

Retiree benefits

Frequently asked questions

Retiree dental coverage

WHAT IS THE RETIREE DENTAL COVERAGE AND HOW DOES IT WORK?

The dental coverage under the retiree benefits plan is a dental health spending account (HSA). If you're eligible, the dental HSA provides reimbursement of eligible dental expenses, up to \$250 per family per calendar year (January 1 to December 31).

WHAT IS THE DENTAL HSA CLAIM DEADLINE?

You must submit your claims to Sun Life no later than 90 days after the end of the year during which the expense is incurred. For example, if a dental expense is incurred in April 2024, your dental HSA claim must be received by Sun Life by March 31, 2025 to be eligible for payment from the 2024 dental HSA allowance.

TIPS WHEN CALLING SUN LIFE ABOUT YOUR DENTAL HSA COVERAGE OR CLAIM

Make sure you and the Sun Life representative are talking about the same thing:

Tell the Sun Life representative you're calling about the BC Hydro retiree dental health spending account (HSA), policy 150533. Remind them it's a reimbursement account that allows you to claim \$250 per year in dental expenses. Remember that the HSA is separate from your extended health plan.

HOW DO I SUBMIT MY DENTAL HSA CLAIM?

Online

Sign in to mysunlife.ca or use the my Sun Life Mobile app and select "Submit a claim". Easy-to-use screens guide you through a series of steps.

If you submit your claim online, you must keep your original receipts for 12 months as you may be asked to submit your original receipts for audit purposes.

You can also set up your direct deposit information with Sun Life to have your claim reimbursements deposited directly to your bank account.

By mail

Complete the Retiree Dental Health Spending Account Claim Form and mail it along with your original dental receipt(s). You can find the claim form online at mysunlife.ca or request one by calling Sun Life.

Power Pioneers members can also find the claim form at powerpioneers.com/member-resources.

Canadian Dental Care Plan (CDCP)

AM I ELIGIBLE FOR THE NEW CDCP?

The new [Canadian Dental Care Plan \(CDCP\)](#) is a federally delivered public plan for eligible Canadian residents with an annual adjusted family net income of less than \$90,000 who do not have access to dental coverage. Current eligibility requirements state that having access to dental coverage includes health spending and wellness accounts available through your pension benefits from a previous employer or a family member's pension benefits.

The BC Hydro retiree benefits dental health spending account (HSA) is considered dental coverage for this purpose. Therefore, based on current CDCP rules, BC Hydro retirees and their eligible dependents with access to the dental HSA as part of the retiree benefits plan would not be eligible for the CDCP. Note that CDCP eligibility is based on the dental coverage **available to you and not whether you've chosen the coverage or not**. This is why for those retirees who have access to the dental HSA, BC Hydro is required to record code "3" (Access to any dental care insurance, or coverage of dental services of any kind for payee, spouse, and dependents) in Box 15 of the 2023 T4A. Choosing to opt out of the BC Hydro dental HSA plan would not change your eligibility for the CDCP since at this time, the government does not recognize opting out of the retiree plan as being equivalent to not having access to the dental coverage.

While there are no immediate changes planned for the BC Hydro retiree benefits plan, BC Hydro is committed to reviewing changes to government-sponsored plans, like the introduction of the CDCP, and assessing the impact these changes may have on the retiree benefit plan design.

If there are any updates on the retiree benefits plan in the future, BC Hydro's pension team will communicate this information to eligible retirees.

Retiree extended health plan

HOW ARE THE RETIREE EXTENDED HEALTH PLAN COSTS DETERMINED?

BC Hydro pays the cost of coverage for the Basic extended health plan and retirees pay the cost of coverage for the Extra extended health plan (over and above the cost of coverage BC Hydro would have paid under the Basic extended health plan).

Every year, BC Hydro's benefit consultants review the claims experience and inflationary increases to determine the cost of the Extra Plan and set the premiums accordingly. In addition to the annual review of premiums, every three years a full valuation of the extended health plan is performed by the benefit consultants. Prescription drug claims and the rising cost of specialty drugs are the primary drivers of the premium rate increase; this is unrelated to the insurance provider.

BC Hydro pays the cost of claims up to what it would pay under the Basic Plan (i.e. up to \$25,000 lifetime maximum) for members under the Basic Plan as well as for members under the Extra Plan. With the rising costs of prescription drugs, more and more people under the Extra Plan are reaching the \$25,000 lifetime maximum, which then increases the overall cost of the Extra Plan.

