

Employer Frequently Asked Questions

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This is a Searchable Document.

➤ To search for a word or phrase, click on the magnifying glass in the Toolbar, or press CTRL+F (Windows) or CMD+F (Mac). In the text box, enter your search term. The term(s) will be highlighted in the PDF document. Press PREVIOUS or NEXT in the search box or press ENTER to go through the matches.

➤ In the Table of Contents, each section title is a clickable link. Simply **click** on the title of the section you wish to view, and it will automatically take you to that section within the document.

➤ To quickly return to the Table of Contents after navigating to a section, press **Ctrl + Home** (or **Command + Home** on a Mac) to return to the top of the document.

Group Benefits General Questions

How can my organization get benefits through HBT?

- HBT provides and administers group health and welfare benefits for employees in the health, community and broader public sector in British Columbia. To become a member of HBT, please contact the [Benefits Team](#).

Can a regular employee opt out of certain Benefits?

- No. Enrolment in the HBT Group Benefit Plans is compulsory for all regular employees and dependents who are eligible for coverage regardless of who pays the contributions. The only exception is where a dual coverage Dental and/or Extended Health restriction applies. The employee is not eligible to be enrolled in this Plan.

Is there a time limit for enrolling in Dental and Extended Health?

- An employee and all eligible dependents must be enrolled no later than 60 days following the effective date of coverage. If a late application is submitted for an employee and/or dependents to Pacific Blue Cross, coverage can be retroactive to a maximum of 12 months. Please refer to the Late Application Policy in the Enrolment section in the HBT Administration Guide for further details.

What are the effective dates of coverage?

- Healthcare:
The effective dates of coverage for unionized employees are dictated by the collective agreements and can be found in the *Enrolment* section of your HBT Administration Guide.
- CSSEA:
The effective date of coverage for employees covered under the provincial agreements is the first of the month following the 3-month probationary period. Effective dates of coverage for non-contract or management staff are determined by the employer's policies and procedures.

Are casual employees eligible for Benefit coverage?

- Healthcare:
Casual employees covered by the healthcare provincial collective agreements are only eligible to purchase Dental and Extended Health Benefits after completing the probationary period. For further information see the *Eligibility* section of the HBT Administration Guide.
- CSSEA:
Casual employees are not eligible for benefits, except as noted under Effective Dates of Coverage in the *Enrolment* section of the HBT Administration Guide.

Is dual coverage allowed?

- For information on dual coverage, please refer to the *Dual Coverage* section of the HBT Administration Guide.

HBT Administration Guide

What is the HBT Administration Guide?

- The HBT Administration Guide is a resource that has been created to assist employers who are members of the Healthcare Benefit Trust (HBT) in the administration of their benefit plans. The benefits include Group Life, Dependent Life, Accidental Death & Dismemberment (AD&D), Long Term Disability (LTD), Dental and Extended Health.
- The guide includes detailed and helpful information on various topics related to your benefit plan, such as information around eligibility, enrolment, benefits for employees on an Unpaid Leave of Absence (LOA), benefits for employees on LTD, information on contributions, reporting earnings, billing, claims processes and much more.
- The HBT Administration Guide is specific to your sector, for example Healthcare, CSSEA or Permitted Employers and is a searchable document, so you can easily navigate through the document to find the specific benefit information you are looking for.

Who should use the HBT Administration Guide?

- The HBT Administration Guide is available to all employers who have access to Pacific Blue Cross' (PBC) website (ADMINnet). Please log into [ADMINnet](#) to access the HBT Administration Guide relevant to your sector.

Where is the HBT Administration Guide?

- The HBT Administration Guide can be found on Pacific Blue Cross' (PBC) website, [ADMINnet](#), within the 'Messages' tab.

Enrolment

Enrol an employee for EHC and Dental

- We encourage you to submit enrolments via PBC's [ADMINnet](#). If this is not possible, completed forms can also be emailed, mailed or faxed to Pacific Blue Cross.
- If you currently process Dental and Extended Health enrolments online with Pacific Blue Cross, follow the ADMINnet Help Guide under the *Resources* tab on [ADMINnet](#).
- Please use ADMINnet or the [Application for Group Benefits](#) form on ADMINnet: For Dental and Extended Health benefits.

To enrol a new employee and/or dependents.

- To enrol an employee and/or dependents for benefits for which they were previously not eligible (including reinstatements).
- Instructions on how to use ADMINnet and for further information, please refer to the Help Guide under the *Resources* tab in [ADMINnet](#).

