



Benefits Administration Guide

Member Employers

Health / Dental Plan

Medavie Blue Cross

Group Life Insurance Plan

Sun Life of Canada

PSC Benefits

August 17, 2011

This document has been prepared to assist benefits staff of Member Employers 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 members of the Province of Nova Scotia benefits plans. 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 will apply.

TABLE OF CONTENTS

1.0 Benefits Enrollment

- 1.1 Basic Life and Optional Life Insurance**
- 1.2 Employees Health / Dental Plan**

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 Changes in Organization / Temporary Assignment**
- 2.7 Adjustments in Coverage and /or Premium**
- 2.8 Impact on Benefits Premiums for Employees on LTD**
- 2.9 Requests for Renewal Data (Group Life Insurance)**

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 Leaves

5.0 Remittance Procedures for Blue Cross and Sun Life; and PSC Contact Information

6.0 Frequently Asked Questions

6.1 Basic Life and Optional Life Insurance

6.2 Health and Dental Plans

6.3 Definition of Eligible Dependents – Health / Dental Plans

6.4 What Happens to Benefits Coverage at age 65?

6.5 What Happens to Benefits Coverage at Retirement

1.0 Benefits Enrollment

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 these benefits.

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 Nomination Form*
- 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, employer and personnel ID (if available) on all benefit forms (Optional Life Application, Beneficiary Nomination Form 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 under Employee Centre, go to Benefit Resources.

Employee Benefit	Permanent Employee - A permanent full-time or permanent part time employee employed on a regular basis who works not less than 40% of the full-time hours.	Job Share Employee - employees in a permanent position who are working 50% of the full-time hours.	Term Employee - employee who is employed continuously in an assignment of work that is anticipated to be or turns out to be thirty-nine (39) weeks or more but less than one hundred and four (104) weeks shall be appointed as a Term Employee.	Casual Employee
Basic Group Life	X	X Benefit is pro-rated based on actual earnings.	X	No coverage
Optional Life	X	X Benefit is pro-rated based on actual earnings.	X	No coverage
Health and Dental	X	X	X	No coverage

1.1 Basic Life and Optional Group Life Insurance

Insurer: Sun Life of Canada

Policy Number: # 71309: NSGEU

71298: Non-union

Basic Life insurance coverage is mandatory and employees must be enrolled in this plan. The effective date is their date of hire, and continues until the end of their employment.

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 Benefits. Refer to section 2.2 under Maintenance for specific details on this process.

Beneficiary designations must include the name, relationship, birth date of each beneficiary, and percentage. The beneficiary nomination form is a legal document and needs to be completed, signed and dated in ink by the employee.

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

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

1.2 Employees Health/Dental Plans

Insurer:	Medavie Blue Cross	
Policy Number:	NSGEU:	# 10138
	Non-union:	# 10140

The effective date for coverage is the hire date. For a complete description of eligible dependents, please refer to section 5.3.

The HR division is responsible for enrolling employees and dependents in the Health / Dental plans. This is done either through the Blue Cross administrator's web site, or your SAP payroll system. The Blue Cross administration system is automatically updated with the information entered through their web site.

An ID card is produced by Medavie Blue Cross and sent directly to the employee's home address or HR division. Please check the card for accuracy before distributing the card to the employee.

If an employee provides information advising they have comparable health and dental 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.

An employee may also participate in our plan as well as their spouse's plan. Benefit payments are coordinated 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 group insurance contracts

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 provide proof of comparable health and dental coverage to 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 nomination form, please complete the required areas for employee ID#, and department name or number and keep a log of all forms that you send to employees and record the date when you receive the completed form. This ensures that there are no outstanding beneficiary nomination forms.

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

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

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

It is imperative that all original beneficiary nomination forms are forwarded to PSC 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"> • The insurance proceeds, may be subject to Estate taxes. • Insurance proceeds payable to the estate are subject to claims from creditors, whereas proceeds payable to an individual beneficiary may be protected from creditors. • 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.
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 any time. 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 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 notify the employee and the department who in turn must update their payroll records. 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 HR division. Email or phone requests are not acceptable.

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 Benefits.

Otherwise, optional life insurance would continue until the end of their employment term.

