TEACHER, TTOC, AND ALLIED SPECIALIST BENEFIT PLAN - FAQs

1.0 What coverage is available?

For detailed benefit information including coverage summaries, eligibility requirements, and deadlines, please visit the following websites:

Dental and Extended Health	www.bcpseabenefits.ca
Life Insurance (Plan A)	https://bctf.ca/uploadedFiles/Public/SalaryBenefits/PlanA.pdf
Application Forms	https://www.sd61.bc.ca/payroll-and-benefits-gvta/

2.0 When am I eligible?

2.1 Initial Eligibility

Teachers and ASAs, in temporary and/or continuing contracts are eligible for benefits as of their first day/shift worked with the district.

Teachers and ASAs in an assignment or accumulated assignment equal to or greater than 0.5 FTE: are eligible for Extended Health Care, Dental, and Life, with the Board contributing to the cost when they receive an assignment or accumulated assignment equal to or greater than 0.5 FTE. and they are actively at work. (See Section 4)

- The Board shall contribute 75% of the cost of Extended Health, when the Teacher contributes 25% of the cost.
- The Board shall contribute 80% of the cost of Dental, when the Teacher contributes 20% of the cost.
- The Board shall contribute 50% of the cost of Basic Life Insurance, when the Teacher contributes 50% of the cost.

Teachers and ASAs in assignments less than 0.5 FTE: are eligible to purchase Extended Health Care, Dental, and Life, at full cost when they receive an assignment or accumulated assignment of less than 0.5 FTE.

Teachers Teaching-on-Call: Teachers Teaching-on-Call are eligible as soon as they have their first shift with the district, subject to plan limitations, to purchase Extended Health Care and Dental at full cost once actively at work. Eligibility requirements must be met each year.

2.2 Ongoing Eligibility

Teachers and ASAs already enrolled with active benefits, whose assignment or accumulated assignments is/are subsequently reduced to below 0.5 FTE shall continue to receive coverage with Board contributions.

Teachers and ASAs who enrolled with less that 0.5 FTE who then receive assignment(s) greater than 0.5 FTE will be switched to the board shared rate of premiums.

TEACHER, TTOC, AND ALLIED SPECIALIST BENEFIT PLAN - FAQs

2.3 Changing Between Teacher and TTOC Divisions

TTOCs can apply or transfer to the Teachers division when they meet the eligibility requirements for the Teachers and ASAs division as described above.

Teachers with contracts ending will be eligible to apply or transfer to the TTOC division within 31 days of the end of their contracts provided they are actively working (work a shift) as TTOCs.

Those with contracts ending June 30th will have coverage until September 30th and will have 31 days from September 30th to apply or transfer to the TTOC division, provided they have been dispatched as a TTOC in September.

3.0 Are my dependents eligible for coverage?

Dependents are eligible for coverage without restriction provided they apply when first eligible. If they apply later, they must apply as a Late Applicant (see Section 6 of this document for further information).

The eligibility date for a spouse is the later of:

- the date of marriage
- for a common-law spouse, the date the cohabitation period of 1 year is met.
- the date the employee becomes eligible for coverage.
- the date similar coverage under another plan terminates if the spouse did not apply for duplicate coverage when otherwise eligible.

The eligibility date for a dependent child is the later of:

- the date of birth
- the date the child becomes a dependent of the employee.
- the date a spouse becomes eligible, in the case of the spouse's children.
- the date the employee becomes eligible for coverage.
- the date similar coverage under another plan terminates if the child did not apply for duplicate coverage when otherwise eligible.

4.0 When should I apply for coverage?

Applications should be submitted to benefits@sd61.bc.ca as soon as you are eligible as described in Sections 2 and 3. **If you are not applying for benefits you must complete a waiver of coverage form.**

Applications and other forms can be found at: https://www.sd61.bc.ca/payroll-and-benefits-gvta /.

An employee and /or dependent that does not apply when eligible will be required to apply as Late Applicant if they wish to apply later. As a Late Applicant they may face restrictions in coverage. To avoid a Late Applicant status, please apply within these Carrier deadlines:

- Extended Health Care and Dental: **within 31 days of eligibility** date and not more than the grace period of within 4 months of the eligibility date.
- Basic Life Insurance: **within 31 days** of the eligibility date.

TEACHER, TTOC, AND ALLIED SPECIALIST BENEFIT PLAN - FAQs

4.1 Conditions

- You must be actively at work (have physically worked a shift) to apply for coverage, and you must be employed and actively at work for the initial period of coverage.
- Summer is a period of inactivity, and you may not enroll or have an effective date over the summer months.
    - Exception: addition of eligible dependents to an existing member due to birth, marriage, or blended family.
- Those who become eligible for coverage between March and May must submit their applications before June 15th of the school year that they became eligible for coverage, as the requirement to be actively at work supersedes the 4-month grace period and to allow time for processing.
- Those who become eligible for coverage as of June (have had a shift in June) and who have an assignment extending into September, or who will be starting a new assignment in September, can apply their first shift worked in September for coverage that will start September 1st.
- Those who become eligible in July, August, or September can apply after their first shift worked in September for coverage that will start October 1st.

