DELANEY

the engagement people

What We Learned

Reporting on the

BC Teachers' Pension Plan Engagement

Post-Retirement Group Benefits

January 17, 2023

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Executive Summary

The Teachers' Pension Board of Trustees is currently conducting a review of the post-retirement group benefits (PRGB) program to ensure the program is sustainable, provides good value for money and meets the needs of members.

Delaney, a third-party engagement firm, has developed a two-phase engagement strategy to support the board in its efforts to understand fully the needs and preferences of members as it considers changes to the PRGB program.

Between mid-November and mid-December 2022, Phase One of the engagement was completed; this phase was deliberately focused and small-scale to enable detailed input. Phase One involved 60 retired members *currently enrolled* in the extended health and/or dental plan (Green Shield Canada plan) provided through the BC Teachers' Pension Plan. These benefits are entirely member funded. **The contents of this report reflect the findings of Phase One.**

Phase Two, planned for summer through fall 2023, will engage a broader range of stakeholders to better understand the level of support for potential changes. This engagement will include both retired members who are and who are not currently enrolled in the PRGB program, as well as active members who are within five years of retirement.

Phase One findings:

Phase One engagement results show that, overall, there is a good level of satisfaction with the current plan and that maintaining the current plan would satisfy the majority of those who participated, although some changes would also be welcomed. Specific improvements that participants describe as highly valued include:

- Increasing paramedical coverage from $1,000 to $2,500 or $3,000
- Ensuring the plan incorporates a proactive approach to health care by increasing the number of providers who are included in paramedical coverage and adding more accessible mental health supports
- Significantly increasing vision care benefits
- Expanding drug coverage to include recommended vaccines for those over 65 years old

While participants recognize that "nothing is free," there is some willingness to explore reducing the co-insurance to 70 or 75 per cent from 80 per cent, exploring a drug formulary and maintaining the deductible. These suggestions are not supported by all participants, but some members are open to exploring these options to achieve the enhancements listed above.

Participants appreciated the opportunity to be engaged and were very satisfied with the engagement process. **As the board looks to Phase Two of the engagement process, participants want it to be very clear what aspects of the current plan are being considered for changes and how much potential changes will cost them**.

Engagement Overview

The Teacher's Pension Board of Trustees is reviewing the current post-retirement group benefits (PRGB) program to ensure benefits are sustainable, provide good value for money and meet the needs of members. As part of the review, the board will engage with members in two phases.

Phase One, summarized in this report, sought to better understand what is working well and what could be improved in the current PRGB program**. The goal for Phase One of engagement was to listen and learn from retired members who are currently enrolled in the extended health plan.**

In Phase Two of the engagement, which is anticipated to take place in summer through fall 2023, the broader pension plan membership, including those who are retired and are not currently enrolled in the extended health or dental plans and active members within five-years of retirement, will be engaged. Phase Two engagement will be conducted to understand member support for specific changes the board may consider to the PRGB program.

Based on the feedback gathered during Phase Two, coupled with best practices, analysis and expert advice, the board will develop a potentially new or altered PRGB program in 2024, with implementation anticipated for January 1, 2025.

Phase One Engagement Process

From mid-November to mid-December 2022, Delaney engaged retired members who are currently enrolled in the health and/or dental plan offered through the pension plan. The engagement provided two opportunities for members: a virtual focus group (at which a representative from WTW, a health benefits expert consulting firm, was present to respond to questions), or a one-on-one interview with a Delaney team member.

The table below summarizes the number of unique members engaged in focus groups and interviews. As the process moved into December, participation in the engagement process decreased as more and more members became busy with holiday activities. Several of those who declined participation due to scheduling conflict still shared their interest in future engagement related to PRGB.

Participants in focus groups

Session	Date	No. Registered	No. Attended
Focus Group #1	9-Nov	8	5
Focus Group #2	23-Nov	31	9
Focus Group #3	2-Dec	29	14
Focus Group #4	5-Dec	35	13
Interviews (November–December)		45	19
Total		148	60

Based on the information members shared at registration, there was diverse geographic participation; however, most participants were relatively new to retirement. This is an important consideration as there was a strong preference toward preventive health (e.g., massage and physiotherapy) and less overall focus on prescriptions, although some noted this could change as they age.

