

November 2024

# OVER the WIRE

1-800-268-3649

## Pension Benefit IMPROVEMENT



### Specifically:

1. All Pensioners and Beneficiaries who are in receipt of a pension from the Pension Plan as of January 1, 2025, will receive a 6% increase to their monthly gross pension benefit.
2. Plan Members not in receipt of a pension as of January 1, 2025, will see a 6% increase in their Normal Pension amount earned up to December 31, 2024.
3. Active Plan Members not in receipt of a pension will also earn 6% more pension for hours worked in 2025 and later years (Benefit Units increased from \$6.30 to \$6.68 per 100 Future Hours Credit).

Should you have any questions with regards to the above, please contact the Pension Services Team at the Fund Office.

**Note:** While we have endeavoured to describe the benefit improvements accurately, the terms of the Pension Plan and the decisions of the Board will prevail in the event of any inconsistency with this notice. Capitalized terms used here but not defined, have the meaning given to them by the text for the Pension Plan.

As you may recall, effective January 1, 2024 the Board of Trustees was pleased to implement a one time, 5% increase to all Pension benefits from the Electrical Industry Pension Trust Fund of Alberta (the Pension Plan). The Board of Trustees has been carefully monitoring the impact of the 5% increase, the impact of the Electrical Industry Savings Plan which came into effect on January 1, 2022, as well as all other economic factors affecting the Pension Plan's financial position.

The Board of Trustees is extremely pleased to announce that the Fund remains in a solid financial situation.

Therefore, effective January 1, 2025 for all Pension Plan participants, there will be a one time, 6% increase in Pension benefits from the Pension Plan.

## Is your contact information up to date?



**Diabetes Care – What the Health and Welfare Plan Covers:**

The Health and Welfare Plan provides coverage for continuous glucose monitoring (CGM) systems for eligible Plan Members and their eligible dependents with Type 1 or Type 2 diabetes who require insulin, regardless of age. Note that CGM systems are NOT funded by the Provincial Plans.

**What is a Continuous Glucose Monitor (CGM)?**

- Continuous glucose monitoring (CGM) systems are wearable devices that track blood glucose every few minutes.
- A CGM consist of three parts:
  - a small electrode placed under the skin
  - a transmitter sending readings at regular intervals
  - a separate receiver.
- Traditional finger prick testing of blood glucose levels measures the level at a single point in time. CGM systems allow trends in blood glucose to be displayed over time.

Criteria	System	
	FreeStyle Libre	Dexcom
Physician / Nurse Practitioner referral required	No	Yes
Prescription Drug Card can be used at pharmacy	Yes	No
Paid under the Prescription Drug Benefit. Limited to 90% and \$10,000 per person per calendar year.	Yes	No
Paid under the Supplemental Health Benefit. Payable at 100% with no dollar maximum.	No	Yes

Claims for CGM systems, other than Dexcom and FreeStyle Libre, such as Medtronic CGM, must continue to be submitted to the EBFA Fund Office for adjudication and coverage will be determined in accordance with the terms of the Health and Welfare Plan.

**NOTICE Changes to Coverage:**

Under the Prescription Drug Benefit the Plan provides Plan Members and their eligible dependents with coverage for medications to help manage their diabetes.

**Effective July 31, 2024** the prescription drug Ozempic will be treated as a Special Authorization medication by the prescription drug administrator (ClaimSecure).

- Coverage will only be provided for Ozempic if a claimant is also prescribed other diabetic or pre-diabetic prescription medication. Ozempic for use other than Health Canada's approved indication of Type 2 Diabetes will not be accepted.

To request coverage for Ozempic, the claimant (the individual prescribed the medication), the Plan Member (if different than the claimant) and the claimant's physician must complete and return the Special Authorization Request form to ClaimSecure for authorization.

ClaimSecure Special Authorization forms can be obtained from:

- The EBFA website [www.ebfa.ca](http://www.ebfa.ca)
- The ClaimSecure website [www.claimsecure.com/forms](http://www.claimsecure.com/forms)

Completed ClaimSecure Special Authorization forms can be submitted by:

- Mail: Clinical Services, ClaimSecure Inc., Suite 620, 1 City Centre Drive, Mississauga ON L5B 1M2
- Fax: 905-949-3029 or Email: [Special.Authorization@ClaimSecure.com](mailto:Special.Authorization@ClaimSecure.com)
- ClaimSecure will notify the claimant directly with the decision.

