GSS 2025 HEALTH AND DENTAL REFERENDUM FAQ

The referendum question and changes to coverage/services/cost:

What is the referendum question?

Members have expressed a desire for more affordable Extended Health and Dental plans. We have found one provider who was able to cut costs: Studentcare. Switching to Studentcare comes with advantages and disadvantages for our members. In order to move forward with this change, we want to ensure our members have a comprehensive understanding of the coverage and services changes that would be involved in moving to Studentcare.

Negotiations over the final cost and coverage rates will take place over the Summer 2025. We are not proposing a reduction in current coverage levels. We anticipate cutting costs by 5-10%.

There are some guaranteed service changes. Studentcare does not require a blackout period for returning plan members (i.e. no more blackout period for second year and above students). Studentcare has lower-cost provider networks for vision, dental, and pharmacy.

It is important for GSS members to be aware that customer service for plan enrolment (opt-ins/outs), claims submissions, and support accessing healthcare would move from the GSS to Studentcare. All claims and enrolment questions would be addressed by Studentcare staff through their phone line, online tools, or through the Studentcare office in the SUB. The advocacy work currently performed by the GSS Health and Dental Coordinator, such as disputing claim rejections on member's behalf with Pacific Blue Cross, would no longer be available. Other GSS services, such as office hours and the UPASS, would not be impacted.

Do you support moving the GSS Health and Dental Plans to Studentcare?

Why make these changes now?

The GSS's current insurance broker, Aon, regularly provides us with estimates on cost savings of our insurance plan if we were to "go to market" and shop our plan around to other providers. They have never been able to offer a cost savings to our members through going to market.

Studentcare, a different insurance broker, has found a single insurance provider, Pacific Blue Cross, who have offered a cost savings if we move our brokerage to Studentcare. Studentcare received quotes from three other insurance providers who were unable to match or beat our current costs.

Changing insurance brokers or providers is a labour intensive process. The GSS Board and management have been negotiating and meeting with Studentcare for months to bring this question to referendum. We will continue working on the transition of brokers until September 2025 if this referendum passes. Because of the labour required to make a change like this, we are only willing to make this change if it actually saves our members money. Right now, it appears that Studentcare can do so.

Additionally, this change directly impacts the unionized staff positions at the GSS. The GSS is a pro-union environment and we have been working for several years to find a way to minimize the impacts on our unionized staff if we switched to Studentcare. Through Collective Bargaining in February 2025, we

expect to find a path forward to cut costs in the Health and Dental Plans for members (through switching to Studentcare) **and** reduce impacts on unionized staff.

What change is being proposed?

The GSS is not considering any reductions to our insurance coverage rates. Coverage rates refers to the percent of total medical costs covered by insurance, and the maximum total dollar value that would be covered during a set period of time. For example, the GSS's insurance plans covers 70% of dental costs up to a maximum of \$750/year.

We are also not considering moving insurance providers (more on insurance providers vs. brokers below). We will still be insured by Pacific Blue Cross. What we are considering is moving to Studentcare for our insurance brokerage. Studentcare is a national insurance broker designed specifically to insurance students through their student society.

By moving to Studentcare, the GSS stands to gain and lose some services. By services, we mean the benefits provided by insurance brokers and providers that are not related to coverage rates. Services that we would lose with a move to Studentcare, if the referendum passes, relate primarily to our inhouse Health and Dental Coordinator position. This position was created so that GSS members had a staff person hired *by their student society and not the insurance industry* who can advocate on their behalf in any disputes over claims and coverage with Pacific Blue Cross. If the referendum passes, the GSS will no longer offer in-house support and assistance with enrolment (including opt ins and opt outs), claims submission and claim dispute resolution, and health system navigation. All these services would go through Studentcare directly through one of their helplines. Previously, the GSS membership determined that having an in-house advocate and an on-site support person was of significant value. This referendum provides the GSS another opportunity to assess how our members value this specific work vs. moving to a system where members are individually responsible for resolving claims and enrolment issues with Studentcare.

