Bargaining and Benefits

Purpose of today's session

- Not a formal meeting
- Opportunity for members to talk about EHB and bargaining
- Hoping for member to member discussion
- PBC zoom posted on our websites for viewing

Benefits must be bargained

- Benefits are part of our compensation from the employer
- Contract teachers pay small amount of our premiums
- TTOCs may participate but pay full amount

Local and Provincial Bargaining

- VTF and all other locals negotiated their benefits packages directly with their employers prior to 1996
- PELRA legislation created provincial bargaining unit and required salary, benefits, workload and paid leave to be negotiated provincially
- Locals lost the ability to negotiate benefits moving forward
- Provincial table created provincial benefits plan as an "opt in" model
- Most locals, over the years, have opted in, due to having originally negotiated fewer benefits

How are improvements made?

- > The provincial table negotiates improvements to the provincial benefits plan
- Must consider needs of whole province, not local by local priorities
- Less ability for locals to make local-specific improvements (i.e. practitioner availability in the North)
- VTF approached the Board to re-distribute existing benefits for same cost, that opportunity was declined by management
- Changes to VTF plan would require locals to negotiate the right to bargain benefits locally

VTF Plan vs Standard Provincial Plan

- Some improvements in areas where our plan has remained stagnant (vision care, acupuncture, hearing aids, counselling, fertility)
- Blue Rx and pay-direct card create "efficiencies" for both members and the Board
- "unlimited" benefits for some paramedical services and doctor-prescribed drug coverage
- VTF Collective Agreement provides "joint ownership"

Information from last week's meeting

- > The limits on the provincial plan cannot be exceeded with a doctor's note
- Only medications on the Blue Rx list will be covered
- The paramedical limits will not increase without being bargained (i.e. will not increase with practitioner fees)
- PBC can require members to use lower-cost alternatives prior to being considered for more expensive medication prescribed by a doctor. There are no across-the-board timelines for how long a medication has to fail before the prescribed medication will be approved. There would be a one year transition period for member who are currently on a non-Blue Rx medication

Information from last week's meeting

- If a member is currently on a more expensive medication that is working for them, they may be required to change to a lower-cost alternative, if that hadn't been tried first.
- The cost to members of the switch in premiums, and for TTOCs who pay the full cost was not provided.
- Moving to the provincial plan will not have an impact on dental or life insurance provided in our current collective agreement.
- Provision of drug card results in lower dispensing and service fees (and also limits for coverage)
- Adjudication of approval of drugs that are not the lowest cost alternative are determined by cost and PBC research / experience, not your doctor

Reasonable and Customary Limits

- BCPSEA contract with Pacific Blue Cross allows them to set Reasonable and Customary Limits in both VTF and Standardized EHB plans
- Can be for the maximum claimable amount for practitioner charges (per hour rates for practitioners) -or- reasonable number of appointments per year
- Many of these can be exceeded with a doctor's note

Process

- Voting to stay = nothing changes, we will vote again when next improvements are made to the provincial plan
- Voting to move = final decision returning to VTF plan is not possible
- Changes would take effect April or May

Vote February 27-28

- Not a LRB vote, internal vote
- Simply Voting facilitated by the BCTF
- Regarding the Extended Health Benefits Plan, I vote to:
- Remain in the local Vancouver EHB plan
- Move to the standardized provincial EHB plan
- Make sure your email contact information is updated