If applying due to a loss of other benefit coverage, please see Section 7 of this document.

5.0 When does coverage start?

Employee coverage for Extended Health and Dental begins the 1st of the month following the first day worked once eligibility requirements, outlined in Sections 2, 3, and 4, of this document have been met.

If your eligibility date is the first of a month and that day is a working day, it will also be your effective date.

Basic Life Insurance begins the later of the eligibility date (first day worked) or if the application is received within deadlines, the date the employee applies.

6.0 What is a "Late Applicant"?

If you and/or your dependents do not apply when first eligible and wish to apply later, you will be considered a Late Applicant.

This does not include employees and/or dependents who experience a loss of other benefit coverage as outlined in Section 7 of this document.

6.1 Late Applicant Requirements

Extended Health: An application form and medical questionnaire must be completed. These are signed and submitted by the Payroll & Benefit Office to the insurance carrier for approval/decline.

If approved, the insurance carrier determines the effective date of coverage. If declined, the insurance carrier will reach out to you directly. For your privacy, the district is not provided with reasons for declination.

Dental: Reimbursement for Dental claims will be restricted to $250 for the first 12 months of coverage. Coverage will be effective the 1st of the month following the date the application is received in the Payroll & Benefits Office.

Late dental forms received in June will have coverage starting September 1st, provided you are actively working in September.

- Teachers and ASAs – must have a temporary contract and/or a continuing contract in September.
- TTOCs - must be dispatched in September.

Basic Group Life Insurance: An application form and medical questionnaire must be completed. These are signed and submitted by the Payroll & Benefit Office to the insurance carrier for approval/decline.

If approved, the insurance carrier determines the effective date of coverage. If declined, the insurance carrier will reach out to you directly. For your privacy, the district is not provided with reasons for declination.

6.2 Breaks in Employment and Re-Eligibility as a Regular Applicant

If you are a late applicant and subsequently have a break in employment, you may be considered a regular applicant in the future. A break in employment is a change that, if enrolled in a particular division of benefits, would cause a loss of those benefits.

Note: Summer is NOT considered a break in employment, it is a period of inactive employment.

7.0 If my spousal (or other coverage) is terminating, can I apply through the District without a Late Applicant status?

Extended Health Care and Dental
Provided you meet the eligibility requirements outlined in Section 2 or Section 3 of this document, you and/or your dependents can apply for coverage through the district if you and/or your dependents experience a loss of other coverage.

You must complete an application ensuring to complete *Spousal or Other Coverage* section on the application form. Pacific Blue Cross needs to know why you are eligible for enrolment currently and why you are not considered a Late Applicant. You must also provide proof of loss of coverage from the other plan in the form of a letter from the expiring plan's administrator or have a *Transfer Form Due to Cancellation of Other Coverage* completed by the expiring plan's administrator.

Carrier deadlines for Extended Health Care and Dental must be met to avoid a Late Applicant status. Applications must be received in our office **within 31 days** of the loss of other coverage. **There is no grace period.**

If you lose coverage over the summer, benefits will start September 1st, provided you are actively working in September.

Basic Group Life Insurance
An application form and medical questionnaire must be completed. These are signed and submitted by the Payroll & Benefit Office to the insurance carrier for approval/decline.

If approved, the insurance carrier determines the effective date of coverage. If declined, the insurance carrier will reach out to you directly. For your privacy, the district is not provided with reasons for declination.

8.0 Can I have dual coverage?

The School District plan allows dual coverage, provided you meet the eligibility outlined in Section 2 or section 6 of this document.

9.0 How do I pay for my benefits?

The employee share of premium is deducted from your last pay of the month for coverage the following month.

Additional benefit deductions are taken in May and June for the summer months, July, August, and September, because there are no regular pay days over the summer.

TTOCs must have a pre-authorized debit agreement (PAD) on file that will allow for premiums to be deducted from your bank account when there is not enough pay to cover the premiums.

A PAD may be requested of Teachers and ASAs when they do not have enough pay to cover premiums, such as when paying 100% premium costs or when there is unpaid sick time, etc.

Note: All premiums will be backdated to the effective date of coverage.

10.0 Where do I find my group plan numbers?

When enrolled, a Pacific Blue Cross ID card will be sent to you after your effective date. This card shows your group policy number (20061) and ID number (your employee number with three zeros in front, 000xxxxxx).

