

Benefits Guide

**A GUIDE TO BENEFITS FOR
BARGAINING UNIT EMPLOYEES IN THE BC
PUBLIC SERVICE**

Effective January 1, 2020



Introduction

This guide provides a comprehensive overview of the health and life insurance benefits program for Bargaining Unit employees. Share the details with your family so you can make the most of your benefits program.

In the event of any conflict between this guide and the actual plans, contracts or regulations, follow those documents over this guide.

Value of Your Benefits Program

Benefits are an important part of your total compensation package. There's no cost to you to participate in the Extended Health and Dental Plan. The reimbursements you receive under the plan for eligible items and services are paid for by the employer. In some years, this may be several thousands of dollars. The Employee Basic Life Insurance Plan provides employee life insurance at a reasonable group premium rate and a portion of your premium is paid by your employer. On average, your benefits add over 20% to your overall compensation.

Your health and life insurance benefits program consist of the following benefit plans:

Core Benefits

- Extended Health
- Dental
- Employee Basic Life Insurance

Optional Benefits

- Optional Family Funeral Benefit
- Employee Optional Life Insurance
- Spouse Optional Life Insurance
- Child Optional Life Insurance
- Employee Optional Accidental Death & Dismemberment Insurance
- Spouse Optional Accidental Death & Dismemberment Insurance
- Child Optional Accidental Death & Dismemberment Insurance

Who is Eligible for Benefits?

Employees

This benefits program applies to:

- Regular Bargaining Unit employees, including part-time employees
- Auxiliary employees who've completed 1,827 hours of work in 33 pay periods with the same ministry
- Auxiliary employees (BCGEU only) who have worked three consecutive years with the same ministry without a loss of seniority and have 1,200 hours of straight-time in the past 26 pay periods

Auxiliary employees who are **not** eligible for health and welfare benefits receive a compensation allowance as calculated in accordance with the main agreement.

You must enrol to be eligible for coverage.

You can extend your benefits to your spouse and to children who meet eligibility requirements. You must enrol your dependants to receive coverage.

Spouse

Your legal or common-law spouse (opposite or same sex) who is living with you is eligible for coverage. By enrolling your common-law spouse in your benefits plans, you're declaring that person as your common-law spouse, and that you've been living in a common-law relationship or cohabitating for at least 12 months. The cohabitation period may be less than 12 months if you claimed the common-law spouse's child/children for tax purposes. A separate form isn't required.

If your spouse is also a BC Public Service employee or is enrolled in a benefits program with an employer outside of the BC Public Service, you can both enrol in your benefits plans, listing the other as a dependant. You may be able to submit your extended health and dental receipts to both plans and receive up to 100% of your eligible expenses reimbursed.

If you separate from your spouse, they're no longer eligible for coverage under your benefit plan. Any terms and conditions under separation and divorce agreements are your responsibility. You must wait 12 calendar months from the cancellation date of a previous common-law spouse to enrol a new common-law spouse or new dependants. The waiting period doesn't apply when you are going from legal spouse to a common-law spouse, legal spouse to legal spouse, or common-law spouse to a legal spouse. You're responsible for cancelling your spouse's coverage when they're no longer eligible.

Who is Eligible for Benefits?

Dependent Children

Children (natural, adopted, stepchildren or legal wards) are eligible for coverage if they're unmarried/not in a common-law relationship, mainly supported by you, dependants for income tax purposes, and any of the following:

- Under the age of 19
- Under the age of 25 and in full-time attendance at a school, university or vocational institution which provides a recognized diploma, certificate or degree
- Mentally or physically disabled and past the maximum ages stated above. This only applies if they became disabled before reaching the maximum ages, that the disability has been continuous and that the child is covered as a disabled dependant on the employee's benefits when disabled dependent status was approved. The child, upon reaching the maximum age, must still be incapable of self-sustaining employment and must be completely dependent on you for support and maintenance.
- Residing with your former spouse who is not eligible for health and dental coverage

A grandchild is not an eligible dependant unless adopted by or a legal ward of the employee or the employee's spouse.

Dependent Children Over 19

Unless you certify that your child is in full-time attendance at a school, university or vocational institution which provides a recognized diploma, certificate or degree:

- Extended health and dental coverage for a dependent child will automatically end on the date your child turns 19

Before your child turns 19:

1. You'll receive Confirmation of Dependent Eligibility forms from Canada Life
2. Submit your Canada Life form back to Canada Life as per instructions in the letter

In subsequent years, return the Canada Life form back to Canada Life **before September 30**, advising that your child is still a full-time student.

Include your child's name and the school they're attending. You're responsible for cancelling coverage for dependent children who are no longer eligible for coverage. Coverage for a dependent child with full-time student status will automatically end at age 25 unless the child has disability status.

When Does Coverage Begin?

BENEFIT	REGULAR EMPLOYEE	AUXILIARY EMPLOYEE
Extended Health & Dental Plans	<ul style="list-style-type: none"> You can enrol immediately Coverage begins on the first day of the month after completion of three full calendar months of regular employment, or upon enrolment, whichever is later 	<ul style="list-style-type: none"> You can enrol after meeting eligibility requirements Coverage begins the first day of the month after meeting eligibility requirements or upon enrolment, whichever is later
Employee Life Insurance Plan	<ul style="list-style-type: none"> There is no need to enrol You must designate a beneficiary Coverage begins immediately 	<ul style="list-style-type: none"> There is no need to enrol You must designate a beneficiary Coverage begins immediately upon meeting eligibility requirements
Optional Family Funeral Benefit	<ul style="list-style-type: none"> You can enrol immediately If you enrol within 31 days of hire or 60 days of acquiring your first dependant, coverage begins immediately 	<ul style="list-style-type: none"> You can enrol after meeting eligibility requirements If you enrol within 31 days of meeting eligibility requirements or 60 days of acquiring your first dependant, coverage begins immediately
Optional Life & Optional Accidental Death & Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> You can enrol immediately You must enrol within 31 days of becoming eligible or you'll waive coverage. You must list which dependants you wish to cover under each insurance plan. If selected, coverage begins the first of the month following enrolment except where evidence of insurability and approval is required. Coverage will begin once approval is granted by the carrier. 	<ul style="list-style-type: none"> You can enrol after meeting eligibility requirements You must enrol within 31 days of becoming eligible or you'll waive coverage. You must list which dependants you wish to cover under each insurance plan. If selected, coverage begins the first of the month following enrolment except where evidence of insurability and approval is required. Coverage will begin once approval is granted by the carrier.

Coverage for eligible dependants is effective on the date on which your coverage is effective or on the first of the month following the date the enrolment form is received by MyHR's Benefits Service Centre, whichever is later. **Where evidence of insurability and approval is required coverage will begin once approval is granted by the carrier.**

Check that coverage is in place after you have enrolled by logging into Employee Self Service (Benefit Summary) and verify that coverage is effective prior to using the services. Any questions regarding coverage can be directed to [MyHR](#).

How to Enrol & Update Your Coverage?

How to Enrol for the First Time

Employees can enrol online through Employee Self Service (under Benefits Summary). By enrolling online, this will allow you to track the status of your application through [AskMyHR](#). Complete all forms that are applicable, and you must save them before submitting them.