Services that we would be able to add with Studentcare, if the referendum passes, include the end of the annual blackout period for all but first year students. (More information on the blackout period below). Additionally, Studentcare uses a healthcare service provider network to lower costs on vision, dental and pharmacy care. (More information on provider networks below.) Thus far, these are the only services we can guarantee would be added to our insurance plans. However, Studentcare offers a range of other services, including their own mental health support line, that we are still negotiating over.

What is an insurance broker? How is it different from a provider?

An insurance broker is an organization which negotiates coverage and costs on behalf of a client (the GSS) with an insurance provider (e.g., PBC, Greenshield, etc.). A broker is an insurance industry expert who leverages their expertise to negotiate down the cost of insurance. By using an insurance broker, the GSS ensures that the person negotiating on our behalf with the provider comes to those negotiations with an equal understanding of the insurance sector as the provider.

An insurance provider is an organization that takes in money for insurance premiums and issues payments or reimbursement for health services rendered. That is to say, the insurance provider provides the actual insurance coverage. The current GSS insurance provider is Pacific Blue Cross, while the current GSS insurance broker is Aon.

What services does Studentcare offer? (What are we proposing adding? Any new services?)

As noted above, services that we would be able to add with Studentcare, if the referendum passes, include the end of the annual blackout period for all but first year students. (More information on the blackout period below). Additionally, Studentcare uses a healthcare service provider network to lower costs on vision, dental and pharmacy care. (More information on provider networks below.) Thus far, these are the only services we can guarantee would be added to our insurance plans. However, Studentcare offers a range of other services, including their own mental health support line, that we are still negotiating over. If we can afford to add that service to our insurance plan while still maintaining a 5-10% cost savings to members, we will add this to our services package.

Additionally, Studentcare has a range of customer support contact options. You can find the list of UVic specific options on the UVSS Studentcare website here: <u>https://Studentcare.ca/plan/en-</u> <u>ca/IHaveAPlan_UVicUniversityofVictoriaStudentsSocietyUVSS/assistance-centre</u>. These include an online support request form, an FAQ, a helpline phone number, and an on-campus Assistance Centre office in the SUB. The online and phone support are national level services that are hosted in Montreal.

What is the blackout period?

The "blackout period" is an annual period of 6-8 weeks at the start of each academic year (or the start of someone's degree if they start in January or May) where claims cannot be submitted to Pacific Blue Cross (PBC), our insurance provider. The GSS currently provides Pacific Blue Cross with our complete membership list for insurance coverage AFTER the opt-in/out period. It then take PBC approximately 2 weeks to enrol all our members in insurance. During that time, since GSS members have not technically been enrolled in the PBC plan, they cannot access their benefits. Insurance coverage is effectively paused until we send in our membership list and PBC processes our enrolment. This means that members must pay out of pocket for care received during the blackout period and must seek reimbursement once the blackout period ends.

Studentcare uses a different enrolment process, so the only time our members would experience a coverage blackout would be their first year on the GSS insurance plan. Thereafter, there would be no annual blackout period for members. Access to coverage would be continual year-over-year.

What is a provider network?

A provider network is a group of healthcare providers who agree to give preferential pricing to members of particular insurance groups. Studentcare has provider networks for vision, dental, and pharmacy care. This would mean that GSS members could access an additional discount on their medical costs by using an in-network care provider. You can explore the Victoria networks by visiting the UVSS website under STUDENTCARE NETWORKS: Find a Professional:

https://www.studentcare.ca/rte/en/IHaveAPlan_UVicUniversityofVictoriaStudentsSocietyUVSS_Home

Studentcare occasionally advises student societies to decrease their total coverage for a type of care as members may access additional discounts by using their provider network. For example, the GSS insurance covers 70% of drug costs. Studentcare may advise us in future years to lower coverage rates to 60% and pair it with an additional 10% discount that can be accessed by using an in-network pharmacy (Rexall pharmacy). Students who have their prescriptions filled at Rexall would continue to

have 70% of drug costs covered. Students who fill their prescriptions at an out-of-network pharmacy would pay more for their medication. However, this coverage rate change would also mean that the cost of the GSS insurance may decrease.