Information on the Extra Plan rates is included in the annual June retiree newsletter.

As a reminder, eligible medical and dental expenses that are not covered by the retiree plan may be claimed on your personal income tax return as medical expenses.

WHAT FACTORS COULD IMPACT THE OVERALL COST OF THE DRUG PLAN?

There are many external factors that have an impact on the overall cost of the drug plan, that we can't control. However, as health consumers, you may want to consider the following to help sustain these costs:

- Use generic drugs instead of the brand name, when possible.
- Get your prescriptions from pharmacies with lower dispensing fees – there are many pharmacy options to choose from and you have a right to ask about the cost of dispensing fees so you can compare them to other pharmacies.
- Use Sun Life's Preferred Pharmacy Network for specialty drugs (sunlifepharmacynetwork.ca) – Sun Life's negotiated rates for these specialty drugs will be charged to our plan which will help sustain drug costs.
- Make sure you're registered for Fair PharmaCare so that the provincial PharmaCare plan covers eligible drugs after you reach your deductible under the PharmaCare plan.
- Consider biosimilar drugs rather than biologic drugs, if appropriate.

WHAT IS THE PARAMEDICAL PRACTITIONER COVERAGE AND HOW IS IT REIMBURSED?

Under the Basic Plan, you'll be reimbursed 80%, after the annual deductible of \$25 per year, up to the maximums for the qualified paramedical practitioners listed below. Under the Extra Plan, you'll be reimbursed 100%, up to the maximums for the qualified paramedical practitioners listed below.

Practitioner	Coverage
Massage therapist	You'll be reimbursed \$10 per visit for the first 12 visits per calendar year. For visit 13 onwards, you'll be reimbursed at 100% (Extra Plan) or 80% (Basic Plan) until the end of that calendar year. There is no limitation on the cost of treatment for visit 13 onwards, until the end of that calendar year.
Physiotherapist	You'll be reimbursed \$10 per visit for the first 12 visits per calendar year. For visit 13 onwards, you'll be reimbursed at 100% (Extra Plan) or 80% (Basic Plan) until the end of that calendar year. There is no limitation on the cost of treatment for visit 13 onwards, until the end of that calendar year.
Naturopath	You'll be reimbursed \$10 per visit for the first 12 visits per calendar year. For visit 13 onwards, you'll be reimbursed at 100% (Extra Plan) or 80% (Basic Plan) until a maximum of \$200 per person per calendar year and \$500 per family per calendar year is reached.
Acupuncturist	You'll be reimbursed at 100% (Extra Plan) or 80% (Basic Plan) up to a maximum of \$100 per person per calendar year.

Practitioner	Coverage
Podiatrist / chiroprapist	You'll be reimbursed \$10 per visit for the first 12 visits per calendar year. For visit 13 onwards, you'll be reimbursed at 100% (Extra Plan) or 80% (Basic Plan) until a maximum of \$200 per person per calendar year and \$500 per family per calendar year is reached.
Chiropractor	You'll be reimbursed \$10 per visit for the first 12 visits per calendar year. For visit 13 onwards, you'll be reimbursed at 100% (Extra Plan) or 80% (Basic Plan) until a maximum of \$200 per person per calendar year and \$500 per family per calendar year is reached.

ARE VACCINES COVERED?

Vaccines are not covered under the plan.

WHAT IS THE DEADLINE FOR SUBMITTING EXTENDED HEALTH CLAIMS?

The deadline for submitting extended health claims to Sun Life is 12 months after the date you incur the expense.

Pharmacare special authority program

WHAT IS THE PHARMACARE SPECIAL AUTHORITY PROGRAM?

The provincial BC PharmaCare program covers the cost of certain drugs only under specific medical circumstances. If your prescriber believes your medical circumstances warrant the use of one of these specific limited coverage drugs, they should submit a Special Authority (SA) request to PharmaCare to determine if PharmaCare will cover the cost of the drug.

WHICH DRUGS REQUIRE A REQUEST TO BE SUBMITTED?

You can find a list of SA drugs at gov.bc.ca/pharmacarespecialauthority. If you have coverage under the retiree extended health plan and you've submitted a claim to Sun Life for a drug on the SA list, Sun Life may send you a letter advising that a SA request must be submitted to PharmaCare first to see if the provincial plan will cover the costs. You must send Sun Life a copy of PharmaCare's approval or denial notification.

