

# UNITED FISHERMEN'S BENEFIT FUND

## EXTENDED HEALTH BENEFIT

### General Information: EXTENDED HEALTH CARE BENEFIT

#### **Type of Benefit**

The Fund shall provide for extended Health care through Pacific Blue Cross Health Services Society for members, their spouse and dependent children.

#### **Amount of Coverage**

An annual deductible of a Single \$50 and Family \$75 deductible per year shall be applied to claims submitted by each qualified member.

#### **Registration**

TO REGISTER – or to Change your Dependents

you must fill out a PACIFIC BLUE CROSS REGISTRATION CARD.

**All completed claim forms, registration documents and change of address and/or any change of dependents forms must be signed and mailed to the UNITED FISHERMEN'S BENEFIT FUND.**

**Please do not mail these documents directly to Pacific Blue Cross as they will be returned causing you further delay.**

Please contact the **United Fishermen's Benefit Fund 604 519 3644** or

**UFAWU-Unifor 604 519 3630 (New Westminster)**

**UFAWU-Unifor 250 624 6048 or 1-888 624 6625 (Prince Rupert)**

for the Pacific Blue Cross Registration Card

or for any further information

Please read below for the coverage and Claim Forms:

The above is a general description of the Benefit. For more information, please contact:

**United Fishermen's Benefit Fund: 604 519 3634**

UFAWU-Unifor: 604 519-3630 (New Westminster) or 250 624 6048 or 1-888 624 6625 (Prince Rupert)

- on will be included as eligible expenses;
- j) with the exception of those eligible expense in item 8, any amount exceeding the fee under the schedule of costs prescribed by the Basic Medical Plan;
- k) any payment to a medical practitioner whether or not a participant in the Basic Medical Plan in which is demanded or received by means of balanced billing, extra billing or extra charging which represents an amount in excess of the schedule of costs prescribed by the Basic Medical Plan;
- l) vitamin injections or preparations, food and mineral supplements; drugs or supplies used for contraceptive or fertility purposes or to suppress an addiction; drugs which do not by law require a prescription; drugs not approved under the Food and Drugs Act for sale and distribution in Canada; or drugs which have not been authorized for payment under Phrymaceae.

This pamphlet has been prepared to provide information about Pacific Blue Cross Extended Health Care plan. It is not a legal document. Any contradiction, dispute or difference between the contents of this pamphlet and the Extended Health Care Contract will be resolved only by reference to the contract.

The Society reserves the right to refuse any claim if attempts are made, except through bona fide error to make an excessive claim, or information is provided in a form that is not reasonably possible to determine the eligible expense and may cancel coverage in any such case.

For further information contact:

**Gary Prisner, Director**

**UNITED FISHERMEN'S BENEFIT FUND**

1st Floor, 326-12th Street  
New Westminster, B.C. V3M 4H6  
Tel: 604-519-3644 • Fax: 604-524-6944

**PACIFIC BLUE CROSS**

P.O. Box 7000  
Vancouver, B.C. V6B 4E1  
Tel: 604-419-2600 • Fax: 604-419-8055

## UNITED FISHERMEN'S BENEFIT FUND

# Extended HEALTH CARE PLAN



**POLICY 909800**

**BENEFITS PROVIDED BY:  
PACIFIC BLUE CROSS HEALTH  
BENEFITS SOCIETY**



## Participation requirements

The Plan will cover:

- a) All eligible members of The United Fishermen's Benefit Fund;
- b) their spouses;
- c) any unmarried child of a covered member 18 years of age and under, provided the child is mainly dependent on and living with the covered member or their spouse;
- d) any unmarried child of a covered member 25 years of age and under, provided the child is in full-time attendance at a recognized school, college or university;
- e) any unmarried mentally or physically handicapped child of a covered member to any age, provided such person is mainly dependent on and living with the covered member or the spouse.

Members are required to enroll all eligible dependants at the time of commencement of coverage. Newborn dependants are to be added within 60 days of the date of birth. Other newly acquired dependants such as husband or wife or adopted children are to be enrolled within 60 days of becoming eligible.

Late enrolment of dependants will not be accepted.

You must be prepared to prove that persons claimed as dependants are actually dependent upon you.

## Benefits

The benefits hereunder do not cover any benefits for which provision is made under or pursuant to the Medical Services Act or any amendment to those provisions from time to time (hereinafter referred to as the Medical Services Plan), or the B.C. Pharmacare Plan. Members should register with the B.C. Fair Pharmacare program to ensure that they are eligible for whatever financial assistance they may be entitled to under the program.