- Access from work: <https://timepay.gov.bc.ca/>
- Access from home: <https://timepayhome.gov.bc.ca/>

If you don't have access to Employee Self Service, complete the manual forms below that are applicable and send them to the Benefits Service Centre for processing. Refer to the Contacts and Resources section for submission information.

1. [Bargaining Unit Benefits Program Enrolment / Change form](#)
2. [Group Life Beneficiary Designation](#)

PharmaCare Registration. All plan members must sign up for [PharmaCare](#). This will assist with prescription coverage, limiting the impact on your lifetime maximum.

You're automatically enrolled in Employee Basic Life Insurance, but you may want to designate a beneficiary.

Because the Group Life Beneficiary Designation form is a legal document, **you must print, sign and mail the original document to the Benefits Service Centre, Block E, 2261 Keating Cross Road, Saanichton, BC V8M 2A5.**

Once your applications have been processed, you can log into Employee Self Service at any time to view your Benefits Summary (except for your life insurance beneficiaries).

Submit all forms through [AskMyHR](#) using the category Myself (or) My Team/Organization > Benefits > Submit a Health Benefit Form/Application. An extended health and dental identification card will be mailed to your home address for you and your spouse (if applicable).

How to update your coverage?

If you want to add or cancel dependants after your initial enrolment, you'll need to complete the following forms that are applicable (if you have access to Employee Self Service, you can access the forms online):

1. [Bargaining Unit Benefits Program Enrolment / Change form](#)
2. [Group Life Beneficiary Designation](#)

Baby Enrolment/Addition of Newborn

The easiest way to enroll your newborn for MSP is to complete the [Online Birth Registration](#) through the Vital Statistics Agency. The agency sends your baby's information to Health insurance BC (HIBC).

Your benefits will be effective on the first of the month following your application unless there's a waiting period. Changes in coverage take effect as they occur, providing the employee is actively at work.

Waiting periods may apply and you should verify that coverage is in effect prior to purchasing items or services.

Optional Life Insurance Plans

There are two opportunities where you can update your Optional Life Insurance plans after your initial enrolment (which will require evidence of insurability).

Once a year, for the change to be effective April 1 of that year, applications must be received by the end of the second week of March.

During an eligible life event:

- Marriage or entering a common-law relationship
- Divorce, separation or the end of a common-law relationship
- Birth or adoption of a child
- Loss of a child's status as a dependant (marriage, age limit, no longer a student)
- Change in your child's eligibility that allows coverage under the program
- Your spouse gains or loses benefits

Eligible life events allow you to make changes within 60 days of the event.

Choices at a Glance

EXTENDED HEALTH PLAN	COVERAGE
Annual Deductible	\$90
Reimbursement	Reimbursed at 80% for the first \$1,500 paid in a calendar year per person and then 100% for the balance of the year (subject to some restrictions and plan maximums)
Lifetime Maximum	\$3 million (includes coverage for out-of-province or out-of-country medical emergencies)
Prescription Drugs	Covered drugs and medicines purchased from a licensed pharmacy, which are dispensed by a pharmacist, physician or dentist subject to PharmaCare's policies including reference based pricing and lowest cost alternative
Vision	\$250/24 months for adults \$250/12 months for dependent children
Paramedical Services (chiropractor, massage therapy, naturopathic physician, physiotherapy, podiatry)	Acupuncture, Chiropractor, naturopathic physician and podiatry: \$200/year/person or \$500/year/family Massage therapy: \$750/year/person Physiotherapy: \$2,000/year/person Reimbursement subject to reasonable and customary limits

DENTAL PLAN	REIMBURSEMENT	COVERAGE
Basic Services	100%	Cleaning, polishing, topical fluoride – once every nine months for adults, once every six months for dependent children
Major Services	65%	Services required for reconstruction of teeth and for the replacement of missing teeth (e.g. crowns, bridges and dentures)
Orthodontic Services	55%	Coverage for orthodontic services provided to maintain, restore or establish a functional alignment of the upper and lower teeth. Lifetime maximum is \$3,500/covered person.

EMPLOYEE BASIC LIFE INSURANCE (TO AGE 65)	PREMIUM	COVERAGE
Mandatory Coverage	Premium for the first \$100,000 of insurance coverage is employer-paid. Employee-paid monthly premium for coverage above \$100,000 is 16 cents per thousand dollars.	Coverage is equal to three times annual salary or employer-paid minimum coverage (\$100,000), whichever is greater. Includes accidental dismemberment insurance, loss of sight insurance, and a terminally ill advance payment.

OPTIONAL FAMILY FUNERAL BENEFIT	PREMIUM	COVERAGE
Optional Coverage	\$2.21/month	Life insurance in the amount of \$10,000 for spouse and \$5,000 per dependent child

Choices at a Glance

OPTIONAL LIFE INSURANCE	UNITS OF	MAXIMUM
You	\$25,000	\$1 million
Your Spouse	\$25,000	\$500,000
For Your Dependent Children	\$5,000	\$20,000 (Cost for all dependent children is \$11.28 per unit of \$5,000)

OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	UNITS OF	MAXIMUM	ANNUAL RATE PER YEAR
You	\$25,000	\$500,000	\$9.60
Your Spouse	\$25,000	\$500,000	\$9.60
For Your Dependent Children	\$10,000	\$250,000	\$3.30

Annual Rate for Each Unit (\$25,000) of Coverage for Optional Life Insurance (NS=Non-smoker; S=Smoker)							
Gender/ Age (yrs)	Under 35	35-39	40-44	45-49	50-54	55-59	60-64
Female (NS)	\$9	\$12	\$18	\$30	\$48	\$84	\$108
Female (S)	\$12	\$18	\$30	\$60	\$90	\$138	\$192
Male (NS)	\$18	\$18	\$24	\$48	\$87	\$144	\$189
Male (S)	\$30	\$36	\$60	\$102	\$177	\$294	\$396

For questions about extended health and dental claims, contact:

Canada Life

Mailing address:
PO Box 3050, Station Main
Winnipeg, Manitoba
R3C 0E6

Phone Toll-free: 1 855 644-0538

Website: greatwestlife.com

GroupNet:

<https://gwl.greatwestlife.com/mylogin>

Optional Emergency Travel Medical Benefit:

<https://www.e-benefit.com/en/bctravel>

Phone: Toll-free: 1 800 565-4066

For all other enquires, contact:

MyHR

Mailing address: Benefits
Service Centre
Block E, 2261 Keating Cross Road
Saanichton, BC V8M 2A5

Phone:

Toll-free: 1 877 277-0772

Victoria or Vancouver: 250 952-6000

Callers from outside BC:

Call Enquiry BC at 604 660-2421
and ask to be transferred to MyHR at
1 877 277-0772.

Fax: 604 320-4031

Website: [MyHR](#)

Email: [AskMyHR](#)

During initial enrolment, employees have 31 days to apply for up to \$50,000 of Employee Optional and/or Spouse Optional Life Insurance evidence free. Evidence of insurability is required for all future increases. Applications must be approved before coverage can begin.

