



Benefits

What is the effective date of the Transition?

Effective date is April 1, 2026.

How many hours worked do regular full time and part time employees need to be eligible for benefits?

Please refer to *Eligibility* section under each booklet. [Supportive Housing Web Hub](#).

Do employees need to re-satisfy the annual deductible?

No, the 2026 deductible has been waived.

Is Employee Family and Assistance Program (EFAP) mandatory under Health Sector?

No, however the Enhanced Disability Management Program (EDMP) is.

Can we keep our current EFAP provider?

Yes, you can.

What is Enhanced Disability Management Program (EDMP)?

EDMP is part of the collective agreement and mandatory for your employees. HEABC administers this benefit. Please email EDMP@heabc.ca for more information.

Do you have an Early Intervention Program (EIP)?

We have Early Referral Services (ERS) which is the equivalent of EIP in the Health Sector.

HBT's Rehabilitation Services provides member employers with comprehensive medical and vocational rehabilitation for their employees on Long Term Disability (LTD). These services also support the employer in the delivery of the collectively bargained Early Intervention and Enhanced Disability Management Programs.

The ERS [Employee Referral Form](#) outlines the qualification criteria and the steps involved.

What is the Psychology Coverage under the JCBT Plan?

The JCBT, in partnership with the Community Bargaining Association (CBA), has recently introduced a new Mental Health and Wellness benefit as part of a jointly sponsored pilot project for employees covered under the JCBT. These benefits are for employees only and do not apply to their dependents. Please refer to the [e-flash](#) sent on November 10, 2025.

What is the Psychology Coverage under the JHSBT Plan?

Please refer to the [JHSBT Benefits-at-a-Glance](#) on the [Supportive Housing Web Hub](#)

What is the Psychology Coverage under the Nurses Plan?

Please refer to the [NBA Benefits-at-a-Glance](#) on the [Supportive Housing Web Hub](#)

What are the reasonable and customary limits?

Reasonable and customary (R&C) is the term used to describe the dollar amount a benefits plan covers for a given product or service. PBC applies R&C limits (like all carriers) to ensure the plan pays for services that are medically necessary for health care and maintenance. PBC establishes and applies R&C pricing to ensure the plan is paying the reasonable and customary pricing for a service given the circumstances (e.g. severity and nature of medical condition).

Fees charged by health providers can vary a great deal, for the same product or service, in the same region. For those health care professional groups that do not have a fee guide, PBC uses an approach common in the industry which includes reviewing trends, pricing in the geographical area, actuarial reports, and association data which includes suggested pricing. The suggested pricing established by the colleges/associations serve as a guideline and are taken into consideration, along with all other data points noted above. PBC's R&C limits may differ from other carriers within each paramedical category but overall, their limits are comparable across the industry.

R&C pricing is a standard used throughout the insurance industry to help manage the rising cost of benefits. They play an important role to help ensure a sustainable benefits plan and they also help reduce the likelihood of benefits fraud or abuse.

What if an employee already has an approved PharmaCare Special Authority for their drug?

PBC's system is able to read BC PharmaCare Special Authority approvals in real time at point of sale from the pharmacy and will continue to reimburse drug according to the terms and conditions of plan, as long as there is a valid BC PharmaCare Special Authority approval in place on the date of service of the claim. This is applicable to BC residents/BC pharmacies only.

Does Pacific Blue Cross (PBC) have online access for Dental and Extended Health claims and coverage information?

Below is information to help familiarize you with Pacific Blue Cross. Member features include:

- Member Profile – log in to manage your coverage, submit claims, view claim status and history, download Member ID card or claim forms, sign up for Member Communication from PBC
- Mobile App – sign in using fingerprint touch ID to submit claims, check coverage balance, find Insta-Claim Providers for direct billing
- Preferred Pharmacy Network – Pacific Blue Cross has partnered with leading pharmacy retailers to offer guaranteed low prices and dispensing fees
- Pharmacy Compass – lookup tool to compare pill prices and dispensing fees at pharmacies in BC

What if employees have an ongoing dental treatment plan?

If your employees have an ongoing treatment plan where a pre-authorization was approved by the previous carrier, advise your dentist to re-submit a new pre-authorization to Pacific Blue Cross. This includes orthodontic treatment plans.

Will taxable benefits be managed by the Trust for CRA reporting?

No, CRA reporting is the responsibility of the employer.

Can Non-Union and Management employees join the Trust?

Yes, HBT can provide benefits for your Non-Union and Management employees. Please reach out to your dedicated Benefits Administrator for more information.

Can a regular employee opt out of certain benefits?

No. Coverage is compulsory for all regular full-time and regular part-time 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.

Are casual employees eligible for Benefit Coverage?

Casual employees covered by the healthcare provincial collective agreements are only eligible to purchase Dental and Extended Health Benefits after completing the probationary period.

Is dual coverage allowed?

For information on dual coverage, please review the Benefit Booklets.

JCBT If employees and/or their dependents are enrolled in another comparable Dental plan (normally a spouse's plan), they are not eligible for this Dental benefit.

JHSBT If employees are the primary member of another Dental plan, they are not eligible for this Dental benefit.

Nurses If employees are the primary member of another Dental plan, they are not eligible for this Dental benefit.

Non-union/Management As per your Human Resource Policies

Where can I find the benefit booklets for my employees?

Benefit 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. During the transition period all Benefit Booklets can be found here [the Supportive Housing HUB](#)

You can also find the Benefits-at-a-Glance in the same location as the booklets. This document provides a coverage summary with benefit amounts that you can share with employees for quick reference.