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# **Benefits Administration Guide**

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## **Health/Dental Plan**

Medavie Blue Cross

## **Group Life Insurance Plan**

SunLife of Canada

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## **PSC Central Benefits**

3<sup>rd</sup> Edition - May 2009

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This document has been prepared to assist departmental benefits staff in their daily benefits administration. Specifically this guide contains a summary of the instructions and administration guidelines required to properly administer the Group Life, Health and Dental benefits plans offered to employees of the Province of Nova Scotia. This document has been prepared by PSC Central Benefits and its purpose is to supplement the benefits information already provided on the PSC web site. In the event of a conflict concerning the contents of this guide, the provisions of the plan contracts, collective agreements or regulations will apply.

# **TABLE OF CONTENTS**

- 1.0 Benefits Enrollment**
  - 1.1 Basic Life and Optional Life Insurance**
  - 1.2 Employees Health/Dental Plans**
  
- 2.0 Benefits Maintenance**
  - 2.1 Beneficiary Designation Information for Basic and Optional Life**
  - 2.2 Optional Group Life Insurance - Application Process**
  - 2.3 Living Benefits Loan Program for terminally ill employees**
  - 2.4 Changes to Employees Health/Dental Coverage**
  - 2.5 Cancellation/Waive Health/Dental Plan**
  - 2.6 Change in Organization/Temporary Assignment**
  - 2.7 Adjustments in Coverage and/or Premium**
  - 2.8 Impact on Benefits Premiums for Employees on LTD**
  
- 3.0 Termination of Employment and Impact on Benefits Coverage**
  - 3.1 Termination of Basic and Optional Life Insurance**
  - 3.2 Termination of Health/Dental Coverage**
  
- 4.0 SAP Benefits Reports and SAP Benefits Work Instructions**
  
- 5.0 Frequently Asked Questions**
  - 5.1 Basic Life and Optional Life Insurance**
  - 5.2 Health and Dental Plans**
  - 5.3 Definition of Eligible Dependents - Health/Dental Plans**
  - 5.4 What Happens to Benefits Coverage at age 65**
  - 5.5 What Happens to Benefits Coverage at Retirement**
  - 5.6 The Blue Cross Interface**

## 1.0 Benefits Enrollment

Benefit enrollment enables the enrollment of an employee into eligible benefit plans. The applicable benefit plans are determined when the employee has been hired into a position. Information on family members that is entered in SAP during the hiring action is carried forward to the benefit screens when enrolling an employee into the appropriate benefit plans.

Enrollment in the Province of Nova Scotia Basic Group Life Insurance Plan is a condition of employment, therefore it is mandatory that all eligible employees be enrolled in this benefit.

Enrollment in the Province of Nova Scotia Employees Health /Dental Benefit Plan is mandatory for all eligible employees unless an employee is waiving coverage and has provided proof of comparable coverage.

The following benefits enrollment material must be included in an employee's orientation package:

- Medavie Blue Cross Health/Dental Application\*
- Group Life Insurance Beneficiary Designation Card
- Optional Life Insurance Application\*
- Descriptions of coverage (Employees Health/Dental Plan booklet and Group Life Insurance Coverage)\*

**Note:** *When preparing the enrollment package for employees please put the employee's name, department and SAP ID (if available) on all benefit forms (Optional Life Application, Beneficiary Card and Health/Dental Application) before sending to the employee for completion.*

- \* These forms and booklets can be found on the PSC web site [www.gov.ns.ca/psc](http://www.gov.ns.ca/psc) under `Benefit Resources`.

## 1.1 Basic Life and Optional Group Life Insurance

Insurer: SunLife of Canada  
Policy Number: # 71309: NSGEU, CUPE Highway Workers; Corrections local 480  
# 71298: MCP/AS, Exclusions

Basic Life insurance coverage is mandatory and employees must be enrolled in this plan. The effective date is their date of hire.

If an employee requests to apply for Optional coverage within the initial 60 days of hire date, then coverage is automatically approved and the effective date is the hire date. However if application is made after the initial 60 day period, coverage is not automatically approved. Instead, the application must be sent to the PSC Central Benefits. Refer to section 2.2 under Maintenance for specific details on this process.