Tips

- To submit eClaims, log on to [GroupNet](#), Canada Life's plan member website. GroupNet provides online access to your personalized extended health and dental coverage and claims information.
- Claiming deadline for Extended Health & Dental is 15 months from the date the expense was incurred
- Ask your doctor or pharmacist if there's a less expensive generic medication that is right for you
- Don't forget to update your benefits coverage as your personal circumstances change. Visit [MyHR](#) for details.
- Remember to designate a beneficiary for your Group Life Insurance
- **Naming a beneficiary for your Public Service Pension Plan** is a separate process from nominating your group life insurance beneficiary. For more information, contact the [Public Service Pension Plan](#).

Medical Services Plan Changes

The Medical Services Plan (MSP) of B.C. insures medically-required services provided by physicians to all eligible British Columbians. Starting January 1, 2020, MSP administration will transfer to Health Insurance BC (HIBC) and will no longer be a part of this benefits program.

You do not need to re-apply for coverage. HIBC will automatically transfer you and your covered dependants to a self-administered MSP account when group coverage ends.

Impact to Extended Health Plan

All British Columbia residents must be covered under the Medical Services Plan (MSP). You must be enrolled in MSP to be eligible for out-of-province/out-of-country emergency medical coverage under the extended health plan. You must also be registered for **PharmaCare** to assist with prescription coverage, limiting the impact on your lifetime maximum.

MSP Updates Effective Jan 1, 2020

To request MSP account changes (e.g., address changes, adding or removing dependants or re-certifying your child as a full-time student) and/or to submit documentation online, please visit <http://www.gov.bc.ca/managingyourmspaccount>.

New or Returning to B.C.?

If you are new or returning to the BC, there is a waiting period that lasts the rest of the month after arrival plus two full months. To be enrolled in MSP, individuals must complete a two-step process as soon as they arrive in order to process the application and to ensure coverage is not delayed. The two-step process requires that individuals first visit an ICBC office to obtain a BC Services card and then apply for MSP coverage. More information on this process is available on the [How to Apply](#) page on MSP's website.

If You Have Questions

- Please visit www.gov.bc.ca/msp or contact HIBC.

Health Insurance BC

PO Box 9035 Stn Prov Govt
Victoria BC V8W 9E3

Lower Mainland: 604-683-7151
Elsewhere in BC: 1-800-663-7100 (toll-free)

Extended Health Plan

The Extended Health Plan is designed to partially reimburse you for a specific group of medical expenses which are not covered by the Medical Services Plan or the PharmaCare program.

Overview

Canada Life administers your extended health plan on behalf of your employer. Detailed descriptions of expenses eligible for reimbursement under this plan are provided in the table on the following pages.

Before you receive reimbursements, you must pay the \$90 annual deductible unless you're claiming for reimbursement of an expense not subject to the annual deductible.

Unless otherwise stated, you'll be reimbursed at 80% of the first \$1,500 paid in a calendar year per person and then 100% for the balance of the year (subject to some restrictions and plan maximums).

There's a lifetime maximum of \$3 million per covered person which includes coverage for out-of-province or out-of-country medical emergencies. This lifetime maximum may be reinstated after paying for any one serious illness based on satisfactory evidence provided by the employee to the carrier of complete recovery and return to good health.

This is an employer-paid, non-taxable benefit.

Important

It's your responsibility to verify that an item or service is covered prior to purchase. Contact Canada Life if the item is not listed in this guide.

It is recommended that you get an expense pre-approved if the cost is over \$1,000.

Extended Health Plan

What is Covered by Your Extended Health Plan?

The following is a list of expenses eligible for reimbursement under the extended health plan when incurred as a result of a necessary treatment of an illness or injury and, where applicable, when ordered by a physician and/or surgeon. Check [GroupNet](#) for detailed information or contact Canada Life at 1 855 644-0538.

FEATURE	COVERAGE
Accidental Injury to Teeth	Dental treatment by a dentist or denturist for the repair or replacement of natural teeth or prosthetics, which is required and performed and completed within 52 weeks after an accidental injury that occurred while covered under this plan. No reimbursement will be made for temporary, duplicate or incomplete procedures, or for correcting unsuccessful procedures. Expenses are limited to the applicable fee guide or schedule. Accidental means the injury was caused by a direct external blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth.
Acupuncture	Acupuncture treatments performed by a medical doctor or an acupuncturist registered with the College of Traditional Chinese Practitioners and Acupuncturists of British Columbia. See the "Paramedical Services" section of this table for information about reasonable and customary limits. Coverage is \$200/year/person or \$500/year/family.
Braces, Prosthetics & Supports	To be eligible for reimbursement, you must include a practitioner's note for all prosthetics, braces and supports to confirm the medical need for the device. Accepted practitioners include licensed chiropractors, physiotherapists and physicians. The prescription must include the medical condition and the braces must contain rigid material.
Breast Prosthetics	See the "Mastectomy Forms and Bras" section of this table for information.
Chiropractor	Chiropractic treatments performed by a chiropractor registered with the College of Chiropractors of British Columbia. See the "Paramedical services" section of this table for information about reasonable and customary limits. Coverage is \$200/year/person or \$500/year/family. X-rays taken by a chiropractor are not eligible for reimbursement.
Contraceptives	Please contact Canada Life or log into GroupNet for Plan Members and enter the product DIN to confirm if the prescribed contraceptive is covered.

Extended Health Plan

FEATURE	COVERAGE
<p>Counselling (registered clinical counsellor, registered clinical psychologist, recognized social worker)</p>	<p>Service fees of a recognized social worker, registered clinical psychologist or counsellor payable to a maximum of \$500 per family per calendar year. The practitioner must be registered in the province where the service is rendered.</p> <p>To determine if a psychologist is registered for claiming purposes, contact the College of Psychologists of BC at 604 736-6164 (toll free 1 800 665-0979).</p> <p>To determine if a counsellor is registered for claiming purposes, contact the BC Association of Clinical Counsellors at 250 595-4448 (toll free 1 800 909-6303).</p> <p>To determine if a social worker is qualified for claiming purposes, contact the BC College of Social Workers at 604 737-4916 or use the searchable registry at https://onlinememberservice.bccsw.ca/webs/bccsw/register/#/.</p> <p>Visit MyHR for information about short-term counselling available through the Health and Well-being program.</p>
<p>Drugs & Medicines</p>	<p>Covered drugs and medicines purchased from a licensed pharmacy, which are dispensed by a pharmacist, physician or dentist subject to PharmaCare's policies including reference-based pricing and lowest cost alternative.</p> <p>Drugs and medicines include:</p> <ul style="list-style-type: none"> • Injectables provided by a medical practitioner and drugs used by a medical practitioner when providing services under circumstances whereby the drug isn't otherwise provided • Insulin preparations, testing supplies, needles and syringes for diabetes • Vitamin B12 for the treatment of pernicious anemia • Allergy serums when administered by a physician • Other drugs and medicines that require a prescription from a medical provider who is legally authorized to do so <p>Reimbursement of eligible drugs and medicines will be based on a maximum dispensing fee of \$7.60 and a maximum mark-up of 7% over the manufacturer's list price. All plan members must sign up for PharmaCare to assist with prescription coverage, limiting the impact on your lifetime maximum.</p> <p>Unless medical evidence is provided to Canada Life that indicates why a drug is not to be substituted, Canada Life can limit the covered expense to the cost of the lowest priced interchangeable drug.</p> <p>Prior Authorization: Canada Life requires prior authorization to provide appropriate drug treatment and to ensure the drugs prescribed are considered reasonable treatment for the condition. For brand name drugs, your physician would have to complete a Request for Brand Name form, to provide medical evidence that the generic version has adverse side effects. For more information regarding prior authorization and specialty drug processes, log onto GroupNet for plan members and click on your bulletins or the information can be found on MyHR.</p>

