



Insulators Local 110 Benefit Plan

We are delighted to introduce PBAS as your new claims payor for the Plan Members of the Insulators Local 110 Benefit Plan. The Board of Trustees has transferred claims payment services to PBAS, to enhance your service experience. To help prepare Plan Members for the launch of the new service provider, we've prepared this Welcome Kit to outline your new claims payment services and your new Member Portal, which will provide for quick and easy access to your Plan.

If PBAS has a valid email address for you, you will be sent an online Welcome Kit on December 26, 2022 which will provide you access to the Member Portal beginning **January 1, 2023**. You will be able to create a user account, review and update your Plan Member information, access your digital benefits card, and more. If you wish to provide or update your email address, please contact us.

As a Plan Member, you and your eligible Dependents receive the coverage outlined in the Benefits-At-A-Glance and continue to do so while you maintain your coverage via your hour bank or self-payment.

In this Welcome Kit, you will find:

Your new Benefit Card

Enclosed, is your Benefit Card, which will assist you with pay-direct claims payment at the pharmacy, dental office, and extended health care providers. Your Benefit Card is not required to submit claims, however it is helpful for providers who are able to submit on your behalf.

In an effort to be environmentally friendly, we have sent you a single card in your Welcome Kit. Please access the Member Portal at **insulators110.pbas.ca** to download or print additional digital cards, or contact the administrator if an additional card is required.

If you lose eligibility to the Benefit Plan due to insufficient hours in your hour bank, then we encourage Plan Members to retain their Benefit Card for when they regain eligibility as your Plan information will not change.



Direct Deposit Form

If you were previously using direct deposit for your claim reimbursements, or wish to start now, please complete the Direct Deposit form enclosed or visit **insulators110.pbas.ca** to register now. Direct deposit reimbursements are faster and easier than waiting on a cheque payment.



Benefits-At-A-Glance

Your Benefits-At-A-Glance on the Member Portal serves as a quick reference guide to your Plan coverage. A copy of your Plan booklet, which provides more detail about your benefits, as well limitations and exclusions, will be available for download on the Plan Member Portal.



And much more!

Questions?

If you have any questions, please contact the service provider

Email: Insulators110@pbas.ca Phone: 1-403-796-9873 or toll-free 1-866-659-9378





Are there any changes to my Plan or coverage levels?

There has been no change to your Plan.

The Board of Trustees has appointed PBAS to be the Claims Payor effective January 1, 2023.



In an effort to be environmentally friendly, you will receive a single card in your Welcome Kit. Additional cards can be downloaded on a smart phone, printed, and emailed.

How to download a Digital Card

The new Member Portal provides you with secure and ready access to your Plan information and your Benefit Card. Simply present your digital or hardcopy Benefit Card to your health and/or dental providers for convenient claims payment. To print your card after January 1, 2023, simply:

Visit insulators110.pbas.ca and click on "Member Portal Login".

- ✓ Click "Register Here".
- ✓ Enter your First and Last name, and your certificate number, located on your Benefit Card.
- ✓ Click "validate" to begin the registration process and complete all required fields.

Once registered, click "Benefit Card" on the right hand side of the home page.

- ✓ Click the icons under the card displayed to see the various Benefit Cards.
- ✓ Save the card on your smartphone or download into your iwallet for easy access. Alternatively, you can print the card.



What can I do to ensure uninterrupted services?

PBAS can assist with setting up your health providers onto the PBAS Provider Portal, so they can submit claims electronically for processing. You only need to provide us with their contact details using the enclosed form or by visiting insulators110.pbas.ca.

While providing this information is optional, taking advantage of this assistance will ensure that your provider is set up when you visit them, to allow for a seamless transition.



How do I submit claims?

We encourage Plan Members to utilize their Benefit Card for quick and efficient claims processing. This limits your out-of-pocket expenses!

If you choose to pay directly for any service, you may submit your claim manually to PBAS, with receipts, using the following methods:



Online using the Plan Member Portal



Complete a Health Claim Form (included in this package) and submit, with receipts, to PBAS manually:

Via email: insulators110@pbas.ca
Via fax: 403-250-9236

Via mail:
Suite 101, 46 Hopewell Way, NE
Calgary AB T3J 5H7

Can I submit a claim online?

Online claim submission is a quick and practical way to submit your claims for reimbursement. Simply complete the required fields and use your smartphone to upload pictures of your claim form. By submitting your claim electronically, you avoid waiting for your claim to reach us by mail.

When submitting claims online, you are required to retain your original receipts for twelve (12) months, as PBAS may require these documents at any time for audit purposes.

How long do I have to submit a claim?

Claims must be submitted to the claims payor within eighteen (18) months of the date the expenses were incurred. Please note that expenses incurred prior to January 1, 2023 must be submitted to the previous insurer (Manulife) within 6 months of the end of 2022.

Can claims be paid directly to my provider?

Your Plan allows you to assign your reimbursement to your provider. In order to do so, you must obtain an agreement from your provider, as you are ultimately responsible for any amounts not reimbursed by the Plan.

How do I know when my benefit maximums have been reached?

You can view any remaining coverage under Benefit Balance.





How do I sign up for Direct Deposit?

You can always take advantage of direct deposit for your claim reimbursements once you have registered on the Member Portal and have updated your profile. You will begin to receive reimbursements by direct deposit 2-3 business days after you submit your request.

