



MABC BENEFITS PLAN INTERNAL POLICY

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Preamble

The Midwives Association of BC (MABC) values financial security for midwives in BC and Life insurance, Long Term Disability (LTD) and Critical Illness insurance offer a financial safety net for midwives. Therefore, in the spirit of this principle the Plan was established in 2005.

Purpose

The purpose of this policy is to serve as a guide to the Benefits Plan for the MABC Board, staff and members. The policy covers items, including but not limited to, interpretations and definitions, guiding principles, enrolment in and eligibility for, authority and responsibility, change of registration status provisions, and the Long Term Disability benefit and income.

Benefits Plan Information

The *MABC Benefits Plan Internal Policy* and the *MABC Bylaws Appendix 1* pertain to the MABC Benefits Mandatory Group Plan as the principal plan. In addition, this policy provides the extended health and dental plan enrolment options and rules for reporting changes. The MABC Benefits Optional Group Plans are offered on a voluntary basis by our broker, Dupuis Langen, and are administered under the umbrella of the MABC Benefits Plan. Policy coverage details on both the mandatory and optional plans can be found in the *Insurer's Handbook*ⁱ; to access this document go to www.grouphealth.ca and log in with the information on your group benefits "oneCard",ⁱⁱ which is provided by the insurer at the time of your enrolment to the Plan.

MABC Disclaimer

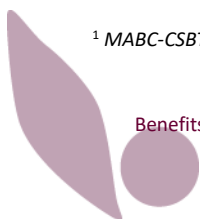
Benefit Plan members must review the *Insurer's Handbook* provided by the insurer.

Benefit Plan members must always check directly with the insurance broker when there are changes to their work and life as set out under "Life Events" in the "Reporting Changes" section of this *MABC Benefits Plan Internal Policy 2018*.

"Exclusions and Limitations" Please be aware that any insurance policy may contain "Exclusions and Limitations" and it is best to check with the broker and/or the *Insurer's Handbook* if you are uncertain about an aspect of your coverage. **This is true for all coverages** including *Medical Emergency Travel Insurance*. When planning on traveling, working or volunteering out of province always check with the *Insurer's Handbook* or the broker regarding coverage under the *MABC-CSBT Group Policies*.¹ⁱⁱⁱ

In the event of a conflict or inconsistency in any clause of this *MABC Benefits Plan Internal Policy 2018* (or any subsequent version thereof) and the *MABC-CSBT Group Policies* (which includes the *Insurer's Handbook* and the "exclusions and Limitations" set by the insurer), the *MABC-CSBT Group Policies* will prevail.

¹ MABC-CSBT Group Policies as outlined in the *Insurer's Handbook*



Section 1: Interpretation & Definitions

1.1. In this Policy:

- a. **“Annual Renewal date”** means the insurer’s annual renewal. Premium rates may change as of the Annual Renewal date, which is January 1st of each year;
- b. **“Benefits Plan broker”** means the advisor of the MABC Benefits Plan, currently Dupuis Langen;
- c. **“Benefits Plan member”** means:²
 - i. an MABC member on or before May 14th, 2005 who, prior to the effective date, opts into the MABC Benefits Plan;
 - ii. an MABC member on or before May 14th, 2005 who, after the effective date, opts into and is accepted into the MABC Benefits Plan; and
 - iii. a midwife who becomes an MABC member after May 14th, 2005 and who has met the MABC Benefits Plan eligibility criteria.
- d. **“Benefits Plan members vote”** means a voting process in which only members of the Benefits Plan are eligible to vote;³
- e. **“Benefits Working Group” and “BWG”** means the working group struck from time to time, as deemed necessary by the Board;
- f. **“Board”** means the Board of Directors of the MABC;
- g. **“Eligibility criteria”** means the criteria for eligibility to the MABC Benefits Plan;
- h. **“Eligible midwife”** means an individual who is eligible and required to enrol for coverage under this policy;⁴
- i. **“Gross Annual Income” and “Gross Income”** mean a midwife’s income from MSP and from “other insurable midwifery income,” before taxes and before expenses, for a 12 month period;
- j. **“Income Update Report”** means the report sent from the MABC to the broker in March of each year in order to update the broker and insurer on the plan member’s income. The 12 months ending December 31st of the previous year is the period used for the income update. This information is required on an annual basis by the Long Term Disability (LTD) provider as the LTD premium and benefit volume correspond to income.
- k. **“Leave”** means a period when a midwife’s registration status is non-practicing or temporary⁵ on the Registry of the College;

² MABC Bylaws Appendix 1

³ MABC Bylaws Appendix 1

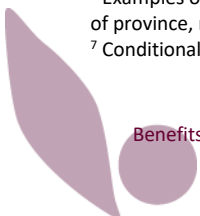
⁴ While all registered midwives who became MABC members as of May 14, 2005 are required to *participate* in the Mandatory Group Plan, at any given time not all midwives will be *enrolled* (i.e. paying premiums and having coverage) in the Mandatory Group Plan. The eligibility criteria determines whether at a given time a midwife is eligible and thus required to be enrolled or is ineligible and thus not allowed to enrol. Notwithstanding exceptions, essentially at any given time, a midwife will fall into one or the other category based on objective, measurable criteria.

⁵ In the definition of “Leave” “temporary” does not include “temporary (limited scope)” or “temporary (emergency).”

- i. **“MABC Benefits Plan” and “Benefits Plan” and “Plan”** mean the MABC Benefits Plan established by a resolution and membership vote in 2005;
- m. **“MABC Mandatory Group Plan” and “Mandatory Group Plan”** mean the Life, Long Term Disability (LTD) and Critical Illness (CI) insurances;
- n. **“MABC member” and “member”** means a voting member of the MABC;
- o. **“MABC Optional Group Plans”** mean the Extended Health Care and Dental Plan (EHC&D), the Optional Life insurance, the Optional Accident and Serious Illness insurance (ASI) and the Optional Critical Illness insurance;
- p. **“Midwife”** means a person registered with the College of Midwives of BC to practice midwifery in British Columbia;
- q. **“Midwife’s Earnings”** means income as defined for the purposes of determining the Long Term Disability (LTD) premium and benefit; and are based on the gross MSP billings and “other insurable midwifery income” for the previous calendar year and are converted to net income for insurance purposes, as per *Table 3: MABC Group Plan Earnings and Premiums*.
- r. **“MSP Billings”** means a midwife’s billings to Medical Services Plan for midwifery services rendered in British Columbia. Members are required to report their gross income from MSP in order to keep the LTD premium current.
- s. **“Net Annual Earnings”** means a percentage of a midwife’s “Gross Annual Income” which have been predetermined, as set out in *Table 3: MABC Group Plan Earnings and Premiums*. Net Annual Earnings in *Table 3* are calculated from gross annual income, and are defined as before tax and after business expenses.
- t. **“Other Insurable Midwifery Income”** means income from midwifery related work, other than clinical work billable to MSP, for which the member does not have other LTD coverage. A member may choose to include “other insurable midwifery income” with their income update.⁶
- u. **“Practicing midwife”** means a midwife with general, conditional,⁷ temporary (limited scope) or temporary (emergency) registrant status with the College of Midwives of BC;
- v. **“Resident of BC”** means a person who makes their home in BC and is physically present in BC at least six months in a calendar year;
- w. **“Table 3: MABC Group Plan Earnings and Premiums” and “Table 3”** means the table in the *MABC Benefits Plan Internal Policy* which determines net income, and the corresponding LTD volumes and premiums. It also includes the monthly premiums for Life and Critical Illness. This table is updated annually with the Benefits Plan Renewal rates.