Extended Health Plan

FEATURE	COVERAGE
Emergency Ambulance Services	<p>Emergency transportation by licensed ambulance to the nearest Canadian hospital equipped to provide medical treatment essential to the patient.</p> <p>Air transport when time is critical, and the patient's physical condition prevents the use of another means of transport. Doctor's note may be required.</p> <p>Emergency transport from one hospital to another only when the original hospital has inadequate facilities. Charges for an attendant when medically necessary.</p>
Examinations, Medical	<p>Medical examinations rendered by a physician, required by a statute or regulation of the provincial and/or federal government for employment purposes, for you and all of your registered dependants provided such charges are not otherwise covered.</p>
Examinations, Vision	<p>Fees for routine eye examinations to a maximum of \$100 per 24 months per person for adults who are age 19 or older, when performed by a physician or optometrist.</p> <p>Exams for persons under age 19 and over age 64 are covered under the Medical Services Plan. Effective January 1, 2020, the balance for individuals over age 64 is eligible for reimbursement under this extended health plan.</p>
Hairpieces & Wigs	<p>Hairpieces and wigs, when medically necessary, are eligible for reimbursement to a maximum of \$500 per 24 months.</p>
Hearing Aids & Repairs	<p>Reimbursements at \$1,500 per ear per 48 months for adults and 24 months for children. This benefit isn't subject to an annual deductible.</p> <p>Batteries, recharging devices or other such accessories are not covered.</p>
Hospital Charges	<p>Additional charges for semi-private or private accommodation over and above the amount paid by provincial health care for a normal daily public ward while you're confined in a hospital under active treatment. This doesn't include telephone or TV rental or other amenities.</p>
Massage Therapy	<p>Massage treatments performed by a massage practitioner registered with the College of Massage Therapists of British Columbia. See the "Paramedical Services" section of this table for information about reasonable and customary limits. Coverage is \$750/year/person.</p> <p>X-rays taken by, and drugs, medicines or supplies recommended and prescribed by a massage therapist are not covered.</p>
Mastectomy Forms & Bras	<p>Mastectomy forms and bras are eligible for reimbursement to a maximum of \$1,000 per 12 months.</p>

Extended Health Plan

FEATURE	COVERAGE
<p>Medical Aids & Supplies</p>	<p>A variety of medical aids and supplies as follows:</p> <p>For diabetes:</p> <ul style="list-style-type: none"> • Testing supplies, needles and syringes • Insulin injector • Insulin infusion pumps if other methods are not suitable <p>If you switch from using testing supplies to an insulin injector, testing supplies are not covered for the next 60 consecutive month period</p> <ul style="list-style-type: none"> • Light boxes including light visors used for the treatment of Seasonal Affective Disorder • Oxygen, blood and blood plasma • Ostomy and ileostomy supplies • Aerochambers • Compression hose • Walkers, canes and cane tips, crutches, splints, collars and trusses (elastic or foam supports are not covered) • Rigid support braces and permanent prostheses (artificial eyes, limbs and larynxes). Myoelectrical limbs are not covered but the plan will pay an amount equal to the cost of a standard prostheses. • Stump socks to a maximum of \$200 per calendar year <p>Standard durable equipment as follows:</p> <p>The cost of renting, where more economical, or the purchase cost of durable equipment for therapeutic treatment including:</p> <ul style="list-style-type: none"> • Manual wheelchairs, scooters, manual type hospital beds and necessary accessories. If the patient is incapable of operating a manual wheelchair, an electric wheelchair will be covered; otherwise the plan will pay the equivalent of a manual wheelchair. • Cardiac screeners and blood glucose monitors • Growth guidance systems • Breathing machines and appliances including respirators, compressors, suction pumps, oxygen cylinders, masks and regulators • Continuous positive airway pressure machine when prescribed for sleep apnea • Infant apnea monitor <p>Pre-authorization is recommended for items costing over \$1,000 and is required for items over \$5,000</p>
<p>Naturopathic Physician</p>	<p>Naturopathic services performed by a naturopathic physician licensed by College of Naturopathic Physicians of British Columbia. See the "Paramedical Services" section of this table for information about reasonable and customary limits.</p> <p>X-rays taken by, and drugs, medicines or supplies recommended and prescribed by a naturopathic physician are not covered.</p>

Extended Health Plan

FEATURE	COVERAGE
Needleless Injectors	When prescribed by a physician: <ul style="list-style-type: none"> • Needleless injectors are payable up to \$500/60 months • Charges for supplies required for the administration of insulin (needles etc.) are not covered for a 60-consecutive month period from the purchase date of an insulin injector
Orthotics & Orthopedic Shoes	When prescribed by a physician or podiatrist when medically necessary, custom-fit orthotics or orthopedic shoes, including repairs, orthotic devices and modifications to stock item footwear but not including arch supports/inserts. Payable to a maximum of \$400 per person per calendar year. Not all casting techniques are approved for coverage, so please confirm with Canada Life prior to purchase. <p>Custom-made orthotics:</p> When submitting claims for custom made orthotics, include the following information: <ul style="list-style-type: none"> • A prescription from the physician, podiatrist, chiropractor or nurse practitioner indicating the patient's medical condition • A detailed copy of the biomechanical assessment/examination • Details of the casting technique used to acquire an anatomical model of the patient's foot • The date the orthotics were dispensed to the patient • An invoice providing the name, address, and phone number of the clinic or provider along with a list of all charges <p>Custom-made orthopedic shoes</p> When submitting claims for custom made orthopedic shoes, include the following information: <ul style="list-style-type: none"> • A prescription from the physician, podiatrist or nurse practitioner indicating the patient's medical condition and an explanation why stock-item orthopedic shoes can't be used by patient • Details of the casting technique used to acquire an anatomical model of the patient's foot • Details of the fabrication process and materials used to make the shoes • An invoice providing the name, address, and phone number of the dispensing clinic or provider along with a list of all charges
Out-of-Province / Out-of-Country Emergencies	Reasonable charges for a physician's services due to an emergency are eligible for reimbursement, less any amount paid or payable by the Medical Services Plan, subject to the lifetime maximum of \$3 million for out-of-province / out-of-country travel.
Paramedical Services: Acupuncture, chiropractor, naturopathic physician and podiatry: \$200/year/person or \$500 year/family Massage therapy: \$750/year/person Physiotherapy: \$2,000/year/person	Services provided by licensed paramedical practitioners. For the purposes of this plan, paramedical services are a defined group of services and professions that supplement and support medical work but don't require a fully qualified physician. These services include: acupuncture, chiropractor, massage therapy, naturopathic physician, physiotherapy, and podiatry. Claims will be reimbursed at 80% of the cost from the first visit, subject to reasonable and customary limits (R&C) until the annual maximum is reached. R&C represents the standard fees healthcare practitioners would charge for a given service. They're reviewed regularly and are subject to change at any time. If your healthcare practitioner charges more than a R&C limit, you will be responsible for paying the difference. If you have any questions about R&C limits for a given service, contact Canada Life at 1 855 644-0538.

