

**UFCW – Canada Safeway Limited  
Part-Time Employee Benefit Trust Fund (Alberta)**



Prescription Drug, Vision Care,  
Extended Health Care, Sick Day  
& Death Benefit Program

Updated July 1, 2020



## General Information

The UFCW–Canada Safeway Limited Part-Time Employee Benefit Trust Fund (Alberta) sponsors a benefit program for members of the UFCW Local 401 who are part-time employees of Sobeys Capital Incorporated (“the Company”) and work at Canada Safeway stores in Alberta, and part-time employees of South Country Co-op (Taber), North Central Co-op and Save-On-Foods (Thickwood).

The Benefit Trust Fund is governed by a joint Board consisting of an equal number of Union and Company Trustees.

This pamphlet briefly summarizes the Plan’s coverages and eligibility rules. All rights and benefit provisions are overseen by the Trustees.

Please visit the Member Portal to make sure you have the current version of this booklet.



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## Registration Card

In order to register on the Member Portal and be reimbursed for claims (including sick day claims), 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 a Beneficiary Designation, the Life Insurance benefit must be paid to your estate. Registration Cards are available from 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, are available from the Administrator or Member Portal. Only those claims received by the Administrator within 12 months of the date the expense was incurred 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 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 N.E. Calgary, Alberta T3J 5H7  
 Tel: (403) 250-3534 or Toll free: 1 (866) 544-9686  
 Fax: (403) 250-9236  
 Email: [ufcwsafewayptbenefits@pbas.ca](mailto:ufcwsafewayptbenefits@pbas.ca)

**Claim forms can also be obtained, and submitted online, by visiting [www.pbas.ca](http://www.pbas.ca) and registering on the Member Portal.**

**UFCW – CANADA SAFEWAY LIMITED PART-TIME EMPLOYEE BENEFIT PLAN (ALBERTA) DRUG AND VISION EXPENSES FORM**

**INSTRUCTIONS:** Please answer all questions. Attach original bills and receipts for all expenses and itemize them by providing all the information requested. Note: Drug and vision bills and receipts, other than those required for all government drug plans, are part of our records and will not be returned. Therefore, please retain the itemization of expenses that will accompany our cheque or explanation for Income Tax purposes. Only those expenses received by the Administrator within twelve (12) months of the date the expense was incurred are eligible for reimbursement. This claim will be returned to you if it is incomplete or contains errors, or the certification page is unsigned.

**IMPORTANT:** Please Print

| MEMBER'S STATEMENT         |                  | MEMBER'S NAME                     |   | PHONE NUMBERS |  |
|----------------------------|------------------|-----------------------------------|---|---------------|--|
| PLAN NUMBER<br>843         | EMPLOYER/STORE # | DATE OF BIRTH: DAY / MONTH / YEAR | HOME: ( ) -   |               |  |
| SOCIAL INSURANCE NUMBER    | TOWN             | PROVINCE                          | POSTAL CODE   | WORK: ( ) -   |  |
| ADDRESS: NUMBER AND STREET |                  |                                   | SEND CLAIM TO:  |               |  |
|                            |                  |                                   | UFCW – Canada Safeway<br>Part-Time Benefit Plan<br>101 - 46 Hopewell Way NE<br>Calgary, Alberta |               |  |

COORDINATION OF BENEFITS

Are you or any other people in your family entitled to benefits under any other plan? Yes  No

If "Yes", name the person so insured: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

## Members' Portal

You can access the Member Portal at anytime, day or night, and 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 find immediate answers to questions you may have about your benefit program.