HOW DOES THIS AFFECT MY SUN LIFE DRUG COVERAGE?

PharmaCare's approval or denial doesn't impact whether the drug will be eligible for reimbursement under the retiree extended health plan. However, it does impact the overall cost to the retiree extended health plan and ultimately what retirees pay in monthly premiums for the Extra Plan, which is why it's important that you've applied to PharmaCare.

NEED MORE INFORMATION?

You can contact Health Insurance BC (HIBC) at 604 683 7151 or 1 800 663 7100 (Monday–Friday 8 a.m. to 8 p.m. and Saturday 8 a.m. to 4 p.m.).

Federal pharmacare program

IS THERE A NEW FEDERAL PHARMACARE PROGRAM?

In February 2024, the federal government introduced Bill C-64, An Act respecting pharmacare (Pharmacare Act), which proposes the foundational principles for first phase of national universal pharmacare in Canada and describes the Government of Canada's intent to work with provinces and territories to provide universal, single-payer coverage for a number of contraception and diabetes medications. However, there are no specific details to share at this time as Bill C-64 has not been passed in legislation.

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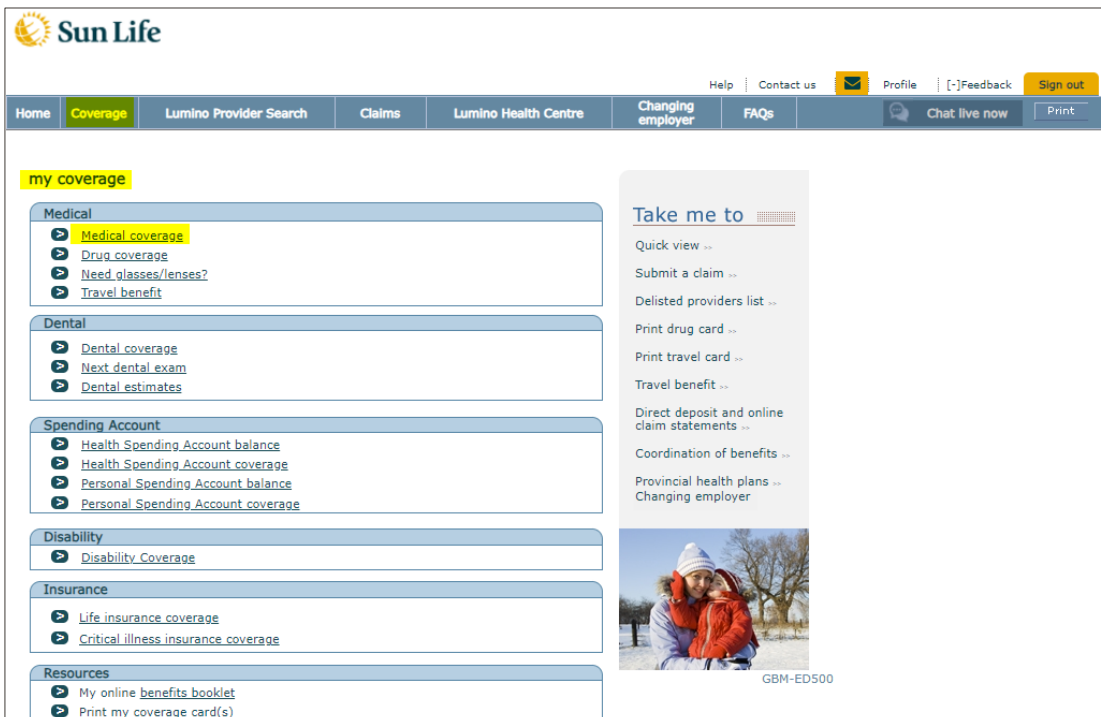
HOW DO I REGISTER FOR SUN LIFE'S ONLINE WEBSITE, MYSUNLIFE.CA?

Here's how to register for mySunLife to access your account online:

1. Go to mysunlife.ca and select **Register**.
2. Enter your personal email address.
3. Sun Life will send you an email to confirm your email address.
4. Complete your personal information.
5. You'll be asked to verify your identity and to sign in with your current financial institution. If your financial institution isn't listed, you can click **verify your identity another way** and answer a few questions to complete your registration.

WHERE CAN I FIND MY EXTENDED HEALTH LIFETIME MAXIMUM BALANCE?

