

# UFCW Local 401 Real Canadian Superstore Benefit Trust Fund



Prescription drug  
Sick day benefit  
Vision care  
Extended health care  
Life insurance

For part-time employees  
& their dependants

January 1, 2020

REAL CANADIAN  
**Superstore** 

 **UFCW**  
**local 401**  
A VOICE FOR WORKING ALBERTA

The UFCW Local 401—Real Canadian Superstore Benefit Trust Fund sponsors a benefit plan for part-time employees who work for the Real Canadian Superstores and Liquorstores in Alberta, and who are union members of UFCW Local 401.

The Benefit Trust Fund is managed by a joint board of Union-appointed and Employer-appointed Trustees. This booklet briefly summarizes the benefit plan and its eligibility rules, but it does not confer any contractual or other rights. All rights and benefit provisions are managed by the Trustees. The Trustees have the full authority to resolve all questions about the administration of the benefit plan and to increase or decrease coverage amounts from time to time.



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## Personal Information

Participation in the benefit plan depends on the collection, storage and use of your personal information and that of your eligible dependant(s). It forms the foundation upon which individual entitlements are built and from which benefit payments are calculated and made. As well, parts of that personal information are needed to satisfy government requirements for information, to facilitate audits of the Benefit Trust Fund, to estimate future operating costs, and to inform plan members about their coverage. In all cases, personal information is stored with the strictest attention to security and used only to fulfill the requirements of the Benefit Trust Fund and the law.

Registration to participate in the benefit plan involves an authorization to allow the Trustees to gather and apply personal information in specific ways. You may revoke that authorization, subject to certain legal constraints; however, doing so will result in the deletion of your personal information file, and may, therefore render your ongoing participation impossible.

Complaints regarding use of personal information may be directed to the Administrator's Privacy Officer at the address noted below, or by contacting the Office of the Privacy Commissioner of Alberta.

**Administrator's Privacy Officer**  
Suite 110, 61 International Boulevard  
Toronto, Ontario, M9W 6K4

Your I.D. number for identification and Union purposes is your social insurance number or your plan-issued certificate number.

## Registration Card

In order to be reimbursed for claims, and register for the web portal, you must complete and sign (in ink) a registration card and return it to the Administrator. In the event that the Administrator does not receive your original, signed registration card with a beneficiary designation, the life insurance benefit must be paid to your estate and may be subject to an otherwise avoidable probate fee and other legal costs. Registration cards are available from the web portal, the Administrator, your Employer, or from the Union office.

## Claim Form

Forms for claiming prescription drug, vision care, extended health care and sick day expenses, and for filing life insurance claims, are available from the Administrator and the web portal at [www.pbas.ca](http://www.pbas.ca). Only those claims received by the Administrator within 12 months of the date the expense was incurred (45 days for sick days) are eligible for reimbursement. Original receipts must be submitted with your claim form for prescription drugs, vision care and extended health care expenses. Proof of loss must be submitted when filing a life insurance or sick day claim.

Completed registration cards and claim forms can be sent to the Administrator at the following address:

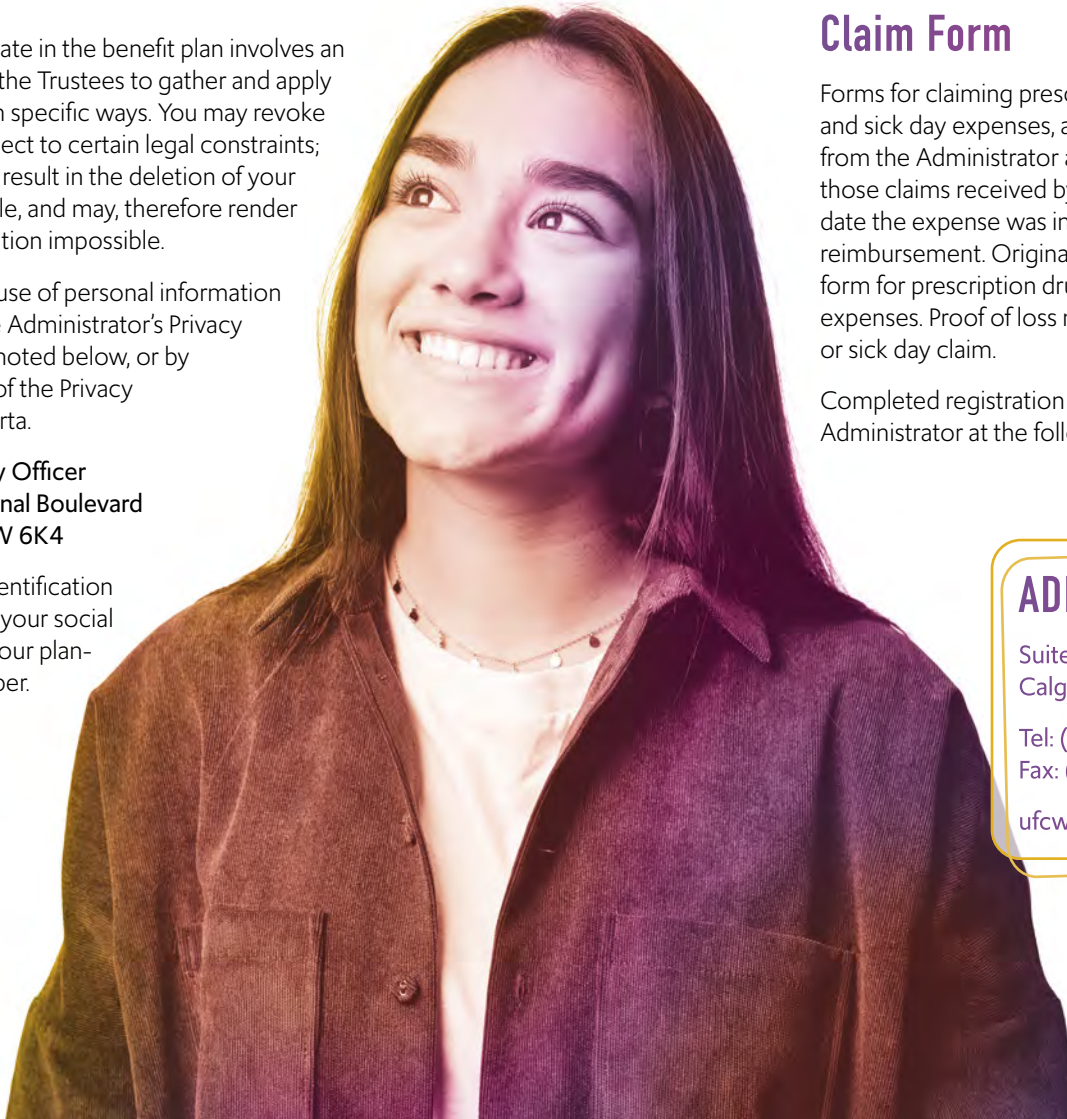
### ADMINISTRATOR

Suite 101, 46 Hopewell Way NE  
Calgary, Alberta T3J 5H7

Tel: (403) 250-3534 or 1 (866) 342-3513

Fax: (403) 250-9236

[ufcw401superstore@pbas.ca](mailto:ufcw401superstore@pbas.ca)



## Accessing Your Web Portal

A web portal has been developed for plan members. That portal will allow you to submit claims online, confirm your sick day benefits, check your benefit balances, view your claims history, update your address, add your spouse and child, and more.

You can access the web portal at any time, day or night, and find immediate answers to common questions you may have about the benefit plan.

In order to access the web portal, follow these four easy steps:

1. Go to [www.pbas.ca](http://www.pbas.ca)
2. Select the **Member Portal**
3. Select the **Create New Account** tab
4. Complete the registration process.

Once you have finished registering, you can immediately start accessing the web portal.

Prior to registering on the web portal, make sure you have personal information, such as your date of birth and plan certificate number, handy. You will be required to verify your identity, by confirming your name, as spelled in your plan records, your date of birth, and plan certificate number. You will also need to provide a valid email address and create a secure password.

If you have questions about the registration process, or how to navigate the web portal, call the Administrator at 1 (866) 342-3513, or email them at [ufcw401superstore@pbas.ca](mailto:ufcw401superstore@pbas.ca).

## Online & Emailed Claims

Claims can be submitted online by visiting [www.pbas.ca](http://www.pbas.ca) and registering on the web portal.

Claims can also be scanned and emailed to [ufcw401superstore@pbas.ca](mailto:ufcw401superstore@pbas.ca).

## Direct Deposit

Your claims payments can be deposited directly to your bank account instead of being mailed to you. That will eliminate the possibility of lost cheques and mail delays.

