



HEALTHCARE BENEFIT TRUST

October 1, 2026

JHSBT: New Gender Affirming Care Benefit Effective October 1, 2026

The Healthcare Benefit Trust (HBT) is pleased to provide you with this information on behalf of the Joint Health Science Benefits Trust (JHSBT).

Please find attached, information regarding changes to the benefit plans under the JHSBT.

Please forward this communication to all departments within your organization that may require and rely on this information.

Questions

If you have any questions, please contact your designated Benefits Administrator or BenefitsTeam@hbt.ca or 604-736-2087; toll free at 1-888-736-2087.



JOINT HEALTH SCIENCES BENEFITS TRUST
New Gender Affirming Care Benefit
Health Science Professionals Bargaining Agreement
October 1, 2026

To: Benefit Administrators

c: Payroll Department
Head of Organization

Date: October 1, 2026

Subject: Changes to the Extended Health Plan Members of the
Joint Health Science Benefits Trust

Please find attached information regarding changes to the Extended Health Care plan for employees who are covered under the Joint Health Science Benefits Trust, effective **October 1, 2026**.

Attachments:

- Administrative Guideline; and,
- Information for Employees that we encourage you to distribute or post.

These new provisions apply to the following JHSBT Class Codes: 9, 38, 117, 147, 347, 470, 579, 588, 589, 882, 883, 844, 889 and 890.

Questions

If you have any questions, please contact your designated Benefits Administrator or BenefitsTeam@hbt.ca or 604-736-2087; Toll-free at 1-888-736-2087.

This Administrative Guideline is to advise you of the new Extended Health plan provision for employees covered under the Joint Health Science Benefits Trust (JHSBT) effective October 1, 2026.

Changes to Extended Health Plan Provisions

Gender-Affirming Care Benefit	Effective October 1, 2026, employees enrolled in the JHSBT plan will be covered for Gender-Affirming Care (GAC) this new benefit is intended to provide financial support for eligible gender-affirming care expenses that may not be covered through the provincial healthcare program. Benefit Details: • Effective Date: October 1, 2026 • Eligibility: Employees enrolled in the JHSBT plan. Dependents are not eligible for this benefit. • Lifetime Maximum: \$10,000 per eligible employee. Coverage is available for certain eligible gender-affirming care products, support procedures and surgeries, subject to exclusions. Note: <i>The Extended Health benefit reimbursement is 80% of Eligible Expenses, after the calendar year deductible has been satisfied.</i> <i>Reimbursement is subject to PBC's Reasonable and Customary (R&C) limits. For information on what the R&C limits are, employees should sign into their PBC Member Profile at http://www.pac.bluecross.ca/member.</i>
Contribution Rates	There is no change to the contribution rates associated with the above update.
Employee Notice	We encourage you to distribute this information to your employees covered by the JHSBT, under the class codes noted on page 1. Revised benefit booklets and Benefits-at-a-Glance documents that include the new EHC benefit provision is available for employees on the JHSBT website: https://www.jhsbt.ca/



The Joint Health Science Benefits Trust (JHSBT) provides your health and wellness benefits. This email contains important information about your Extended Health Benefits plan. Please visit the JHSBT website to learn more about the JHSBT.

Dear Member,

The Trustees of the Joint Health Science Benefits Trust (JHSBT) are pleased to announce the addition of coverage for Gender-Affirming Care (GAC):

- **Effective Date:** October 1, 2026
- **Eligibility:** Employees/members enrolled in the JHSBT plan. Dependents are not eligible for this benefit.
- **Lifetime Maximum:** \$10,000 per eligible member.

This new benefit is designed to help support eligible members who are pursuing gender affirming care and may incur expenses that are not covered by the provincial healthcare plan.

We recognize that every person's journey is unique. This enhancement reflects our commitment to supporting diversity, inclusion, and the health and well-being of our members.

For more information, please review the Frequently Asked Questions (FAQ) below or log in to your [PBC Member Profile](#) once the coverage takes effect.

Thank you,

The Trustees of the Joint Health Science Benefits Trust (JHSBT)

Frequently Asked Questions (FAQ)

1. Are medical referrals required?

Diagnosis of gender dysphoria or gender incongruence can be made by any of the following practitioners, provided they are registered with a Canadian provincial/territorial college

- Medical Doctor
- Nurse Practitioner
- Clinical Social Worker
- Psychologist

All procedures must be performed by a practitioner, provider, or physician approved by PBC.

2. What documentation is required?

A [Gender-Affirming Care Approval Form](#) must be completed and approved by Pacific Blue Cross.

3. What is covered by the Gender Affirming Care (GAC) benefit?

The Gender Affirming Care benefit provides financial support for certain gender affirming care expenses that may not be covered through the provincial healthcare program. Coverage for this benefit falls into two categories: products and support procedures and surgeries.

4. What products and support procedures are covered?

Certain gender-affirming care products and support procedures are eligible for coverage. For a complete list of products and support procedures covered and associated claiming requirements, log in to your [PBC Member Profile](#).

5. Do products and support procedures require preapproval?

Yes, pre-approval is required for expenses exceeding \$5,000. The diagnosing provider must complete Part 2 of the [Gender-Affirming Care Approval Form](#) upon first claim submission.

6. Do reasonable and customary limits apply?

Products and support procedures are subject to reasonable and customary (R&C) limits. R&C limits are the range of usual fees for comparable medical services in a geographic area. Visit [Understanding Reasonable and Customary Limits](#) for more information or log in to your [PBC Member Profile](#).

7. What surgeries are covered?

Submitting a claim for a surgery that is covered by the provincial healthcare plan can result in denial of the claim. Certain gender affirming care surgeries including supplemental surgeries may be eligible. To determine if a surgery is covered, along with the associated claiming requirements, log in to your [PBC Member Profile](#).

8. Do surgeries require preapproval?

Yes, all surgeries require pre-approval by Pacific Blue Cross before the procedure takes place. The [Gender-Affirming Care Approval Form](#) must be completed and submitted with a quote from the medical provider.

9. Where can I find more information?

For more information regarding coverage details, eligible expenses, and claim requirements refer to your [PBC Member Profile](#) or contact Pacific Blue Cross.

10. Who can I contact if I have questions about my specific situation?

Because eligibility and reimbursement depend on individual circumstances, members should contact Pacific Blue Cross directly for guidance regarding:

- Eligible expenses
- Required documentation
- Preapprovals
- Remaining lifetime maximum balances
- Claims and reimbursement status

Pacific Blue Cross can provide the most accurate information based on your specific circumstances and treatment plan.