Geographic regions of participants

Region	Percent
Fraser, BC	28
Interior, BC	17
Northern, BC	5
Vancouver Coastal, BC	24
Vancouver Island, BC	24
Other (please specify)	1
Out of Province	1

Number of years retired for participants

Years Retired	Percent
0-5 years	72
6-10 years	18
11-15 years	5
16-20 years	4
More than 21 years	1

It is important to recall that the engagement process was open to all retired members who are enrolled in the extended health and/or dental plan (Green Shield Canada plan). Participation was voluntary and, therefore, feedback cannot be deemed representative of all members. The findings, which are qualitative in nature, provide insights into how these specific participants feel about their benefits, and should not be extrapolated as directly representative of a broader group.

What We Learned

The following sections outline what we learned through the engagement process. Each topic heading directly relates to an engagement question asked of members. These findings paint a picture of how those who engaged are currently using their benefits.

Current Benefit Use and How Benefits Are Meeting Members' Needs

Participants in the focus groups and interviews were provided with information about the current benefit plan in addition to a video which was shared before each session. Benefits can be categorized into the following:

- Paramedical (includes massage, physiotherapy, chiropractic services, etc.)
- Drugs (all prescription drugs)
- Dental
- Services and supplies (hearing aids, eyeglasses, etc.)

Participants were asked what expenses they had submitted in the past year and if the coverage was meeting their needs. If the coverage was not meeting their needs, they were asked why not.

Overall, most participants were satisfied with their coverage; however, even among those who were relatively satisfied, some did mention preferring the coverage and service they received when Pacific Blue Cross was their plan administrator. Among the few who were dissatisfied, dental coverage was identified most frequently as requiring review, as it is seen as being expensive relative to the out-of-pocket costs participants would pay themselves for dental care.

In terms of sentiments related to value for money, there appears to be a few contributing factors leading to participants' perceptions:

- When participants view the benefit plan as insurance, that is, to be used only in case it is needed, there is generally more satisfaction. These participants shared insights like: *"I understand in the beginning it will cost [me], but it saves in the long term."*
- Some participants had dependants (children) included in their plan and were appreciative of the ability to have them on a "retiree's plan."
- Some participants were more willing to contribute to the plan, even if they were not high users of the benefits, if it allowed other high users to access the care they needed. Those who communicated this equity sentiment ("helping each other out") appear to be more satisfied with the plan.

As noted earlier, most participants were relatively new to retirement and described themselves as healthy. They value a benefit plan that supports prevention and being proactive with one's health.

An overall theme that emerged was that as the cost of living goes up, care, services and supplies become more expensive; therefore, unless the plan is adjusted, the value of benefits will diminish. Participants shared their experiences of increasing costs for health care providers, such as massage and physiotherapy. Others explained how the eyeglasses benefit of $300 every two

years is minimal relative to the overall cost of eyeglasses, with similar, though fewer sentiments being shared about hearing aids. Participants are experiencing diminished purchasing power with their current benefits and the result is that the member either pays directly for their physiotherapy appointments, as an example, or goes without.

Specific areas of the benefit plan that participants provided feedback on included:

1.1 Drug benefits are largely satisfactory

Among participants there was general satisfaction with the drug coverage; however, there were instances where prescriptions participants received were not covered under the plan. This appears to be largely related to compound prescriptions, cortisone injections and drugs that require special authority.

For some there was a sentiment that Green Shield sometimes seeks to deny claims and covers fewer drugs than Pacific Blue Cross. Others shared that Pacific Blue Cross did not require a special authority, but when the plan moved to Green Shield, special authority was then required, and this was a barrier to timely reimbursement.

Additionally, a small number of participants felt that members in smaller communities were penalized with the dispensing fee cap because they do not have Costco, and typically the dispensing fees are higher at smaller pharmacies. A few participants, as outlined below, were surprised when they learned vaccines are not covered either through the plan or through BC PharmaCare.

Other participants identified that they had recently become higher users of the drug benefits or had spouses who were dealing with complex health care needs. Those few who identified as higher users of the drug benefit were particularly satisfied with the coverage and appeared to have done more research and comparison to other plans and understood the value of their current drug benefit.

1.2 Vaccine coverage would be valued

For some participants, the lack of vaccine coverage was a downside to the current drug plan. The most requested addition was the shingles vaccine (Shingrix), followed by the enhanced flu shot for people 65 years and older (FLUZONE and Trivalent adjuvanted), pneumonia vaccine, and lastly, travel-related vaccines. For the first two vaccines (shingles and flu), there was consensus among participants that they would like these to be covered by the benefit plan. The pneumonia vaccine was only identified a few times by participants.