Enrolling for direct deposit is fast and easy. Visit [www.pbas.ca](http://www.pbas.ca), or call or email the Administrator at 1 (866) 342-3513 or [ufcw401superstore@pbas.ca](mailto:ufcw401superstore@pbas.ca) to enroll. Once you do so, you will be asked to complete an online or paper direct deposit form, and provide your email address, so we can advise you of the amount of your payment, and when it will be deposited to your bank account.



## Eligibility

To be eligible for participation in the benefit plan you must be employed part-time by Real Canadian Superstores or Liquorstores, and be a union member of UFCW Local 401. To be eligible for claims reimbursement you must have worked in 5 consecutive months and at least 120 hours in the last 12 consecutive week period reported to the Administrator. Your coverage starts the first of the month following the above-noted requirements. Entitlement continues, provided you have worked at least 120 hours during the most recent 12 consecutive week period reported to the Administrator.

**Note:** *Employer contributions cannot always be reported to the Administrator in time to determine eligibility for the first of the following month. If a plan member is denied benefits under the benefit plan for that reason, they must provide the Administrator with pay stubs evidencing their eligibility for the period in question.*

*The benefit plan provides that anyone entitled to benefits will not be denied such benefits by virtue of hours and contributions not being reported in time to determine eligibility for the correct calendar month.*

## Dependants

If you are eligible for benefits, you may also apply for coverage for your eligible dependant(s).

Your eligible dependants include a spouse to whom you are married or have cohabitated with for at least one year, and any unmarried, fully dependent children under the age of 19, or under age 25 if attending school full-time at an accredited institution, or any age if disabled. Proof of such dependant status will be required yearly. Your participation in the benefit plan, and that of your eligible dependants, terminates on your employment termination date, or the date the benefit plan terminates, or as otherwise outlined in this booklet.

Your spouse and dependent children must be listed on the initial registration form filed with the Administrator. If recorded later, proof of prior dependency acceptable to the Trustees may be requested in order to extend retroactive coverage to that dependant. Otherwise, the dependant must be recorded on the Administrator's records for at least 12 months from date of notification, in order to be considered a dependant.



## Prescription Drug Coverage

You are entitled to receive reimbursement for the prescription drug claims incurred by you and your eligible dependants to a maximum of \$5,000 per person, per calendar year.

If you or your eligible dependants purchase prescriptions at Real Canadian Superstores, you will be reimbursed for 100% of the cost. If you, or they, purchase prescriptions elsewhere, you will be reimbursed 70% of the cost.

Charges for the following services and supplies are eligible for reimbursement:

- Drugs, which require a written prescription of a physician or dentist, which are dispensed by a registered pharmacist in Canada, provided the drug is unable to be purchased over the counter.
- Vaccinations and immunizations, when prescribed, for preventative treatment of communicable diseases.
- Insulin and diabetic supplies.
- Oral and injected (Depo-provera) contraceptives, birth control patches, and intrauterine devices (IUDs), including the cost of placement by a qualified medical professional.
- Viscosupplements, including the cost of injection by a qualified medical professional.
- Medical cannabis prescribed for multiple sclerosis, cancer, HIV/AIDS, rheumatoid arthritis, or symptoms related to end-of-life care, to a maximum of \$1,500 per person per calendar year, with that amount deducted from the \$5,000 per person, per calendar year maximum. A special claim form, available from the Administrator, must be completed to access this benefit.

Charges for the following services and supplies are **not** eligible for reimbursement. This list may be amended, from time to time, at the discretion of the Trustees.

- Vitamins
- Contraceptives, other than those listed above
- Smoking cessation aids
- Drugs and/or products prescribed for treatment of erectile dysfunction or infertility
- Drugs which have no therapeutic value
- Dietary food/supplements
- Medical cannabis, for conditions other than those listed above



## Sick Day Benefit

You are entitled to claim paid sick day benefits for work-shifts missed by you due to an illness or injury suffered by you or an immediate family member. Immediate family member means your spouse, parent, step-parent, child, step-child, brother, sister, step-sister, and step-brother, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandmother, grandfather, grandparent-in-law and grandchildren, or any relative living in your household.

