

Message from the Board of Trustees

Members Who Have Depleted Their Dollar Bank: Lapse in Coverage

As you are aware, to join the plan for the first time, you must be a member in good standing with UA Local 67 and have enough employer contributions in your benefits account to pay for three months of coverage under the plan. Coverage starts on the first day of the month following the date you meet the requirements. To join the plan, you must submit an enrolment form to our plan's administrator, Reliable Administrative Services. Claims cannot be paid until the administrator has received your enrolment form.

During our review of the Group Benefit Plan, we identified members who are working but do not have enough hours to meet the eligibility criteria in order to initially join the plan. We also identified members who are not working enough to stay in benefit once they are eligible. Although, the eligibility criteria is important, we believe that all members should have some form of coverage.

We are pleased to announce that a Health Care Spending Account (HCSA) of \$750 per Calendar year will be made available to members who are currently ineligible for the Group Benefit Plan. These members must be in good standing and/or have worked 1200 hours in the last 12 months. Members in this category will be registered for the **HCSA Only Plan** through Reliable Administrative Services Inc. Members who are registered for the **HCSA Only Plan** will also be registered for the Spencer Health Network program which offers additional discounts for prescription drugs, dental services, paramedical therapists and hearing aids.

The Board of Trustees will review the financial status of the Welfare Plan and determine, on an annual basis, future allocations (if any) to the HCSA and whether it will continue to be made available.

Your Board of Trustees

Victor Langdon (Chair)
Ross French (Secretary)
Nathan Bergstrand
Leslie Ellerker

Steve Foffano
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Dave Marcus
Bill Stanger

Health Care Spending Account

HCSA of \$750 per Calendar year will be offered to members who are currently ineligible for full benefits. Members must be in good standing and/or have worked 1200 hours in the last 12 months. Members who are eligible for this offering will be registered for the **HCSA Only Plan**, through Reliable Administrative Services Inc.

How it works:

A HCSA is an individual employee account that provides reimbursement for eligible health care expenses or other benefits that are not covered under OHIP, or your spouse's plan. Each January 1st, \$750 will be made available to the member and placed in their HCSA.

The HCSA balance, in this case \$750 is reduced by the amount of each reimbursement. Payments will continue to be made until the account balance is zero in that calendar year. At the end of the year, any unused balance in the account is forfeited.

Unclaimed expenses for the given year must be claimed by January of the following calendar year.

Should a member with a **HCSA Only Plan** become eligible for full benefits, the HCSA will remain in place and the unused credits will be transferred until the HCSA is replenished the following calendar year.

Expenses that qualify for medical tax credits under the Canada Revenue Agency (CRA) income tax guidelines can be claimed and paid directly from your personal HCSA balance. For more information about eligible expenses, visit the CRA website at cra-arc.gc.ca

In the know....

- Claims can be submitted to the HCSA either manually or online using Green Shield's "Member Online Services"
- Log into your member online portal with our Benefit Provider Green Shield to know your balance

Spencer Health Network

What is it?

Spencer Health Network provides pharmaceutical, dental, vision, paramedical, and hearing aid saving programs. Their main objective is to reduce your out-of-pocket costs. Using the network is fast and easy, and there are no annual maximums or deductibles.

To register with Spencer Health please visit the Reliable Administrative Office. They will then register you with the Spencer Health Network. Please note, the cost of \$20.00 per year to sign-up for the Network will be paid for by the Welfare Trust Fund.

How it Works

Paramedical & Dental

Simply present your Spencer Health card when paying for your services at an affiliated Spencer Health Network provider and savings will be automatically applied.

Pharmaceutical

When picking up your prescription from a Spencer Health Network affiliated pharmacy you could save up to \$8.00 on dispensing fee costs as well as up to an additional \$2.50 on the cost of the drug. The table below outlines potential savings when using a Spencer Health Network pharmacy.

<u>Pharmacy 1</u> Not part of Spencer Health Network	Dispensing Fee: \$12.00 Reimbursement: \$6.50 Out-of-Pocket Expenses: \$5.50 & no drug savings
<u>Alliance Pharmacy</u> Part of Spencer Health Network	Dispensing Fee: \$6.49 Reimbursement: \$6.49 Out-of-Pocket Expenses: \$0 + lower drug cost
<u>Sobey's & National Banners</u> Part of Spencer Health Network	Dispensing Fee: \$8.83 Reimbursement: \$8.83 Out-of-Pocket Expenses: \$0 + \$2.00 off drug cost
<u>Wal-Mart Pharmacy</u> Part of Spencer Health Network	Dispensing Fee: \$7.47 Reimbursement: \$7.47 Out-of-Pocket Expenses: \$0 + \$2.50 off drug cost

If you need assistance or have any questions, please contact **Underwriters Alliance Inc.**, our Benefit Consultant at **1-877-472-2205** who would be happy to assist you.