At this time, we are not looking to lower any coverage rates.

What services or coverage levels could decrease with this change? (What are we proposing taking away)?

The GSS is not considering any decreases to coverage rates at this time.

By moving to Studentcare, the GSS stands to gain and lose some services. By services, we mean the benefits provided by insurance brokers and providers that are not related to coverage rates. The services we would lose primarily relate to the work of the GSS Health and Dental Coordinator as this position would be replaced by Studentcare staff. Our Health and Dental Coordinator is responsible for acting as an intermediary between our members and our insurance provider, Pacific Blue Cross (PBC). This means that if an insurance claim is rejected by PBC, our members have a staff person hired by their student society who can assist them in resolving it. This staff person is an expert in our insurance plans specifically; they do not administer any other insurance plans. They also have a staff person who can provide step-by-step guidance on how to submit claims, how to enrol in the plan, and how to access medical care in Victoria. The GSS Health and Dental Coordinator also provides regular orientations to the Canadian insurance system for international students or students coming from out of province. Lastly, the Health and Dental Coordinator creates resources and provides referrals to health, legal, and social services that are tailored to our members' immediate needs.

Some of these services, particularly claims dispute resolution, will be fully taken over by Studentcare. If the referendum passes, GSS members would be individually responsible for resolving claims and enrolment issues with Studentcare.

Some GSS members feel strongly that they want this assistance coming from someone who works for them instead of working for the insurance industry. Some don't feel that way. Some members want and need an advocate who is an expert in THEIR insurance plan to assist them in navigating healthcare. Some simply don't want to have to use a phone-tree for customer service (there are online and inperson, on-campus options available with Studentcare!) Some members care exclusively about lowering insurance costs. This referendum provides the GSS an opportunity to assess how the majority of our members feel about this issue. We want you to vote for what you value most.

When will the actual change take place?

September 1, 2025.

I like some parts of the proposed changes but not others. Can I design my own coverage and premium rates?

No. The GSS Extended Health and Dental insurance plans are group plans for all UVic graduate students. We are able to negotiate our rates based on having a relatively large number of people enrolled in our plan. We do NOT offer pick-your-own/à la carte insurance plans. Your fees and some parts of your coverage rates are determined by when you start your program. But all students starting in the same semester receive the same coverage and therefore the same costs.

The process of changing brokers, cost of insurance generally and comparatively with other student societies:

When will know the final plan costs for 2025-26? (Why don't we know it now?)

As with every other year for the GSS insurance plans, we finalize negotiations with our insurance broker and provider over May-July. While we have information for cost on the current coverage rates, Studentcare has a number of fairly low-cost services that they offer that we may add to our plan, so long as we can offer a 5-10% reduction in costs to our members (as per the referendum). Studentcare services include things Empower Me and Conversation mental health services, and legal assistance plans. The GSS staff and board will continue to negotiate with Studentcare to bring as many services to our members as possible. However, we still require time to do this work.

Is there any other provider that could give us better coverage or lower cost?

No. Studentcare received quotes from four different insurance providers. Only one came back with any cost-savings for our members. This strongly indicates that the GSS is paying close to the minimum cost for their insurance right now. The only insurance provider who provided a discount was the provider we currently use: Pacific Blue Cross.

Will we be ensured that we maintain a lower rate in future years than we would if we stayed with our current provider?

No. As noted above, the only insurance provider who quoted us lower-than-current rates was our current provider, Pacific Blue Cross (PBC). This indicates that PBC is offering us a one-time discount in order to keep our business. PBC did actually provide us with quotes for a two-year fixed fee renewal, which cost more than our current fees. We expect to see an increase to our insurance costs for 2026-27.

Why is our plan still more expensive than the UVSS health and dental plan?