Extended Health Plan

FEATURE	COVERAGE
Physiotherapist	Professional services performed by a physiotherapist registered with the College of Physical Therapists of British Columbia. See the “Paramedical Services” section of this table for information about reasonable and customary limits.
Podiatrist	Professional services performed by a podiatrist registered with the British Columbia Association of Podiatrists. See the “Paramedical Services” section of this table for information about reasonable and customary limits. Coverage is \$200/person/year or \$500 year/family. X-rays taken, or other special fees charged by a podiatrist are not covered.
Prostate-Serum Antigen Test	Once per calendar year
Smoking Cessation Products	<p>Drugs and supplies for prescriptions and non-prescription smoking cessation.</p> <p>Maximum: \$300/year/person to a lifetime maximum of \$1,000</p> <p>You must register with the Quittin’ Time program prior to purchasing any products.</p> <ul style="list-style-type: none"> • Members must submit proof of registration in the Quittin’ Time Program to Canada Life along with the first claim of the 6-month period • Canada Life will activate the member’s drug card for the drug product purchased, and set the appropriate maximum and termination date for the six-month period <p>Canada Life will write to the member to advise them they can continue to use their drug card until the earlier of the end of the six-month period or until they have reached their calendar year or lifetime maximum. Members will also be advised to notify Canada Life if they switch to another smoking cessation product, so their claims continue to pay correctly.</p>
Vision Care	<p>Purchase and/or repair of corrective eyewear, charges for contact lens fittings and laser eye surgery, when prescribed or performed by an optometrist, ophthalmologist, or physician. This benefit isn’t subject to the annual deductible and is reimbursed at 100% (to benefit plan limits). Check GroupNet to verify your personal eligibility period.</p> <p>A combined maximum of: Adults: \$250/24 months, Children: \$250/12 months</p> <p>NOTE: Charges for non-prescription eyewear are not covered. See the “Examinations, Vision” section of this table for information about eye exams</p>

Any item not specifically listed as being covered under this plan is not an eligible item under this extended health plan.

Extended Health Plan

Out-of-Province / Out-of-Country Coverage Under the Extended Health Group Plan

Your extended health group plan provides the following coverage:

If you're covered under the extended health group plan and you travel out-of-province or out-of-country for business or personal travel, you're covered for medical emergencies, including those resulting from pre-existing conditions (except for a few inclusions) up to the lifetime maximum of \$3 million per person. Eligible emergency medical expenses are subject to the annual deductible and will be reimbursed at 100%.

Eligible Out-of-Province / Out-of-Country Expenses

1. Local ambulance services when immediate transportation is required to the nearest hospital equipped to provide the treatment essential to the patient
2. The hospital room charge and charges for services and supplies when confined as a patient or treated in a hospital. **Members should contact Travel Assistance for assistance if they have a medical emergency.** See the [Travel Assistance Brochure](#) for contact information. When the patient's medical condition permits, they will be returned to Canada. Canada Life's standard out of country confinement is up to a semi-private ward rate.
3. Physician, laboratory and X-ray services
4. Prescription drugs
5. Other emergency services and/or supplies, if Canada Life would have covered the expenses in B.C
6. Medical supplies provided during a covered hospital confinement
7. Paramedical Services provided during a covered hospital confinement
8. Medical supplies provided out of hospital if you would've been covered in Canada
9. Out of hospital services of a professional nurse

These expenses are eligible in a medical emergency only, and when ordered by the attending physician. A medical emergency is:

- a sudden and unexpected injury
- the onset of a condition not previously known or identified prior to departure from BC or Canada
- An unexpected episode of a condition known or identified prior to departure from BC or Canada

An unexpected episode means it would not have been reasonable to expect the episode to occur while travelling outside of Canada. If a person was suffering from symptoms before departure from Canada, Canada Life may request medical documentation to determine whether, in the circumstances, it could have reasonably been anticipated that the person may require treatment while outside Canada.

Non-emergency continuing care, testing, treatment, surgery, and amounts covered by any government plan and/or any other provider of health coverage are not eligible.

Exclusions

- Expenses incurred due to elective treatment and/or diagnostic procedures
- Complications related to such treatment expenses incurred due to therapeutic abortion, childbirth, or week 35 or later, or if high risk, during pregnancy
- Charges for continuous or routine medical care normally covered by the government plan in your province/territory of residence

Extended Health Plan

Business Travel Medical Insurance

Employees without extended health coverage through their employment with the BC Public Service are **not** covered under the group business travel insurance plan. There are limited exceptions. Employees without extended health coverage should confirm their travel medical insurance status before making travel arrangements. If out-of-province or out-of-country business travel is required, employees without coverage under the corporate travel medical policy should purchase an individual travel insurance plan and claim the expense through their travel claim. When purchasing travel insurance, make sure to read and understand the fine print. Most individual travel insurance plans exclude coverage for pre-existing conditions. Employees should carefully consider their personal health circumstances before agreeing to travel for work.

Optional Medical Travel Insurance

Canada Life has a travel insurance website to enable you to purchase optional travel medical insurance. For more information, review Canada Life's [Optional Emergency Travel Medical Benefit information sheet](#). This travel medical insurance is first payer to your group plan with Canada Life, and you'll save 10% by purchasing it from this website.

If you have other similar coverage – such as through a credit card plan or another group or individual insurance plan – claims will be coordinated within the guidelines for out-of-province / out-of-country coverage issued by the Canadian Life and Health Insurance Association.

To apply, you'll need your Canada Life group plan number (50088) and your identification number from your Canada Life ID card.

This travel insurance has a maximum amount payable per covered trip of \$2 million Canadian. Coverage is available for either single or annual travel policies if you're under age 80. There are exclusions for pre-existing conditions.

Travel Assistance provides assistance if you or an eligible dependant experience a medical emergency while traveling-out-of-province / out-of-country. Trained personnel who speak various languages will provide advice and coordinate services for you. This service is available 24/7 and assists members in locating hospitals, clinics and physicians.

Travel Assistance also provides the following services:

1. Medical advisors
2. Advance payment when required for hospital admission
3. Helping to locate qualified legal assistance, local interpreters and appropriate services for replacing lost passports
4. Assisting unattended children
5. Return of vehicle
6. Transportation reimbursement
7. Medical evacuation
8. Travelling companion expenses
9. Transportation of remains if a plan member dies while travelling, expenses for preparing and transporting the plan member's remains home are covered. The assistance company can also help make the appropriate arrangements.