Beneficiary designations must include the name, relationship and birth date of each beneficiary. The beneficiary designation card is a legal document and needs to be completed, signed and dated in ink by the employee. This information is then entered in SAP on the Basic Life Insurance Record (Infotype 068) under the Beneficiary Tab. In addition, the Family Related Persons Infotype will have to be populated with any named beneficiary (who is not already showing in the Family Related infotype), prior to selecting these individuals as beneficiaries on the beneficiary record.

For more detailed information on beneficiary designations, please refer to section 2.1 under Maintenance.

It is imperative that the original Beneficiary Card and Optional Life application form be forwarded to PSC Central Benefits.

## 1.2 Employees Health/Dental Plans

Insurer: Medavie Blue Cross  
Policy Number: NSGEU: 10138  
MCP,AS,Exclusions: 10140  
CUPE Highway Workers: 10205  
Corrections Local 480: 10200

Once the completed application for Health is received, a Benefit Change PA40 action is performed and Health Record ( Infotype 167) is populated with all dependent and coverage details and employee is enrolled in proper health plan. The effective date for coverage is the hire date. For a complete description of eligible dependents, please refer to section 5.3.

Once enrollment is completed in SAP this information is then sent daily to Medavie Blue Cross by way of an electronic interface. The Blue Cross administration system is automatically updated with the information entered in SAP and a Blue Cross ID card is issued.

***Note: If you trash the health plan in SAP for any reason, it does not generate a termination action and the employee's health coverage is not terminated by Blue Cross. You must notify the PSC Central Benefits when you have trashed a Health Record in order to have the employee's health coverage properly terminated.***

An ID card is produced by Medavie Blue Cross and sent directly to the employee's HR division. Check the card for accuracy and then enter the first 9 digits of Employee's Blue Cross Subscriber number through PA 30, Internal Data (infotype 32) subtype 003 (Blue Cross Id Number) before distributing card to employee.

If an employee provides information advising they have alternate health coverage, then they are allowed to waive our coverage. The employee must provide a copy of the employee's or spouse's health plan, or a letter from the insurer. Information on the alternate coverage must be entered in SAP under Maintain Text in the General Benefits Information infotype.

An employee may also participate in our plan as well as their spouse's plan. Benefit payments are co-ordinated so that the amount payable under both plans does not exceed 100% of the actual eligible expenses. This is called **Co-ordination of Benefits (CoB)** and is a standard provision in all Canadian insurance contracts. The CoB record and relevant data on the alternate plan is to be entered during the enrollment action in Infotype 9002 in PA 40 or as an action through PA 30.

***NOTE: All original health plan applications, change forms, proof of coverage, overage dependent forms etc. are to be filed in employee's personnel file.***

## 2.0 Benefits Maintenance

Maintenance refers to any changes that may occur after the employee is enrolled in the benefits plans. Examples of changes that impact benefits include life status changes, position change, disability or terminal illness. In addition, employees may change their Optional Life coverage or under certain circumstances waive their participation in the Health/Dental plan.

### 2.1 Beneficiary Designation Information for Basic and Optional Life Insurance

Beneficiary designations are revocable and can be changed at any time by the employee. In the event of the employee's death, this information determines who will receive the life insurance proceeds.

Before sending the employee a beneficiary card, please complete the required areas for Dept. #, SAP ID, and Policy # and keep a log of all cards that you send to employees and record the date when you receive the completed card. This ensures that there are no outstanding beneficiary cards.

When a beneficiary card is received by the department, check to make sure that all areas of card are completed properly. If not, return to employee and have them add the missing information:

- e.g. - Ensure relationship and date of birth are shown for each beneficiary.
- Percentage(s) must total 100% for all designated beneficiaries
- Card must be dated and signed by Employee

It is recommended that the employee consults a lawyer for advice before requesting a complex beneficiary arrangement.

To add a new beneficiary in SAP:

Step 1- PA40 - Life Status Change action required to add a spouse or children  
or

PA30 - Family Related Persons Infotype to create record for beneficiaries other than spouse or children (use date on beneficiary card as effective date).

Step 2- PA 40 - Benefits Change action reason Life status change is then required using the date on the Beneficiary card as the effective date. This will allow you to assign the proper percentages to each beneficiary designated by the employee.

It is imperative that all original beneficiary cards are forwarded to PSC Central Benefits.

The following chart summarizes various beneficiary designation arrangements.