⁶ Examples of “Other Insurable Midwifery Income” includes: private pay midwifery services, Medavie Blue Cross, blended funding models, locuming out of province, midwifery teaching, midwifery consulting, MABC RMLP locum and MESP facilitator honoraria.

⁷ Conditional includes all three status categories of conditional: conditional, conditional (remedial), conditional (return to practice).



- x. **“Third Party Administrator”** means the administrator of the MABC Benefits Plan, which is GroupHealth Benefit Solutions.

- 1.2. In this policy, unless the context otherwise requires, words importing the singular number shall include the plural number, and vice versa.
- 1.3. Unless specifically stated otherwise, all words and phrases are to be defined consistent with the MABC Constitution and Bylaws and the *MABC-CSBT Group Policies* (which includes the *Insurer’s Handbook* and the “Exclusions and Limitations” set by the insurer). In the event of any inconsistency, the meaning set out in the *MABC-CSBT Group Policies* shall prevail.

Section 2: Authority & Responsibilities for the Benefits Plan

- 2.1. The Board is responsible for the establishment and the ongoing management and administration of the *MABC Benefits Plan*. The Board shall ensure that the policies, administration and management of the *Benefits Plan* are consistent with the MABC Constitution and Bylaws.
 - a. It is at the Board’s discretion to amend the management and administration of the *Benefits Plan*. The Board may amend the *Benefits Plan Internal Policy* from time to time provided such amendments do not represent a major change to the *Plan*. The Board may determine a proposed change is considered major if it substantially changes the *Benefits Plan*⁸. A proposed change that deals with administration or management of the *Benefits Plan* is not a major change.
 - b. An amendment that represents a major change to the MABC Benefits Plan shall be ratified by a 2/3 majority of Benefits Plan members who vote in a Benefits Plan members vote.⁹

Section 3: Privacy & Non-Interference with the Benefits Plan

- 3.1. The Benefits Plan shall be administered in such a way as to minimize the need for personal information concerning a member being disclosed to another member, including members of the Board and the Benefits Working Group. No personal information concerning a member’s benefits will be disclosed to any midwife, including members of the Board and the Benefits Working Group except as follows:
 - a. The member requests that the Board and/or Benefits Working Group review the member’s individual benefits situation.
 - b. It is necessary for the Board and/or Benefits Working Group to have such personal information in order to administer the Benefits Plan.

⁸ Refer to Section 1: Interpretation & Definitions

⁹ MABC Bylaws Appendix 1



- 3.2. In a situation where a member’s personal information is made available to the Board and/or the Benefits Working Group, the personal information made available shall be the minimum necessary in order to deal with the issue.
- 3.3. The Benefits Plan shall be administered in such a way as to prevent any member of the Board or the Benefits Working Group from exercising political influence or interference in regards to a member’s benefits.

Section 4: Plan Components

- 4.1. The MABC Benefits Plan shall be administered on behalf of Midwives in British Columbia.
- 4.2. The MABC Benefits Plan shall provide the:
 - a. **MABC Mandatory Group Plan:**¹⁰
 - i. Life insurance (Life)
 - ii. Long Term Disability insurance (LTD)
 - iii. Critical Illness insurance (CI)
 - b. **MABC Optional Group Plans** The broker offers four optional plans which are only available to Benefit Plan members. The rules and provisions for the MABC Optional Group Plans may be found in the *Insurer’s Handbook*:¹¹
 - i. Extended Health Care and Dental (EHC&D). This plan is available at the time of mandatory enrolment. **Please Note:** *Applications for EH&D received more than 31 days after eligibility will be required to provide medical evidence of insurability to the insurer.*
 - ii. Optional Life Insurance;
 - iii. Optional Accident & Serious Illness (ASI); and
 - iv. Optional Critical Illness.

Section 5: Mandatory Plan Coverage

- 5.1. Table 1 summarizes the coverage provided under the **Mandatory Group Plan**. Please refer to the *Insurer’s Handbook* for details.

Table 1: Mandatory Group Plan Coverage Summary

Insurance Coverage	Benefit
Life	\$75,000
Long Term Disability (LTD)	Benefit Period is Five years of complete disability and two years for own occupation; 90 day waiting period; 66.67% of Net Monthly Earnings (as per Table 3), to a maximum benefit of \$6,000 per month.
Critical Illness (CI)	\$10,000 for an illness listed in the CI Policy

¹⁰ Insurance for Critical Illness is provided by SSQ Insurance Company Inc. Insurance for Life, LTD, EHC&D Flex Plan 1, 2 and 3 is provided by SSQ, Life Insurance Company Inc.

¹¹ Enrolment and Change of Status provisions for the EHC&D plan are found in this policy. A summary of EHC&D coverage is found in the *Extended Health Care & Dental Options: Choices at a Glance* table and more information is in the *Insurer’s Handbook*.



5.2 **Pre-existing medical condition:** New enrollees and members re-instated to the Benefits Plan are subject to the “*pre-existing medical condition*” restrictions in the LTD and Critical Illness insurance plans. Please refer to the *Insurer’s Handbook* for full details on this and other restrictions.

5.3. Earnings and Long Term Disability (LTD) Benefit and Premium.

- a. The goal of LTD is an insurance policy that protects a member from loss of income in the event that they are unable to work due to illness, injury, or accident for a long period of time. It will provide income replacement of 66.67% of a midwife’s net monthly earnings, in the event of illness or injury.
- b. To determine your LTD income coverage, monthly premium, and monthly benefit please refer to *Table 3: MABC Group Plan Earnings and Premiums* which is included in this document.¹²

Section 6: Benefits Plan Eligibility Criteria

6.1 An MABC member must fulfill the eligibility criteria to enrol in the MABC Benefits Plan.

6.2 An MABC member *becomes* eligible for the Benefits Plan when:

- a. They are a resident of BC and are registered as a General, Conditional or Temporary (limited scope) midwife;¹³ and
- b. They have had 15 continuous months of midwifery service in BC as a practicing midwife;¹⁴ and have a gross annual income equivalent to 15 courses of care;^{15,16} or
- c. They are first registered as a practicing midwife in BC and they choose to enrol effective as of their initial registration and they can provide verification of a sufficient income, equivalent to 15 courses of care; and
- d. They are under the age of 85¹⁷. See “Age Related Terminations” for details regarding coverage between the ages of 65 and 85.