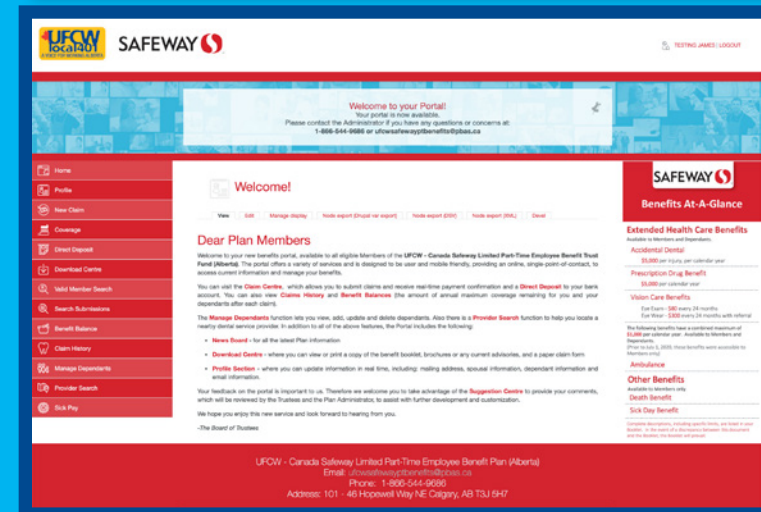
Once you are registered, you can access the Member Portal. Your plan "Certificate Number" is required to create an account. Please contact the Administrator to obtain this number.

If you have any questions about the registration process or how to navigate the Member Portal please call the Administrator at:

Tel: (403) 250-3534 or Toll free: 1 (866) 544-9686  
 Email: [ufcwsafewayptbenefits@pbas.ca](mailto:ufcwsafewayptbenefits@pbas.ca)

**In order to access the Member Portal, follow these four simple steps:**

1. Go to [www.pbas.ca](http://www.pbas.ca)
2. Select The Member Portal
3. Choose "Create new account tab"
4. Create your new account.



## Prescription Drug Coverage

You are entitled to receive reimbursement for drug claim expenses, for you and your dependants, to a maximum of \$5,000 each per calendar year.

You will be reimbursed for 100% of the cost of GENERIC DRUGS and drugs where the doctor has indicated “no substitutions”, if you purchase the prescription at a pharmacy in a Canada Safeway store, or one of the stores listed in the General Information section on page 2 of this booklet (a “participating store pharmacy”). All other prescriptions, including any prescription purchased at a non-participating store pharmacy, will be reimbursed at 70%.

If there is no participating store pharmacy within 75 kilometers of your place of employment, prescriptions purchased at a non-participating store will be adjudicated as though they were purchased at a participating store pharmacy.

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, and 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 including electronic continuous glucose monitors and skin patches.
- ✓ Medical cannabis prescribed for multiple sclerosis, cancer, HIV/AIDS, rheumatoid arthritis or symptoms of 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 completed Medical Cannabis Claim Form must be submitted. Please contact the Administrator to obtain this form.

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 oral, injected and birth control patch).
- ✗ Drugs which have no therapeutic value.
- ✗ Dietary food/supplements.
- ✗ Smoking cessation aids.
- ✗ Drugs and/or products prescribed for sexual performance or infertility.
- ✗ Drugs which are experimental in nature.
- ✗ Medical cannabis, for conditions other than those listed on page 6.



## Vision Care Coverage

Reimbursement of your vision care claims for lenses and frames combined (or for contact lenses), when prescribed by an ophthalmologist or optometrist, will be reimbursed to a maximum of \$300 in any 24-month period, for you and each of your dependants.

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

A separate eye exam benefit, to a maximum of \$80 in any 24-month period, will apply for you and each of your dependants.

## Extended Health Care Coverage

You are entitled to receive reimbursement for your, and your eligible dependants', extended health care expenses. Each participant can receive up to a maximum of \$1,000 per calendar year from the services listed below.