One participant shared, to much agreement from others in one focus group: *"At this age, it seems odd that certain vaccines that are recommended are not covered."*

For travel-related vaccines, there were mixed feelings expressed, with some participants stating they should be covered, and others sharing that if members could afford travel they could afford to pay for travel-related vaccines. Having access to travel insurance was identified as a benefit that some participants wanted, noting these benefits are included in other plans.

1.3 Paramedical coverage could be increased

For many participants, the deductible is reached by late January/February based on their visits to massage therapy or physiotherapy. There was a strong sentiment that coverage for both these services should be increased, particularly given increasing per visit costs. Participants stated that in the past their benefits may have covered 8 to 10 visits, benefits now cover only 6 or 7.

Participants generally appear to agree that having more paramedical coverage, which could be allocated as they choose (i.e., to the provider of their choice), would be preferred. Participants shared that as they age, they are more likely to require hip and knee replacements, require recovery from those and other surgeries, experience falls or injury, or have other intensive need for paramedical coverage, and the current $1,000 annual maximum is insufficient to meet these needs.

Many participants suggested that increasing paramedical coverage from $1,000 combined annual maximum to $2,500 or $3,000 would be a way of supporting preventive health and recovery. A participant shared, *"I maxed out (physio and massage); [it] doesn't take long at $95 per treatment, and I really want to see that increase."*

One participant shared, which was supported by other participants, that the paramedical coverage is "*the biggest adjustment from working benefits (reduction).*"

In addition to general support for increasing paramedical coverage, there was some support for increasing the scope of approved providers. A few participants shared that having access to mental health support via counsellors, as opposed to psychologists alone, would be helpful for their household. Other additional providers suggested by participants included dietitians, occupational therapists and podiatrists.

1.4 Dental coverage does not appear as good value to many participants

Several participants said they felt the dental coverage was expensive relative to the benefit they received. Specifically, there was a lack of understanding about the units of scaling and how these units translated into unique dental cleaning visits.

A number of participants who were enrolled in health benefits chose not to participate in the dental benefits, and some of those who were on the enhanced dental were actively looking into the basic dental as an option. One participant shared: *"I've paid more into dental plan than I use."* Some expressed frustration and disbelief that members are unable to shift down to the basic plan once they have registered for the enhanced dental plan.

Participants want more information so they can better understand their dentist billing in relation to the units of scaling, and many feel that the dental benefits do not provide sufficient value to them. Conversely, a small number of participants shared that they are glad to have the dental coverage as they have been able to claim expensive procedures such as gum biopsies.

Some participants said the dental coverage is unclear or simply does not make sense to them. For example, one participant shared that their new crown was covered, but the removal of the old crown was not. Another participant shared that their tooth extraction was covered but not the anesthetic. An interviewee shared that visits to the periodontist are not covered and this is a significant expense.

Overall, participants wanted more and better information about the dental program. This was particularly reinforced when some participants shared that they get two or three cleanings a year whereas others, with the same benefit, said they have been told that only one is covered.

1.5 Services and supplies coverage is not adequate for many

The most consistent and frequent feedback on supplies and services was that the vision care coverage of $300 every two years is inadequate. No participant who engaged and spoke on this topic thought it was sufficient.

While participants appreciate that an eye exam can be included in the $300 coverage, everyone who participated in the engagement felt that it was impossible to get eyeglasses for $300 and in no way possible to get glasses and an exam covered. Participants shared options they would like to see explored:

- Being able to "roll-over" or "save" the biennial $300 so that a member could accumulate $600 over four years.
- Increasing the total biennial amount for eyeglasses coverage.
- Introducing a health spending account so that members who use glasses can re-allocate or "top-up" their benefits for eyeglasses.
- Covering up to 70 or 80 per cent of total eyeglasses expenses, similar to the dental coverage.
- Including coverage for an annual eye exam, separate from glasses coverage.
- Exploring cataract coverage, including follow up eye care.

A participant shared: "*Annual maximums for vision seems to be limiting. It's an expensive service and it doesn't go very far.*" This is a fair categorization of how many participants felt about the vision care coverage. It should be noted that vision care was the second-most frequently discussed benefit that should be increased. Only paramedical coverage was discussed more.