Designating one beneficiary	To designate one beneficiary, the member must complete the name, relationship, birthdate and indicate 100%.
Designating more than one beneficiary	To designate more than one beneficiary, the member must complete the name, relationship, birthdate and percentage on the form for each beneficiary. The total of the designated percentages must be equal to 100%.
Appointing a contingent beneficiary	To appoint a contingent beneficiary, the member must include this information on the beneficiary form by providing the name, relationship, birthdate and percentage for each contingent beneficiary. The total of the designated percentages must be equal to 100% for the contingent beneficiaries. ( A contingent beneficiary is the person designated to receive the proceeds if the primary beneficiary dies before the insured.)
Designating a minor child (under age 19)	If an employee has named minor children ( under 19 years of age) as beneficiaries, a Trustee should also be named to avoid the process of a Guardian being appointed by the courts before death benefit proceeds can be paid. The information (name, relationship) pertaining to the Trustee is to be entered under Maintain Text in PA 30 on the Beneficiary Record.
Designating an estate	A member designating the estate as beneficiary should consider the following: <ul style="list-style-type: none"> <li>• The insurance proceeds, may be subject to Estate taxes.</li> <li>• Insurance proceeds payable to the estate are subject to claims from creditors, whereas proceeds payable to an individual beneficiary may be protected from creditors.</li> <li>• Probate costs vary from province to province and are based on the total value of the estate. These cost are not incurred if proceeds are payable to a named beneficiary.</li> </ul>
When no beneficiary has been designated	Proceeds will be paid to the member's estate.

## 2.2 Optional Group Life Insurance - Application Process

An employee can apply for Optional life insurance coverage at anytime. If an employee applies for this coverage after the first 60 days from hire date, they will be required to submit medical evidence of good health to the insurer. These requests must be sent to the PSC Central Benefits who will send the employee the appropriate documents to complete. The PSC will be notified by the insurer if the employee has been approved or declined for the coverage. If approved, the PSC will update the employee's Optional Life record on SAP and notify employee and the department. If the request is denied, the insurer will directly notify the employee.

Employees can decrease or cancel their optional life insurance coverage at any time. These requests must be signed by the employee and the effective date is the date the request is received by the department. Email or phone requests are not acceptable.

PA40 Benefits Change action is required to update an employees coverage. A letter must be sent to the employee to confirm the change in coverage. A copy of the confirmation letter and the employee's original request must be sent to the PSC Central Benefits.

### **2.3 Living Benefits Loan Program for terminally ill employees**

SunLife offers their policyholders a Living Benefits Loan Program, which allows a terminally ill plan member with a life expectancy of 24 months or less the option to take a loan up to 50% of their Basic Life insurance coverage to a maximum of \$100,000. To be eligible, the member is not expected to live for more than 24 months and the policyholder (the PSC) must agree to the loan. Upon the death of the plan member, their life insurance coverage will be reduced by the amount of the Living Benefit Loan plus the interest charged from the date of the loan.

*Note: This offering is subject to change by Sun Life at anytime therefore you must contact the PSC Central Benefits for up to date information on this benefit as well as the appropriate application forms, before communicating information to an employee.*

### **2.4 Changes to Employee's Health/Dental Coverage**

The following rules are to be followed whenever there is a Blue Cross change form received:

1. Adding Spouse within 31 days of marriage, the effective date is the date of Marriage. Be sure to change to Family coverage and select spouse under dependents tab if the employee only has Single coverage at present.
2. Adding Spouse after 31 days of marriage, the effective date is the first of the month following receipt of change form. Be sure to change to Family coverage and select spouse under dependent tab, if employee only has Single coverage at present.
3. Adding a common law spouse, the effective date is the first of the month following the minimum requirement co-habitation rule of 12 months.
4. Adding a new born child the effective date is the Date of Birth.
5. Adding a child other than a newborn effective date is the first of the month following receipt of the request.
6. Removing dependents - the effective date is the date change form was received. Also, if this is the last dependent under the plan, change coverage to Single.

7. Adding coverage Students between the ages of 21 - 25 the effective date of the school year is September 1 - August 31 and must be renewed annually. For a dependent who turns 21 or 25 during the school year, the effective date is their birthday.
8. Changes to the Employee's Personal Data, Address, or Family Related Persons records impact the Health Plan therefore, you must save the Current Health Record after changing the other infotypes.

