

FAQs - Benefits

VES Health & Dental Plan



Are my benefits changing?

Yes. We're thrilled to share some exciting news about our VES Health & Dental Plan. Starting January 1, 2024, our coverage will transition to Pacific Blue Cross (PBC).

Is there a new policy and certificate number?

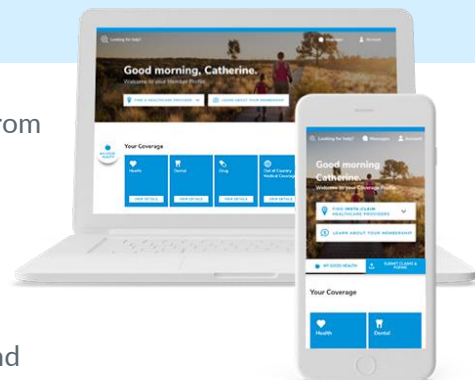
Yes. Effective January 1, 2023, you will have a new Pacific Blue Cross policy number for Extended Health Care & Dental claims. You will also be assigned a new certificate number. When you receive your Welcome email from PBC, you receive confirmation of your policy number and will be assigned a member ID.

What do I need to do?

On or after December 15, 2023, you will receive a Welcome email from **Pacific Blue Cross (PBC)** inviting you to register to access your new benefits plan. Check your spam/junk folder.

Please note: This is a one-time registration with PBC and replaces Equitable Life.

1. To register, you will need a first name, last name, date of birth and email address to register. Once registered, you can submit eligible claims and print your Pay Direct Drug card or download to your phone.
2. Your banking information does not transfer to Pacific Blue Cross. Once registered **sign up for direct deposit and update your phone number. These are mandatory** to submit on-line claims and e-claims submission to have providers' e-submissions processed through Provider e-Claims. These options speed processing and reimbursement.
3. Starting January 1, 2024, show your new benefit card to your pharmacist, dental office and other healthcare providers.
4. Take your benefits card with you when you travel.



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Who is eligible for the plan?

- VES members and employees of validated studios and their dependents who reside in Canada (excluding Quebec) and have provincial plan coverage. All eligible dependents need to be added at the time of enrollment.
- If they have coverage, dependents can exempt themselves from the health and dental plan with alternate coverage information. You have 31 days to notify your administrator for coverage activation if they lose their coverage, no medical evidence required.

When can I apply?

- You will be eligible for benefits 60 days after joining the VES or a validated studio. You will then have 31 days to enroll without having to provide medical evidence. After such time, you and your dependents will be required to supply medical evidence and receive carrier approval before you can join the plan.

Is there a medical exam or medical requirement?

- There are no medical requirements if you enroll within 31 days of becoming eligible. After such time, you and your dependents will be required to supply medical evidence and receive carrier approval before you can join the plan.

Who pays for the plan?

- Each member pays their own monthly premiums through Pre-Authorized Debit (PAD). Based on your family status, you pay single, couple, or a family rate. Preferred rates have been arranged for VES members.

How do I apply?

- Simply send an email to adminservices@dehoney.com with your name, date of birth, email address, plan choice (Bronze, Silver or Gold), family status (single, couple, family), and VES affiliation (name of studio or member number). Make sure to complete the application within 31 days to avoid medical requirements

Can I change my coverage option?

- You are given the opportunity to change your coverage selection every 24 months, or at the same time as a life event that changes your family status (single / couple / family) such as marriage, divorce or having your first child.

What if I stop working that employer?

- You can remain on the plan as long as you continue to be a resident of Canada, and you continue paying your monthly premiums.

What if I cancel my coverage, can I re-enroll?

- Your benefits terminate at midnight of the last day of the month in which you request to terminate your coverage. You may request to join again no earlier than 24 months from the date your coverage terminated. Applicants will be subject to medical underwriting and coverage will be at the discretion of the insurer.

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How do I submit my claims?

As of **December 31, 2023**, you will no longer have on-line access to submit your claims to Equitable Life. After this date, claims must be submitted by mail. To obtain an Equitable Life claim form, email: admins@dehoney.com.

If you require claims history information for income tax purposes or need to submit a claim online for reimbursement to Equitable Life, you must do so prior to **December 31, 2023**.

Type of Claim	Date Incurred	Submit Claim to:
Extended Health Care (EHC)	Incurred <u>PRIOR TO January 1, 2024</u>	Equitable Life

EHC claims must be received by Equitable Life within 90 days of the plan's termination (March 31, 2024). If claims are not received by the carrier within these timelines, they will not be considered for reimbursement.

Dental	Incurred <u>PRIOR TO January 1, 2024</u>	Equitable Life
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*Dental claims incurred prior to January 1, 2024, must be received by Equitable Life no later than **March 31, 2024**.*

Extended Health Care (EHC) & Dental	Incurred <u>ON or AFTER</u> January 1, 2024	Pacific Blue Cross
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- For dental work in progress, please make every effort to complete it before December 31, 2023.
- If you have received a pre-determination for a dental treatment plan from Equitable Life that has not begun yet, it is recommended you obtain a new pre-authorization from Pacific Blue Cross.

How do I update my beneficiary or dependent information?

Visit the secure member portal at: https://bridge.dehoney.com/member_access/login

- Dehoney Financial Group, your dedicated benefits administrator, will verify all the information entered, including all updates to the PBC system and invoice.
- If you have questions, please email admins@dehoney.com