Enrol an employee for Group Life, Dependent Life, Accidental Death & Dismemberment (AD&D) and LTD (Healthcare)

There is no enrolment form for Group Life, AD&D, and LTD. Enrolment for these benefits will be reflected through the monthly earnings reporting and contributions made to HBT.

BID Portal

What is a BID?

- The Benefits Identification (BID) number is a generated number required for each employee for enrolment and coverage activation of benefits.
- Who has access to the BID portal?
- Only authorized users have access to the BID portal to generate a BID number

How do I generate a BID?

- Go to BID Portal
- Login to the BID Portal using the login information sent to you.
- Select the Generate BID Number tab to create a BID number.
- Complete employee PBC application form.
- If you require a guide, please reach out to your Benefits Administrator.

What if I have questions about an employee's BID?

- Please contact your designated HBT Benefits Administrator for support.

Can I make up a BID number?

- No. All BID numbers must be generated from the BID portal using the employee's SIN or Employee ID.

Why am I receiving an error message?

- If you receive an error message, please contact your designated HBT Benefits Administrator.

How do I reset my password?

- To reset your password, click the 'Reset Password' when logging in. You will be asked to enter your username and the answer to your security question. This will generate a temporary password to be sent to your email which you can log in with and then update your password.

Resources

- What is a benefits booklet and where can I find them?
- Benefits Booklets serve as a comprehensive guide that explains the specifics of each benefit, such as eligibility criteria, coverage limits and any other relevant terms to navigating the current benefits package. Additionally, they can be found on any relevant Joint Trust website, if applicable, see <https://www.hbt.ca/joint-trusts/>.
- The relevant Benefits Booklets for your employee groups can be found on PBC's ADMINnet under the *Resources* tab, under *Healthcare Benefit Trust Resources*.
- For Health Authorities and Foundations, please reach out to your HR department.
- Please provide a copy of your Benefits Booklets to your employees.

What does BaaG stand for and how can I find this?

- Benefits-at-a-Glance, or BaaG, can be found on PBC's ADMINnet under the *Resources* tab, under *Healthcare Benefit Trust Resources*.

What is ADMINnet?

- ADMINnet is Pacific Blue Cross's (PBC) website. ADMINnet provides resources and tools that help plan administrators manage group benefits for their organization. It allows plan administrators to:
- View policy and plan information
- Enroll employees and update plan members
- View invoices and billing information
- View and download reports
- Download administration forms necessary for enrollment, benefit changes and claiming
- Access your HBT Administration Guide (see below for instructions on where to find this)

How can I access ADMINnet?

- If you are set up with access to ADMINnet, you can log in on the link [here](#).

Unpaid Leave

Can employees opt out of certain Benefits while on an unpaid leave?

- Some employees may be able to selectively continue Group Life, AD&D, LTD, Dependent Life (where applicable), Dental, and EHC, provided they pay the contributions. The rules vary depending on the sector/ collective agreement/ employee group. For more information, please refer to the *Benefits on an Unpaid Leave of Absence* section of the HBT Administration Guide. For more information click [here](#).

What actions should you take when an employee begins an unpaid leave and ceases to be eligible for employer paid Benefits?

- At the time the leave commences it is important that you advise the employee of the option to purchase Benefits during the leave. You must also obtain the election in writing and keep the election form on file. Please refer to the *Procedures at Commencement of an Unpaid Leave of Absence* section of the [HBT Administration Guide](#).

Termination of Employees

What are the effective dates of terminations?

- Information on the effective date coverage terminates for employees and dependents can be found in under the *Terminations* section of the HBT Administration Guide.

What actions should you take when an employee's coverage ends due to termination of employment or retirement?

- At the time of the termination, it is important that you advise the employee of their conversion options.

Group Life and Dependent Life

- Employees must submit their conversion application to Canada Life within 31 days of the date their HBT coverage ends.

Dental and/or Extended Health

- Employees must submit their conversion applications to Pacific Blue Cross within 60 days of the date their HBT coverage ends.

Amendments: How to Change Your Benefits Plan

Non-Union (Excluded/ Exempt) Employee Groups

- If you would like to make changes to exempt plans, please contact your Benefits Administrator. If you do not know who your benefits administrator is, please contact the [Benefits Team](#).