11.0 What is the difference between MSP Medical and Extended Health Care?

Medical coverage is the provincial medical coverage which is compulsory for all BC residents. It is also known as Medical Services Plan (MSP) and is free of charge effective January 1, 2020.

Greater VICTORIA School District

TEACHER, TTOC, AND ALLIED SPECIALIST BENEFIT PLAN - FAQs

Pacific Blue Cross provides Extended Health Care coverage. The Extended Health Care plan covers services (i.e., physiotherapy, prescriptions) and supplies when prescribed, ordered, or referred by physicians.

Note: You and your dependents must be enrolled with BC MSP to be eligible for benefits with Pacific Blue Cross. This includes during periods of travel.

12.0 How do I make an Extended Health Care claim?

The Extended Health Care plan includes a pay-direct drug option. Present your Pacific Blue Cross ID card at the pharmacy and your pharmacist will submit the claim directly to Pacific Blue Cross. You only pay for the amount not covered under the plan.

For all other Extended Health Care claims, you must pay upfront and submit a completed claim form and the original receipts directly to Pacific Blue Cross. It is recommended that you keep copies of your claim form and receipts as original receipts will not be returned.

For employees who wish to submit their health claims online or would like specific details of their coverage, we encourage you to enroll and access PBC's member portal (https://service.pac.bluecross.ca/member/login/).

For questions regarding the status of your claims you can contact PBC's Call Centre directly at (604) 419-2600 or toll free 1-888-275-4672. You can also view the status of your claims by accessing the PBC CARESnet website: https://www.pac.bluecross.ca/.

13.0 How do I make a Dental claim?

Dental claims are usually submitted directly to Pacific Blue Cross by your dentist. Any outstanding cost is paid directly to the dentist.

14.0 Who do I contact if I have a concern about my coverage?

If you have questions regarding what is covered or what can be claimed under your Extended Health Care and Dental plan, please contact Pacific Blue Cross at 1-888-275-4672.

To verify information, please have your Pacific Blue Cross ID card handy.

15.0 Who do I contact if I want to enroll or make changes to my coverage?

If you want to apply for coverage, make changes or terminate coverage, you should:

- Visit the payroll and benefits website to review the available information and obtain any required forms: https://www.sd61.bc.ca/payroll-and-benefits-gvta/.
- Then contact the Payroll & Benefits Office at benefits@sd61.bc.ca.

TEACHER, TTOC, AND ALLIED SPECIALIST BENEFIT PLAN - FAQs

16.0 When is coverage terminated?

16.1 Voluntary Termination

- You may opt to cancel your benefits for yourself or your dependents at any time by completing the forms found under the Cancellation of Benefits section of the payroll and benefits website: https://www.sd61.bc.ca/payroll-and-benefits-gvta/.
- Benefits will be terminated at the end of the month in which the forms are received or at a future date if requested and applicable.
- If you re-apply later, you may be considered a late applicant.
- Leave of Absence – you may opt to terminate your coverage during a leave of absence.
    - If you wish to be reinstated upon your return to work, you will have **31 days** from your first day back to active work to apply. **There is no grace period.**
    - If you miss the deadline, you will be considered a late applicant.

16.2 Involuntary Termination

Benefits will be terminated in accordance with applicable rules and guidelines in the situations described below.

Employees:

- End of Contract – your benefits under the Teachers' division will be terminated at the end of the month your contract ends. (Except for contracts ending June 30th – see section 2.3)
- Resignation/Termination – Life insurance will terminate the date of your resignation, EHC & dental will terminate the end of the month of your resignation.
- Retirement – Life insurance will terminate the date of your retirement, EHC & dental will terminate one month after your retirement.
- Age 75 – EHC coverage will end June 30th following the date you turn seventy-five.
- Leave of Absence – if you are on a leave of absence for over one year, the insurance carrier(s) will review a *Notice of Leave* form to determine your ongoing eligibility for coverage. In some cases, benefits may be cancelled in accordance with carrier rules and the benefits contract.

Dependent Children:

- Age 21 – your minor dependent will be removed from your benefits by the insurance carrier if they do to receive *Confirmation of Dependent Eligibility*, at the end of the month in which your dependent turns twenty-one.
    - A letter will be sent to you three months prior, asking you to confirm their eligibility.
    - Please visit the dependents tab at https://bcpseabenefits.ca/resources/faq/
    - If your student is attending school and you missed the deadline to return the letter, you will have to reapply for their coverage as an overage dependent.
- Age 25 – your student/overage dependent – will be removed from your benefits, by the insurance carrier, at the end of the month in which your dependent turns twenty-five. This is the maximum age of coverage.
    - If your dependent is disabled, coverage may be extended following application for disabled dependents.
    - For details visit: https://bcpseabenefits.ca/resources/faq/