

MAY 2024

OVER the WIRE

Pension Benefit IMPROVEMENT



Specifically:

In late 2022, the Board of Trustees created the Electrical Industry Savings Plan to comply with changes to the Income Tax Act which prohibited the Pension Plan from receiving pension contributions for members in receipt of a pension from the Pension Plan.

The Board was able to implement the Savings Plan efficiently, without changing the terms of the Pension Plan. With the implementation of the Savings Plan, contributions in respect of individuals who return to work after starting their pension are paid to the Electrical Industry Savings Plan in light of the changes to the Income Tax Act.

While the legislative change means that the contributions being paid to the Savings Plan can no longer be paid to the Pension Plan, the Board of Trustees is still monitoring the impact of the change on the funding of the Pension Plan. The Board is extremely pleased to announce that the Pension Plan remains in a solid financial situation despite this change. Therefore, effective January 1, 2024, all Pension Plan Members, Pensioners and Beneficiaries will be granted a one-time 5% increase to their Electrical Industry Pension Trust Fund of Alberta benefits.

1. All Pensioners and Beneficiaries who are in receipt of a pension from the Pension Plan as of January 1, 2024, will receive a 5% increase to their monthly gross pension benefit.
2. Plan Members not in receipt of a pension as of January 1, 2024, will see a 5% increase in their Normal Pension amount in respect of benefits earned up to December 31, 2023.
3. Active Plan Members (not deferred Plan Members) not in receipt of a pension will also earn 5% more pension for hours worked as of January 1, 2024, and onwards (Benefit units increased from \$6.00 to \$6.30 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 as accurately as possible, 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.

Is your contact information up to date?



1-800-268-3649
www.ebfa.ca

 **Electrical Workers'
Benefits Plan**
ALBERTA

 **Employee Benefit
Funds Administration**
ALBERTA

 **Electrical Workers'
Pension Plan**
ALBERTA

Coordination of Benefits

To help maintain consistency in administering benefits, health insurers follow procedures set out in the Canadian Life and Health Insurance Association's (CLHIA) Coordination of Benefits Guideline (COB Guideline G4). A copy of the guideline can be found at the CLHIA website, www.clhia.ca

When an individual is covered under more than one benefit plan, the COB Guideline (G4) establishes which plan must pay out benefits first. The combined payment from all benefit plans for an Eligible Medical Expense (as defined in the COB Guideline) cannot exceed the reasonable customary amount as determined by each insurer or plan administrator. For Eligible Dental Expenses, the combined payment from all benefit plans cannot exceed the fee listed in the relevant provincial fee guide (or, if no fee guide applies, the reasonable and customary amount).

Typical co-insurance scenarios may look like the following:

- You are covered under your employer's plan and as a dependent under your spouse's plan.
- Your spouse is covered under their employer's benefits plan and as a dependent under your plan.
- Your dependent child has coverage under both you and your spouse's benefit plans.



Which Plan pays first?

If you are covered under your employer's plan and as a dependent under your spouse's plan:

- 1) Your employer's plan pays first.
- 2) Your spouse's plan may pay toward the remaining balance, up to a maximum amount, in accordance with their plan's terms and coverage limits. Please note that some plans may not cover the full remaining balance.

Conversely, your spouse's claims should be submitted to their own plan first, after which your employer's plan will pay toward the remaining balance, if all eligibility requirements are met.

Claims for dependent children:

When both parents are covered under a benefit plan and their children are covered under both plans as dependents, the plan of the parent with the earlier birthdate in the calendar year pays first. For example, if one parent's birthdate is October 23 and the other parent's birthdate is May 5, the plan of the parent born on May 5 will pay first.

If both parents have the same birthdate, the plan of the parent whose first name comes first in alphabetical order will pay first.

For the purposes of the COB Guideline, Individual Plans, School Accident Plans, cost plus plans, and Health Spending Accounts would be considered second payer to coverage available under a Group Plan.

For questions about scenarios not addressed in guidance, please refer to the COB Guideline or contact the Fund Office.

How Can I Contact TELUS Health (formerly LifeWorks)?

Access your EFAP 24/7 by phone, web or mobile app.

