



Member Support Services

The deadline for districts to make Benefit Plan submissions to BCPSEA is
Friday June 14, 2019

Potential Changes to Benefits Plans Frequently Asked Questions

Here are some common questions that have emerged from the conversations that members are having with District senior management on the topic of Benefits:

“I am hearing conflicting information about the movement to the Teachers’ Benefit Plan. Is our Association able to maintain our current plan coverage or do we have to move to the Teachers’ Plan?”

You do not have to move to the Teachers’ Plan. Each Association will look at the side-by-side comparisons that have been provided to the District by Morneau Shepell, and make an informed decision as to whether or not they will move to the Teachers’ Plan. This decision needs to be made by June 14, 2019. It was not stated what percentage of membership is required to put this in place, but it must be a majority of members in the District. In the majority of Districts, both the extended health and dental benefits of teachers are superior to those of Principals and Vice-Principals so little discussion is needed.

“I have already spent \$3,500 on my child’s braces and have been reimbursed for \$1,500. If I move to the Teachers’ Dental Plan do I now get reimbursed 75%, up to a maximum of \$5,500 as of September 1st, 2019?”

No. Moving forward you would be able to access \$4,000 for the remainder of the year. It was never intended to provide you with a new start regarding benefits, but rather to provide you with a continuation up to the maximum of what teachers have.

“My Association has just held an Information/ Q&A Session on benefits. The majority of my colleagues want to move to the Teachers’ Plan. I am not supportive of that decision and I am wondering if I can remain on the P/VP Plan?”

If the majority of members are in favour of the move to the Teachers’ Plan then all members move to the plan. There is no opting out as it is a group decision: the group will collectively either move forward or remain on the P/VP plan depending on the decision of the Chapter.

“Our Association has voted to move to the Teacher’s Plan and we are quite excited about the increase to our ‘paramedical services’. With this increase in coverage will our members have to pay an increase in their premiums related to this move to the Teacher’s Plan?”

By moving to the Teacher's Plan with its increased benefit package, P/VP members could see an increase in the monthly premium that they are paying. It depends on whether or not your District has a cost-sharing arrangement with the Association members as part of the plan.

“We are discussing our dental care benefit and members are wanting to know what the ‘major restorative’ portion of the benefit covers?”

The ‘major restorative’ portion of your plan covers the following: dental treatment that could have usually been treated earlier in a more affordable manner, or something that requires multiple phases of therapy to correct. This coverage includes dental bridges, crowns, inlays and onlays, sometimes root canals and dentures. Basic coverage deals with emergency care for pain relief, amalgam fillings, composite fillings (white fillings), sedative fillings, routine tooth extractions, root canal treatment, periodontal scaling and root planning, and recementing dental crowns.

“Our Association has a ‘flex plan’ and we are wondering how this compares with the Teacher’s Extended Health and Dental Care Plan?”

Whether the Teachers’ Plan or the Association’s plan is more beneficial will depend on the cost-sharing arrangement that the P/VP Association has with the District, and the level of the ‘flex plan’ a member has chosen.

“The teachers in our District have a different cost-sharing arrangement than Principals and Vice-Principals. Is the cost-sharing formula altered in any way by a decision to adopt the Teachers’ Benefit Plan? “

No. Principals and Vice-Principals will retain the current cost-sharing formula for premiums even if the formula is different from that of teachers.

Districts that have a cost sharing arrangement with P/VP members include SD#33, SD#34, SD#36, SD#38, SD#42, SD#44, SD#50, SD#63, SD#73, SD#75, SD#78, SD#85

“How can we find out more about the move from an open formulary to the Blue RX plan?”

Pacific Blue Cross will hold a webinar pertaining to the Exempt Staff and Principal/Vice-Principal Benefit Plan project. PBC is inviting interested people to join them for a webinar focusing on PBC’s Blue RX Prescription Drug Formulary (Blue RX). During this session, Anar Dossa, Director of Pharmacy Services, Pacific Blue Cross will provide an overview of Blue RX and will be available to answer any questions you may have in regard to plan member impact.

The webinar will be offered on **Wednesday June 12th at 10 a.m.** for approximately one hour, through “Zoom Video Conferencing”. You may use the following link to join the session:

<https://morneaushepell.zoom.us/j/739323471>.

Please use the following conference number and passcode to dial in for the session:

Conference Phone Number: 1-866-398-2885

Passcode: 442378

Timelines for this process are tight, and the BCPVPA is here to assist you: please reach out to us with questions or concerns.

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