There was general satisfaction with hearing aids and orthotics; however, a few participants shared that they had challenges submitting claims for orthotics and had to provide Green Shield with additional information. For the few participants who use, or whose spouses use, hearing aids, they were happy to have some coverage; however, it was noted that hearing aids are upwards of $3,500 and need to be replaced at least every four years, if not sooner.

Additionally, one participant shared that coverage should be for two hearing aids, not just one. Other equipment that was identified included a continuous positive airway pressure (CPAP) machine, which is partially covered, but requires extensive documentation, as well as knee braces and other braces.

It is important to note that during this first round of dialogue, some participants identified the need for more education and outreach on the PRGB program. A few times participants shared that as retired teachers and educators, they value accessible information and want to be able to better educate themselves about their benefits so they can maximize them. Lastly, some participants said the change in the level of benefits from being an active member to retired member was one of the more challenging parts of retirement.

Benefit Enhancements and Willingness to Pay More

The second area of questioning was on whether participants would be willing to pay more for enhanced benefits and, if so, which benefits.

During this round of dialogue, there were diverse perspectives, with some participants sharing that their pension is their only source of income, or that in their household there is only one pension, or not a full pension, and the need to manage cost is a real priority.

Other participants shared that they would be willing to pay a bit more for more coverage and/or more flexibility. Overall, members appear open to rebalancing, or making trade-offs to maximize their benefits and flexibility, while managing costs as much as possible. No participants shared that costs are not important to them; however, different participants had different levels of tolerance for increasing costs.

The areas that most participants appear most interested in enhancing include:

- Increasing the amount of paramedical coverage from $1,000 to at least $2,500 and for some, ideally $3,000. Those who shared that they wanted this enhancement appeared somewhat willing to accept slightly higher costs.
- Significantly increasing the vision care coverage.
- Adding vaccine coverage.
- Improving dental coverage (number of visits, specialist visits, having fewer exclusions).

Beyond these specific areas, most participants also appear to value:

- **Flexibility:** Whether this is in a health spending account, being able to "save" annual or biennial benefits or another mechanism, participants want to have some degree of choice in how they "spend" their benefits.
- **Transparency**: Some participants noted that they do not understand why some of their claims are denied, and before they would be open to paying a higher premium, they want to understand the approval process for various claims.
- **Clear communication prior to changing the PRGB program**: Many participants shared that before they would agree to pay more for their benefits, they would want to know exactly the associated costs. One participant explained*: "I'd have to see what is being offered and what it's going to cost before saying either way."*
- **Leveraging BC PharmaCare**: A few participants shared that they are unclear how/if the plan is fully maximizing drug coverage through BC PharmaCare and would like to better understand how it fits in with the plan.

Satisfaction with the Deductible

Participants were asked for their level of satisfaction with the $200 annual deductible. Participants were asked if they believe it was too high, too low, or just right and if they reach the deductible annually.

Most participants acknowledge that the deductible is not desirable, but more than half were either "fine" or indifferent to it. For example, one satisfied participant shared: *"I don't think it's too high. Would I rather not pay it? Of course, but I'm being realistic."*

Approximately a third of participants were dissatisfied. Among these participants were those who either wanted no deductible or a deductible of no more than $100. A few participants specifically noted that a competitor plan has no deductible, which they would prefer.

Some participants who said they went a long time before reaching their deductible lived in rural or remote communities, where there were no easily accessible registered massage therapists or physiotherapists and so, based on their prescription use, they may go for most of the year before reaching their deductible. Other ideas that were shared by those who were dissatisfied with the deductible included:

- Space out the deductible over time as it can be a big expense in January when people are already dealing with expenses over the holidays.
- Reduce the deductible to $100.
- Pro-rate the deductible relative to how members use their benefits (higher users of the plan pay a higher deductible than those who do not use the plan as extensively).
- Consider the deductible by household as opposed to per person as sometimes one of the spouses is a higher user of the benefits plans than the other.

Among those who were largely satisfied with the deductible, their reasons for being satisfied included:

- They use the benefits regularly and reach the deductible early in the year.
- The costs associated with reducing or removing the deductible would have too much of a negative impact on premiums.
- They recognized the deductible as being comparable to other plans.
- If they do not often reach the deductible, but are satisfied, they could see reaching the deductible in the future, as they age and have more health care costs.