Membership size and demographics. Insurance costs less the more people who are covered (because the risk for the insurance provider decreases as membership size increases). UVSS has a membership six times our size, so they have access to an economy of scale that we do not. Other student societies, like UBC, have memberships that are 24 times the size of the GSS. Unfortunately, we will never be able to offer costs at the same rate as significantly larger student societies.

Also, concerning demographics, undergraduates have several demographic differences which decrease their insurance costs. They tend to be slightly younger (not a big difference in cost), less disable and less likely to live with a chronic illness (big difference in insurance cost), and more likely to ALSO be covered by their parents' insurance while on their student society insurance (big difference in cost). Because of these demographic differences, they make fewer claims against their student society provided insurance, and therefore insurance costs everyone less.

A note on students on their parent's insurance: in brief, the more people on your insurance plan with redundant insurance, the less the insurance provider pays out in claims, the lower the cost of insurance for members. More info on how this work is below.

Insurance plans also dependents to stay on their parent's insurance until the age of 25 if the dependent is a full-time student. This means undergrads are much more likely than grads to have access to a

parent's or parents' insurance. Now, having alternative insurance coverage is a valid reason to opt out of your student society insurance. But some people opt to have multiple insurance plans (especially if one is provided as an employment benefit without cost to them.)

Using more than one insurance plan to cover health expenses is called "coordination of benefits." Insurance providers have their own rules for how they coordinate benefits. However, the same expense (let's say a prescription medication) can be submitted to more than one insurance provider, and each insurance provider will pay out a reimbursement according to their coordination of benefit rules. This decreases out of pocket costs for the member. It also decreases the cost of claims paid out by the insurance provider (more on why this matters below.)

Why is our plan still more expensive than other smaller student societies, like UNBC?

As noted above, cost of insurance is primarily determined by size of the membership and their demographics. For this comparison, demographics matter more than membership size. By demographics, we really mean how people use the plan, which is influenced by your age, sex, gender, health status, disability status, etc.

While we here at the GSS have a LOT to say about accessibility at UVic, UVic has successfully enrolled a graduate student population that is significantly more likely to live with a disability, need gender affirming care, etc. than other schools. Our demographics are different than, say, UNBC, which has lower rates of students living with a disability due to location, climate, and the types of programs they offer. Forestry, outdoor recreation, conversation, and tourism programs require the physical capacity for back-country research that is in lower relative demand at UVic.

In short, our members use more of their benefits than other, smaller, student society members do. We think that's great. We offer insurance so that you can use it. However, the more our members use our insurance plans, the greater the cost of insurance for everyone.

We want our members to use our plan, because we think that health is important. This directly results in higher premium costs. We are not going to discourage our members from using their plans in order to cut costs.

No seriously, why is our plan so expensive?

Let's get into a little (very basic) insurance math here! Insurance costs are set using some variation of this formula:

(# of insurance plan members) x (\$ insurance premium) = total premiums paid

(Total premiums paid) – (all claims paid) – (broker/provider administrative costs) = profit.

Insurance companies like big profits. Therefore, they want to maximize the number of people on the plan and the amount each person pays for insurance (the premium), because then they make more money. They also want to minimize the number and cost of all claims they pay out to our members, because then they keep more of the money they take in.

The GSS doesn't have much control over the total number of plan members: we can only insure UVic grad students. We can't go out and find other people to add to our plan (except our members' dependents). So we can't increase total premiums paid by upping our membership.

An insurance broker's job is to come in and negotiate down the cost of insurance premiums. Our current insurance broker, Aon (as well as Studentcare), have done great work bringing down our (proposed) insurance costs. This is a win for our members, but it results in lower total premiums paid.

The GSS doesn't have any control over how our members use the plan, and as mentioned above, we WANT y'all to use the plan! The good news is, y'all do use your plans. A lot! That said, by keeping our costs to members as low as possible and encouraging our members to claim as much as possible from their insurance, we actively cut into the insurance providers profits. (Boo hoo for the insurance companies, I know...) Insurance companies use this "loss ratio" to calculate premiums for the next year; the more we use today, the more it costs tomorrow. This is the unfortunate reality of all insurance-based systems.

