

OCTOBER 2021

OVER the WIRE

AGE 65 & OVER? HAVE YOU APPLIED FOR YOUR SENIOR HEALTH BENEFITS?

The Government of Alberta provides seniors age 65 and over, with premium-free coverage for prescription drugs, as well as other health related benefits. Alberta Blue Cross administers the prescription drug benefit on behalf of the Government of Alberta.

When Plan Members turn 65 they should receive a package from the Government of Alberta with information about programs and services for seniors. Eligible Plan Members age 65 and over should contact the Alberta Health Care Insurance Plan (AHCIP) to enroll in the Senior Health Benefits program. Plan Members will be required to submit a proof of age form and provide proof of age to AHCIP. Proof of age can be in the form of a driver's licence, Alberta identification (ID) card, birth certificate, old-age pension entitlement form, passport, immigration record, or a Canadian citizenship certificate. Once registered, individuals will be issued a drug card. The name that appears on the card will be the name of the person registered in AHCIP.

Eligible Plan Members age 65 and over must show their Alberta Blue Cross identification card to their pharmacist to ensure their drugs are paid by Alberta Blue Cross as the primary carrier. The pharmacy will bill Alberta Blue Cross directly.

More information about Alberta's senior health benefits including the proof of age form is located on the government website at <https://www.alberta.ca/seniors-health-benefits.aspx> or by calling the AHCIP office at 780-427-1432, or emailing health.ahcipmail@gov.ab.ca.

PARAMEDICAL EXPENSES

Under the paramedical benefits, the Plan provides coverage for the services of a qualified osteopath, chiropractor, podiatrist, chiropodist, registered or provisional physiotherapist, registered massage therapist, registered acupuncturist, naturopath, chartered/registered or certified psychologist and Christian Science practitioner. Coverage is limited to a maximum of \$500 per person per calendar year per specialty.

Eligible Plan Members qualify for paramedical expenses from the Health and Welfare Plan, however, there are certain things to remember before incurring these type of expenses.

1 TYPE OF SERVICE PROVIDER

Paramedical benefits are paid based on the type of practitioner who performed the service, and not the type of service provided. For example, if a Plan Member receives acupuncture treatment from a registered physiotherapist, payment is made under the physiotherapy benefit. There is an exception to the above; if the practitioner providing the treatment has two acceptable designations, then payment will be made under the paramedical service that matches the type of treatment provided.

3 QUALIFICATIONS OF SERVICE PROVIDER

Please ensure the practitioner providing the services is qualified to perform the treatment. Treatment must be provided by certified, registered or chartered practitioner. All documentation submitted with your claim must confirm the name of the practitioner, their designation and licence number(s). If you are unsure if the practitioner has an acceptable designation, you may look up the practitioner's name on the internet under the applicable association's website, or contact the Fund Office for assistance.

2 REASONABLE & CUSTOMARY (R&C)

The Plan allows payment of Reasonable & Customary (R&C) fees. This means that there is a maximum amount allowed for each type of paramedical treatment. The fees differ based on the type of paramedical service. The R&C rates are provided to the Plan from the Insurer, The Manufacturers Life Insurance Company. Payment is made based on the most recent rates in effect at the time the claim was incurred.

4 MEDICALLY NECESSARY

Paramedical expenses must be medically necessary. Therefore, the Fund Office requires a medical referral from a physician or specialist. A referral for chiropractic services can be provided by a chiropractor. The referral will remain in effect for one year from the date it was signed by the physician/specialist/chiropractor.

For complete benefit coverage, Plan Members should refer to their Health and Welfare Plan booklet (Article 8.07 and 8.08) which is located on the website at www.ebfa.ca

VIRTUAL SERVICES UNDER THE PLAN

As of September 1, 2021, the Board of Trustees wish to announce that eligible Plan Members and their Dependents can now have their provider consultations done virtually and continue with certain treatments online with their provider. Coverage includes:

VIRTUAL CONSULTATIONS FOR:

Chiropractic, Osteopath, Podiatrist, Chiroprapist, Physiotherapy, Psychological, Massage Therapy, Acupuncture, Naturopath, Speech Therapy and Christian Science consultations.

VIRTUAL TREATMENTS FOR:

Psychological, Speech Therapy and Naturopath treatments.

Plan Members and Dependents can also receive online counseling services through their Employee Assistance Program with Lifeworks.

PENSION PLAN VS. TRANSFERRING INTO A LIRA

Plan Members often ask if they should keep their pension in the Plan, or transfer into a Locked-in Retirement Account (or RRSP if applicable). Plan Members must make that decision based on their own circumstances.

One of the main reasons to stay in the Pension Plan is that the Plan Member does not forfeit their Early Retirement Supplement. This Supplement is provided to Plan members who have 10 years of Total Years Credit (service).

HOW DOES THE EARLY RETIREMENT SUPPLEMENT BENEFIT A PLAN MEMBER?

The best way to explain this is using an example. If a Plan Member has less than 10 years of service and all their hours are reported after January 1, 1997, the Plan Member will have a 6% per year reduction, for each year he/she is under age 65. This means that at age 55, the Plan Member will have a 60% reduction and only receive 40% of their Normal Retirement amount. However, if this same Plan Member has 10 years of service, he/she can take an Early Retirement with no reduction at age 60.

If the Plan Member transfers out of the Plan, the Early Retirement Supplement does not apply and is not included in the calculation of the amount to be transferred out.

ADVANTAGES OF BEING IN OUR PENSION PLAN:

- Plan Members are **better able to plan for retirement**, as their retirement benefit is based on a Plan formula or defined benefit.
- Plan Members enjoy a **steady income stream** for the rest of their lives. Those that elect a Joint & 60% Survivor option also provide a **lifetime pension for their Pension Partner**.
- The Plan is a **multi-employer Pension Plan** and does not rely on contributions from one single employer.
- The more hours a Plan Member works, **the more the pension increases**.
- As a Defined Benefit (DB) Plan, the **Plan is regulated**.
- Plan Members' **funds are pooled together**. Plan Members do not have to worry about the investment and longevity risks that are present in defined contribution/RRSP type plans.
- As a DB Plan, the Pension is based on a **defined formula**.
- The large size of the pooled Fund results in **reduced investment fees**.
- The Plan has **access to investments** which are not available to individuals.
- Plan Members **do not have to worry** about being the victim of misrepresentations or poor investment advice. Plan Members do not have to make their own contributions, delay their retirement, or reduce their pension to offset poor investment performance.
- Investment funds are **overseen by professional managers/investment experts**. Plan members enjoy benefit security through the pooling of risks, going concern assumptions, plan monitoring through a Board of Trustees and services from industry professionals such as Actuaries, Chartered Financial Analysts, and Accountants/Auditors.