3. Complete the registration and submit.

Once approved, your health practitioner will be able to submit your claims electronically. This registration is usually confirmed in one business day.

Please note that, if your health practitioner has not registered with PBAS, you will need to manually submit the related benefit expense incurred to PBAS for reimbursement of eligible claims.

Questions & Answers

Are there any changes to my Plan or coverage levels?

There has been no change to your Plan. The Board of Trustees is simply making the Plan easier to use by introducing a pay-direct drug and dental card.

How do I submit claims?

We encourage members to use their benefit card at the pharmacy, dental clinic, and extended health care providers for speedy and effective claims processing.

If you choose to pay directly for any service, you may submit your claim manually to PBAS with receipts using the following methods.

Via email: 247benefits@pbas.ca

Via Fax: (604) 945-7657

Via mail:

318B-2099 Lougheed Highway
Port Coquitlam, BC V3B 1A8

Where can I find a claim form?

Claim forms can be downloaded on mypbas.pbas.ca/ufcw247claimform or ufcw247.com. Alternatively, you can contact us at the information listed above to request a claim form.

Can I assign payment to my provider?

Your plan allows assignment of benefits to your provider. You must confirm with your provider that they will accept assignment, or suggest that they register as an approved provider at provider.pbas.ca. We can assist with setting up your health providers onto the PBAS Provider Portal, so they can submit claims electronically for processing.

If I mail my claims, can I sign up for direct deposit?

Yes, just visit mypbas.pbas.ca/ufcw247directdepositform or ufcw247.com to download a copy of the direct deposit form. Submit the completed form and a void cheque with your next mailed claim form.



Questions?

If you have any questions, please contact our team

Email: 247benefits@pbas.ca Phone: (604) 945-7607 Toll free: (800) 663-7977