2.3 Living Benefits Loan Program for Terminally Ill Employees

Sun Life 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 any time therefore you must contact the PSC 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 date the change form is received by the H R division. 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 date the form is received by Human Resources following the date upon which the change form meets the minimum requirement co-habitation rule of 12 months or receipt of the change form by Human Resources that exceeds the minimum requirement co-habitation date.
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 date the change form is received by the H R division.
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. Dependent children between the ages of 21- 25 are eligible to continue to participate in this plan as long as they are attending college, university, or other accredited educational institution as full-time students. However, an Over Age Dependent Form must be completed at the start of the school year in order for them to be eligible for benefits coverage. For dependents turning 21 during the school year, the effective date is their birthday. Coverage terminates at the age of 25 whether they are a student or not. Forms are available on our website.

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 (both health and dental) with another insurer. The effective date is the date the proof is received by the HR division.

2.6 Changes in Organizational/Temporary Assignment

When an employee has a change in their organization or a temporary assignment where benefit plans may be impacted, the HR division must 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.

2.7 Adjustment in Coverage and / or Premium

Please make sure that your payroll system calculates these adjustments and required premiums.

Whenever an employee has a change in 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 must 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.

If there are changes to an employee's health coverage from Single coverage to Family coverage or Family to Single coverage, your payroll system must change the premium amount being deducted from the employee to reflect the appropriate premiums.

When an employee reaches age 65, their health premiums will have to be reduced as employee's prescription drug coverage is no longer an eligible benefit past age 65. For employee's requiring drug coverage, they need to contact the N.S. Seniors Pharmacare or Families Pharmacare Programs which are administered by the Department of Health.

Employees will be required to pay an additional premium to either Seniors Pharmacare or Families Pharmacare Programs.

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 by the Province of Nova Scotia Public Service LTD plan 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.

Please ensure your payroll system reflects that premiums are not being charged to the employee and that the employer is paying 100% of these premiums.

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 HR division must notify PSC Benefits when an employee has been approved for LTD if they are enrolled in the Optional Life plan. PSC Benefits will then send the employee a Premium Waiver Benefit Application.

If the Waiver of Premium is approved by the insurer, PSC Benefits will notify the employee and the HR division who must update their payroll system's Optional Group Life record to indicate that the employee is on an approved waiver. The Basic Life coverage is not impacted by the waiver of premium, so salary adjustments will continue to impact the Basic coverage. The LTD Plan office needs to be notified of any employee salary increases. When the employee returns to full time active work, the PSC Benefits must be notified and the HR division must remove the waiver from the Optional Group Life record and have the premiums for this coverage 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.

2.9 Requests for Renewal Data (Group Life Insurance)

Sun Life, the insurer of the DHAs employee's life insurance benefits, requests annually census data. This data is required to recalculate the benefit premium rates for the upcoming year. The data required is noted below:

Class	Division (if applicable)	Member Name	ID Number	Gender	Coverage Status (if applicable)	Date of Birth
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and

Salary	Frequency	Occupation	Province of residence	Employment Status	Life Volume (if applicable)	Optional Life Volume (if applicable)
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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 are under section 2.0 Maintenance of Benefits).

Note: Federal Legislation requires that when an employee reaches age 71 they must begin to draw their pension, however the individual may continue working as an active employee. In this case the Benefits will continue under the employee plans until such time as the employee officially retires and is no longer an active employee. The Benefits Division at the Public Service Commission must be notified when the employee officially retires to ensure benefits are then transferred to the Retiree record.

3.1 Termination of Basic and Optional Life Insurance Coverage

The life insurance coverage is terminated on the employee's termination date. However 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 HR division to the employee immediately following their termination since the employee only has 31 days in which to apply for the conversion.

When termination is due to the death of the employee, the Group Life Insurance Claim Information Form and a copy of the payroll advisement form must be sent to PSC Benefits who handle all aspects of processing death claims.

When termination is due to retirement, and the employee is eligible and in immediate receipt of the Province's superannuation (monthly pension), a copy of the payroll advisement form must be sent to PSC 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 Benefits will send the employee a letter upon their retirement with details of their retiree life insurance coverage 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

Upon termination of employment or termination due to retirement, the Employees Health / Dental Plan coverage is extended for 28 days past the termination date.

When processing a termination due to the death of the employee, the date of death is the termination date for the coverage. If the member had family coverage, and the surviving dependent(s) are in receipt of a Survivors pension (check with the Nova Scotia Pension Agency), the surviving dependents will be able to continue health coverage under the Retired Employees Health Plan. This change must be forwarded to the PSC Benefits.