In order to significantly decrease GSS Health and Dental fees, we would need to massively increase our membership size and/or massively decrease the number of insurance claims filed. We don't have a mechanism to do either. However, we have found opportunities in the broker/provider administrative cost to reduce costs for our members. That is, in effect, the source of all cost savings we propose in this referendum. Please see the questions above for more information about the administrative services which members stand to lose and gain in this referendum.

Can individuals switch to the UVSS health and dental plan for a reduced rate?

Sure! So long as you register in an undergraduate program, pay undergraduate tuition, meet all the assessment criteria set by the UVSS, and don't forget to opt out of the GSS plan otherwise you'll be double charged!

The requirement to access any student society insurance plan is membership within that student society. The UVSS and GSS are separate legal entities and our insurance plans are separate and non-transferrable.

Impacts on current services:

How will this change our access to coverage?

Since we are not changing our insurance provider, Pacific Blue Cross, there will be no change to how members access our plan. You will still have access to your online PBC account. Your certificate number, policy number, and pay-direct cards will also remain the same. You will not need to update your insurance information with your dentist/massage therapist/psychologist.

Will we still be able to get information about our coverage through email or in-person at the GSS?

Our front office team will be able to answer basic questions about our insurance plan, such as the plan's group number and individual ID numbers. However, all inquiries about enrolment, claims, and accessing healthcare would go through Studentcare. Studentcare has phone and online support tools, as well as an in-person office in the SUB where a Studentcare employee can answer member questions.

GSS members will no longer have an in-house Health and Dental Coordinator who can walk them through the process of submitting claims, assist them with opting in or out, and advocate for them to Pacific Blue Cross in the event of a claim being denied. All customer care services will go through Studentcare and Pacific Blue Cross.

Can I still opt out depending on external coverage? Residency outside Canada? Etc?

Yes! However all opt ins and outs will be sent directly to Studentcare and must meet specific criteria that will be listed on the Studentcare website. GSS members may appeal Studentcare's decisions to reject an opt in/out or change of coverage request by submitting a formal appeal, in the same way that they do currently.

Would distance students and dependents still be able to opt in? What would be the cost?

Yes! However all opt ins and outs will be sent directly to Studentcare. There would still be a cost to adding dependants to the GSS insurance plans. Payment for individual and family opt ins would be made online directly to Studentcare. The amount on your tuition account covers ONLY yourself. The cost of adding dependents is made available in late July-August each year and is similar to the cost of insurance of tuition accounts (though not identical).

Would opting in or out still be available on a semesterly basis as it is currently?

Short answer: the only things that will change about the opt in and out process is where you send the forms.

Long answer: Opt ins and outs must be submitted within the first 22 days of the first semester of each new academic year you enrol in. You cannot, for example, obtain GSS insurance through your tuition account in September and then opt out during the January opt out period. You MUST opt in or out during your first semester of each academic year (Sept-Aug) in which you became eligible for coverage.

There is one exception to this rule. You may change your GSS insurance coverage following a change of life circumstance, such as graduation, marriage, birth/adoption, etc. provided that you submit a request within 30 days of the change in life circumstance. But the January opt in/out period has always been for students starting their programs (or returning following a semester of leave) in January.

Would the same process apply around approved leaves of absence, e.g. still being eligible for a year of coverage?

Yes! However all opt ins and outs will be sent directly to Studentcare and must meet criteria set by the GSS to be processed. Rejected requests to opt in or out of the GSS insurance plan may be appealed to the GSS Appeal Committee.

Will there be a blackout period as we switch to the new provider?

During the switch itself? Maybe. We will know in the Summer. In subsequent years? No. The only black out period going forward would occur in your first semester enrolled in the GSS insurance (usually your first semester at UVic.)

GSS Admin Stuff

What happens with the Health and Dental Coordinator?

The Health and Dental Coordinator role would be transitioned out throughout Summer 2025. A new position, focused on financial administration, will take the place of this labour. No losses to our unionized workforce are being considered.