Travel Assistance provides advice and coordinates services at no additional charge. However, it's not a means of paying for any healthcare expenses that you may require.

The actual cost for any service(s) received is your responsibility. Some of these expenses may be claimed through Medical Services Plan of BC, travel insurance purchased by you or your extended health plan.

Please ensure that you have your Assure Card with you when you travel as the Travel Assistance phone numbers are listed on the back of your card. Have your Canada Life Plan, ID and provincial health care numbers ready for personal identification.

For more information on what Travel Assistance provides, please visit the [Travel Assistance page](#).

Dental Plan

The dental plan is designed to assist you with the cost of your dental care and reimburses most basic and major dental and orthodontic services.

Overview

Canada Life administers your dental plan on behalf of your employer. Dental coverage is available for services in B.C. and for emergency dental services while traveling anywhere outside of B.C. The plan will cover eligible expenses up to the amount it would've covered had the services been performed in B.C.

What is Covered by Your Dental Plan?

Dental services fall into three categories:

- Basic Preventative & Restorative Services
- Major Services
- Orthodontic Services

Reimbursement

Dentists set their own rates for service, but reimbursement of dental fees under this group plan is subject to the dental fee schedule published by the BC Dental Association for dentists, dental specialists and denturists and to plan limits.

You'll be reimbursed 100% to plan limits for the cost of the basic dental services outlined on the next page. If services are performed by a specialist, the fee is equal to that of the general practitioner, plus 10%.

Important

It's your responsibility to verify that an item or service is covered prior to purchase. Contact Canada Life if the item isn't listed in this guide.

Dental Plan

Basic Services

Basic dentistry is comprised of routine services available in the office of a general practicing dentist that are necessary to restore teeth to natural or normal function.

Diagnostic Services

Procedures conducted to determine or diagnose the dental treatment required, including:

- Standard oral examinations
- Specific oral examinations
- X-rays (including panoramic X-rays)
- **A specific oral examination will be reimbursed** once for any specific area and only if a standard oral examination hasn't been reimbursed within the previous 60 days
- **A complete oral examination will be reimbursed** to a maximum of once every three years, but not if the plan has reimbursed for any examination during the preceding nine months

Preventative Services

Procedures that prevent oral disease, including:

- Cleaning and polishing teeth
- Scaling
- Topical fluoride – once every nine months
- Pit and fissure sealants, preventative restorative resins
- Fixed space maintainers intended to maintain space and regain lost space but not to obtain more space

Restorative Services

- Fillings – amalgam fillings and composite (white) fillings on all teeth. **Specialty fillings** (and crowns) such as synthetic porcelain plastic, composite resin, stainless steel and gold may result in additional cost to be paid by the employee (or dependant).
- Stainless steel crowns on primary and permanent teeth
- Inlays and onlays

Only one inlay, onlay or other major restorative service involving the same tooth will be covered in a five-year period.

Dental Plan

Surgical Services

- All necessary procedures for extractions and other surgical procedures necessary for the treatment of disease of the soft tissue (gum) and the bones surrounding and supporting the teeth

Endodontics

- Treatment of diseases of the pulp chamber and pulp canal including but not limited to basic root canal

Periodontal Services

- Treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth including occlusal adjustment, root planing, gingival curettage and scaling

Replacement & Repairs

- The repair of fixed appliances and the rebase or reline of removable appliances (may be done by a dentist or by a licensed dental mechanic). Relines will only be covered once per 24-month period.
- With crowns, restoration for wear, acid erosion, vertical dimension and/or restoring occlusion isn't covered. Check with Canada Life before proceeding.
- Temporary procedures (e.g. while awaiting repair of an appliance) are not covered

Major Services

Major services apply to services required for reconstruction of teeth and for the replacement of missing teeth (e.g. crowns, bridges and dentures), where basic restorative methods cannot be used satisfactorily. To determine how much of the cost will be paid by the plan, and the extent of your financial liability, you should submit a treatment plan to Canada Life for approval before treatment begins.

Reimbursement

Major services are 65% covered to plan limits. Only one major restorative service involving the same tooth will be covered in a five-year period.

Restorative Services

- Veneers
- Crowns and related services
- **Specialty crowns and fillings** such as synthetic porcelain, plastic, composite resin, stainless steel and gold may result in additional cost to be paid by the employee or dependant

Plan Limits

A dentist may charge more for services than the amount set in the governing **schedule** of fees or may offer to provide services more frequently than provided for in the fee guide. You're responsible for any financial liability resulting from services performed which are not covered or that exceed the costs covered by the plan.

Dental Plan

Fixed Prosthetics

- Bridgework to artificially replace missing teeth with a fixed prosthesis

Removable Prosthetics

- Full upper and lower dentures or partial dentures of basic standard design and material. Full dentures can be provided by a dentist or a licensed dental mechanic. Partials can only be provided by a dentist.

No benefit is payable for the replacement of lost, broken, or stolen dentures. Broken dentures can, however, be repaired under basic services.

Replacement & Repairs

- Removal, repairs and recementation of fixed appliances

Orthodontic Services

This plan is designed to cover orthodontic services provided to maintain, restore or establish a functional alignment of the upper and lower teeth. The plan will reimburse orthodontic services performed after the date coverage begins.

Pre-Approval

To claim orthodontic benefits, Canada Life must receive:

- A treatment plan (completed by the dentist) before treatment starts

Reimbursement

Orthodontic services are 55% covered.

The total lifetime maximum payment for orthodontic services, for each covered person, is \$3,500.

The carrier will pay benefits monthly. Photocopies of receipts monthly, as treatment progresses must be submitted (do not hold receipts until the treatment is complete). **You can submit monthly claims through [GroupNet](#).**

If you pay the full amount to the dentist in advance of completed treatment, the carrier will prorate benefit payment over the months of the treatment period.

No benefit is payable for the replacement of appliances which are lost or stolen.

Treatment performed solely for splinting isn't covered.

Any other item not specifically listed as being covered under this plan is not an eligible item under this dental plan.

Life Insurance Plans

Life insurance plans help protect you and your loved ones from the financial burden of a loss.

Canada Life [Policy 6878GL(4)] administers your life insurance plan on behalf of your employer. This life insurance plan pays a benefit to your designated beneficiary or to your estate in the event of your death. Coverage is effective 24 hours a day, seven days a week. This policy is a term life insurance policy and has no cash value.

Features of the plan include:

- Employee Basic Life Insurance
- Accidental Dismemberment & Loss of Sight Benefit
- Advanced payment for terminally ill employees
- A funeral advance option
- A conversion policy
- Option to purchase Optional Family Funeral Benefit for which you are the beneficiary

You're automatically enrolled in Employee Basic Life Insurance, but it is recommended that you designate a beneficiary. See the "How to Enrol" page. See "How to Make a Claim" page to submit a claim.

Why Designate a Beneficiary?

Life insurance payments are non-taxable when paid to one or more designated beneficiaries, and only a named beneficiary can apply for the funeral advance. If paid to an employee's estate, the insurance becomes part of the proceeds of the estate and may become taxable. In addition, the benefit payment is subject to probate and can be used to pay outstanding debts, taxes and other estate costs. It generally takes longer for the benefit to be paid out through your estate. It's highly recommended that you nominate one or more beneficiaries for your life insurance during your initial enrolment and that you keep your beneficiary designation up to date (e.g. if you get married/divorced or if you have children).