The following are classed as eligible expenses when incurred by you or your dependent and where they are customary and reasonably priced and are as a result of necessary treatment of illness or injury and where applicable when ordered by a physicians

- 1. Charges for prescribed drugs, medicines, purchased from a pharmacy (not including drugs or medicines required or to be used for contraceptive purposes or medicines that can be bought without prescription). NOTE: only drugs authorized by Pharmacare will be reimbursed by this plan. Consult your pharmacist if you have any doubt as to whether your prescription is for a drug authorized by Pharmacare. Pharmacare will only cover the cost of "Low Cost Alternative" (LCA) drugs. This plan will reimburse you for the actual cost of your eligible prescription.
- 2. Cost of ambulance service in an emergency including transportation by railroad, boat or airplane, or in an acute emergency by air-ambulance, from the place where the injury or sickness occurs to the nearest acute general hospital and return fare, including the round trip fare for one attending person (doctor, nurse, first-aid attendant) where necessary. Transportation arranged after waiting for hospital accommodation for a condition not requiring immediate attention or transportation arranged at the patient's convenience are not eligible expenses.
- 3. Fees of a registered nurse, not related to the covered person by blood or marriage, nor an employee of the hospital, for special duty nursing in acute cases. Such nursing services to be recommended by a duly qualified physicians. "Acute cases" means conditions having a sudden onset with a sharp rise and a course less than 60 days but does not include conditions due mainly to chronic illness, alcoholism, mental illness, drug addiction, tuberculosis, or infirmity.
- 4. Fees of a physiotherapist registered or licensed in the Province of B.C. (other than a physiotherapist who is related to, or resident with the member) to a maximum benefit of: \$500 in a calendar year per member or dependent.
- 5. Fees of a massage therapist registered or licensed in the Province of B.C. (other than a physiotherapist related to, or resident with the member) to a maximum benefit of: \$500 in a calendar year per member or dependent.

6. Fees of a podiatrist up to a maximum payable of \$500 per person per year. X-rays taken by a podiatrist will not be covered.
7. Fees of a chiropractor up to a maximum payable of \$500 per person per year. X-rays taken by a chiropractor will not be covered. (order of a physician is not necessary)
8. Fees of a naturopathic physician up to a maximum payable of \$500 per person per year. X-rays taken by a naturopathic physician will not be covered. (Order of a physician is not necessary) NOTE: eligible expenses covered under items 4,5,6,7 and 8 will not include any amounts paid or provided for by the Medical Services Plan.
9. Out of Province emergencies
  - a) Physician's services: Reasonable charges for physician's services required in the event of an emergency while traveling or on vacation outside of British Columbia, less any amounts paid or payable by the Basic Medical Plan.
  - b) Hospital charges: In the event of an emergency while traveling or on vacation, the total amount of the hospital room charge over and above that covered by B.C Hospital Programs. This includes private or semi-private rooms. There is a lifetime limit of \$5,000 per covered person for (a) and (b).
10. Charges for oxygen, blood or blood plasma, charges for ostomy or ileostomy supplies, artificial limbs or eyes, crutches, splints, casts, trusses, braces, or orthopedic shoes. Orthopedic shoes are limited to one pair per person; replacements are covered only when necessary due to normal wear (must be prescribed by a licensed medical practitioner).
11. Cost of rental, or where more economical, purchase of durable equipment for therapeutic treatment, including wheelchairs, hospital beds and elevated toilet seats. Electric wheelchairs are covered only when a doctor certifies the patient is incapable of operating a manual wheelchair (e.g. paraplegic).
12. Hospital charges made by an approved acute general hospital in B.C for private or semiprivate room (not including rental of

telephone, TV, etc.) Coverage for hospital expenses is for spouse and dependent children only to a maximum of \$1,000 per calendar year.

13. Charges made by a physician for a medical examination required by government statute or regulation for employment purposes, provided such charges are not covered by the employer under a collective agreement or covered by the Medical Services Plan. This benefit is limited to the member (dependent number 00) only.
14. Cost of hearing aids for dependent children, when prescribed by a certified ear, nose and throat specialist to a maximum of \$400 in a five year period. Repairs, maintenance, batteries or other accessories will not be covered.
15. Fees of an approved licensed acupuncturist, (MDs only) to a maximum \$500 payable per year per member or dependent.
16. Fees of a speech therapist, when prescribed by a specialist, to a maximum of \$500 payable per year per member or dependent.
17. Wigs or hairpieces when required as a result of medical treatment or injury. The maximum benefit payable during the lifetime of the person being supplied is \$500.

### Vision coverage

The eyeglass benefit is subject to the deductible and co-insurance. Expenses incurred relative to the purchase of prescribed lenses and frames or contact lenses will be paid to a maximum of \$300 per 24 month period. Where a member or dependant requires cataract surgery, the cost of soft lenses will be reimbursed at 60% on a one-time per-eye basis. Eye examinations will be reimbursed at 100% to a maximum of \$100 in each 24-month period.