**submitting claims TIPS****REMINDER:**  
12 Month Submission Deadline**Would you like your money faster? Let us help you put the money back in your hands!**

Beginning in November each year the number of claims received by the Fund Office steadily increases. To ensure a fast and efficient reimbursement, please consider the following suggestions.

- Submit the claim right after the expense is incurred. Do not wait until the end of the year.
- Provide complete documents including receipts and referrals. Make sure the form is dated and signed.
- Email your claims to [claims@ebfa.ca](mailto:claims@ebfa.ca). Only send information that is encrypted with a password.
- Only use one format to send your claims. If you send your claim by fax, email, mail, and drop off that is four times the claim will need to be reviewed. This duplication takes away resources to adjudicate new claims and will slow down the adjudication of your own claim.

Claims for supplementary health expense, vision care, and dental care must be submitted to the **Fund Office** within 12 months from the date the expense was incurred.

Prescription Drug claims not processed electronically (using your drug card) must be submitted to ClaimSecure within 12 months from the date the expense was incurred.

**Claims received more than 12 months from the date the expense was incurred are not eligible for reimbursement.**

# Self-Payments

If a Health and Welfare Plan Member's Hour Bank falls below 120 hours, they will have the option to continue benefit coverage through self-payment in accordance with the terms of the Health and Welfare Plan. The general rules for self-payment are set out in this publication. This publication is intended to provide general information about the self-payment rules, but in the event of a conflict with the terms of the Health and Welfare Plan the terms of the Plan will govern.

## Continuity Required for Self-Pay Coverage

- No breaks in self-payment are permitted. **Self-payments must be continuous.** If there is a break in self-payment benefit coverage (for example because of insufficient funds) then the Member can only requalify for benefit coverage by working the minimum amount of hours to requalify (and cannot use self-payment to requalify).

## Payment Requirements:

- A Plan Member who wishes to make self-payments must submit a signed Self-Payment Application and Pre-authorized Debit Agreement to the Fund **Office prior to the Plan Member's loss of benefit coverage.**

- Self-payments are withdrawn from the Plan Member's bank account on the last business day of the month prior to the month to which the coverage applies. For example the December self-payment would be withdrawn on November 29.
- A Plan Member will be required to pay a non-sufficient funds (NSF) fee for a rejected self-payment. No benefits are payable for the month the self-payment had non-sufficient funds.

## Termination of Self-Payment Coverage by the Plan:

Coverage through self-payments will terminate when the Plan Member incurs more than one NSF payment within 18 months of the first NSF payment. Termination will occur for the month in which the second NSF payment occurred. For first NSF, please see above payment requirements.

## Cancellation of Coverage by Plan Member:

- To cancel self-payment, please submit the Cancellation Notice Form which may be found on [www.ebfa.ca](http://www.ebfa.ca)
- The cancellation request must be received at least 10 (ten) business days before the last business day of the month.

## Survivor Benefits:

If a Plan Member is self-paying for coverage then in the event of their death, eligible dependents may continue to receive benefit coverage under the Plan in accordance with the terms of the Health and Welfare Plan. Benefit coverage will continue until the latest of the following dates:

- The date that is six calendar months after the Plan Member's death;
- The date when the Hour Bank falls below 120 hours; or
- The date that the Plan Member's Years-of-Service Bank (YSB) is fully utilized.

# YEARS-OF-SERVICE BANK (YSB) BENEFIT

Effective October 1, 2002 the Board of Trustees introduced the Years-of-Service Bank benefit to the Health and Welfare Plan (the "YSB").

To establish each Plan Members YSB benefit a one-time calculation is performed by the Administrator.

If the Plan Member loses benefit eligibility for even one month, their YSB accumulated to the month of the lapsed coverage is lost.

## How to Qualify for YSB benefit?

- To qualify for the YSB benefit a member must, on the date that their pension begins to be paid, be eligible for benefit coverage under the Health and Welfare Plan through their Hour Bank or Self-payment.
- If a member is eligible, the YSB benefit provides 1.5 months of Health and Welfare Plan coverage for each eligible year of the membership in the Health and Welfare Plan since April 1, 1971, to a maximum of 60 months.
  - For the time period before January 2004, a year of Health and Welfare Plan membership is means at least one month of Health and Welfare Plan eligibility in any one calendar year.
  - For the time period on and after January 1, 2004 all Plan Members must maintain eligibility in the Health and Welfare Plan through their Hour Bank or Self-Payments each and every month after January 1, 2004. If, for the time period on and after January 1, 2004, a member has a break in coverage then any coverage prior to the break will be ignored when calculating Health and Welfare Plan coverage for the purposes of determining eligibility for the YSB benefit.