On mySunLife.ca, go to *Coverage* -> *my coverage* and select **Medical coverage** as shown below:



The screenshot shows the Sun Life website interface. At the top, there is a navigation bar with the Sun Life logo and links for Help, Contact us, Profile, Feedback, and Sign out. Below this is a secondary navigation bar with links for Home, Coverage (highlighted), Lumino Provider Search, Claims, Lumino Health Centre, Changing employer, FAQs, Chat live now, and Print. The main content area is titled 'my coverage' and contains several expandable sections: Medical (with sub-links for Medical coverage, Drug coverage, Need glasses/lenes?, and Travel benefit), Dental (with sub-links for Dental coverage, Next dental exam, and Dental estimates), Spending Account (with sub-links for Health Spending Account balance, Health Spending Account coverage, Personal Spending Account balance, and Personal Spending Account coverage), Disability (with sub-link for Disability Coverage), Insurance (with sub-links for Life insurance coverage and Critical illness insurance coverage), and Resources (with sub-links for My online benefits booklet and Print my coverage card(s)). To the right of these sections is a 'Take me to' sidebar with links for Quick view, Submit a claim, Delisted providers list, Print drug card, Print travel card, Travel benefit, Direct deposit and online claim statements, Coordination of benefits, Provincial health plans, and Changing employer. At the bottom right of the sidebar is a small image of a person in winter gear with the caption 'GBM-ED500'.

Select the service or item you wish to view (e.g., Acupuncture):

Medical coverage

Member / Dependent Information: Contract 025140 (Medical)

If you don't see what you're looking for, check your benefit booklet or [contact us](#).

Coverage for: Mary
 John

Ambulance

[Ambulance - Air - Emergency, Out of Canada](#)
[Ambulance - Air - Emergency, Out of Province](#)
[Ambulance - Air - Own Province](#)
[Ambulance - Ground - Emergency, Out of Canada](#)
[Ambulance - Ground - Emergency, Out of Province](#)
[Ambulance - Ground - Own Province](#)

Blood Supplies

[Blood/Plasma](#)

Diabetic Supplies

[Continuous Glucose Sensors](#)
[Continuous Glucose Transmitter & Receiver](#)
[Glucometer/Dextrometer](#)
[Insulin Pump](#)

Diagnostic

[Blood Sampling](#)
[Fertility Treatment](#)
[Lab Tests - Commercial Lab](#)
 [Lab Tests - Doctor's Office](#)
[Pharmacogenomics Testing](#)
 [Ultrasound - Medical Diagnostic](#)

Health Care Products and Supplies

[Catheter](#)
[CPAP/Bi-PAP machine](#)
[CPAP Mask](#)
[CPAP Supplies excluding Mask](#)
[Inhalation Chamber](#)

Mental Health Services

[Clinical Counsellors](#)
[Marriage and Family Therapist](#)
[Psychoanalysis](#)
[Psychologist Services](#)
[Psychotherapist](#)
[Social Worker](#)

Nursing Services

[Licensed Practical Nurse](#)
[R.N.A Out of Hospital](#)
[R.N. - Out of Hospital](#)

Orthopaedic Supplies

[Elastic Support Stockings](#)
[Orthopaedic Shoes \(Brace\)](#)
[Orthopaedic Shoes - Custom-made](#)
[Orthotic Devices](#)
[Prescribed Arch Supports](#)
[Pressure Gradient Hose](#)
[Pressure Gradient Hose - High Compression](#)
[Shoe Modification](#)
[Stump Sock](#)

Paramedical Services

[Acupuncture](#)
[Alberta Health care chiropractor visit](#)
[Alberta Health care podiatrist visit](#)
[Audiologist](#)
[Chiropodist](#)
[Chiropractor](#)

This will take you to the coverage available for that specific service/item. On this coverage detail page, you'll also see a section for **Overall maximum**. Follow the link to view your **lifetime maximum balance available**.