Eligibility for paid sick days is based on an hour bank, which is similar to a bank account, but accumulates hours instead of dollars. The hours you work at Superstore and Liquorstore are credited to an hour bank in your name. For every 300 hours credited to your hour bank, you are entitled to claim one paid sick day. When you submit a claim for sick day benefits, 300 hours will be deducted from your hour bank for each paid sick day. You can accumulate a maximum of 2,100 hours (7 sick days) in your hour bank.

The amount of your sick day benefit is based on your hourly wage. Your sick day benefit is a flat amount, paid for each full shift missed due to illness or injury, regardless of the length of the missed shift. Partial shifts missed are not covered. The table below shows the sick day benefit wage bands and the associated sick day benefit amounts.

If your hourly wage is...	Your sick day benefit is...
\$15.00 .....	\$60 per sick day
\$15.01 to \$18.00 .....	\$75 per sick day
\$18.01 or more .....	\$90 per sick day

In order to claim sick days, you must complete and file a sick day claim form with the Administrator within 45 days of the missed work-shift. That sick day claim form can be obtained from the Administrator or by registering with the benefit Oplan on the [www.pbas.ca](http://www.pbas.ca) web portal. You will be required to obtain written confirmation from your manager or shift supervisor that you were scheduled for, and absent from, the entire work-shift due to illness or injury.



## Vision Care Coverage

Reimbursement of vision care claims for you and your spouse, for lenses and frames combined, and for contact lenses are covered when prescribed by an ophthalmologist or optometrist, to a maximum of \$250 per person in any 24-month period.

Reimbursement of vision care claims for your dependent children, for lenses and frames combined, and for contact lenses are covered when prescribed by an ophthalmologist or optometrist, to a maximum of \$250 per dependant in any 12-month period.

Eye examinations for you and your eligible dependants, when performed by an ophthalmologist or optometrist, are covered to a maximum of \$60 per person in any 24-month period.

No amount will be paid for safety glasses, sunglasses or anti-reflective coatings, other than transitional lenses.

## Extended Health Care

You are entitled to receive reimbursement of massage therapy treatments incurred by you and your eligible dependants, when prescribed by a medical doctor, and performed by a licensed massage therapist, to a maximum of \$350 per person in a calendar year.

You are entitled to receive reimbursement of chiropractic and physiotherapy treatments incurred by you and your eligible dependants when performed by a licensed chiropractor or physiotherapist, to a combined maximum of \$600 in a calendar year.

## Life Insurance

In the event of your death, a \$20,000 life insurance benefit will be paid to your named beneficiary. If no beneficiary has been named, or we do not receive your original, signed registration card, the payment will be made to your estate.





## Absences Due to Illness or Injury

If you, the plan member, are absent from work due to illness or an injury incurred by you, your participation in the benefit plan continues for up to 52 weeks, provided you notify the Administrator's office in writing of the dates you will be absent from work. You are required to contact the Administrator and complete and return a notification of absence from work form within twelve (12) weeks of the commencement of your illness or injury. You will then receive credit for the hours you would normally have worked.

## Maternity, Parental & Adoption Leave

If you are absent from work due to a maternity, parental or adoption leave, your participation in the benefit plan will continue. However, your dependant's coverage under the benefit plan will be terminated during your leave and reinstated, retroactively, once you return to work and your Employer reports hours, on your behalf, to the Benefit Trust Fund. To access this coverage you must provide the Administrator with a letter stating the expected birth or arrival date of your child and your expected return-to-work date within twelve (12) weeks of the commencement of your maternity, parental or adoption leave.

## Vacation

If you are absent from work due to taking vacation days to which you are entitled under the terms of your employment, provide the Administrator with written confirmation from your employer in order to help avoid having your eligibility terminated.

## Compassionate Leave

If you are absent from work due to severe personal or familial distress or other compassionate reason and your employer has approved your leave, your participation in the benefit plan continues for up to 52 weeks, provided you notify the Administrator's office in writing of the dates you will be absent from work. You will be required to provide the Administrator with satisfactory proof that your employer has approved your compassionate leave.

## Employment Status Change

If your status changes from part-time to full-time and back to part-time, and you are covered under another benefit plan sponsored by your employer, your coverage under this benefit plan will re-commence—you do not have to re-qualify due to your employment status change. Notify the Administrator if this status change occurs so they can make the necessary adjustments to your records.

## Appeals

You may appeal a claim for benefits or coverage that has been partially or totally denied or terminated.