¹² There may be limited circumstances in which an exception to the Net Annual Earnings definition will be considered by the insurance company. A midwife may apply to the insurer to have their “Net Annual Earnings” deemed to be higher than as determined in accordance with the *Table 3: MABC Group Plan Earnings and Premiums*. The insurer will consider each request on a case by case basis and has sole authority in making the decision.

¹³ Coverage is available only for “permanent” MABC members. Excludes non-practicing and temporary registrants from initial enrolment.

¹⁴ A waiting period was established as most new midwives have little income and couldn’t easily afford the premiums. A period of 15 months provides time to establish earnings for 12 months, which is the time-frame used to determine a midwife’s earnings and whether they are eligible as per *Benefits Plan Eligibility Criteria*.

¹⁵ The MABC and insurer gave due deliberation in considering eligibility criteria and midwives’ earnings. A key choice was whether a midwife’s earnings for the purpose of determining the amount of disability insurance would be based on previous income tax returns or previous midwifery services billings. The parties that reviewed the available options strongly agreed that the billings option is superior both in terms of more accurately and fairly reflecting midwives’ earnings and in terms of significantly less administration.

¹⁶ “*Course of Care*” as per current *Midwifery Services Contract - Payment Schedule*

¹⁷ MABC members may qualify for the Benefits Plan up to age 85, however coverage changes come into effect at age 65. Refer to the section on Resignation, Retirement and Age Related Terminations.

Section 7: Mandatory Plan Enrolment and Late Enrolment

- 7.1. Enrolment in the MABC Benefits Plan is mandatory for midwives registered after May 14, 2005; and upon fulfilling the Benefits Plan eligibility criteria, each practicing midwife must become enrolled in the Plan.
- 7.2. Members shall enrol in the Group Mandatory Plan, which includes Life, LTD and Critical Illness insurance.
- 7.3. Members who fulfill the eligibility criteria, may enrol in the Benefits Plan as of their registration date or they may serve the 15 month waiting period:
- Eligible members who opt to enrol as of their registration date must email registration@bcmidwives.com and request the Benefits Plan enrolment package^{iv} and then ensure their enrolment forms are submitted to the MABC within 31 days of their CMBC registration date.
 - Members who opt to serve the 15 month waiting period will be emailed the enrolment package in advance of their enrolment effective date which is the first day of their 16th month of practice.
- 7.4. In order to avoid any member being considered a “late entrant” by the insurer (see section 8), members eligible to enrol must take the following steps:
- In the first week of the 14th month of registration** – members will receive the Benefits Enrolment package, via email from the MABC office. Members have a month to complete and submit their enrolment forms to the MABC office.
 - On the 10th day of the 15th month of registration – the Benefit Plan enrolment forms are due.** Members will submit their enrolment forms to the MABC office. Where an eligible member submits late enrolment forms they will be charged a late fee.
 - On the first day of the 16th month of registration** - Coverage becomes effective. **An eligible member who has not submitted their enrolment forms will no longer be in good standing with the MABC** and will remain so until they are enrolled in the Benefits Plan.
 - On the last day of the 16th month of registration a member who has not submitted their enrolment forms will be considered a “late entrant” by the insurer. At this time the membership will be suspended.**¹⁸ Should this occur, their membership *may* be reinstated if their enrolment application is accepted by the insurer and they have the Board of Directors approval.

Section 8: “Late Entrant” to the Benefits Plan

This section includes the terms set the by the insurer for a “late entrant” to the mandatory group plan.

- 8.1 **“Late Entrant” to the Benefits Plan: The insurer considers an applicant a “late entrant” if the insurer receives the application for enrolment on the last day of the 16th month of registration** (which is also 31 days after the effective date of coverage).

¹⁸ In accordance with the *Policy on Suspending and Revoking Membership*.



- a. **Where an eligible member does not submit benefit enrolment forms prior to the insurer’s “late entrant” deadline their membership will be suspended.** Their membership *may* be reinstated if and when they are enrolled in the Benefits Plan.
- b. Where an eligible MABC member becomes a “late entrant” to the Benefits Plan, they may be required to present medical evidence in a format indicated by the insurers and the insurers may limit or refuse coverage based on the medical evidence. **In a situation, where a member’s coverage is refused, their membership cannot be reinstated.**

8.2. MABC members who registered prior to May 14th, 2005 and initially opted out of the Benefits Plan may apply subject to the Benefits Plan eligibility criteria and subject to medical evidence in a format indicated by the insurers. The insurers may limit or refuse coverage based on the medical evidence. The waiting period eligibility criteria will be considered served.

Section 9: Mandatory Plan Change of Status, Leave of Absence, Termination & Plan Re-entry

This section provides for change of status provisions and conditions under the mandatory plan (Life, Critical Illness and LTD). Please also refer to “Section 15: Optional EHC&D: Change of Status, Leave of Absence, Termination and Plan Re-entry”.

9.1. Members’ change of registration status, Benefit Plan cancellation and re-entry must be confirmed by the MABC and reported to the Benefits Plan broker. When a Benefits Plan member changes their registration status they will complete a change of status web form^v in the members’ section of the website at www.bcmidwives.com The change of status web form includes questions regarding benefit plan options. **Please review the provisions in Section 9 and Section 15 before completing the web form.**

- a. **A “leave” is defined** in this policy as a period when a midwife’s status is non-practicing (or temporary)¹⁹ on the Registry of the College. In this section “leave” and “non-practicing” are used interchangeably.
- b. Upon a return to practice your income will be updated; refer to the section on “*Reporting Income*”.

9.2. Leave duration of less than six months:

- a. A Benefits Plan member may choose to continue or discontinue the mandatory plan during a leave that will last six (6) months or less,^{20, 21}

¹⁹ Refer to Interpretation & Definitions in this policy for definition of “leave”.

²⁰ A non-practicing registrant may choose to discontinue the mandatory plan at any time while non-practicing. If a non-practising member discontinues coverage, the member can only be reinstated to the plan when they return to practice.

²¹ While non-practicing, a member may choose to discontinue the mandatory plan if a financial hardship arises. If a non-practising member discontinues coverage, the member can only be reinstated to the plan when they return to practice.

- b. A Benefits Plan member who remains covered under the mandatory plan will have coverage for a maximum leave of six (6) months. If they become disabled during the six (6) months, they may be eligible for disability benefits.

9.3. **Leave duration of more than six months:**

- a. The **Mandatory Group Plan** will be discontinued after the first six (6) months of non-practicing status except for parental leaves of absence and members on an LTD claim.

9.4. **Parental leave²² provisions:**

- a. A Benefits Plan member may choose to continue or discontinue the mandatory plan for up to **eighteen (18) months** of non-practicing status for a parental leave of absence;
- b. A Benefits Plan member who remains covered under the mandatory plan will have coverage for a maximum of **eighteen (18) months**. If the member becomes disabled during the non-practicing parental leave, they may be eligible for disability benefits.