Trade-Offs and Potential Changes to Health Benefits

Participants were provided with the following information:

Please review the following benefits options and comment on which you would consider in exchange for a lower deductible.

Prescription drugs

- *Lower the coverage from 80% to 70% for drugs*
- *Increase the eligible amount from $1,000 to $2,000 before you get 100% coverage*
- *Apply an annual maximum on drugs (e.g., $10,000/plan participant/year)*
- *Apply managed formulary that limits the drugs that are covered to more cost-effective drugs*

Paramedical coverage

- *Reduce your current coverage for paramedical, which is currently $1,000/year*

Dental

- *Reduce the amount of scaling covered under the plan from 13 units to 8 units*
- *Any other considerations under this benefit?*

The most consistent theme across the focus groups and interviews, in response to this question of trade-offs, was maintain the status quo from a cost perspective and explore how some enhancement to paramedical and vision care could be made.

Participants were supportive of maintaining their current prescription drug coverage, with only a few being open to a drug formulary or reducing the lifetime maximum. As previously identified, there was support for enhancing vaccine coverage.

When pressed, some participants shared that they would be open to reducing drug coverage to 70 or 75 per cent in order to achieve enhancements to paramedical and vision care without increasing costs. It should also be noted that a few participants shared that they are worried they, or other members, may live a long time and hit their lifetime maximum and want to ensure that members who are in their 90s or older are not being denied access to the drugs they need.

The second-most consistent theme was to review the dental plan, with some participants being open to reducing the number of units of scaling, but with a strong need for member education so they can ensure they are getting all their units of scaling from their dentist.

Based on the facilitation team's observation, participants appear open to minor "tweaks" to optimize their flexibility within the plan, but there does not appear to be an appetite for major changes to the plan. Below is a sampling of comments shared by participants about the question of trade-offs.

"Happy with how things are now – don't know what the drug costs will need."

"Not willing to trade off any of these – these are too important. Any of us could get Crohn's, Parkinson's, etc. We need it. Some people will need a lot more than others, and that should be acceptable."

"For me, the drugs portion hasn't ever really kicked in for me, but I would hesitate to de-emphasize that."

"I might need more drugs in the future. I don't want to decrease drugs, dental or paramedical. I'd be willing to give up some coverage on prescription drugs in order to get more paramedical coverage."

Satisfaction with the Co-Insurance Level

The concept of co-insurance was the least clear to participants and often required additional context from the subject matter expert. Co-insurance is the percentage of the eligible allowed amount that you or your dependant is entitled to receive after the deductible. Currently, the co-insurance is:

- In-province (includes non-emergency expenses out-of-province/territory in Canada only): auto injector, insulin gun, insulin pen injector, hearing care and vision: 100 per cent
- Prescription drugs and health benefits: 80 per cent of eligible expenses until $1,000 of paid claims has been reached per person per calendar year, then 100 per cent co-insurance will apply.

This question may have been confusing in part because options for trade-offs were shared just before the question.

Generally, participants shared that the co-insurance level was satisfactory. A few participants shared that moving to 75 per cent of eligible expenses for the first $1,000 would be fine, if this provided enhanced opportunities with other benefits. Conversely, others shared that they would appreciate a co-insurance level of 90 per cent for the first $1,000. Overall, participants were not entirely clear on what co-insurance means for them, but there were no strong feelings shared for changing this element of the benefit plan.

Design Your Own Plan

This round of dialogue focused on listening to participants say how they would design their own plan. The facilitation team asked:

If you could design your own plan, what benefits or services would you strengthen and refine? What would you de-emphasize/emphasize to save costs? Is there anything you would be willing to trade to obtain an enhanced benefit/plan?

By this point in the focus group or interview, many of the responses repeated previously expressed opinions. There was largely consensus among participants on the following elements:

- Increase paramedical coverage amount.
- Increase the scope of providers approved within paramedical coverage.
- Maintain a strong drug plan and take an equity approach to drug management (very sick or very elderly members should not be penalized because they require more prescription drugs).
- Focus on providing maximum flexibility to members so they can personalize how they use the benefit plan based on their needs.
- Manage costs as much as possible. It should be noted, however, that there was not a strong theme of reducing costs, except for those participants who did not want to have any deductible.
- Focus on improving communications about what is included in the dental plans. (Some participants would be open to reducing the number of scaling units; however, there was no consensus on this.)

