## **DID YOU KNOW?**

How can I use my flexible credits? Every year, Birks gives you \$1,720 in flexible credits\* (\$800 if you opt out of health or dental benefits). These credits go toward the payment of your health and dental benefits. If, after having made your choices, you have used all your credits, the excess amount will be at your expense and directly deducted from your pay. However, if you have a balance of flexible credits after making your choices, this amount may be transferred to the RRSP of your choice or deposited directly on your pay. You have to be employed by Birks on February 29<sup>th</sup> following the end of the prior calendar year to be eligible.

Why is generic substitution of prescription drugs mandatory? Generic drugs are effective, safe, and less expensive, therefore contributing as well in reducing the plan's costs. Since April 1st, 2015, Blue Cross reimburses brand name drugs as their lowest priced generic according to the mandatory generic substitution provision. Should your healthcare professional prescribe you a brand name drug with "No Substitution" indicated, your pharmacist may contact them to confirm if the generic drug can be dispensed instead. We understand that there could be instances when your healthcare professional indicates there is a medically substantive need to remain on the brand name drug.

You will need to provide a copy of the Canada Vigilance Adverse Reaction Reporting Form submitted to Health Canada on your behalf, as well as a Medavie Blue Cross Request for Brand Name Drug Coverage Form for coverage consideration. Applicable forms can be found on the website in the Forms section.

How can I access the status of my claims easily?
To send an electronic claim and manage your account, you can download Medavie's app on your smart phone.

To send a claim by mail, you can also use the Blue Cross - Member Services site at https://www.medavie.bluecross.ca/gmp/. You will find on this site all the claim forms, the status of your claims as well as what you need to update your personal information. For any assistance, please contact the Customer Service at 1-888-873-9200.

Why wait for your cheque to come by mail?
Enjoy the direct deposit service provided by Blue Cross; your claim payment will be deposited directly into your bank account within 2 business days following the receipt of your electronic claim whereas paper claims will be processed within 5 business days. Simply complete the direct deposit form including a void cheque.

\*One (1) flexible credit amounts to \$1 paid by Birks for this coverage



Present your Blue Cross identification card to the pharmacist and receive an immediate reimbursement!



## MEDAVIE BLUE CROSS GROUP BENEFITS PLAN FY2023

Whether you are completing your benefits enrolment for the first time or your renewal, it is important that you choose your plan based on your needs. To make your selection, use the table in this leaflet in order to better understand the different options & features available. You will see that some types of coverage are mandatory (basic life, accidental death and dismemberment, long term disability and health/dental benefits) while others are optional (optional life and critical illness).

## SOME QUESTIONS TO ASK YOURSELF...

Am I covered under another group benefits plan?

If so, you could opt out of the health/dental benefits provided by Birks upon providing insurance proof from another group benefits plan. Please note that Quebec residents including children must be covered by these benefits, whether under the Birks group benefits plan or another group plan.

Has my personal circumstances changed? At any time during the year, you can change your health and dental options within 31 days following a change in your personal circumstances.

A change in personal circumstances includes:

- Marriage or new common-law partner:
- Divorce or separation:
- Loss of coverage under your spouse's employer's program;
- · Birth or adoption of your first child;
- Death of your spouse:
- Your children are no longer considered as dependents.

What if I want to change my benefits level?

Health and dental benefits You may choose a more generous option once a year. However, to switch for a less generous option, you must keep your chosen option for at least three years. If this is the case, and you wish to reduce your benefits level, you must choose the benefits level directly below your current level.

Optional life, enhanced critical illness and long-term disability benefits You can change these options every year during the renewal period. However, you may be required to complete a medical questionnaire if you select a more comprehensive benefits level.