9.5. **Discontinuing coverage for non-practicing status and plan re-entry:**

- a. A Benefits Plan member who *discontinues paying premiums will not be covered* during their leave;
- b. When a member's Benefits Plan has been discontinued due to non-practicing status, and the member then returns to practice at or within 12 months they will re-enter the Benefits Plan as of their return to practice date, as long as they meet the eligibility criteria;
- c. When a member's Benefits Plan has been discontinued due to non-practicing status for the reason of a parental leave, and the member then returns to practice at or within 18 months they will re-enter the Benefits Plan as of their return to practice date, as long as they meet the eligibility criteria;
- d. **A member's re-entry to the plan will be subject to the "pre-existing medical condition" restrictions in the LTD and Critical Illness insurance plans.** Please refer to the *Insurer's Handbook* for full details.

9.6. **Benefits Plan Termination and Re-enrolment:**

- a. A midwife who returns to practice after more than 12 months of non-practicing or after more than 18 months of non-practicing parental leave and who meets the eligibility requirements will re-enrol in the Benefits Plan, as outlined in Sections 6 and 7.
- b. **Members who re-enrol in the Benefits Plan will be subject to the "pre-existing medical condition" restrictions in the LTD and Critical Illness insurance plans.** Please refer to the *Insurer's Handbook* for full details.

²² "Parental leave" includes "maternity leave".

9.7. Long Term Disability (LTD) Claim provisions:

- a. While a member is on a LTD claim the premiums for Life, LTD and Critical Illness coverages are waived by the insurer or third party administrator;²³
- b. When the LTD claim period comes to a close and the member returns to practice the Benefit Plan premiums will be reinstated;²⁴
- c. When the LTD claim period comes to a close and the member continues with non-practicing status, the end of the LTD claim will be considered a “benefits change of status”, and as such, the provisions in this section (Section 9) will apply in the same manner. i.e. the end of a claim will be the beginning of a change in status.

Section 10: Premium Payments to Third Party Administrator

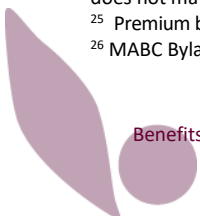
- 10.1. Premium payments and late payment processes are managed by the third party administrator, GroupHealth and are as described in this section.
- 10.2. Premiums are due on the first of the month and are made via pre-authorized debit from the member’s account on the 10th of each month and the billing statements²⁵ are issued to members via email;
- 10.3. All Benefits Plan members shall maintain their good standing in the MABC Benefits Plan.²⁶ Maintaining good standing means:
 - a. Ensuring that the required documentation is submitted in a timely manner pursuant to the requirements of the Plan as amended from time to time;
 - b. Ensuring premium payments in the Benefits Plan are made in a sufficient and timely manner.
- 10.4 Failure to maintain premium payments will initiate a member’s lack of good standing with the association:
 - a. Premiums are due on the first of the month. Payment, by pre-authorized debit (PAD), is taken on the 10th of the month. If the PAD payment returns as NSF, an NSF fee of \$25.00 is applied to member's next bill. Payment is then attempted again on the 20th of the month. If PAD payment returns as NSF, another NSF fee is applied;
 - b. Note, that legally, GroupHealth can only attempt to take payment twice. If unsuccessful for draws on the 10th and 20th, the member is placed on the late log and a letter is e-mailed to the member. GroupHealth will need member's permission to attempt a 3rd withdrawal. If member doesn't

²³ LTD claimants under the current GroupHealth Plan will have all three mandatory premiums (Life, LTD, CI) waived. The Critical Illness waiver was not available with the prior carrier, so if a member’s LTD claim was incurred prior to April 1, 2016 the new plan’s start date, the member must pay the Critical Illness premium while on an LTD claim.

²⁴ A midwife may be registered as practicing or non-practicing while on an LTD claim. If a midwife cannot perform the paid, clinical work of midwifery it does not matter whether or not they are practicing or non-practicing.

²⁵ Premium billing statements include an administration fee of \$3.00 plus GST. Table 3 includes the admin fee and the GST charges.

²⁶ MABC Bylaws Article 3 Membership Rights and Obligations.



provide this permission or respond to the late log letter, and the outstanding payment is not received by the last business day of the month, claims suspension will be applied at the end of the month. GroupHealth must follow this process in order to comply with insurer requirements.

- c. **If a premium payment is not made within 20 days of the due date a member will lose their good standing with the MABC. If a member does not make the premium payment within 30 days of their loss of good standing their membership with the MABC may be suspended.**²⁷

Section 11: Benefits Plan Annual Renewal

11.1. The Annual Renewal of the MABC Benefits Plan is January 1st of each year. Prior to renewal, plan usage and plan premiums are reviewed by the insurer and premium rates may change as a result of the review. The Mandatory Plan premium rates in *Table 3: MABC Group Plan Earnings and Premiums* are updated accordingly.

Section 12: Reporting Income: Annual Income Update & Changes to Income

12.1. **Proof of Income at time of an LTD claim.** Members are required to provide proof of income to substantiate claim level amounts. Members' T1 General Income Tax form for the previous two years may be requested by the insurer as proof of *gross income* at the time of a claim. *Table 3: MABC Group Plan Earnings and Premiums* will be used to determine *net income* and the corresponding LTD benefit.

12.2 **An Annual Income Update** is conducted each March by the MABC office. Benefit Plan member's "Gross Annual Income"²⁸ for the previous calendar year is confirmed with members via an *Income Update Form*^{vi}; in which the MABC office requests that each member confirm their MSP billings as reported by MSP. A member's "Net Annual Earnings" are determined as per "*Table 3: MABC Group Plan Earnings and Premiums*". The Income Update Report is then compiled and forwarded to the broker for LTD premium adjustments;

- a. The Annual Income Update adjustment to the LTD premium is effective as of May 1st of each year.
 - i. If there is no change to a member's income there is no change to the LTD premium;
 - ii. If a member is non-practicing on May 1st the income update is not applied and there is no change to the LTD premium. Upon return to practice a member's income will be updated.
- b. Where a member finds they are reporting a different figure than is reported by MSP, a midwife's *signed statement* is required;

²⁷ In accordance with the *Policy on Suspending and Revoking Membership*.

²⁸ Refer to Interpretation & Definitions in this policy for definition of "*gross annual income*".

- c. Where a member chooses to include “other insurable midwifery income”²⁹ in their annual Income Update, they must include and identify the amount on their signed income update form;
- d. Where a member’s income from “Other Insurable Midwifery Income” is not included in a signed income report, then that income will not be included in their LTD coverage;
- e. Where a midwife is non-practicing during part or all of the previous calendar year, the 12 month period will be extended by the duration of the non-practicing stint; and
- f. Where a midwife is actively at work immediately following a period when they were considered disabled, the 12 month period will be extended by the duration of the period they were disabled. Earnings from an LTD claim are excluded in the calculation of “Gross Annual Income.”

12.3. Reporting Changes to Income:

- a. **Report changes to income at any time.** When a Benefits Plan member has an increase or decrease to their income they must report the variation to the MABC office via email addressed to registration@bcmidwives.com Please note that changes to income are not accepted when a member is non-practicing, but will be applied when they return to practice.
- b. **Report anticipated changes to income.** If a member anticipates that their earnings will increase or decrease in the coming year, they should report the anticipated income to the MABC office.