Unionized Employee Groups

For all collectively bargained Benefit Plans, we can provide employers with useful information on Benefit Plan utilization and costs. We cannot, however, do, or propose any changes to the Benefit Plan as this is the bargained by the union.

Joint Trust Employee Groups

We support employers at every stage of Benefit Plan administration. The HBT Benefits Administration team can answer your questions regarding:

- a) Plan provision
- b) Plan costs
- c) Plan utilization
- d) Employee enrolment
- e) Flex Benefits
- f) Applicable rates and rate renewal
- g) Admissibility for Benefits
- h) Business rules
- i) Processes
- j) Benefit Booklets, forms and related documentation

k) Calculation of Benefits...and much more

We are unable to make or suggest any changes to the Benefit Plan. The trustees of each Joint Trust are responsible for managing all aspects of your benefit plan, including considering and implementing plan design changes. If you have any questions or concerns, please visit the respective Joint Trusts' website.

How long does it take to implement a change? ie: amend benefits plan, set up a new employer or employee group, etc.

- We request at least 30 days in advance of the proposed benefit effective date to implement any changes.

Rate Renewal

How are rates set?

HBT is a not-for-profit Employee Life and Health Trust and offers the most cost-effective self insurance option available to deliver group health and welfare benefits in support of the public sector in British Columbia.

HBT provides health and welfare benefits on a self-insured basis. Being self-insured, contribution rates are closely aligned with the expected cost of claims. Contributions pay for benefit payments and administrative services provided by HBT and its service providers, Canada Life and Pacific Blue Cross.

Rates for different benefits are derived using various methods:

Extended Health and Dental

Rates are set using claims experience from the past two or three years to estimate the future cost of claims. For employees in provincial collective agreements, a province-wide rate is set. For employees not covered by a provincial collective agreement, the rate is based on a combination of the pool experience and the employer experience.

Long Term Disability (LTD)

Rates are set using past claims experience from approximately five years for the pool to estimate the future cost of claims. For employees in provincial collective agreements, a province-wide base rate is set which is then adjusted for the employer's experience as well as the pool's experience.

For employees not covered by a provincial collective agreement, the LTD rate change is based on a combination of the pool experience and the employer experience.

Group Life and Accidental Death & Dismemberment (AD&D)

Rates are set broadly across the Trust.

eflash

What is an eflash?

- eflashes are brief informative communications issued by HBT to our employers to keep you updated on any news, changes or updates that are important to you and your organization. These communications will be shared with relevant employers, as well as posted on the HBT website under the *News & Resources* tab under the subheading [Communications](#).

The eflashes include information about, for example, updated HBT Administration Guides, changes to forms and where to find them, changes to collective agreements, BID Portal instructions, general HBT news and updates and much more.

Where can I find a previous eflash?

- All of our e-flashes are posted on the HBT website under the *News & Resources* tab under the subheading [Communications](#) and are split into the year they were issued. Simply click *view more* under each year to view all eflashes issued in that year.

How can I sign up for eflashes?

- If you are an employer that is not signed up for e-flashes and would like to receive them, please contact your Benefits Administrator. If you do not know who your benefits administrator is, please contact the Benefits Team. You can email [here](#) or call at us at 604-736-2087 or 1-888-736-2087.
If you are an employee who is not a listed contact with HBT, please discuss with your employer who can request for you to be set up as a contact with HBT.

Contact Changes

What information is required to add/update or remove a contact?

- It is HBT's policy for the Head of Organization to authorize any contact additions/changes/deletions. If you are making changes to the contact list, please advise your Head of Organization to email an approval to your organization's designated HBT Benefits Administrator along with the following information:
 - Name, Position Title
 - Email
 - Phone
 - Fax (if applicable)
 - PBC ADMINnet access level – see Below for access level description:
 - Standard Account – (Full Access) – generate Benefits ID number, enroll/terminate employees/update salary online, run reports retrieve invoices, booklet access
 - Read Only – view enrolment, run reports retrieve invoices, booklet access

Booklet access:

- View all booklets
- View specific booklet only
- No booklet Access

Type of correspondence entitled to receive:

- Benefits-related
- Enrolment
- Payroll
- Finance
- LTD (one per organization – or not depending on CL)

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Claims Administration

What is a claims review committee?

- A CRC is a panel of three medical doctors that review Canada's Life decision to deny or terminate a Long-Term Disability (LTD) claim. They review the medical and vocational information used by Canada Life to determine whether or not the claimant is disabled, within the definition of disability contained in the Collective Agreement and provide a decision in writing to the Trust.