- Services of a physiotherapist, chiropractor, acupuncturist, psychologist, naturopath, podiatrist, massage therapist, osteopath, or speech therapist who is licensed to practice their profession by the appropriate professional body in the province in which they practice, to a maximum of \$80 per visit.
- Professional ambulance service to the nearest hospital where adequate treatment is available.
- Therapeutic equipment and prostheses (such as wheelchairs and artificial limbs); braces, splints, trusses, crutches and casts (including repairs) when obtained on the written order of a licensed physician; rental or purchase (with prior written approval from the Administrator) of

a wheelchair, hospital-type bed, iron lung or other durable medical equipment for temporary therapeutic use; oxygen and the equipment necessary for its administration; colostomy supplies; APNEA monitors, including charges for respiratory dysrhythmia monitoring equipment when prescribed by a licensed physician; breast prostheses; and other medical supplies and durable equipment when approved by the Administrator.

- Semi-private accommodation, in a hospital in Canada, in excess of the government allowance for ward-level care.
- Home nursing care, by a private-duty nurse (R.N., C.N.A., or V.O.N.) who is not a member of your family or a regular resident in your home.
- Custom orthotics (other than for sport or work shoes) when prescribed by a licensed physician.
- Treatment of injury to sound natural teeth to a maximum of \$5,000 per accident. Treatment must start within 90 days of the accident.



## 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.

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 for a participating employer 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 are paid for a sick day, 300 hours will be deducted from your hour bank for that sick day. You can accumulate a maximum of 1,800 hours (6 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. 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 a Sick Day Claim Form. You will be required to obtain written confirmation from your manager or their designate that you were scheduled for, and absent from, a work-shift due to illness or injury. Claims are to be submitted within 60 days after first day off due to illness or injury.

## Death Benefit

In the case of your death, a \$20,000 benefit will be paid to your named beneficiary or to your estate, if no beneficiary has been named. You must be in benefit at time of death for the benefit to be paid.

## Questions & Answers

### **Q: Who is eligible for benefits?**

**A:** To be eligible for participation in the benefit program you must be a part-time employee for whom contributions are required to be made to this Plan and who is not covered by any other Company plan, and be a Member of the UFCW Local 401. To be eligible for claims reimbursement you must have worked five (5) complete consecutive months and have worked at least 120 hours in the last twelve (12) consecutive-week period. Coverage starts the first of the month following the above-noted requirements.

Entitlement continues, provided you work an average of ten (10) hours per week during the most recently reported twelve (12) consecutive-week period.

Your participation in the benefit program terminates on your employment termination date, the date the Plan terminates, when you become covered by another Company plan, or as otherwise provided below.

### **Q: What if I am covered by another benefit plan as a result of my employment with the Company?**

**A:** If you are covered by another Company benefit plan, or a plan in which the Company participates, and which provides coverage for the same benefits, you are not eligible for benefits from this Plan.

If your coverage under the other plan ceases, this Plan will cover you from the date that coverage ends, without the need to meet the initial qualification requirements for this Plan. You must, however, meet ongoing eligibility requirements.

If you are eligible under this Plan, and become eligible under another Company plan, or a plan in which the Company participates, and which provides coverage for the same benefits, your coverage in this Plan will cease on the date the other coverage becomes effective.

At no time will you qualify for benefits from more than one Company-provided plan at the same time.

**Q: Are my family members covered?**

A: Yes, as of July 1, 2020 your Dependents are covered for prescription drug, vision care benefits, and extended health care only. Dependents are not covered for sick day or death benefits.

**Q: Who qualifies as a Dependant?**

A: Your spouse, provided you are married, or have co-habited for at least one year (12 consecutive months). Any unmarried, fully dependent children under the age of 19, or age 25 if attending an accredited post secondary school on a full time basis, or to any age if disabled.

**Q: What happens if I am absent due to illness or injury?**

A: If you, the Member, are absent from work due to illness or injury incurred by you, your participation in the benefit program continues for up to fifty-two (52) weeks, provided you notify the Administrator's office in writing of the dates you were absent from work. You will be required to complete an Absence Claim Form and provide that to the Administrator within 12 weeks of the date your absence commenced. You will then receive credit for hours you would normally have worked.