An appeal must be made within 60 days of the date you receive a notice of denial or termination. You, or an intervener who has written authority to obtain your personal information, must contact the Administrator and provide a verbal or written statement outlining the basis for your appeal and your preferred resolution. The Administrator will provide you or your intervener with a response to your appeal within 7 days, and advise you of additional steps that can be taken regarding your appeal.

Failure to appeal within the time required shall not invalidate your appeal or reduce any claims if it was not possible to appeal within such time.

The Trustees have the full and final authority to resolve all appeals and questions about the administration of the benefit plan.

## Fairness, Dignity & Respect in the Workplace

The Trustees, the Union, and your employer take the values of fairness, dignity and respect in the workplace seriously. Plan members are expected to demonstrate those values, by treating each other, and the people who serve them, with fairness, dignity and respect, and should expect similar treatment in return. Failure to demonstrate those values will result in corrective action by the Trustees, up to and including the termination of a plan member's coverage.

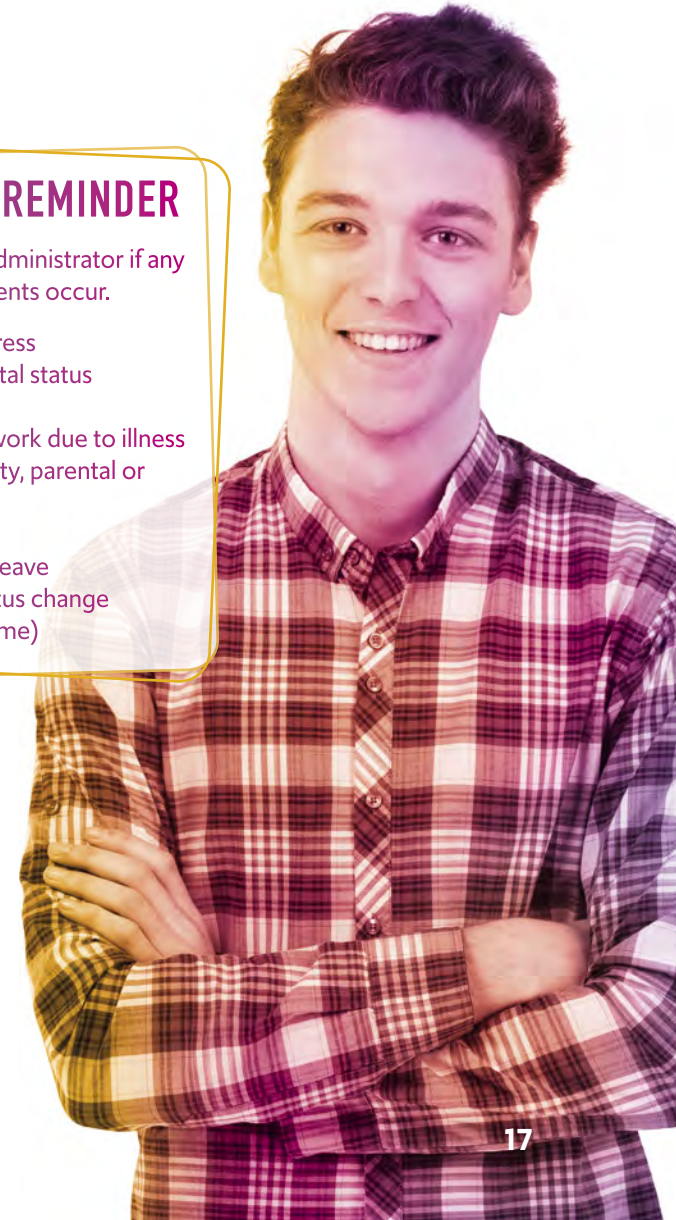
## Claims Fraud & Abuse

The resources of the benefit plan are not infinite and fraudulent claims and benefit coverage abuse hurts all plan members by reducing the assets available to pay legitimate health care claims. Fraud and abuse is also illegal. The Trustees and the Administrator investigate fraud and abuse, and when discovered it will result in corrective action by the Trustees, up to and including police referrals and termination of a plan member's coverage.

### IMPORTANT REMINDER

Please notify the Administrator if any of the following events occur.

- A change of address
- A change in marital status or dependants
- Absences from work due to illness or injury, maternity, parental or adoption leave
- Vacation
- Compassionate leave
- Employment status change (part-time/full-time)



## ADMINISTRATOR

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