Medical coverage

Coverage details

Expense type: **Acupuncture**
 Coverage for: [redacted]
 For benefit year: **01 Jan 2024** through **31 Dec 2024** Current as of: **11 Mar 2024**

Displayed for Call Centre only - The following coverage information applies to the expense types included in this [Medical group M4](#)

Coverage Details	
Deductible	<ul style="list-style-type: none"> None
Percentage covered	<ul style="list-style-type: none"> 100%
Limits	<ul style="list-style-type: none"> Maximum \$100.00. Coverage limits shown are per person, per benefit year, on the paid amount of your expenses. <hr style="border-top: 1px dashed #ccc;"/> <ul style="list-style-type: none"> View your claims related to this expense type.
Remaining Balance	<ul style="list-style-type: none"> Balance calculated for: [redacted] You have up to \$100.00 remaining. <div style="background-color: #fff9c4; padding: 10px; text-align: center; margin: 10px 0;"> <p>Find savings with top-rated providers before your next health-care visit.</p> <p style="background-color: #004a6c; color: white; padding: 5px 20px; display: inline-block; font-weight: bold;">Find an acupuncturist</p> </div> <hr style="border-top: 1px dashed #ccc;"/> <ul style="list-style-type: none"> Please note that while the remaining balance may be used to pay future eligible claims, each of those claims are subject to the conditions of your group plan such as those displayed on this page. Your claim will also be subject to reasonable and customary charges and any applicable coordination of benefits. In addition, adjusted claim amounts may not be reflected in the remaining balance.
Overall maximum	<ul style="list-style-type: none"> The maximum is \$500,000.00 per person per lifetime. View your lifetime maximum balance available. This maximum is shared with other expenses.
Deadline to submit claims	<ul style="list-style-type: none"> We must receive your claim within 365 days of the date you had the service.

Submit a claim

HOW CAN I VERIFY IF VACCINES ARE COVERED UNDER THE RETIREE PLAN?

Vaccines are not covered under the plan. Here's the information from the Sun Life booklet:

What is not covered

We will not pay for the following, even when prescribed:

- vaccines.
- contraceptives.
- infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatments.
- the cost of giving injections, serums and vaccines.
- treatments for weight loss, including drugs, proteins and food or dietary supplements.
- hair growth stimulants.
- drugs for the treatment of sexual dysfunction.
- drugs that are used for cosmetic purposes.
- natural health products, whether or not they have a Natural Product Number (NPN) except otherwise provided under the list of eligible expenses specified in the Benefit Summary.
- drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility.

You can also verify this by going to mysunlife.ca. Follow the links to *Coverage* -> *Drug* -> *Drug look up*. Enter the vaccine name, DIN or keyword and click search.

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Help Contact us Profile Feedback Sign out

Drug look up

Member / Dependent Information: Contract 025104 (Medical)

This drug is for:

To determine if a specific drug may be eligible for coverage under your plan, enter the Drug Identification Number (DIN), the drug name, or keywords associated with the drug. Then select search to continue.

Search for: [Advanced Search](#)

Note: The DINs / drug names shown on this website are those used by Health Canada. Drugs purchased outside of Canada may have different DINs / drug names.

GBM-E0511

You are on a Sun Life Financial website.
Please refer to the [legal](#), [privacy](#) and [security](#) pages for information on the use of this site.
Any changes you make on this site may affect information about your particular plan,
offered by Sun Life Assurance Company of Canada.

The next page will list the DIN(s) and drug name. Depending on the item searched, there may be multiple options for you to choose from. Follow the link for the specific drug and dosage you're looking for.

Drug look up

Search results for: **shingrix** [New search](#)

Click the drug name to view your coverage details and other important information.


Current information on **16 Apr 2024**

Drug identification number (DIN)	Drug name
02468425	SHINGRIX 50MCG/0.5ML INJ

[Back](#)

The next page will show the coverage details for the specific vaccine you've selected. Under percentage covered, it will show that it's not covered.

Drug look up

 [New search](#)

[SHINGRIX 50MCG/0.5ML INJ](#) ?
DIN: 02468425

Coverage for: Current information on **16 Apr 2024**

Percentage covered:	Not covered
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Alternatives available: There may be alternatives to the searched drug. Consult your health care professional to explore other potential treatment options.

Important notes:

- The terms of your benefit booklet/contract describe your coverage. The terms in place at the time that you incur your claim determine its eligibility for reimbursement. Recent changes to your coverage may not be reflected here.
- To be eligible, your drug claim may be subject to medical criteria. Drugs must also be prescribed by [doctor](#), dentist or other qualified health professional if the applicable provincial/territorial legislation permits them to prescribe the drugs. Medication must be dispensed by a pharmacist or medical doctor.
- Provincial or territorial plan coverage may affect your claims.

CONTACT INFORMATION

For general information about your retiree benefits or to make a change to your extended health coverage, please leave us a message on the BC Hydro Retiree Line or send us an email.

604 694 8600 or 1 800 663 1339 (select menu options 3 → 2 → 2)
Pension.RetireeBenefits@bchydro.com