**Q: What happens if I am absent due to Maternity, Parental or Adoption Leave?**

A: If you are absent from work due to a maternity, parental or adoption leave, your participation in the benefit program is terminated. However, if you provide the Administrator with a letter stating the expected date of birth and your expected return-to-work date, this information will be kept on file. You must provide that letter within 12 weeks of the date your absence commenced. Your participation in the benefit program will be reinstated to the date of the birth of your child (or arrival date if the child is adopted) once your employer reports hours, on your behalf, to the Benefit Trust Fund.

**Q: What happens if I am absent during a period of employer-authorized vacation?**

A: If you are absent from work due to an employer-authorized vacation, your participation in the benefit plan continues if you supply written vacation confirmation from your employer within 12 weeks of the date your absence commenced. You will receive credited hours sufficient to maintain your coverage, not less than the difference between the hours you worked and would normally have worked during the immediately preceding complete twelve (12) week period received by the Administrator.

**Q: What happens if I am absent due to an employer-authorized compassionate leave?**

A: If you are absent from work due to an employer-authorized compassionate leave, your participation in the benefit plan continues for up to fifty-two (52) weeks if you supply written confirmation of your employer-authorized compassionate leave within 12 weeks of the date your absence commenced. You will receive credited hours sufficient to maintain your coverage for up to fifty-two (52) weeks, not less than the hours you normally would have worked during the immediately preceding complete twelve (12) week period received by the Administrator.

**Q: How do I register to be eligible for benefits?**

A: In order to be reimbursed for claims, you must have filed a completed and signed Registration Card with the Administrator. Registration Cards are available from the Administrator, your Employer, or from the Union Office.

**Q: How do I submit a claim?**

A: Forms for claiming Prescription Drug, Vision Care and Extended Health Care expenses are available from the Administrator, your employer, the Union office, or from the member portal. Original receipts must be submitted with your claim form for Prescription Drugs, Vision Care and Extended Health Care expenses.

Proof of death must be submitted when filing a death claim. Death claim form can be obtained from the Administrator. In the event that the Administrator has not received a Beneficiary designation, the death benefit must be paid to your estate and may be subject to otherwise avoidable probate fees.

**Q: When must claims be submitted?**

A: Only those prescription drug, vision and extended health care claims received by the Administrator within twelve (12) months of the date the expense was incurred are eligible for reimbursement. Only those sick day benefit claims received by the Administrator within sixty (60) days of the date of such absence are eligible for reimbursement.

**Q: Is the personal information I provide kept confidential?**

A: Participation in the benefit program depends on the collection, storage, use and, sometimes, the destruction of personal information. It forms the foundation upon which individual entitlements are built, and from which benefit payments are calculated and made. As well, parts of the personal information are needed to satisfy government demands for facts, to facilitate audits of the Benefit Trust Fund, to estimate future operating costs, to inform Members about their accumulated values, etc. In all cases, however, personal information is stored with the utmost attention to security, and deployed, sparingly, to fulfill the requirements of the Benefit Trust Fund and the law.

Registration to participate in the benefit program 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 precipitates the destruction of your personal information, and may, therefore, render ongoing participation impossible.

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

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

Your I.D. number for identification purposes is your Plan Certificate Number. The Administrator can advise you of your Plan Certificate Number.

## For More Help

If you need help or have any questions about your Plan or claims, please contact the Administrator.

**UFCW – Canada Safeway Limited Part-Time Employee  
Benefit Trust Fund (Alberta)**

Suite 101, 46 Hopewell Way NE

Calgary, Alberta T3J 5H7

Toll-free: 1-866-544-9686

Calgary and area: 403-250-3534

Fax: 403-250-9236

E-mail: [ufcwsafewayptbenefits@pbas.ca](mailto:ufcwsafewayptbenefits@pbas.ca)

## 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

The Plan is operated by a Board of Trustees appointed by Sobeys and the Union. The Trustees have full authority to resolve all questions related to the provisions of the Plan. Provisions of the Plan may be changed depending upon the financial experience, or at the discretion of the Trustees, if the change is in the best interests of the Plan. This can include an increase or decrease in the amount of coverage.