Section 13: Reporting Changes

13.1. Once enrolled in the MABC Benefits Plan members must report changes to registration status, changes to income, changes to their personal information and changes to payment information. **Changes must be submitted to Dupuis Langen within 30 days of the change:**

- a. **Changes to registration status:** Refer to Section 9 and Section 15;
- b. **Changes to Income:** Refer to the section on “*Reporting Income*”;
- c. **Changes to personal information:** The “*DL Change Form*”^{vii} is the form to submit to Dupuis Langen or to the MABC, to report the following:
 - i. An addition or termination of dependents (a spouse is considered a dependent);
 - ii. An address change;
 - iii. A beneficiary change;
 - iv. A name change;
- d. **Changes to payment information** - The “*PAD Form*” is the form to submit to Dupuis Langen or the MABC.

²⁹ Refer to Interpretation & Definitions in this policy for definition of “Other Insurable Midwifery Income”.

13.2. **Optional Extended Health Care & Dental Plan (EHC&D) changes - Life Events:** Members enrolled in the optional EHC&D must report “*Life Events*” to the broker by using the “*DL Change Form*”. Changes must be submitted to the MABC or submitted directly to Dupuis Langen within 31 days:

Life Events:

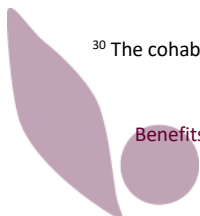
- a. A change in a dependent child’s eligibility that allows coverage under the program;
- b. A divorce, separation or end of a common-law relationship;
- c. The loss of a child’s status as a dependent (marriage, age limit, school status, etc.);
- d. A marriage or a common-law relationship;³⁰
- e. The birth or adoption of a child;
- f. A spouse gains or loses a benefit coverage;
- g. The death of a spouse or child.

Section 14: Optional Extended Health Care & Dental Plan (EHC&D) Coverage & Enrolment

14.1. **Once eligible for the Benefits Plan** a member may opt to “enrol,” “waive,” or “refuse” the EHC&D. And once enrolled they may opt out by “refusing” or “waiving” their EHC&D coverage.

- a. **Enrol:** Effective as of a member’s enrolment to the Benefits Plan the member may choose to enrol in one of the three EHC&D Flex Plans. Refer to the “*Extended Health Care & Dental Options: Choices at a Glance*” table for a Flex Plan summary;
 - i. In addition to the coverages listed in the “*Extended Health Care & Dental Options: Choices at a Glance*” table, the EHC Plan has additional coverage including travel medical emergency insurance. Refer to the *Insurer’s Handbook* for complete details;
 - ii. The EHC&D are purchased as a package; an applicant to the plan cannot choose one or the other;
 - iii. If a member is not single they must enrol their spouse and/or children, and participate in the plan at the family rate;
 - iv. If a member goes non-practicing, to maintain coverage they must continue to pay the EHC&D premiums for up to 12 months.
- b. **Waive:** Members may waive the EHC&D plan when they have alternate coverage in place i.e. spousal coverage. Members may waive the EHC&D Plan and replace with coverage of their choosing at any time;
- c. **Refuse:** Members may refuse the EHC&D plan without alternate coverage in place. However, refusing coverage means that the member will not be able to enrol at a later date without **late entrant restrictions**. Members will be asked to sign a refusal form.

³⁰ The cohabitation period to be eligible for common-law spousal benefits is 12 months.



- d. **Cancel:** If you opt into the EHC&D plan and later decide to cancel the plan without alternate coverage in place you will not be able to re-enrol without **late entrant restrictions**.

14.2. **Late Entrant Restrictions:** Late applications to the EHC&D plan are be processed following the insurer's guidelines. Late applicants must submit evidence of insurability and coverage is not guaranteed, but if approved the coverage will commence on the date specified by the insurer

- a. If a member "waives" EHC&D coverage because they have similar coverage under a spouse's plan, and then they apply for coverage under the MABC plan, they are not considered a late applicant as long as their coverage under their spouse's plan has ceased and they are applying within 31 days of that other coverage ceasing;
- b. If the other coverage has not ceased or if the employee does not apply within 31 days, then they are considered a late applicant and their application would be processed following the insurer's guidelines;
- c. If a member has refused coverage and later wishes to enrol the late entrant restrictions will apply.

14.3. **Extended Health Care and Dental (EHC&D) Flex Plan Options:**

- a. The EHC&D plan has three (3) Flex Plans to choose from. Members can refer to the *Extended Health Care & Dental Options: Choices at a Glance*" table to determine which plan best suits their needs.
- b. Members enrolled in the EHC&D plan have the opportunity to update their Flex Plan choice every 2 years and after an eligible life event (refer to "Life Events" in the section on "Reporting Changes")
 - i. Every two years members will be notified by the insurer that they have the opportunity to change their Flex Plan option;
 - ii. Members wishing to change their Flex Plan option due to a "Life Event" must make their application to change within 31 days of the "Life Event." Please contact the MABC office.

Section 15: Extended Health Care & Dental Plan Change of Status, Leaves of Absence, Termination & Plan Re-entry

This section provides for change of status provisions and conditions under the Extended Health Care and Dental Plan (EHC&D). Please also refer to "Section 9: Mandatory Plan Change of Status, Leaves of Absence, Termination and Plan Re-entry"

15.1 **Note that the EHC&D Plan is an optional plan.** You may "refuse" enrolment in the plan at any time. The provisions outlined in this section will apply to members who wish to maintain coverage under the EHC&D Plan.

15.2. Members' change of registration status, Benefit Plan termination and re-entry must be confirmed by the MABC and reported to the Benefits Plan broker. When a Benefits Plan member changes their registration status they will complete a change of status web form in the members' section of the



website at www.bcmidwives.com The change of status web form includes questions regarding benefit plan options. **If you have coverage under the EHC&D plan please review the provisions in this section before completing the web form.**

- a. **A “leave” is defined** in this policy as a period when a midwife’s status is non-practicing (or temporary)³¹ on the Registry of the College. In this section “leave” and “non-practicing” are used interchangeably.

15.3 **Leave duration of less than 12 months:** A Benefits Plan member with EHC&D *must* remain covered and continue to pay the premiums for this plan for up to 12 months of non-practicing status.

15.4 **Leave duration of more than 12 months:** Coverage under the EHC&D is discontinued after 12 months of non-practicing status.

15.5 **Termination and re-enrolment:** A midwife who returns to practice after more than 12 months of non-practicing status and who meets the eligibility requirements will re-enrol in the Benefits Plan and resume coverage under the EHC&D plan, as outlined in Sections 6 and 7.