To make this process simple, have a blank cheque or direct deposit form from your bank on hand when you register. These documents include all the information required to set up direct deposit. Your payments can be deposited into a chequing or savings account. If you have another kind of account, please call your financial institution to find out what accounts you can use for direct deposit. Alternatively, you can complete the enclosed Direct Deposit form and submit it to PBAS. You can change your direct deposit at any time by updating your information under your profile.

Before the payment has been deposited into your account, you will receive an email detailing the payment. This is called an Explanation of Benefits. With normal bank clearing procedures, your payment should be deposited within 2-3 business days. To update your direct deposit information, visit insulators110.pbas.ca.

How do I utilize Coordination of Benefits (COB)?

If you are eligible for coverage under your spouse's benefit plan or an alternative plan, the primary benefit plan for you will be this Plan. You can coordinate this Plan with another benefit plan to receive maximum coverage.

In order to do this, you must:

- ✓ Submit claims to your primary benefit plan*
- ✓ Submit the unpaid portion to the secondary benefit plan*, including a copy of the Explanation of Benefits (EOB) and a copy of the original claim form.

* If your spouse has their own benefit plan, then this Plan will be their secondary plan.

If your children are covered under both benefit plans, then please first submit your child's claims to the plan of the parent whose birthday falls earliest in the year (regardless of year of birth). Once the claim is processed, any unpaid portion showing on the related Explanation of Benefits that accompanies the claim reimbursement is, then, submitted to the other parent's benefit plan for processing.



What is the new process for drugs that require pre-authorization?



Effective immediately, if your doctor prescribes any medication that requires pre-authorization, please visit insulators110.pbas.ca to download a pre-authorization form. The pre-authorization form should be completed by your doctor and submitted to PBAS for review. If authorization is granted, the approval will be updated to your Benefit Card to facilitate prescription drug claim payment thereafter.

To find out if a drug is covered under the Plan, visit insulators110.pbas.ca and click on Tools to see the Drug Search.

Can I view my claims payments on the Plan Member Portal?

With the January 1st launch of the Member Portal, all claims paid January 1st onwards will display daily so that you always have the most current information about your submitted claims. You will find Claim History information under the Claims section of the Plan Member Portal. There you also will find any history relating to applicable coverage limits such as Vision Care. In other words, you would find the date of your last Vision Care claims reimbursed, followed by the date of which your Vision Care benefit will renew for you and any applicable Dependants. On or after the date indicated, if you were to incur a Vision Care claim expense, you or your Dependants would be eligible for coverage.

You will have the option to print or download the Explanation of Benefits (EOB) for any claim that you have submitted to PBAS. This document details the claim information and reimbursement issued according to your Plan rules. This information is useful if you have to submit it to another insurance plan or for income tax purposes.

Can I submit feedback?

We welcome your feedback and encourage you to share your suggestions. Plan Member feedback and suggestions will assist the Trustees and PBAS with the future development and customization of your Plan. Therefore, please take advantage of the Contact form in the Member Portal.



We look forward to hearing from you.



How do I use my Benefit Card?



Prescription Drug Card

The card should be presented to your pharmacist (along with your prescription) in order to access the electronic pay-direct system. Your claim is processed immediately without the need for you to mail in a claim. Your pharmacist will advise you of any amount owing.



Setup Procedure for your Pharmacy

The MDM Guard Card works just like any other pay-direct drug card. For electronic processing of prescriptions, your pharmacy will require the 9 digit Certificate ID number that is found on the front of the Benefit Card. This is the number that they will enter into the "Client ID" field. MDM does not require a carrier number or a group policy number, however, should your pharmacy's software require an entry in that field; advise the pharmacist to enter 1000. Your pharmacist may need to contact their software provider in order to confirm which processing code they have assigned to MDM.

Note: Your pharmacist can call the Pharmacy Support telephone number on the front of your Benefit Card should they require assistance with a claim or for a walk through of processing your first MDM claim.



Extended Health and Dental Care

Present this card to your Health and/or Dental Practitioner, in order for them to access the electronic pay-direct system. Using your card allows for immediate claims processing without the need for you to mail in a claim form. Your practitioner will advise you of any amount owing, if applicable.



Setup Procedure for your Health Practitioner

Your practitioner can register for the PBAS Health Provider Portal using the following steps:

1. Visit provider.pbas.ca
2. Click "Register" at the top of the page
3. Enter email address and create password
4. Log in to account to complete the profile
5. Once approved, your Health Practitioner will receive a message in their profile confirming her or his registration for the PBAS Provider Portal for claim submission and payment.

Once registered with PBAS, your provider can log in and submit your claims. This registration is usually confirmed in one business day.

Please note that, if your Health Practitioner has not registered with PBAS, you will need to manually submit the related benefit expense incurred to PBAS for reimbursement of eligible claims.



Setup Procedure for your Dental Practitioner

Your Dental office can submit claims electronically by adding PBAS to their system:

Add: PBAS

Network: Modern Users – CSI
ASYNC Internet Users – ITRANS

Carrier Code: 610256

CDAnet Version: 4

Group Number: 110

Certificate Number: Member ID on card (up to 9 digits)

Transaction Types: Claim, Predetermination,
Request for Outstanding Transactions

Accept Window: 30 Days