### Deductible and amount of reimbursement

From the eligible expenses of a single person there will be deductible of \$50 in any one calendar year. For families (two or more people), the deductible will be \$75. If in any calendar year the eligible expenses incurred do not exceed the deductible, the eligible expenses incurred during the last three months of that calendar year may be applied against

the deductible in the next calendar year.

After the deductible has been satisfied, the member will be reimbursed at the plan's rate of 70% of incurred eligible expenses.

There will be a \$5,000 lifetime limit for out of province emergencies. The lifetime maximum amount payable by the Plan will be \$100,000 per family member. Pacific Blue Cross will not be liable to pay in excess of the \$100,000 in respect of any person for group extended health care benefits including the \$5,000 out of province benefit. This maximum will be reinstated if a member or dependent provides, at their own expense, evidence satisfactory to Pacific Blue Cross of a complete recovery and return to good health.

### How a claim is made

Hold your receipts until the allowable charges are in excess of the deductible amounts. Obtain an Extended Health Benefits claim form from the United Fishermen's Benefit Fund or your local secretary or organizer and follow the instructions on the form.

**You have until December 31 to finalize claims for expenses incurred the previous year. For drug expenses, we require either an official Pharmacare receipt or drug store receipt.**

### Example of an EH claim

|                            | Expenses Submitted | Eligible Expense |
|----------------------------|--------------------|------------------|
| Prescribed drugs           | \$80               | \$80             |
| Ambulance                  | 20                 | 20               |
| Special Nursing            | 125                | 125              |
| Hospital (dependant)       | 100                | 100              |
| Total eligible expenses    |                    | \$325            |
| Deductible (single)        |                    | \$75             |
| Balance                    |                    | \$250            |
| 70% reimbursement of \$250 |                    | \$175            |
| <b>PLAN PAYS</b>           |                    | <b>\$175</b>     |

Do not include receipts more than once. Attempts to pad claims may result in your extended health claim being refused.

## Exclusions and Limitations

Your Extended Health Care Plan does not cover:

- a) expenses for benefit, care or services payable by or under the Medical Services Plan, whether or not any required premiums have been paid for the basic plan, Pharmacare, any hospital program or the Workers' Compensation Act, whether or not a claim is made thereunder without cost or at nominal cost by any public or tax-supported authority or agency or for which the member or dependent can recover from another party;
- b) expenses for dental services or dentures.
- c) any portion of the fee of a medical or dental practitioner not allowable under the Medical Services Plan due to non-referral;
- d) any amount of fees in excess of the usual or recognized fees for the service performed;
- e) expenses incurred outside the Province of British Columbia unless resulting from an unexpected injury or sickness occurring while temporarily traveling outside the Province and then only to the extent provided in item 8;
- f) expenses for services and supplies for cosmetic purposes;
- g) expenses caused, contributed to or necessitated as a result of;
  - 1) war or any act of war or participation in a riot or civil insurrection
  - 2) injury or sickness which was intentionally self-inflicted, whether sustained or suffered while sane or insane;
  - 3) occupational illness or injury; or
  - 4) the commission by the person or any unlawful act including an offence under the Criminal Code of Canada.
- h) expenses incurred for orthoptic treatment, hearing aids, or prescriptions for any of these items except as specially provided;
- i) expenses incurred in the treatment of any injury or sickness for which a person is hospitalized at the time he becomes eligible except if such illness recurs after a three month period during which it required no treatment, expenses relating to such illness incurred from that time



# Extended Health Care Claim form

- Please read instructions on reverse side before completing form
- Enclose all original receipts; keep copies of receipts for your records

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_ POLICY NO. **909800**

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_  
 PHONE \_\_\_\_\_

- MEMBER OF:
- UFAWU  
 NBBC  
 CANOE PASS CO-OP
- FISHER  
 FISH PACKER  
 RETIRED  
 SICK CREDITS

FISHING YOU HAVE DONE IN THE PAST YEAR:

| DATES | GEAR | BOAT | COMPANY |
|-------|------|------|---------|
|       |      |      |         |
|       |      |      |         |
|       |      |      |         |

| A  | B                                | C                                 | D                         | E                           | F  | G           |
|--|----------------------------------|-----------------------------------|---------------------------|-----------------------------|--|-------------|
| Type of Expense<br>(Drugs, hospital, ambulance, chiropractor etc.) | Name of person incurring expense | Dependent number<br>(00, 01 etc.) | Dependent's date of birth | Date of purchase or expense | Name of doctor prescribing or recommending service | Amount paid |
| 1.   |                                  |                                   |                           |                             |  |             |
| 2.   |                                  |                                   |                           |                             |  |             |
| 3.   |                                  |                                   |                           |                             |  |             |
| 4.   |                                  |                                   |                           |                             |  |             |
| 5.   |                                  |                                   |                           |                             |  |             |
| 6.   |                                  |                                   |                           |                             |  |             |
| 7.   |                                  |                                   |                           |                             |  |             |
| 8.   |                                  |                                   |                           |                             |  |             |
| 9.   |                                  |                                   |                           |                             |  |             |
| 10.  |                                  |                                   |                           |                             |  |             |
| 11.  |                                  |                                   |                           |                             |  |             |
| 12.  |                                  |                                   |                           |                             |  |             |
| 13.  |                                  |                                   |                           |                             |  |             |
| 14.  |                                  |                                   |                           |                             |  |             |