## How can I secure my YSB benefit?

- You must maintain your Plan Membership each and every month, either through your Hour Bank or through Self-Payment. See "How to Qualify for a YSB benefit" for a better understanding of how coverage is maintained and counted.

## What if I return to work after qualifying for the YSB benefit?

- If a Plan Member returns to work and becomes eligible to participate in the Health and Welfare Plan through their Hour Bank in the normal course then their YSB benefit will be temporarily frozen and will resume when their Hour Bank expires.
- A Plan Member's YSB benefit will be determined with reference to their coverage under the Health and Welfare Plan prior to starting their pension. That is, if a retired member returns to work after starting their pension none of their coverage under the Health and Welfare Plan after returning to work will be considered when determining the YSB benefit earned by the individual.

## How the YSB benefit is calculated.

- The Plan Member's Health and Welfare eligibility record and Pension record is reviewed. In this regard the records of the Health and Welfare Plan office will be determinative.
- The total number of eligible years of membership in the Health and Welfare Plan will be multiplied by 1.5 and rounded up to the nearest month if the calculation ends in 0.50.

## Example of Calculation:

Qualifying Criteria	Member Inputs
Age	60
Pension Effective Date	01-Oct-24
Years of Plan Membership	28
YSB benefit expressed in Months	42

**YSB benefit: years of Plan membership x 1.5 months = YSB benefit (expressed in months)**

**YSB benefit: 28 years x 1.5 months = 42 months**

**Once the YSB benefit terminates, the Plan Member has the option to continue benefit coverage through self-payment in accordance with the terms of the Health and Welfare Plan.**

# The Electrical Industry Education Trust Fund of Alberta

The Electrical Industry Education Trust Fund of Alberta and The Electrical Industry Training Centre (EITCA) are proud to inform you that we have been granted Program Recognition from Alberta Advanced Education for all four periods of Electrical Apprenticeship delivery.

The EITCA has delivered the PACT Program since 2001, with First Period Electrical Program Recognition from Advanced Education and Technology granted in 2010.

EITCA began offering the Second Period Apprenticeship Program in January 2023 and is offering 3 intakes per year. EITCA encourages all IBEW Members that require Second Period Apprenticeship Training to contact the EITCA Training Administrators with your AIT (Apprenticeship and Industry Training) number. EITCA must register you directly into our program as it is not open for public registration.



For information purposes, Apprenticeship and Industry Training has restructured the delivery of the First to Fourth Period Electrical Apprenticeship. First and Second Periods have had curriculum changes to their 8-week programs being implemented in September 2024. Third and Fourth Periods not only have curriculum changes, but the lengths of both programs will also now be 10-weeks being implemented in September 2025.

In addition to the Apprenticeship Programs, EITCA will still offer Continuing Education Courses periodically posted on the website calendar. If there are any courses you wish to attend or see added, please contact the EITCA Training Administrators for assistance. A new program to watch for is the FDS (Foreman Development Series).

The PACT Program will be offered annually, in each of January, April, and September.

Second Period Apprenticeship Program will be offered annually, in each of January, April and September.

Please contact the EITCA offices at **780-462-5729** or [www.ibew424.net/eitca](http://www.ibew424.net/eitca)

This bulletin provides summary information about the Electrical Industry Insurance Benefit Trust Fund of Alberta and the Electrical Industry Pension Trust Fund of Alberta (registration no. 0383224), Electrical Industry Education Trust Fund of Alberta in simple terms. It is not intended to be complete or comprehensive, or to provide legal, financial or medical advice. If there is a conflict between this newsletter and the terms that govern the plans (including in any plan text, trust agreement, insurance contract or policy), the terms that govern the plans will apply in all cases. Each of the plans is administered by a Board of Trustees, c/o Employee Benefit Funds Administration Ltd. (EBFA). You can contact EBFA for more information about either plan and your entitlements under those plans.



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