Who is on the CRC?

- The Long-Term Disability CRC is to be composed of three (3) medical doctors: one designated by the employee, one designated by the employer and the third (the Chairperson) to be mutually agreed upon and designated by the first two doctors. For BCNU members, the CRC will be comprised of three independent and qualified medical doctors.

What if I am not happy with the CRC decision?

- The CRC's decision is final and binding on all medical matters. However, claimants who are dissatisfied with the decision of the CRC on matters of interpretation may appeal that decision to the Labour Relations Board (under Section 99 of the Labour Relations Code).

How long does the CRC process take?

- The process takes several months. However, the time frame varies depending on the doctors' schedules.

What is the ERIB?

- Early Retirement Incentive Benefit (ERIB) is an incentive program offered to employees on LTD who meet certain criteria and who wish to retire sooner than age 65. ERIB enables eligible employees to retire onto the Municipal Pension Plan (or Public Service Pension Plan) without any long-term loss in their pension benefits through a Lump Sum payment.

Do I have to accept an offer?

- No. Currently, the program is voluntary. However, bargaining has made participation mandatory for those covered under certain bargaining agreements.

How is my pension calculated?

- Your basic monthly pension is calculated using a formula which takes into account your years of pensionable service and your earnings at the time you went onto LTD, indexed to reflect today's values.

Will my benefits continue if I take ERIB?

- Medical Service Plan, Extended Health, and Dental Benefit coverage are contingent benefits available through the Municipal Pension Plan (MPP). A portion of the costs of coverage may be shared with MPP.

What does pensionable service and contributory service mean?

- Pensionable service is the number of years you spent working as a member of the Municipal Pension Plan (MPP), while contributory service is the number of years you made contributions to MPP.

Finance Administration

Does HBT offer electronic invoices?

- Yes, a secure online site is available where you can download your recent invoice in summary or detailed form. The summary invoice will display the amounts owing for each Benefit product set. The detailed invoice will display the amounts owing for each employee within a product set.

Will I be able to save the electronic invoices to my own computer?

- Yes, HBT encourages you to save the invoices to your local computer each month for reference.

How many historical months will be available to view through the electronic invoice site?

- The three most recent months of invoices can be viewed.

How is the invoice amount calculated?

- The invoice is a summation of contributions based on the group Plan rates. The invoice is generated from the most recent Earnings and Enrolment Spreadsheet files received by HBT. The invoice is billed in arrears and reflects actual amounts owing for contributions.

When will I receive an invoice?

- The invoice will be sent out between the 12-15th of the month following the billing period.

Will both the Summary and Detailed invoice be sent together?

- Yes, both invoices will be sent at the same time.

What happens if I don't agree with the invoiced amount?

- Contact [HBT Enrolment](#) at enrolment@hbt.ca or call 1.877.678.6449 to discuss your concerns. If adjustments are required, they will appear on the next invoice.

Quick Links & Form Questions

QUICK LINKS

- [ADMINnet](#)
- [HBT Admin Guide](#)
- [eflash](#)
- [Pacific Blue Cross](#)
- [Canada Life](#)
- [Contact Us](#)

PBC Forms

- Please be reminded that HBT Extended Health/Dental claim forms can be found on the PBC's ADMINnet website and disability benefit claims forms can be found on the HBT website.
- PBC forms can be found on PBC's [ADMINnet](#) under the *Resources* tab, under *Healthcare Benefit Trust Resources*.

Canada Life Forms

- Canada Life forms can be found on the HBT website, under the *News & Resources* tab, under [Forms and Guides](#).

Description of LTD forms

- LTD claim packages are divided into 5 different sections. Please use the forms under the applicable header for your Employee: Healthcare Provincial Union, CSSEA Provincial Union, Non-Union (Healthcare and CSSEA), Non-provincial Union, Public Sector (Exempt and Union).

Which LTD Claim Package Applies?

The LTD Claim packages are split up into the following sections depending on sector and employee group:

- Healthcare Provincial Union LTD Claim Package
- CSSEA Provincial Union LTD Claim Package
- Non-Union (Healthcare and CSSEA) LTD Claim Package
- Non-Provincial Union LTD Claim Package
- Public Sector (Exempt and Union) LTD Claim Package

If you are not sure which sector/ employee group to choose please contact:

Employees: Your Employer

Employers: Your HBT Benefits Administrator