It should be noted that a few participants shared how helpful it was to have a subject matter expert from WTW (a health benefits expert consulting firm) on the call so that they could provide clarification when questions arose or misinformation was shared.

For example, a participants shared that insurance companies are just about making money and asked how “unused benefit dollars” are invested. The WTW representative was able to clarify how premiums serve the broader plan and that there are generally no “unused benefit dollars.” As was previously noted, many participants shared that they were grateful for the opportunity to engage in the process and that they learned more about their benefits through the process.

Satisfaction with Green Shield Canada

Participants were asked to provide feedback on the customer experience with Green Shield Canada (GSC) and if there were actions that could be taken to improve their experience.

There appears to be a nearly even split between participants who had neutral to somewhat satisfied experiences with GSC and those participants who were dissatisfied. Amongst those who were dissatisfied, there were some who were **extremely** dissatisfied.

These differing experiences were expressed even in the same sessions. For example, one participant shared: "*I had questions, called them and it was a great experience*." And in the same focus group, another participant shared: *"I find them so frustrating to deal with that I need to take a tranquilizer before I call."*

The elements of customer service that were positive included:

- The online claims submission is user-friendly and no longer requires a photo of the prescription.
- Call centre staff were responsive, respectful, and clearly communicated and tended to be "on your side."
- Some providers offer direct billing.
- Claims are processed quickly when done online.
- Website is straightforward to navigate.

The elements of customer service that were negative included:

- A sense that Green Shield's first approach is to deny claims and members have to fight or advocate for themselves. Often this needs to be done by going through arduous processes such as sending additional information, getting special authority or doing more clinical/diagnostic testing to justify the claim. Additionally, a few participants shared that getting in to see their doctor is not easy, takes time and this in turn results in delays in their claim being reimbursed.
- The transition to Green Shield for some means largely only generic drugs are covered. This has presented an issue to members whose physicians recommend brand-name drugs, or who have had poor or ineffective experiences with generic drugs, and yet are not able to have the alternative drug covered.
- The interface of the app for submitting claims looks different on different devices and some said it never works on their phone.
- The interaction with call centre staff was cold, directive and did not provide the member with the information they needed.
- Explanations for why a claim was denied were vague or were never provided.
- Members cannot easily see how much benefit they have remaining, and they would like to know before they are denied where they are at.
- In advance of submitting a claim, a member is not clear on what is required, and they are told to just submit it and "see" what gets approved. For one participant who was particularly disappointed, they stated that Green Shield's lack of communication and explanation made them feel dismissed and the communication delivery was patronizing.

Among those who were not satisfied with the customer service by Green Shield, there was often a sense that service and coverage declined after the move from Pacific Blue Cross. Others acknowledged that with a new plan administrator comes new processes and interfaces, with one participant sharing: *"after three years I got used to Green Shield."*

Final Thoughts

Participants were asked if they had any final thoughts or any new ideas that had not yet been shared. Generally, this was a brief round of dialogue and the primary themes arising from the dialogue included:

Appreciation: Participants were happy to be engaged and appreciated the opportunity to share their thoughts and have their needs and preferences considered by the board. Additionally, participants were grateful for the PRGB program. One participant shared: *"Overall very grateful to have coverage. Little things that can be improved but overall, very good."*

Education: Participants are keen to learn more about their benefits, opportunities to maximize their benefits, and generally understand how different claims are processed. A few participants acknowledged that when an active member is near retirement there is a lot to know and learn, and that it would be helpful to better understand the impact of retirement on health and dental benefits.

Equity: A passionate participant shared, with much support from others: "*We're all different, and we can't predict what we'll need in the future. And, even if I don't need something expensive in the future, I care about others, and want them to get those things. Build on what we've got and be flexible.*"