15.6 **Parental leave³² provisions:**

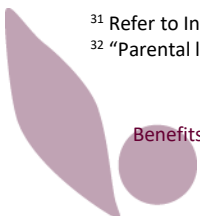
- a. Members enrolled in the EHC&D plan must remain covered and continue to pay the premiums for the duration of their non-practicing parental leave to a maximum of eighteen months. See Section 14 for information on “waiving” or “refusing” the EHC&D plan;
- b. **A parental leave duration of more than 18 months:** Coverage under the EHC&D plan is discontinued after 18 months of non-practicing status for a parental leave;
- c. **Termination and re-enrolment:** A midwife who returns to practice after a non-practicing parental leave of more than eighteen (18) months and who meets the eligibility requirements will re-enrol in the Benefits Plan, as outlined in Sections 6 and 7, and resume coverage under the EHC&D plan.

15.7 **Long Term Disability (LTD) Claim provisions:**

- a. A member who is on a LTD claim and who is also enrolled in the EHC&D plan must continue to pay the premiums in order to maintain coverage;
- b. When the LTD claim period comes to a close and the member decides to continue with non-practicing status, the end of the LTD claim will be considered a “benefits change of status”, and as such, the provisions in Section 9 and 15 will apply.

³¹ Refer to Interpretation & Definitions in this policy for definition of “leave”

³² “Parental leave” includes “maternity leave”.



Section 16: Retirement, Resignation & Age Related Terminations

16.1. **Coverage under the MABC Benefits Plan is, in part, determined, by age.** The group coverages that fall under the Benefits Plan have the following age related coverage terminations and changes:

- a. **LTD** coverage ends at age 65 or earlier retirement or resignation;
- b. **Critical Illness** coverage ends at age 70 or earlier retirement or resignation;
- c. **Life Insurance**
 - i. The amount of insurance (premium and coverage) is reduced by 50% at age 65;
 - ii. Coverage ends at age 70 or earlier retirement or resignation;
- d. **EHC&D** coverage ends at age 85 or earlier retirement or resignation.

16.2. **Retiring or resigning members may opt to purchase individual coverage to replace the MABC Benefits Plan.** If so, please note the following time sensitive requirements for Benefit plan conversion:

- a. **Life insurance** If a member is under age 65 upon retirement, they may convert their Group Life insurance to an individual policy. Medical evidence is not required if they apply within **31 days** from the termination date of group coverage;
- b. **Critical Illness insurance** If a member is under age 70, they may convert their Group CI insurance to an individual policy. Medical evidence is not required if they apply within 31 days from the termination date of group coverage;
- c. **EHC&D** Upon retirement or resignation from the MABC, members have options to purchase individual EHC&D coverage from major insurance carriers without medical evidence required if they apply within 60 days from the termination date of her group coverage.

16.3. **Retiring or resigning members may wish to remain non-practicing and remain covered under the MABC Benefits Plan,** while considering their insurance options:

- a. Depending on a member's age, they may continue with some or all the mandatory plan coverages for up to 6 months of non-practicing status; and
- b. If a member is under the age of 85, they may continue with the EHC&D plan coverage for up to 12 months of non-practicing status.





Table 3: MABC Group Plan Earnings & Premiums Table

Renewal rates effective January 1st to December 31st 2019

Gross Annual Income		Expense Percent	Net Annual Earnings	Monthly LTD Benefit	Monthly LTD Premium % of earnings*	Monthly Life Premium	Monthly CI Premium	GH admin fee + GST	Total Monthly Mandatory Premium**
		(Deemed)	(Deemed)	66.67%	1.701%	0.150	0.557		
less than 15 coc	47,347		no coverage						
47,347	to 47,999	53%	22,000	1,222	\$31.19	\$11.25	\$5.57	\$3.15	\$51.16
48,000	to 48,999	53%	23,000	1,278	\$32.60	\$11.25	\$5.57	\$3.15	\$52.57
49,000	to 50,999	52%	24,000	1,333	\$34.02	\$11.25	\$5.57	\$3.15	\$53.99
51,000	to 52,999	52%	25,000	1,389	\$35.44	\$11.25	\$5.57	\$3.15	\$55.41
53,000	to 53,999	51%	26,000	1,445	\$36.86	\$11.25	\$5.57	\$3.15	\$56.83
54,000	to 55,999	51%	27,000	1,500	\$38.27	\$11.25	\$5.57	\$3.15	\$58.24
56,000	to 56,999	50%	28,000	1,556	\$39.69	\$11.25	\$5.57	\$3.15	\$59.66
57,000	to 58,999	50%	29,000	1,611	\$41.11	\$11.25	\$5.57	\$3.15	\$61.08
59,000	to 59,999	50%	30,000	1,667	\$42.53	\$11.25	\$5.57	\$3.15	\$62.50
60,000	to 61,999	49%	31,000	1,722	\$43.94	\$11.25	\$5.57	\$3.15	\$63.91
62,000	to 62,999	49%	32,000	1,778	\$45.36	\$11.25	\$5.57	\$3.15	\$65.33
63,000	to 64,999	48%	33,000	1,833	\$46.78	\$11.25	\$5.57	\$3.15	\$66.75
65,000	to 65,999	48%	34,000	1,889	\$48.20	\$11.25	\$5.57	\$3.15	\$68.17
66,000	to 67,999	48%	35,000	1,945	\$49.61	\$11.25	\$5.57	\$3.15	\$69.58
68,000	to 68,999	47%	36,000	2,000	\$51.03	\$11.25	\$5.57	\$3.15	\$71.00
69,000	to 70,999	47%	37,000	2,056	\$52.45	\$11.25	\$5.57	\$3.15	\$72.42
71,000	to 71,999	47%	38,000	2,111	\$53.87	\$11.25	\$5.57	\$3.15	\$73.84
72,000	to 72,999	46%	39,000	2,167	\$55.28	\$11.25	\$5.57	\$3.15	\$75.25
73,000	to 74,999	46%	40,000	2,222	\$56.70	\$11.25	\$5.57	\$3.15	\$76.67
75,000	to 75,999	46%	41,000	2,278	\$58.12	\$11.25	\$5.57	\$3.15	\$78.09
76,000	to 76,999	45%	42,000	2,333	\$59.54	\$11.25	\$5.57	\$3.15	\$79.51
77,000	to 78,999	45%	43,000	2,389	\$60.95	\$11.25	\$5.57	\$3.15	\$80.92
79,000	to 79,999	45%	44,000	2,445	\$62.37	\$11.25	\$5.57	\$3.15	\$82.34
80,000	to 80,999	44%	45,000	2,500	\$63.79	\$11.25	\$5.57	\$3.15	\$83.76
81,000	to 82,999	44%	46,000	2,556	\$65.21	\$11.25	\$5.57	\$3.15	\$85.18
83,000	to 83,999	44%	47,000	2,611	\$66.62	\$11.25	\$5.57	\$3.15	\$86.59
84,000	to 84,999	43%	48,000	2,667	\$68.04	\$11.25	\$5.57	\$3.15	\$88.01
85,000	to 86,999	43%	49,000	2,722	\$69.46	\$11.25	\$5.57	\$3.15	\$89.43
87,000	to 87,999	43%	50,000	2,778	\$70.88	\$11.25	\$5.57	\$3.15	\$90.85
88,000	to 88,999	42%	51,000	2,833	\$72.29	\$11.25	\$5.57	\$3.15	\$92.26
89,000	to 89,999	42%	52,000	2,889	\$73.71	\$11.25	\$5.57	\$3.15	\$93.68
90,000	to 91,999	42%	53,000	2,945	\$75.13	\$11.25	\$5.57	\$3.15	\$95.10
92,000	to 92,999	42%	54,000	3,000	\$76.55	\$11.25	\$5.57	\$3.15	\$96.52
93,000	to 93,999	41%	55,000	3,056	\$77.96	\$11.25	\$5.57	\$3.15	\$97.93
94,000	to 94,999	41%	56,000	3,111	\$79.38	\$11.25	\$5.57	\$3.15	\$99.35
95,000	to 95,999	40%	57,000	3,167	\$80.80	\$11.25	\$5.57	\$3.15	\$100.77
96,000	to 97,999	40%	58,000	3,222	\$82.22	\$11.25	\$5.57	\$3.15	\$102.19
98,000	to 98,999	40%	59,000	3,278	\$83.63	\$11.25	\$5.57	\$3.15	\$103.60
99,000	to 99,999	40%	60,000	3,334	\$85.05	\$11.25	\$5.57	\$3.15	\$105.02
100,000	to 100,999	39%	61,000	3,389	\$86.47	\$11.25	\$5.57	\$3.15	\$106.44
101,000	to 101,999	39%	62,000	3,445	\$87.89	\$11.25	\$5.57	\$3.15	\$107.86
102,000	to 102,999	39%	63,000	3,500	\$89.30	\$11.25	\$5.57	\$3.15	\$109.27
103,000	to 104,999	38%	64,000	3,556	\$90.72	\$11.25	\$5.57	\$3.15	\$110.69



