

Paramedical Services Benefits Improvement

The Community Social Services Bargaining Association (CSSBA) is pleased to announce the elimination of the per visit cap to paramedical services effective April 1, 2021.

Elimination of the per visit cap

The removal of the \$10 per visit reimbursement cap means that the maximum benefit claimable by employees of which is currently \$10/visit for paramedical services (payable at 80% or \$8/visit) will be removed from the Extended Health Care Plan. With the removal of this per visit cap, members will have access to the reimbursable amount for eligible expenses of their paramedical services sooner. For example, members who want to see a chiropractor will be reimbursed for 80% of the cost of their visit to a maximum of \$500.

To see what other services are covered, check the list of Eligible Expenses under the Extended Health Plan in Information Appendix A of your collective agreement.

Reasonable and Customary Limits

We know that many more members will be able to access paramedical services once the per visit cap is removed, and we want to make sure you are aware that our benefit service plans are subject to "reasonable and customary limits." In our sector, Pacific Blue Cross determines the maximum eligible amounts for health care services and supplies covered by your plan. For example, according to their paramedical coverage and limits, the maximum amount that should be charged for a 30-minute massage is \$63. This means that for a 30-minute massage, you will be reimbursed 80% of \$63, even if your massage therapist charges more than \$63.

These reasonable and customary limits are not new. They have always existed in our plans and now that more people will be accessing their benefits, we want to remind you that these limits exist.

Click [here](#) for more information from Pacific Blue Cross on what are “reasonable and customary” limits.

Click [here](#) for their table on the limits as set on April 1, 2019.

Other Improvements

The removal of this cap – commonly known as “8 bucks sucks” – was a significant win for our members and was one of the priorities that the negotiating committee was able to achieve at the bargaining table. Other benefit improvements were implemented last year, such as the increase to the annual limit for physiotherapist services from \$500 to \$700, and the increased hearing aid coverage for adults to \$1500 every 48 months and for children \$1500 every 12 months.

One of the significant gains included additional monies to address the wage disparity between the Community Social Services and the health sectors. The third installment of the low wage redress monies are also being applied to the collective agreement wage grids and are effective the first full pay period after April 1, 2021.

Attached is the joint bulletin regarding wage increases for April 1, 2021.

Collective Bargaining

These improvements to benefits and other monetary achievements are examples of the many gains that we were able to achieve in bargaining for the 2019-2022 collective agreements. The current agreements expire on March 31, 2022, and we will soon be back at the bargaining table. Please think about additional improvements you would like to see in your agreement, as your union will be reaching out to you to identify those priorities soon.

The Community Social Services Bargaining Association is the bargaining agent for three collective agreements: Community Living Services, General Services and Indigenous Services. The bargaining association consists of ten unions, including BCGEU, CUPE, HEU, HSA, USW, UFCW, CSWU, CLAC, BCNU and SEIU.