## **2.5 Cancellation/Waive Employees Health/Dental Plan**

If an employee requests to cancel or waive the mandatory health/dental coverage, they may do so if they provide proof of comparable coverage with another insurer. The termination action is performed through a PA40 action and the effective date is the date the proof is received by the department. A detailed notation needs to be created (under Maintain Text) in PA30 to store information of the alternate coverage. The text should include: name of alternate insurer, policy #, certificate # and effective date of coverage.

## **2.6 Change in Organizational/Temporary Assignment**

When an employee has a change in their organization or a temporary assignment where benefit plans may be impacted, a Benefit Change action PA40 is required. This action is necessary to ensure the employee is enrolled in the proper benefit plans for their classification and that their correct business area is reflected on their Blue Cross ID card.

*Note: Check the employee's current coverage for each benefit and select the same coverage the employee had prior to the organizational change because SAP may automatically default to one times salary Optional Life insurance coverage in error, and you will have to make the change in the drop down menu to correct it if the employee actually had two times salary coverage. SAP will default to 'Single' Health coverage, even if the employee had been enrolled in 'Family' coverage. You will have to correct this back to 'Family' coverage.*

## **2.7 Adjustment in Coverage and/or Premium**

Whenever an employee has a change to salary, their Group Life Coverage will be impacted. With an increase in salary, the Basic and Optional life insurance coverage will increase and the premiums associated with this coverage will automatically be adjusted. (An exception to this is if the employee is on an approved waiver of premium for Optional life. In this situation, the Optional life coverage is 'frozen' at the time the waiver of premium is approved and salary adjustments will not impact the coverage).

An employee's premiums for Optional Group Life insurance will also increase automatically whenever the employee reaches a new age band for the Optional Life Premiums.

Changes to an employee's health coverage from Single coverage to Family coverage or Family to Single coverage, will automatically change the premium amount being deducted from the employee.

When an employee reaches age 65, their health premiums will automatically be reduced because employees who need prescription drug coverage past age 65 will be required to pay an additional premium to either Seniors Pharmacare or Families Pharmacare Programs. (Prescription drug coverage stops under our health plan on the plan member's 65<sup>th</sup> birthday).

A summary of the premiums for all benefits can be found on the PSC web site.

## **2.8 Impact on benefits premiums for an employee who has been approved for LTD benefits**

Employees who are approved for Long Term Disability Benefits are not required to pay their portion of the premiums for Basic Group Life and the Health/Dental benefits. These premiums are paid 100% by the employer while the employee is an LTD claimant.

When doing the PA40 action to enroll employee in the 100% Employer Paid plans, the system automatically defaults to 'Single' Health coverage. You must change this if the Employee has family coverage (to ensure their dependents still have coverage).

In addition, premiums may be waived for the Optional Life insurance, but this first needs to be approved by the insurer through a **Waiver of Premium** process. The Waiver of Premium is a provision in our life insurance contract which allows for an LTD claimant the option to apply to have their Optional life insurance premiums waived while they are in receipt of LTD benefits. The department must notify PSC Central Benefits when an employee has been approved for LTD if they are enrolled in the Optional Life plan. PSC Central Benefits will then send the employee a Premium Waiver Benefit Application.

If the Waiver of Premium is approved by the insurer, PSC Central Benefits will notify the employee and update the Optional Group Life record on SAP to indicate that the employee is on an approved waiver. The Optional Life SAP record will show no cost for the benefit and the coverage will be recorded in the alternate coverage field (because coverage does not increase while on a waiver of premium). The Basic Life coverage is not impacted by the waiver of premium, so salary adjustments will continue to impact the Basic coverage. When the employee returns to full time active work, the PSC Central Benefits must be notified to remove the waiver from the Optional Group Life record in order for premiums to be reinstated.

If the employee is not approved for the Waiver of Premium, the coverage will be impacted by salary adjustments and the employee will continue to pay premiums but it is paid directly to the LTD provider.

***Note: Whenever performing a PA 40 Benefits change action, check to ensure that the employee's benefits coverage is still accurate. SAP will at times default to Single coverage for Health benefits, and default to the 'one times salary' option for Optional life insurance coverage. You must change the coverage back to the correct coverage for the employee, health plan dependents and life insurance beneficiaries.***

### 3.0 Termination of Employment and Impact on Benefits Coverage

Termination of benefits may be due to resignation, retirement, or death of an employee. (Cancellation procedures for specific benefits such as Optional Life, or waiver of Health/Dental benefits is under section 2.0 Maintenance of Benefits).