Table 3: MABC Group Plan Earnings & Premiums Table – Renewal rates 2019 (page 2 of 2)

Gross Annual Income			Expense Percent	Net Annual Earnings	Monthly LTD Benefit	Monthly LTD Premium % of earnings*	Monthly Life Premium	Monthly CI Premium	GH admin fee + GST	Total Monthly Mandatory Premium**
			(Deemed)	(Deemed)	66.67%	1.701%	0.150	0.557		
105,000	to	105,999	38%	65,000	3,611	\$92.14	\$11.25	\$5.57	\$3.15	\$112.11
106,000	to	106,999	38%	66,000	3,667	\$93.56	\$11.25	\$5.57	\$3.15	\$113.53
107,000	to	107,999	38%	67,000	3,722	\$94.97	\$11.25	\$5.57	\$3.15	\$114.94
108,000	to	108,999	37%	68,000	3,778	\$96.39	\$11.25	\$5.57	\$3.15	\$116.36
109,000	to	109,999	37%	69,000	3,834	\$97.81	\$11.25	\$5.57	\$3.15	\$117.78
110,000	to	111,999	37%	70,000	3,889	\$99.23	\$11.25	\$5.57	\$3.15	\$119.20
112,000	to	112,999	37%	71,000	3,945	\$100.64	\$11.25	\$5.57	\$3.15	\$120.61
113,000	to	113,999	36%	72,000	4,000	\$102.06	\$11.25	\$5.57	\$3.15	\$122.03
114,000	to	115,999	36%	73,000	4,056	\$103.48	\$11.25	\$5.57	\$3.15	\$123.45
116,000	to	116,999	36%	74,000	4,111	\$104.90	\$11.25	\$5.57	\$3.15	\$124.87
117,000	to	117,999	36%	75,000	4,167	\$106.31	\$11.25	\$5.57	\$3.15	\$126.28
118,000	to	119,999	36%	76,000	4,222	\$107.73	\$11.25	\$5.57	\$3.15	\$127.70
120,000	to	120,999	36%	77,000	4,278	\$109.15	\$11.25	\$5.57	\$3.15	\$129.12
121,000	to	121,999	36%	78,000	4,334	\$110.57	\$11.25	\$5.57	\$3.15	\$130.54
122,000	to	123,999	36%	79,000	4,389	\$111.98	\$11.25	\$5.57	\$3.15	\$131.95
124,000	to	124,999	35%	80,000	4,445	\$113.40	\$11.25	\$5.57	\$3.15	\$133.37
125,000	to	125,999	35%	81,000	4,500	\$114.82	\$11.25	\$5.57	\$3.15	\$134.79
126,000	to	127,999	35%	82,000	4,556	\$116.24	\$11.25	\$5.57	\$3.15	\$136.21
128,000	to	128,999	35%	83,000	4,611	\$117.65	\$11.25	\$5.57	\$3.15	\$137.62
129,000	to	129,999	35%	84,000	4,667	\$119.07	\$11.25	\$5.57	\$3.15	\$139.04
130,000	to	131,999	35%	85,000	4,722	\$120.49	\$11.25	\$5.57	\$3.15	\$140.46
132,000	to	132,999	35%	86,000	4,778	\$121.91	\$11.25	\$5.57	\$3.15	\$141.88
133,000	to	133,999	35%	87,000	4,834	\$123.32	\$11.25	\$5.57	\$3.15	\$143.29
134,000	to	135,999	35%	88,000	4,889	\$124.74	\$11.25	\$5.57	\$3.15	\$144.71
136,000	to	136,999	34%	89,000	4,945	\$126.16	\$11.25	\$5.57	\$3.15	\$146.13
137,000	to	137,999	34%	90,000	5,000	\$127.58	\$11.25	\$5.57	\$3.15	\$147.55
138,000	to	139,999	34%	91,000	5,056	\$128.99	\$11.25	\$5.57	\$3.15	\$148.96
140,000	to	140,999	34%	92,000	5,111	\$130.41	\$11.25	\$5.57	\$3.15	\$150.38
141,000	to	141,999	34%	93,000	5,167	\$131.83	\$11.25	\$5.57	\$3.15	\$151.80
142,000	to	143,999	34%	94,000	5,222	\$133.25	\$11.25	\$5.57	\$3.15	\$153.22
144,000	to	144,999	34%	95,000	5,278	\$134.66	\$11.25	\$5.57	\$3.15	\$154.63
145,000	to	145,999	34%	96,000	5,334	\$136.08	\$11.25	\$5.57	\$3.15	\$156.05
146,000	to	147,999	34%	97,000	5,389	\$137.50	\$11.25	\$5.57	\$3.15	\$157.47
148,000	to	148,999	34%	98,000	5,445	\$138.92	\$11.25	\$5.57	\$3.15	\$158.89
149,000	to	149,999	34%	99,000	5,500	\$140.33	\$11.25	\$5.57	\$3.15	\$160.30
150,000	to	151,999	34%	100,000	5,556	\$141.75	\$11.25	\$5.57	\$3.15	\$161.72
152,000	to	152,999	33%	101,000	5,611	\$143.17	\$11.25	\$5.57	\$3.15	\$163.14
153,000	to	153,999	33%	102,000	5,667	\$144.59	\$11.25	\$5.57	\$3.15	\$164.56
154,000	to	155,999	33%	103,000	5,723	\$146.00	\$11.25	\$5.57	\$3.15	\$165.97
156,000	to	156,999	33%	104,000	5,778	\$147.42	\$11.25	\$5.57	\$3.15	\$167.39
157,000	to	157,999	33%	105,000	5,834	\$148.84	\$11.25	\$5.57	\$3.15	\$168.81
158,000	to	159,999	33%	106,000	5,889	\$150.26	\$11.25	\$5.57	\$3.15	\$170.23
160,000	to	160,999	33%	107,000	5,945	\$151.67	\$11.25	\$5.57	\$3.15	\$171.64
161,000		or more	33%	108,000	6,000	\$153.09	\$11.25	\$5.57	\$3.15	\$173.06

*Renewal rates for LTD reduced by removal of some of DMI's services. **Total Monthly Mandatory Premium does not include the optional plan premiums.