Description of the prescription of the presc			Life Benefit	1 time your annual salary (paid by Birks)			
Long-term disability*-Following the 16 weeks of short-term disability (if file accepted by the insurer) *Coverage with RBC	4GE	Accidental Death	and Dismemberment Benefit	Up to 2 times your annual salary (depending on case)			
BENEFITS WITHOUT COST OF LIVING ADJUSTMENT  Health Benefits (Blue Cross) **  Prescription drugs covered at 90% for the first \$10,000, and 100% on the excess Deductible of \$400 (per family) Mandatory Generic Substitution  Medical Services and Supplies covered at 90% for the first \$2000, and 100% on the excess  Semi-private room in hospital covered at 100% Travel Benefit (excluding dangerous destinations) Trav			Short-term disability	During the first 16 weeks of disability (if file accepted by Birks)			
Prescription drugs covered at 90% for the first \$10,000, and 100% on the excess Deductible of \$400 (per family) Mandatory Generic Substitution (Control Substitution of Substi		Long-term disability*: Following the 16 weeks of short-term disability (if file accepted by the insurer) *Coverage with RBC					
Prescription drugs covered at 90% for the first \$10,000, and 100% on the excess Deductible of \$400 (per family) Mandatory Generic Substitution  Medical Services and Supplies covered at 75% for the first \$2500, and 100% on the excess Deductible of \$400 (per family) Mandatory Generic Substitution  Medical Services and Supplies covered at 75% for the first \$2500, and 100% on the excess Deductible of \$400 (per family) Mandatory Generic Substitution  Medical Services and Supplies covered at 75% for the first \$2500, and 100% on the excess Substitution  Medical Services and Supplies covered at 75% for the first \$2500, and 100% on the excess Substitution  Medical Services and Supplies covered at 75% for the first \$2500, and 100% on the excess Substitution  Semi-private room in hospital Covered at 100% Services not included Semi-private room in hospital Covered Services not included Semi-private room in hospital Covered Services on tincluded Semi-private room in hospital Covered Services of psychology and physiotherapy Semi-private room in hospital Covered Services Services not included Services Services of psychology and physiotherapy Semi-private room in hospital Covered Services of psychology and physiotherapy Semi-private room in hospital Covered Services on the excess Semi-private room in hospital Covered Services on the excess Semi-private room in hospital Covered Services on the excess Semi-private room in hospital Covered Semi-private		BENEFITS <u>WITHOUT</u> COST OF LIVING ADJUSTMENT		60% on the first \$3000, plus 45% on the excess			
Prescription drugs covered at 90% for the first \$10,000, and 100% on the excess Deductible of \$400 (per family) Mandatory Generic Substitution Mandatory Ge		Health Benefits (Blue Cross) **					
Deductible of \$400 (per family) Mandatory Generic Substitution  Medical Services and Supplies covered at 90% for the first \$2000, and 100% on the excess Semi-private room in hospital covered at 100% private room in hospital covered at 100% paid at 100%  Travel Benefit (excluding dangerous destinations)  Health Practitioners Services not included*  \$530 per year for combined services \$500 per year for physiotherapy \$530 per year for physiotherapy \$550 per year for physiotherapy \$500 per year for physiother		BASIC OPTION	OPTION 1		OPTION 2		
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Lab tests, x-rays and imaging unlimited  Dental Benefits (Blue Cross) **  OPTION 1  OPTION 2  Oral Exam and Diagnosis every 9 months  Preventive treatments covered at 80%  Basic care covered at 70%  Basic treatments covered at 80%  Endodontic and Periodontic Services covered at 50%  Major Restoration not covered  Orthodontic services for children not covered  Orthodontic services for children not covered  Benefit Payable Maximum of \$1500 per calendar year		Medical Services and Supplies covered at 90%	Medical Services and Supplies covered at 75% for the first \$2000, and 100% on the excess				
Lab tests, x-rays and imaging unlimited  Dental Benefits (Blue Cross) **  OPTION 1  OPTION 2  Oral Exam and Diagnosis every 9 months  Preventive treatments covered at 80%  Basic care covered at 70%  Basic treatments covered at 80%  Endodontic and Periodontic Services covered at 50%  Major Restoration not covered  Orthodontic services for children not covered  Orthodontic services for children not covered  Benefit Payable Maximum of \$1500 per calendar year	OVER/				· ·		
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Lab tests, x-rays and imaging unlimited  Dental Benefits (Blue Cross) **  OPTION 1  OPTION 2  Oral Exam and Diagnosis every 9 months  Preventive treatments covered at 80%  Basic care covered at 70%  Basic treatments covered at 80%  Endodontic and Periodontic Services covered at 50%  Major Restoration not covered  Orthodontic services for children not covered  Orthodontic services for children not covered  Benefit Payable Maximum of \$1500 per calendar year	ATC		\$500 per year for psychological services		\$750 per year for psychological services		
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Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited  Dental Benefits (Blue Cross) **  OPTION 1 OPTION 2 Oral Exam and Diagnosis every 9 months Oral Exam and Diagnosis every 9 months Preventive treatments covered at 80% Preventive treatments covered at 90% Basic care covered at 70% Basic treatments covered at 80% Endodontic and Periodontic Services covered at 50% Endodontic and Periodontic Services covered at 50% Major Restoration not covered Orthodontic services for children under 19 years covered at 50%, maximum lifetime amount of \$2500  Benefit Payable Maximum of \$1500 per calendaryear		Eye examination not covered					
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Orthodontic services for children not covered  Orthodontic services for children under 19 years covered at 50%, maximum lifetime amount of \$2500  Benefit Payable Maximum of \$1000 per calendar year		Endodontic and Periodontic Services covered at 50%					
Benefit Payable Maximum of \$1000 per calendar year		Major Restoration not covered					
		Orthodontic services for children not covered					
		Benefit Payable Maximum of \$1000 per calendar year					

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AGE	Member	Spouse	Children			
ON ER/ 23	Up to \$500,000 by units of \$10,000		Up to \$25,000 per child by units of \$5000			
PT OV Y20	Enhanced Critical Illness Benefit					
ООЕ	Member	Spouse	Children			