#### 3.1 Termination of Basic and Optional Life Insurance Coverage

Terminations of Group Life insurance benefits are processed through a PA 40 action. When processing a Benefit Change - Termination for Benefits you must add one day to the termination date in order for the correct date to appear on the benefit record. SAP acknowledges the date entered as the first day without benefits and populates the actual benefit record with the correct termination date. ie: termination date is June 25 and benefits change action must be dated June 26 and this date shows in the actions. The employee's benefit record end date is recorded on SAP as June 25.

When employment is terminated, the employee is entitled to convert their life insurance coverage to an individual life insurance policy with the insurer. This is called a **Conversion Privilege** and is only available for 31 days past the termination date. The advantage of the conversion is that the terminated employee does not have to be medically approved for this insurance. A letter outlining the Conversion Privilege must be sent by the department to the employee immediately following their termination since the employee only has 31 days in which to apply for the conversion. There is a standard form letter available for use on the PSC web site.

When termination is due to the death of the employee, a Benefits change action is still required to terminate coverage. The Group Life Insurance Claim Information Form with a copy of the completed Form 140 must be sent to PSC Central Benefits who handle all aspects of processing death claims.

When termination is due to retirement, a copy of Form 140 must be sent to PSC Central Benefits who will set up the retiree benefits on the Pension payroll effective the first of the month. This coverage is optional, and the retired employee can reduce their coverage or cancel it at anytime as long as they advise the PSC in writing. Retired employees may continue their life insurance coverage until age 65. If an employee is over 65 when they retire, the life insurance coverage is only extended for 3 months past their retirement date. The PSC Central Benefits will send the employee a letter upon their retirement with details of their retiree life insurance coverages and costs. The employee is not entitled to the Conversion Privilege and does not receive a conversion letter. However when their retiree group life insurance coverage terminates, the PSC will offer the retiree the conversion option.

### 3.2 Termination of Health/ Dental Benefits Coverage

Termination of the Health/Dental benefits is processed through a PA 40 action. When processing a Benefit Change - Termination for Benefits you must add one day to the termination date in order for the correct date to appear on the benefit record. SAP acknowledges the date entered as the first day without benefits. **In addition, the Health Record Infotype 167 will populate during the termination action. It is imperative that the actual end date of termination be entered on this record as it is the only record that will forward a termination date through to Blue Cross via the interface to terminate the health/dental coverage.** Upon termination of employment or termination due to retirement, the Employees Health /Dental Plan coverage is extended for 28 days past the termination date. This is handled automatically through the Blue Cross interface.

When processing a termination due to the death of the employee, a Benefits Change Action is still required to terminate coverage. If the member had family coverage, and the surviving dependent(s) are in receipt of a Survivors pension (check with NSPA), the surviving dependents will be able to continue health coverage under the Retired Employees Health Plan. This change must be forwarded to the PSC Central Benefits.

When termination is due to retirement, a copy of Form 140 must be sent to PSC Central Benefits who will set up the retiree benefits on the Pension payroll effective the first of the month. PSC Central Benefits will transfer the employee and dependents from the Employees health plan to the Retired Employees Health Plan. The PSC Central Benefits will send the employee a letter upon their retirement with details of their retiree health plan coverages and costs. Members of the Retired Employees health plan can cancel health coverage at any time by providing written notice to PSC Central Benefits.

## 4.0 SAP Benefits Work Instructions

There are many documents that can be found on the Human Resources Help Site to assist you in the SAP processes associated with benefits administration. These documents are maintained by the PSC Business Transformation Division and are updated on a regular basis. <http://iweb.psc.gov.ns.ca/rwd/nav/content.htm>

There are also SAP Work Instructions for Benefit Change Actions and SAP data entry. By using the work instructions along with the business rules outlined in this Guide you should be well on your way to processing benefit changes accurately.

### SAP Benefits Reports

The following reports can be used to assist in the day to day administration of Benefits in SAP.

**1. HRBEN0001      Enrollment**

Enrollment allows the user to go directly to the enrollment, possible offers for an employee without going through the dynamic action of a regular Benefit Change enrollment action.

**2. HRBEN0003      Participation Monitor**

This report provides the user with information identifying existing employees and the plans they are eligible to be enrolled in and are not. It enables the user to detect employees who are no longer eligible for plans in which they are participating and find any inconsistencies in Benefit Plan elections.