English: 1-877-207-8833 French: 1-877-370-1080 TTY: 1-877-371-9978



www.one.telushealth.com
Username: ebfa
Password: mywellness

Emergency Out of Province/Country Coverage

Under the Health and Welfare Plan, an eligible Plan Member and their Dependents may qualify for emergency out of province health benefits while traveling or working out of the province/country. Although the Plan does not provide full emergency coverage if hospitalization and/or medical treatment is required due to emergency and non-elective reasons and provided the applicable conditions are satisfied, coverage will be available for:

- semi-private hospitalization provided in a general or auxiliary hospital
- the services of a Physician
- hospital services and supplies furnished during hospitalization
- x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.

In addition to other conditions that may apply, coverage for these expenses requires that they be eligible for reimbursement by the Plan Member or Dependent's provincial health plan.

Retired Plan Members

Out of country emergency services for Retired Plan Members and their Dependents (residing in any province), are limited to a period of 12 consecutive weeks from the date the Plan Member and their Dependents leave their province of residence.

Provincial Health Care Coverage is Required

To be eligible for out of country coverage, Plan Members and their Dependents must be eligible for coverage under their provincial health plan.

It is also the Plan Member's responsibility to ensure that both the Plan Member and their Dependents have provincial health plan coverage before leaving the province/country, and they should travel with their provincial health care cards in case of an emergency.

If the Plan Member or Dependent's provincial health plan coverage terminates for any reason, the emergency out of province/country coverage under the Health and Welfare Plan will cease.

In no event will out of country coverage be available under the Health and Welfare Plan for Plan Members or Dependents who are out of country for longer than 12 months.

Claiming Emergency Out of Province/Country Benefits in Alberta

All claims must first be sent to your provincial health plan for payment. In Alberta, the Alberta Health Care Insurance Plan (AHCIP) will require documentation and information relating to the emergency out of country expenses. The AHCIP's claim forms are located on their website at: www.Alberta.ca/ahcip-submit-claim.aspx

Prior to submitting the expenses through AHCIP, please make and keep copies of everything you send to AHCIP because the Health and Welfare Plan will need a complete copy of all relevant documents in order to process a claim for the balance. The Health and Welfare Plan will also need a copy of the Statement from AHCIP showing what amounts have been paid. Note that AHCIP claims can take up to 6-8 weeks to process.

While the Health and Welfare Plan will not pay amounts on an out of country expense claim until after AHCIP has determined the amount payable to the Plan Member, to ensure that you do not miss a claim submission deadline for the Health and Welfare Plan you should send the Plan Office a complete copy of the out of country expenses immediately after they are submitted to AHCIP.

Note: There is a 12 month time limit on any health benefit including out of country expense claims.



submitting claims *TIPS*

REMINDER: Claim volumes are usually highest from November to March. Here are some tips to avoid undue delay in processing your claim:

1. Submit your claim as soon as possible after the expense is incurred. Do not wait until the end of the year.
2. Provide complete documents including receipts and referrals.
3. Make sure the claim form is dated and signed.

Plan Members can submit PDF documents through EBFA's website at www.ebfa.ca or email claims to claims@ebfa.ca . Only send information through a secure email service.

Our “Tell Us What You Think” Survey is NOW CLOSED.

Would you like to receive future communication (such as e-newsletters and member surveys) electronically?

Yes No



SCAN ME

Mark “yes” if you agree to receive additional electronic communication from the Plan (such as e-newsletters and member surveys).

If you marked “yes” please enter your e-mail address below so that we may communicate with you using that address.

You may opt out of the subscription at any time.

www.surveymonkey.com/r/TY8DRRX

2023 Membership Survey

The 2023 Membership Surveys were made available through mail, online, and in-person pick up. It was our way to better understand your current experiences with your Electrical Workers’ Benefits Plan, Pension Plan and our service delivery channels. We received many valuable responses and suggestions from our membership. Your feedback matters to us and help shape our current and future service delivery initiatives.

Behind the scenes, we have been focused on creating more value in our membership benefit programs, championing new communication initiatives and redesigning our process to better serve our membership.

While additional enhancements are still on the horizon, we have already implemented many improvement initiatives:

- One-time Pension Plan Payment Increase
- E-News Subscription Option
- Biannual Newsletters
- Statement Improvements
- TELUS Health
- Ongoing website improvements

We thank all our survey participants.

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) 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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