



UFCW Union Benefit Plan for Retirees Renewal 2021

The annual renewal for the Extended Health and Dental benefits provided under the UFCW Union Benefit Plan for Retirees will occur effective January 1, 2021. Each year the insurance company, Pacific Blue Cross, reviews the total experience of the plan (i.e., comparing claims and expenses to premiums) and estimates future cost increases for each benefit to determine premium rates for future coverage.

DENTAL – GROUP 909819

Dental claims are paid by Pacific Blue Cross in accordance with a recommended fee guide prepared by the Association of Dental Surgeons. Each year, Pacific Blue Cross analyzes the impact of the changes to the fee guide and the actual experience of the plan. Pacific Blue Cross conducted this review for 2020 and concluded that **no change** in premiums is required to the current level of Dental Care premiums that you pay.

EXTENDED HEALTH CARE – GROUP 909819 CLASS 1 WITH VISION

This is the 20th renewal for this benefit since it was implemented January 1, 2001. As a result of the past claims experience, Pacific Blue Cross has concluded that **no change** is required to the current level of Group 909819 Class 1 (with vision) premiums that you pay.

EXTENDED HEALTH CARE – GROUP 909819 CLASS 2 WITHOUT VISION

This is the 20th renewal for this benefit since it was implemented January 1, 2001. As a result of the past claims experience, Pacific Blue Cross has concluded that a **5% increase** is required to the current level of Group 909819 Class 2 (without vision) premiums that you pay

The premiums are as follows:

Category	2020			2021		
	Dental	EHC Class 1 (with vision)	EHC Class 2 (without vision)	Dental	EHC Class 1 (with vision)	EHC Class 2 (without vision)
Single	\$37.68	\$81.92	\$58.27	\$37.68	\$81.92	\$61.18
Couple	\$72.47	\$156.41	\$110.71	\$72.47	\$156.41	\$116.25
Family	\$107.23	\$156.41	\$110.71	\$107.23	\$156.41	\$116.25

The premium rates will continue to be withheld from your pension payments or debited from your bank account.

If you wish to cancel your coverage, you must cancel coverage for **both** the Extended Health Care and Dental Plan. Coverage will be cancelled effective the first of the month following receipt of your request.

Please advise the Plan administrator in **writing** by mail, email or fax of your decision. Your request should include your full name, your date of birth, your address and your PBC ID #. You can contact the Plan administrator in one of the following ways:

UFCW Union Benefit Plan for Retirees
c/o Bilsland Griffith Benefit Administrators
1000–4445 Lougheed Highway
Burnaby BC V5C 0E4
Toll Free: 1-888-345-8329 Fax: 604-433-8894
E-mail: ufcw@bgbenefitsadmin.com