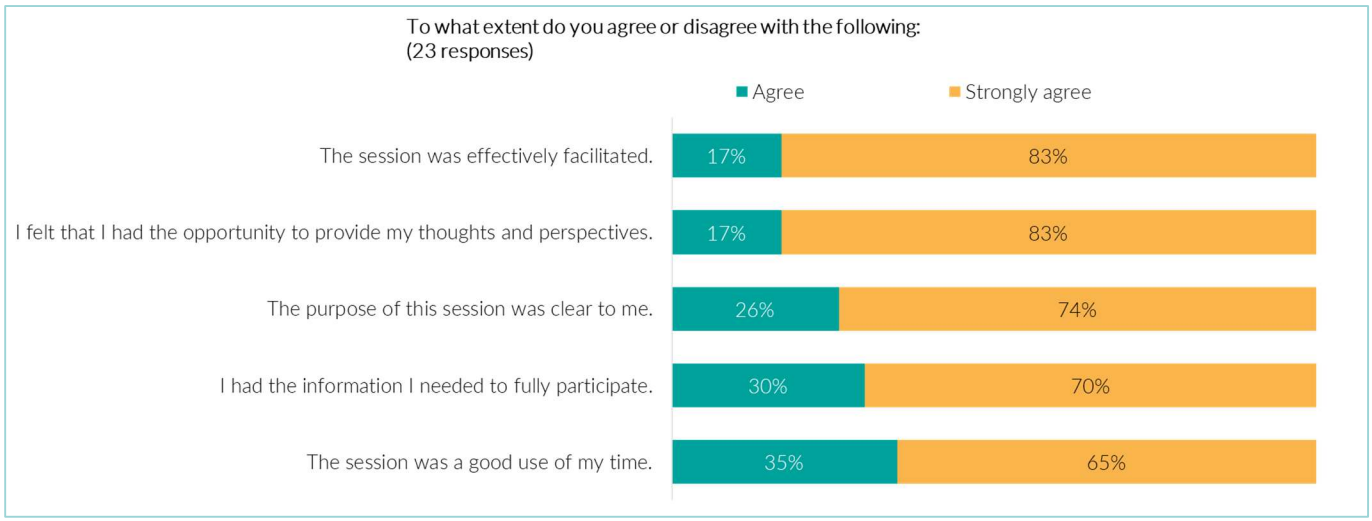
Future engagement: Participants are keen to engage in Phase Two of engagement and want to ensure the questions are clear, the financial impacts and associated changes in benefits are well communicated, and there is a clear understanding of changes before/if they are implemented.

Engagement Satisfaction

Satisfaction surveys were distributed to participants; however, not all participants provided feedback following the focus groups and interviews.

Of the 23 participants who provided feedback, the sentiment was very positive with all agreeing that:

- the session they attended was effectively facilitated (83 per cent strongly agree and 17 per cent agree)
- they had the opportunity to provide their thoughts and perspectives (17 per cent agree and 83 per cent strongly agree)
- the session purpose was clear to them (26 per cent agree and 74 per cent strongly agree)
- they had the information needed to fully participate (30 per cent agree and 70 per cent strongly agree)
- the session was a good use of their time (35 per cent agree and 65 per cent strongly agree)



When asked what they enjoyed most in the engagement (either focus group or interview), participants shared:

- Having influence in the decision-making process
- Friendly, welcoming and calm facilitation style
- Feeling heard
- Listening and learning from others
- Being able to access more information about their health and dental benefits.

When asked what they thought could be improved, participants shared:

- Some frustrations with accessing the Zoom session on their phone
- Wanting more time for asking questions of the subject matter expert
- Some level of skepticism that they will be heard in the decision-making process
- Questions about the diversity of participants as most appeared to identify as female and white

What's Next and Phase Two Engagement

The next step in the health benefit review initiative will be to share these findings with WTW so they can recommend potential changes to the health and dental plans for the board's consideration. Phase Two of this engagement process is planned for fall 2023, following WTW's recommendations. The purpose of Phase Two will be to open the survey to **all** retired members, regardless of if they are in the health plan or not, as well as active members within five years of retirement. The survey will seek to understand plan members' preferences for specific changes to the plan.

Following Phase Two of engagement, a findings report will be developed and shared with members. Those findings will support the board in making a final decision to revise, update or change the health and dental plan, with implementation of a revised plan anticipated for January 1, 2025.

Appendix: Roles and Responsibilities

Organization	Responsibilities
Teachers' Pension Board of Trustees	Initiate the engagement Consider the engagement results Make future decisions about extended health and dental coverage
Delaney	Design engagement process Facilitate focus groups Report out on focus group findings
WTW	Act as subject matter experts on extended health and dental coverage
BC Pension Corporation	Communicate engagement opportunities to plan members Communicate the results of the engagement to plan members