**3. HRBEN0006      General Overview Benefit Plan Date**

The Participation Overview report allows the user to display information pertaining to individual employees. The report is very useful for any queries from employees concerning their current benefit status.

**4. HRBEN0015      Confirmation Form**

The print confirmation form allows you to display and print benefit plans an Employee is enrolled.

**5. HRBEN0071      Eligible Employees**

This report shows the employees who are eligible for specified benefit plans on a particular date. The report provides information identifying existing employees and the plans they are eligible to be enrolled in but are not. This report shows the Employee's date of entry and the calculated eligibility date.

**6. HRBEN0072 Participation**

This report shows the employees who are participating in a specific benefit plan on a particular date or specific period of time.

**7. HRBEN0073 Health Plan Costs**

This report shows the employee and employer costs for a specific plan on a given date for multiple personnel numbers or by personnel area/subarea.

**8. HRBEN0074 Insurance Plan Costs**

This report shows the employee and employer costs for a specific plan on a given date for multiple personnel numbers or by personnel area/subarea.

**9. HRBEN0077 Changes in Benefit Elections**

This report shows the changes made to benefit plan infotype records on a particular date or during a specific period of time. These changes include new enrollment, termination or changes in the employee elections for a plan.

**10. HRBEN0079 Changes in Eligibility**

This report indicates employees who are no longer eligible for the plans in which they are participating. Employees can become ineligible due to the following circumstances:

- the plan in which they are participating is removed from the program for the benefit area and first/second program grouping to which they belong.
- the employee is assigned to a different benefit area due to an Organizational Change and the plan they are presently participating in is no longer the correct plan.
- the employee no longer fulfills the requirements of the eligibility rules for the Benefit Plan.
- the employee is no longer enrolled in a plan defined as a co-requisite.

**11. ZRHRBN001 100 Days LTD Cancellation**

This report will identify employee's who will reach the age of 60. The report isolates individuals 100 days prior to the end of the month they will reach age 65.

The 100 days prior is the date used to stop LTD premiums.

## **5.0 Frequently Asked Questions**

### **5.1 Basic Life and Optional Life Insurance Plan**

- **How do I confirm who I have listed as my beneficiary for my life insurance and how can I confirm how much insurance coverage I have in place?**

Most employees can confirm beneficiaries and coverage by logging onto ESS (Employee Self Service). Otherwise request a letter from the employee and confirm beneficiaries/coverage in a written response.

Note: There are some beneficiaries that are not listed in SAP or ESS however the original beneficiary designation cards are stored at PSC Central Benefits. The PSC will require a letter from the employee to release beneficiary information.

- **Is there life insurance coverage for my spouse or children?**

No, there is no life insurance coverage offered for spouses or dependent children.

- **Can an underage child be named as a beneficiary?**

Yes, a child may be designated as a beneficiary, however if the child is under 19 years of age, a Trustee for the child should be named so the death claim proceeds are not held up while the courts appoint a Guardian for the child.

- **May I name more than one beneficiary ?**

Yes, you may name as many beneficiaries as you want. Assign percentages based on 100% for disbursement to each individual named.

- **How does an employee apply for Optional Life coverage if they are over the initial 60 day period for enrollment ?**

The request for coverage is to be forwarded to the PSC Central Benefits Division, and an enrollment package will be sent to the employee. The employee has passed the 60 day grace period for enrollment and must now complete a medical questionnaire which will be forwarded to Sunlife for approval.

## 5.2 Health and Dental Plan

- **Can I add my mother/father/brother/sister to my health/dental plan ?**

No, they are not considered eligible dependents under the terms of the health insurance contract.

- **Am I permitted to have my ex-spouse and my current spouse both covered as dependents under my health plan ?**

Both are eligible, but cannot be covered for benefits at the same time. (The insurer only allows coverage of one spouse at a time).

- **How do I check my claims history or if a claim has been paid ?**

You can check your claims and dependents claims history on the Medavie Blue Cross cardholders website [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca) or by calling claims at ( 1-800-667-4511 or 1-902-496-7009 )

- **How to obtain a duplicate Blue Cross ID Card for an employee?**

Order duplicate cards from the Blue Cross Website upon employee's request.