Employee Basic Life Insurance (to age 65)

Employee Basic Life Insurance is mandatory. No enrolment is necessary; you're automatically covered when you meet eligibility requirements.

Except as noted, coverage is equal to three times the annual salary or the employer-paid minimum coverage (\$100,000), whichever is greater.

Annual salary is defined as your bi-weekly salary times 26.0893 and coverage is rounded up to the nearest \$1,000.

Important Information

For nurses hired before May 1, 1990: Coverage equals two times annual salary rounded up to the nearest \$1,000, with an employer-paid minimum of \$40,000 unless the plan member elected the higher level of coverage (outlined previously). For more information, refer to articles 25.04 and 27.20 of the BCNU Collective Agreement.

For employees working past age 65: Employee Life Insurance (and long-term disability) will cease at the end of the month in which an employee turns 65. Employees have the option to convert their group life insurance plan to an individual plan. See Converting to Individual Benefits Plans for more information and important application deadlines.

For employees who retire before age 65: Employee Life Insurance will continue until the age of 65 provided that:

- While an employee, the retiree was covered under the Public Service group life insurance plan (Policy 6878).
- The retiree begins receiving a pension the month following termination of employment AND elects (on their pension application form) to continue life insurance coverage. Those under 65 will be provided with this option (see your pension package). You are **not** eligible for this coverage if there has been a break in service from the end of employment to the commencement of your pension payment.

Limitations

There are no limitations or restrictions on claims for eligible employees under age 65 or eligible retired employees under age 65.

The Benefit Service Centre must receive the original Group Life Beneficiary Designation form before they can update your beneficiary. If they don't receive the original form, the beneficiary will default to your estate unless you have previously designated a beneficiary which will then remain on file.

Life Insurance Plans

Premiums

The premium for the first \$100,000 of insurance coverage is paid by your employer and is a taxable benefit. The employee paid monthly premium for coverage above \$100,000 is 16 cents per thousand dollars (rate subject to change) and is paid through payroll deduction.

Other Benefits Included in the Employee Basic Life Insurance Plan:

Accidental Dismemberment & Loss of Sight

If you suffer one of the following losses as a result of an accident, you'll receive 100% of the principal sum for:

- Loss of both hands or feet
- Loss of sight of both eyes
- Loss of one hand and one foot
- Loss of one hand or one foot and sight of one eye

If you suffer one of the following losses, you'll receive 50% of the principal sum for:

- Loss of one hand or one foot
- Loss of sight of one eye

Important Definitions Regarding Losses

Loss of sight means total and irrecoverable loss beyond correction by surgical or other means.

If benefits are paid to you because of an accidental dismemberment or loss of sight benefit claim, and you die as a result of that injury, the payment to your beneficiary will be reduced by the benefit payment you received before your death.

A claim for accidental dismemberment or loss of sight should be made in writing to [AskMyHR](#) using the category Myself (or) My Team/Organization > Benefits > Bargaining Unit Employees. Forms and instructions will be forwarded for you and your physician to complete.

Advance Payment for Terminally Ill Employees

If you're suffering from a terminal illness with a life expectancy of 24 months or less, you may be eligible to receive an advance payment of up to \$50,000 or 50% of your Employee Basic Life Insurance, whichever is less. This payment is non-taxable.

Contact [MyHR](#) to make a claim and provide them with the following information:

- Full name
- Social insurance number
- Current address
- Telephone number
- Last day worked
- Work status

The remaining portion of your Employee Basic Life Insurance will be paid to your designated beneficiary upon your death. Interest payments will be charged against the advance payment.

Life Insurance Plans

Funeral Advance

An advance of \$10,000 can be expedited to the beneficiary in the event of an employee's death. This doesn't apply if the estate or a minor child has been designated as the beneficiary. The balance of the life insurance will be paid once the beneficiary has submitted the claim.

To apply for the funeral advance, the beneficiary should contact [MyHR](#) and provide the following information:

- Name of deceased person
- Date of birth of deceased person
- Date of death of deceased person
- Full name, address and phone number of beneficiaries

After confirming that the funeral advance is payable, the Benefit Service Centre will contact the carrier and a cheque will be mailed directly to the beneficiary, usually within a few days of the request.

Optional Life Insurance Plans

Additional life insurance is available to you if you want to supplement your Employee Basic Life Insurance and/or if you wish to insure any of your dependants.

Employee Optional Life Insurance

This optional plan provides employee life insurance in addition to basic life insurance. You may select insurance in units of \$25,000 up to a maximum of \$1 million. The beneficiary of this coverage is the same as designated for basic life insurance unless otherwise specified.

Spouse Optional Life Insurance Benefit

This optional plan provides life insurance for your spouse. You may select insurance in units of \$25,000 up to a maximum of \$500,000. You're the beneficiary of the life insurance.

Child Optional Life Insurance Benefit

This optional plan provides life insurance for any/all dependent children you choose to cover. Evidence of insurability isn't required, and you may select insurance in units of \$5,000 up to a maximum of \$20,000. You're the beneficiary of the life insurance.

Life Insurance Plans

Initial Enrolment

During initial enrolment, you can select up to \$50,000 of Employee Optional and/or Spouse Optional Life Insurance coverage without providing evidence of insurability. Thereafter, if you wish to increase your or your spouse's life insurance coverage, you will be required to complete and provide the **Evidence of Insurability** form to the carrier. When submitting your Evidence of Insurability form, please ensure to include your division number:

BCGEU – Division 1

Nurses – Division 31

PEA – Division 27

Excluded Traditional Plan – Division 20

Applications must be approved before coverage can begin.

Waiver of Premium Benefit on Optional Life Insurance

If you become disabled while insured, the insurance carrier will review whether you're eligible for a premium waiver on the optional life insurance for yourself and your covered dependants throughout the benefit period. Waiver of premium will continue during the period that you're continuously disabled but will not continue beyond your 65th birthday.

Suicide Limitation on Optional Insurance

Optional employee and spouse life insurance benefits are not paid if the insured person (you or your spouse) commits suicide within two years after optional life insurance takes effect or increases. The beneficiary will receive a refund of the premiums paid for that insurance.

Optional Family Funeral Benefit Plan

This optional plan provides spousal coverage of \$10,000 and coverage of \$5,000 per dependant child. The beneficiary of this coverage is the employee. The premium is \$2.21 per month, regardless of the number of dependants (rate is subject to change). Evidence of insurability isn't required.

Life Insurance Plans

Optional Accidental Death & Dismemberment Insurance (AD&D)

AD&D insurance is available to supplement your Employee Basic Life Insurance coverage and/or to cover any of your dependants as a result of accidental death or the loss of use of limbs, sight, speech or hearing. This benefit does not provide coverage due to illness. Coverage is provided 24 hours a day, 7 days a week. Evidence of insurability isn't required.

Three plans are available:

1. Employee Optional AD&D

You may select insurance in units of \$25,000 up to a maximum of \$500,000.

