



# Agreement reached on extended health care benefits for paramedical professionals

September 13, 2004

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The Paramedical Professional Bargaining Association (PPBA) and the Health Employers' Association of BC (HEABC) have reached an agreement on an outstanding dispute regarding extended health care benefits.

The dispute stems from HEABC's directive to Pacific Blue Cross that the collective agreement did not require it to cover the additional costs arising from the BC government's decision to de-list physiotherapy, chiropractic services, massage therapy and podiatry.

The parties have now agreed that the group extended health care plan will provide reimbursement to employees for these services based on the following terms:

- Reimbursement for eligible services under the Extended Health Plan will be at 80 % of the full cost of all visits in a calendar year subject to the deductible and any annual maximums set out in the Plan;
- Payment of eligible claims to PPBA members and dependants will be retroactive to May 5, 2003, the date of the grievance.

#### Implementation:

- Members are not required to re-submit claims that were previously submitted for re-imburement;
- Where a member has no other coverage, eligible claims will be identified, re-adjudicated and paid by Pacific Blue Cross through an automated process;
- Where a member has coverage under another Pacific Blue Cross group, eligible claims will be identified, re-adjudicated and paid by Pacific Blue Cross either manually, or through an automated process;
- Where a PPBA member has coverage under another insurer, and claims cannot be re-adjudicated without further information, Pacific Blue Cross will write to the member and request information on any amounts paid by another insurer for the same expense. Members will be required to send the requested information to Pacific Blue Cross within 45 days from the date of Pacific Blue Cross' letter (an actual date will be specified in the letter). Upon receipt of the members' information, Pacific Blue Cross will process any eligible claim payments. Member information received after the stipulated deadline will not be accepted.

**\* Please note: Members who, because of the outstanding grievance, did not submit 2003 claims by the normal deadline of June 30, 2004 must submit these claims to Pacific Blue Cross no later than October 15, 2004.**

For more information, please [contact the HSA office](#).

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