- **How do I obtain information on any changes to my benefit plan ?**

Current booklet and master benefits contract for Health/Dental Plan can be found on the PSC website [www.gov.ns.ca/psc/benefit\\_resources](http://www.gov.ns.ca/psc/benefit_resources).

- **If employee turns 65 and the Spouse is not 65, does the spouse still have Prescription Drug coverage ?**

Yes, the spouse is still eligible for coverage until their 65<sup>th</sup> birthday.

### 5.3 Definition of Eligible Dependents - Health/Dental Plans

**Dependent:** Dependent means the employee's spouse and unmarried dependent children as defined below.

**Spouse:** shall mean a person of the opposite or same sex who is legally married to the employee.

**Common Law Spouse/Domestic Partner:** shall mean a person of the opposite or same sex who has continuously resided with the employee for not less than one full year.

**Children:** shall mean the employee's natural, adopted, stepchildren, or grandchildren \*(legal documentation must be provided) who are dependent upon the employee for financial care and support. Such children must be:

- (a) unmarried;
- (b) unemployed; and
- (c) less than 21 years of age; or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

The children of the employee's common-law spouse shall be covered provided the children are living with the employee.

An Overage Dependent Form is required each year for children over 21 and attending school. This form is located on the PSC website.

**Special Dependents** must be active on the plan on the date of request for disabled status. A "Special Dependent Questionnaire Form" for disabled dependents must be completed and returned to Medavie Blue Cross, Underwriters Division for approval. The dependent must have been on the plan on a full-time basis prior to applying if over age 21. This form is available on the PSC website.

\* Options for Acceptable Legal Documentation:

- A legal document (a document that has gone through the court system)
- A copy of the employee's income tax showing that they are claiming the child
- Provide proof that they are in receipt of the Child Tax Credit benefit for that child

#### **5.4 What happens to benefits coverage and costs at age 65?**

- **Are there changes to my health coverage if I work past age 65?**

If you continue to work beyond age 65 you will still be a member of the Employees Health/Dental plan however prescription drugs are no longer a benefit under this plan. If you require drug coverage, please contact the Families Pharmacare Program or N.S. Seniors Pharmacare Program administered by the Department of Health.

- **If the employee turns 65 and the Spouse is not 65, does the spouse still have Prescription Drug coverage ?**

Yes, the spouse is still eligible for coverage until their 65<sup>th</sup> birthday.

- **Are there changes to my life insurance coverage if I continue to work past age 65?**

No, the coverage will stay in place regardless of your age, as long as you are still an employee.

#### **5.5 What happens to benefits coverage and costs upon retirement?**

- **When I retire will my Basic Group Life insurance premiums continue to be cost shared ?**

Premiums are no longer cost shared, you will be responsible for the full cost of the life insurance premiums.

- **When I retire is the Group Life Insurance coverage the same?**

When an employee retires they have the option to maintain the same coverage, or cancel or reduce the coverage by providing written notice to PSC Central Benefits. The coverage is not mandatory for a retiree. However it cannot be reinstated once it has been cancelled or reduced.

- **Do I have the same health coverage when I retire as I have now as an employee ?**

There is a Retired Employees health plan available but the coverage is not the same as the Employees Health plan. In addition, there is no longer coverage for Dental or Worldwide Travel benefits and there are a few other differences. The Retired Employees Health Plan Booklet can be found on the PSC website [www.gov.ns.ca/psc/benefit/resources](http://www.gov.ns.ca/psc/benefit/resources).

- **When I retire will my Retirees Health plan premiums continue to be cost shared ?**

Yes, it is the same cost-share as the Employees health plan.

- **If the retired employee turns 65 and the Spouse is not 65, does the spouse still have Prescription Drug coverage ?**

Yes, the spouse is still eligible for coverage until their 65<sup>th</sup> birthday.

- **Are the Retirees Health premiums the same as the Employees Health plan premiums?**

The premiums are not the same because the coverage is not the same.

- **As a retiree, do the health plan premiums reduce at 65?**

Yes, health premiums will reduce at 65.

## **5.6 The Blue Cross Interface**

Employee data related to the employee's health and dental benefits coverage in SAP is transferred via an electronic interface to our insurer, Blue Cross. This data automatically updates Blue Cross' eligibility files and will generate a new Blue Cross ID card for the plan member. The data is transferred on a daily basis. Examples of data transferred include address changes, name change, organizational change, addition or deletion of dependents, overage dependent status.