Is your claim the result of an accident?  Yes  No If yes, attach details.

Is this a Workers' Compensation (WCB) case?  Yes  No Claim # \_\_\_\_\_

Is this an ICBC or other auto insurance case?  Yes  No

Are you seeking damages from a third party?  Yes  No

Are any of these expenses due to a medical emergency while you were outside of the province where you live? If yes, please see the specific instructions under Out of Province on the back of this form.

Duplicate coverage information:  
 Do you or any of your dependents have other insurance to cover these benefits?  
 Yes  No If yes:

\_\_\_\_\_  
 Name of the other insurance company

\_\_\_\_\_  
 Group number ID number

\_\_\_\_\_  
 Name of member with other insurance company

\_\_\_\_\_  
 Effective date Cancellation date

If you are claiming for the balance not paid by the other insurance company, include photocopies of your receipts and their payment statement.

**Pacific Blue Cross does not return receipts. Please save our Explanation of Benefits for income tax purposes.** If you also have coverage with another insurance company make a photocopy of all receipts before sending the originals to PBC. I certify that I and/or my dependents incurred these expenses. All information is true and complete. I consent to the disclosure of this personal information by PBC to UFBF, to other insurance companies, and to other authorized third parties for the purpose of administering my plan, assessing and providing benefit coverage, or when required or permitted by law.

**X** \_\_\_\_\_  
 Member's Signature Date



# UNITED FISHERMEN'S BENEFIT FUND

1ST FLOOR, 326-12TH STREET, NEW WESTMINSTER, B.C V3M 4H6 TEL: 604-519-3644 FAX: 519-524-6944

## EXTENDED HEALTH BENEFIT • INSTRUCTIONS

- *Please ensure that you include your Pacific Blue Cross identity number (not your social insurance number) on the front of this form. Your PBC ID number can be found on your PBC card.*
- *Please make sure that you sign and date each claim form in the space provided on the first page, bottom right hand side.*

### WHEN TO FILE A CLAIM

Claims may be submitted whenever eligible expenses exceed your deductible of \$50 per year (single) or \$75 (family of two or more). The deadline to submit a claim for expenses in one calendar year is December 31 of the following year.

### HOW TO FILE A CLAIM

Please fill out the other side of this form and attach receipts. Photocopies are not acceptable.

### WHAT IS COVERED?

- 1. DRUGS:** Prescription drugs must be covered by Pharmacare to be eligible. Check with your pharmacist when you purchase your prescription and submit the original Pharmacare receipts with this form.
- 2. HOSPITAL:** For acute care general hospital, spouses and dependents only. Receipts must be submitted with an itemized statement from the hospital showing:
  - a) date admitted
  - b) date discharged
  - c) amount paid per day
  - d) letter from doctor when claiming private or semi-private room.
- 3) AMBULANCE:** Cost of emergency ambulance service.
- 4) OUT OF PROVINCE:** In the event of an unexpected injury or

illness, submit all receipts for physician's services or hospital charges to the Medical Services Plan (which has a 90-day deadline). After receiving a MSP statement, submit that statement, along with copies of receipts, to the Benefit Fund. There is a lifetime limit of \$5,000 per family member.

**5) PHYSIOTHERAPIST, MASSAGE THERAPIST, PODIATRIST, CHIROPRACTOR OR NATUROPATH:** Fees for registered physiotherapists, massage therapists, podiatrists, chiropractors, naturopaths and acupuncturists up to a maximum \$500 payable per year per member or dependent for each listed service. Receipts must be supported by an itemized statements showing:

- a) date of each treatment
- b) amount charged for each treatment

**6) EYEGLASSES:** (including lenses, frames and contact lenses to a maximum of \$300 in each 24-month period for each member of the family.

**8) EXPENSES** for other services should be submitted with a letter from the recommending doctor giving details of the disability and the reason why the service or item is necessary.

**Mail completed form and all necessary receipts to:**

**UNITED FISHERMEN'S BENEFIT FUND**

**1st Floor, 326-12th Street  
New Westminister, B.C. V3M 4H6**