When termination is due to retirement, and the employee is eligible and in immediate receipt of the Province's superannuation (monthly pension), a copy of the payroll advisement form must be sent to PSC Benefits who will set up the retiree benefits on the Pension payroll effective the first of the month. This form should be forwarded to PSC, Benefits 1 - 2 months prior to the employee's retirement date. The form should include the employee's address, salary, health coverage, and amounts of basic and optional life insurance. The PSC Benefits will set up the employee and dependents from the Employees health plan to the Retired Employees Health Plan, and any applicable life insurances. The PSC Benefits will send the employee a letter upon their retirement with details of their retiree health plan coverage and costs. Members of the Retired Employees health plan can cancel health and/or life insurance coverage at any time by providing written notice to PSC Benefits.

4.0 Leaves

Employees are required to maintain their benefits coverage during any paid or unpaid leave of absence.

Obtain from a payroll source the total amount of arrears for any employee on a leave and provide the employee with a Benefit Cost Statement. Send a Benefit Cost Statement to the employee including costs for their pension, LTD, health, group life insurance contributions for their signature approval.

If an employee selects to opt out of pension payments this change must be noted.

Send cheques for these contributions to Linda Oleschuk, Department of Finance along with a copy of the Benefit Cost Statement. Also, send a copy to Nova Scotia Pension

Agency. Retain a copy for your file and place it in a BF file folder in the month prior to the employees return date.

Letters are sent to employees who have not paid their benefits one month prior to their return. This letter will explain if contributions have not been received prior to their return to work, all arrears will be deducted from their first pay/s.

When an employee goes on a LOA and doesn't pay for their benefits, then terminates without returning to work, the savings plan should be shut off for the date that they went out on their leave. This will eliminate arrears accumulating. If they do return at a later date, arrangements could be made with Pensions to purchase.

5.0 Remittance Procedures

The member employer is responsible for preparing and submitting a remittance report and cheques to each insurer on a monthly basis. The remittance report should be generated based on the payroll records and reflect the appropriate premiums being charged for the employer and employees contributions for all eligible members of the Province's group life, health/dental plans.

At least once per year, the PSC will contact the member employer and request that they verify the premiums paid to each insurer for the past year.

Annually the PSC will request from the member employer a complete list of employees, dates of birth and all coverage.

Please ensure the remittances are sent to the insurers by the 14th of each month.

Medavie Blue Cross (Health / Dental Plan Insurer)

The type of data that needs to be sent to this insurer includes the policy number and section number, the total number of employees insured for the Single and Family coverage and the total premium owing for that particular month as well as any arrears or adjustments.

Monthly remittances are payable to Blue Cross and forwarded to:

Medavie Blue Cross
P.O. Box 220
Moncton, NB
E1C 8L3

Sun Life of Canada (Basic Group and Optional Life Insurer)

The type of data to be sent to this insurer includes the policy number and section number, the total premium for the number of employees insured for that month and volumes of coverage for each benefit. Arrears and adjustments must also be included. The Optional Life insurance premiums must show a breakdown of volumes and premium by age band.

Monthly remittances are payable to Sun Life and forwarded to:

Sun Life Financial
Billing and Collections
Attn: Natasha Eperjesi
1155 Metcalfe
10th Floor
Montreal, QC
H3B 2V9

Contacts for Group Life Insurance & Health / Dental Plans

Nova Scotia Public Service Commission

Mailing Address:

Nova Scotia Public Service Commission
Benefits
P.O. Box 943
Halifax, Nova Scotia
B3J 2V9

Phone: 902-424-3240

E-mail Address: PSCBenefitInquiries@gov.ns.ca:

Fax Number: 902-424-0756

6.0 Frequently Asked Questions

6.1 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?

Request a letter from the employee and confirm beneficiaries / coverage in a written response. The PSC stores the beneficiary documents so please contact the PSC if you require this data.

- **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 Benefits, 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 Sun Life for approval.

6.2 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 cardholder's website 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.

- **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 65th birthday.

6.3 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 Over Age Dependent Form is required each year for children over 21 and attending school. This form is located on the PSC website. <http://www.gov.ns.ca>

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

6.4 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 65th 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.

6.5 What happens to benefits coverage and costs upon retirement? (Retirees life insurance and health coverage is only available if the retiree is in receipt of the Province's superannuation (monthly pension)).

- **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 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 booklet 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 other plan maximum differences. The Retired Employees Health Plan Booklet can be found on the PSC website 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 65th 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.