ADDENDUM A: MABC Benefits Working Group Review 2008 - 2010^{viii}

BENEFITS REVIEW

At the 2008 AGM, members voted in favour of a MABC Benefits Plan Review.

MABC BENEFITS WORKING GROUP (BWG)

A Benefits Working Group (BWG) was struck to review MABC Bylaw Article 15 and to review the MABC Benefit Group Plan components.

The BWG reviewed the current group plan, surveyed the membership, and analyzed other insurance options. In September 2009, phase one of this review culminated in a Special General Meeting and a subsequent Special Resolution vote to determine whether the current group benefits plan would remain in place or be disbanded. In October 2009 Article 15 was elected by a Special Resolution vote to remain in place. Sixty percent (60%) of participating MABC voting members voted in favour of keeping the current plan.

THE MABC BENEFITS PLAN NEW DESIGN

In 2010, the BWG continued to review the Benefit Plan. The review looked at ways to reduce the premium costs and ways to enhance the plan. The options were presented at the AGM 2010 and voted on in June 2010 by the MABC Benefit members and the 'New Design' was implemented in October 2010.

Benefits Plan New Design implemented October 2010. The most significant change to the MABC Benefits plan was made to the Long Term Disability (LTD) coverage. In changing the coverage from "to 65 years of age" to "5 years of coverage" the LTD premium was reduced by 30%.

Other changes that improve the MABC Benefits Plan include:

- Basic Critical Illness, with a coverage amount of \$10,000, added to the mandatory portion;
- Accidental Death and Dismemberment (AD&D) moved from the mandatory to the optional portion of the plan; and
- PharmaCare tie-in for prescription drugs removed from the optional Extended Health portion of the plan.



ADDENDUM B: MABC Benefits Plan Change of Provider & Increase to Long Term Disability (LTD) 2016^{ix}

In 2016 the MABC made important changes to the group benefits plan. The most significant changes were a change in provider and changes to the LTD plan. The changes to the LTD plan included the option to increase in the maximum income covered (non-evidence maximum) and the option to include other midwifery related income.

NEW BENEFITS PLAN PROVIDER

Effective April 1, 2016 the MABC changed Benefit Plan providers from Morneau Shepell to Community Services Benefits Trust (CSBT), a group benefits plan, offered throughout Canada, for social and community service organizations. Their insurance broker, Dupuis Langen and the MABC put together a comprehensive package that provides members with three (3) flex options under the Extended Health Care and Dental (EHC&D) plan coverage and improved coverage for the LTD and Critical Illness plans.

The new plan added to the list of illnesses covered under the Critical Illness plan. And it provided for significant changes to the LTD insurance by offering:

- A decrease in the premium from 2.97/\$100 down to 1.748/\$100; and
- An increase in the LTD coverage from 60% to 66.7% of net income; and
- An opportunity to raise the maximum net income covered from \$70,000 to \$108,000.
- An opportunity to include *other midwifery income*.

INCREASING THE MAXIMUM NET INCOME COVERED (NON-EVIDENCED MAXIMUM INCREASE)

The new plan offered members an opportunity to increase coverage for the higher earners. A third of the Plan members were not affected by the increase in the maximum monthly benefit as their coverage was sufficiently insured due to their net income being less than \$70,000 per annum.

The option of increasing the coverage of the LTD plan's non-evidenced maximum to \$108,000 net was presented at the AGM in 2016. Following the AGM the benefit plan members voted to increase the LTD disability coverage. The increase in the LTD coverage came into effect as of September 1, 2016. The *Table 3: MABC Group Plan Earnings and Premiums-Sep 2016* reflects this change.

OTHER MIDWIFERY INCOME

As defined by the *MABC Benefits Plan Internal Policy*, "*Other Insurable Midwifery Income*" means income from midwifery related work, other than clinical work billable to MSP, for which the member does not have other LTD coverage.

In 2015 the membership requested that the possibility of including other midwifery related income in the LTD coverage be explored. The new plan has provided the MABC with the option of LTD coverage for midwifery related income from sources in addition to that of MSP billings.

With midwifery growth in the province there is an increasing variety of non-clinical midwifery positions available to members and some of these do not include benefits in their compensation package. With this option a small but important gap will be filled.



ⁱ Insurer’s Handbook – Insurance coverage details. Refer to “Benefits Information”, page 1.

ⁱⁱ OneCard - MABC Benefits Plan enrolment card. Refer to “Benefits Information”, page 1.

ⁱⁱⁱ MABC-CSBT Group Policies with insurer SSQ Insurance Company Inc. – policy # 1JZ65-311:
Group Critical Illness.

MABC-CSBT Group Policies with insurer SSQ, Life Insurance Company Inc. - policy # 54868:

Group Life Insurance

Long Term Disability

Extended Health Care

Travel Insurance and Assistance

Travel Cancellation Insurance

Dental Care

Diagnosis +

^{iv} Benefits Plan Enrolment Package - emailed to members from MABC office. Refer to Section 7 and 8:

1. MABC Benefits Plan Internal Policy & Table 3-MABC Group Plan Earnings & Premiums – also found in the members’ section of www.bcmidwives.com
2. Extended Health Care & Dental Options: Choices at a Glance–Flex Plan Table – also found in the members’ section of www.bcmidwives.com
3. MABC Benefits Enrolment form
4. MABC Benefits-EHC&D Refusal form
5. Pre-Authorized Debit (PAD) form

^v Registration Change of Status and Benefits Plan Change of Status forms – web forms in the members’ section of www.bcmidwives.com Refer to Section 9 and 15.

^{vi} Income Update Form – emailed annually to members from MABC office in order to update a member’s income, required for determining the LTD premium and benefit. Refer to Section 12.

^{vii} DL Change Form – request from MABC in order to submit personal information changes and “Life Event” changes.

^{viii} Refer to Annual Report 2008 - 2009, Annual Report 2009 - 2010 and Annual Report 2010 - 2011.

^{ix} Refer to Annual Report 2016 – 2017.