Right now, our Health and Dental Coordinator has both member-facing duties ("customer care") and behind-the-scenes duties relating to administering our insurance plans. Some of the behind-the-scenes/back-end duties will remain the same. Additionally, the GSS has rapidly expanded our scope of services and work after the pandemic and there is much more back-end work involved in running our services today than in, say, 2021. We are transitioning the Health and Dental Coordinator role into a financial administration role in order to better cover the duties necessary to the efficient running of the GSS. However, the member-facing duties of the Health and Dental Coordinator would be taken over by Studentcare. (Abby will be sticking around! But she'll have a much more behind-the-scenes job.)

Would this affect our UPASS plan, or UPASS opt in/out process?

This referendum does not impact the UPASS package. The procedures for opting in or out will stay the same. Students will still be able to opt in or out through the GSS front office. They will still be able to appeal rejected opt ins/outs through the GSS Appeals Committee.

As a reminder to members, the UPASS package will continue to contain three mandatory components: the GSS fee, the UPASS fee, and the ATRS fee. The GSS controls the GSS fee. Our fee rates are available on our website at https://gss.uvic.ca/gss-fees/. We update our fees in the May semester each year. BC Transit controls the UPASS fee. They have not changed this fee in years. The ATRS fee is set by, and required by, UVic. The advocacy work that the GSS is doing regarding the ATRS fee is entirely separate from this referendum.

How will the appeals process change?

All requests for late opt ins/outs, mid-year changes, etc. will be submitted directly to Studentcare. Studentcare will assess these requests in line with criteria the GSS sets (e.g. mid-year changes are allowed within 30 days of a change of life circumstance) and change coverage for students who meet that criteria. All requests for coverage change that do not meet the criteria Studentcare considers will be automatically rejected. GSS members will then have the right to appeal Studentcare's decision through the GSS Appeals Committee.

No changes will be made to the UPASS appeals process.

I feel strongly about this. What can I do to make sure GSS offers the insurance I want?

Get out the vote! Encourage as many of your graduate student colleagues to vote on Simply Voting between March 5 at 9:00am and March 7 at 4:30pm PST.

Feel even more strongly? Sign up to be part of a referendum side and campaign for the outcome you want! What the heck are referendum sides and what do we mean when we say "campaigning"? Check out our Campaign Package for a full description of our campaign rules. But, briefly, a referendum "side" is an organized effort to influence voters to vote a specific way in a referendum. They influence voters

by distributing materials (verbal, digital, or physical) that inform voters of the benefits of voting a particular way. An example of a possible referendum side in this case would be a "yes" side campaign for the change in insurance brokers. Only one campaign is permitted for each side (that is, all the "yes" supporters must work together and all the "no" supporters must work together).

You can contact our Electoral Officer, Jono Qualter, at votegss@uvic.ca if you are interested in campaigning for a side in this referendum. They will put you in touch with all other members of your side. The deadline to register to campaign is February 25. All individuals intending to campaign must register. Referendum sides are granted access to resources outlined in our Campaign Package. You are not required to register for a referendum side in order to share your opinion about the referendum. However, only officially registered sides are permitted to formally campaign. Our Campaign Package has more information about what activities are considered campaigning.

What comes next?

Regardless of the outcome of this referendum, the reality is that healthcare costs, like all costs of living, are increasing. We here at the GSS strongly encourage all eligible members to enrol in <u>FairPharmacare</u> and <u>BC MSP Supplementary Benefits</u>, which are the two major low-income healthcare cost assistance programs in BC. These programs do not replace Extended Health and Dental insurance, but can provide some support by subsidizing and reducing the up front costs through income-based government programs for some of the most expensive healthcare costs like prescription medication and paramedical coverage. BC MSP Supplementary Benefits includes coverage for physiotherapy and we strongly encourage folks to tap into all available supports to access more paramedical services. You can apply for both supports with the <u>BC Application for Health and Drug Coverage</u>. Please be sure to check your eligibility for each program before apply. Subscribe to our e-bulletin and follow us on social media to find out more about these programs throughout the year!