

Update on benefits for community social services

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Q: I have been following the Health Sciences Benefit Trust (JHSBT) for Health Science Professional Bargaining Association members, and am wondering if there is any news about benefits for community social services professionals. I understood there was a commitment to review benefit plans in my sector as well. Is that the case?

A: You are correct, and a Joint Benefits Working Group (JBWG) has been active for some time reviewing the benefit plans in accordance with the terms agreed to at the bargaining table. HSA has been active on the JBWG, bringing some of the experiences learned from the JHSBT project. However, unlike the JHSBT, the JBWG is tasked only with making recommendations to the parties – Community Social Services Bargaining Association (CSSBA) and government – not creating a joint benefit trust. The CSSBA sector is complex, there are a number of benefit providers in the sector, and there are differences between the benefit programs. So, it was deemed that a joint review was the best way for determining strategies to control benefit costs in the CSSBA sector at this time.

Q:What are the issues?

A: Broadly speaking the issues are the costs of providing benefits, what drives the increases, and what efficiencies can be found to ensure that benefit programs remain valuable and sustainable. This is nothing new, and annual increases in the cost of providing health and welfare benefits well exceeds the rate of inflation. This puts pressure on budgets, which impacts other areas of program delivery including staffing and wages. CSSBA is not unique in this regard as these issues play out across the benefits plan industry. Employers look for benefit cost certainty; members look for value in their benefit plans. This is where the crunch can sometimes lie.

Q: How can efficiencies be found?

A: A good example of finding efficiencies was demonstrated by a CSSEBA pilot program for centralized drug purchases. While not flawless, the pilot program showed that a central dispensary program providing direct home delivery could mean significant savings in the benefit plan drug buy for pilot participants. There is also the issue of consumer awareness. Dispensing fees and drug mark-ups can vary dramatically between pharmacies. If you are asked to pay out of pocket while filling a prescription, then your pharmacy is likely trying to recover the difference between the dispensing fee cap of your drug plan and what the pharmacy likes to charge. Don't be afraid to ask about out of pocket charges, and don't be afraid to shop around.

Q: When will the review be complete?

A: This work is expected to continue right through to the expiry of the current collective agreement in 2019. In fact, the JBWG is beginning this fall to examine the issue of a "fixed percentage" of straight time payroll that will determine the funding stream for benefits going forward. This work must be completed by November 2018 and is based on payroll figures from 2017/18. Once the figure is set, then the funding stream can only be altered at the bargaining table. It is therefore important that an adequate fixed percentage of payroll is

negotiated going forward into the next collective agreement cycle.

Q: Does the change in government have any bearing on this process?

A: At this point a change in government has little bearing on this work. The CSSBA sector has a collective agreement in place, and the parties are fulfilling the obligations and commitments made at the bargaining table. So we can expect the bargaining mandates set by the previous government to continue for the life of the term.

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