2. Spouse Optional AD&D

You may select insurance in units of \$25,000 up to a maximum of \$500,000.

3. Child Optional AD&D

You may select insurance in units of \$10,000 up to a maximum of \$250,000

The beneficiary of this coverage is:

- In the event of employee's death: the same as designated for basic life insurance unless otherwise specified
- In the event of spouse's or child's death: the employee
- In the event of eligible injury to employee: the employee
- In the event of eligible injury to spouse or child: the employee.

Important Definitions Regarding Losses

Loss by dismemberment means:

- For hands and feet, complete severance through or above the wrist or ankle joints
- For arms and legs, complete severance through or above the elbow or knee joints
- For thumb and big toe, complete severance of one entire phalange
- For fingers and other toes, complete severance of two entire phalanges

Loss of sight, speech and hearing means total and irrecoverable loss beyond correction by surgical or other means

Loss of use means total and irrecoverable loss of the ability to perform every action the arm, leg or hand was able to perform before the accident occurred, beyond correction by surgical or other means. Benefits won't be paid for loss of use of the same arm, leg or hand for which loss by dismemberment is paid.

Life Insurance Plans

Benefits

The amount of AD&D insurance you purchase is called the principal sum. For example, if you purchase two units of \$25,000 for yourself, your principal sum is \$50,000. If you purchase three units of \$25,000 for your spouse, your spouse's principal sum is \$75,000.

Depending on the loss you, your spouse or your child suffers as a result of an accident, a percentage of the applicable principal sum is payable if any of the following occur within 365 days of the accident:

FOR LOSS OF:	AMOUNT PAYABLE
Life	The principal sum
Both hands	The principal sum
Both feet	The principal sum
Sight of both eyes	The principal sum
One hand and one foot	The principal sum
One hand and sight of one eye	The principal sum
One foot and sight of one eye	The principal sum
Speech and hearing in both	The principal sum
One arm	$\frac{3}{4}$ of the principal sum
One leg	$\frac{3}{4}$ of the principal sum
One hand	$\frac{1}{2}$ of the principal sum
One foot	$\frac{1}{2}$ of the principal sum
Sight of one eye	$\frac{1}{2}$ of the principal sum
Speech	$\frac{1}{2}$ of the principal sum
Hearing in both ears	$\frac{1}{2}$ of the principal sum
Thumb and index finger	$\frac{1}{4}$ of the principal sum
Four fingers of one hand	$\frac{1}{4}$ of the principal sum
All toes of one foot	$\frac{1}{8}$ of the principal sum

FOR LOSS OF USE OF:	AMOUNT
Both arms and legs (quadriplegia)	2 x the principal sum
Both legs (paraplegia)	2 x the principal sum
One arm and one leg on same side of body (hemiplegia)	2 x the principal sum
One arm and one leg on different sides of body	The principal sum
Both arms	The principal sum
Both hands	The principal sum
One hand and one leg	The principal sum
One arm	$\frac{3}{4}$ of the principal
One leg	$\frac{3}{4}$ of the principal
One hand	$\frac{1}{2}$ of the principal

Surgical Reattachment

50% of the dismemberment benefit is payable if a dismembered part is surgically reattached regardless if use is regained. The balance of the dismemberment benefit is paid if the reattachment fails and the reattached part is removed within one year after the reattachment is performed.

Life Insurance Plans

Other Benefits

If benefits are payable under this plan for a covered accident, there may be other benefits paid to plan maximums in addition to loss of life, dismemberment or loss of use benefits.

- If death occurs 150 kilometres or more from home, up to \$2,500 will be paid for preparation of the body and transportation to its burial place or crematory. This benefit is also available to your dependants under the family plan.
- If your death is accidental, your spouse may be reimbursed for an occupational training program. Your child or children may be reimbursed for tuition if they enroll as a full-time student at a post-secondary institution.
- Up to \$2,000 for transportation and lodging expenses to have one family member join the covered person if they're hospitalized more than 150 kilometres from their home.
- Fees to enroll in an education program if a job change is required because of an accident
- Expenses to make the covered person's house and vehicle wheelchair accessible

For more information on the limitations and specifications related to these additional benefits, please contact [MyHR](#). If submitting an [AskMyHR](#) service request select the category Myself (or) My Team/Organization > Benefits > Bargaining Unit Employees.

AD&D Limitations

No benefits will be paid for loss resulting from or associated with the following:

- Suicide, regardless of state of mind
- Intentional self-inflicted injury, regardless of state of mind
- Viral or bacterial infections, except pyogenic infections occur due to injury for the loss that is being claimed
- Disease or critical illness
- Medical or surgical treatment other than reattachment
- Service (including part-time or temporary service) in the armed forces of any country
- War, insurrection or voluntary participation in a riot
- Air travel except as a passenger in a licensed aircraft flown by a pilot certified to fly the aircraft. No benefits will be paid where the aircraft is owned, leased or rented by the Province of BC or where the person who suffers the loss is acting as a crew member.

How to Make a Claim

When you're ready to make an extended health, drug, dental or life insurance claim, choose the method that works best for you.

GroupNet

GroupNet is Canada Life's self-service website for your extended health and dental plans. Log in to:

- Submit eClaims
- Update direct deposit banking information
- View your coverage at a glance
- Track your eligibility and limits
- Print replacement ID cards

The Assure Card is your benefits ID card that has your Great- West Life Plan number and ID number on it. When you log into **GroupNet**, you'll see your group plan number (50088) and your travel assistance plan (170688). If you haven't received your ID card in the mail, you can register with GroupNet and print out a card. Register using group plan number 50088 and your ID number. If you don't know your ID number, or if you have problems registering with **GroupNet** please call Canada Life. You, your spouse and any dependent children over 19 will be issued an Assure Card. Any dependent children under 19 don't receive one, but you will see them listed under your group coverage through GroupNet.

Please ensure that your address is updated with your employer and in GroupNet for Plan Members. If you have access to **Employee Self Service (ESS)**, you can update your address online. If you do 't have access to ESS, call MyHR (1 877 277-0772) and a Service Representative will be able to update your information in PeopleSoft.

Pay Direct

Pharmacies, dentists, chiropractors, physiotherapists, naturopathic doctors, podiatrists, psychologists, massage therapists and optical stores/optometrists/ ophthalmologists can register for Pay Direct through Canada Life.

If your service provider has signed up, simply show your Assure Card (and the card for your spouse's program if you can coordinate benefits) and you will pay only the portion of the expense that's not covered under your benefit plan.

Extended Health & Drugs

To make a claim for reimbursement, you can submit a paper or electronic claim.

Find the paper claim form on **MyHR** or **GroupNet**, and follow the submission instructions carefully. Make a photocopy of your expense receipt because the originals can't be returned to you.

Submit eClaims on **GroupNet** for prescription drugs, vision care, chiropractic, physiotherapy, podiatry, psychology, acupuncture, massage therapy and naturopathy. Keep your original expense receipts if you're asked to submit them.

Deadlines

It is recommended that you submit claims immediately after treatment.

Late claims will not be accepted by Canada Life.

Extended health claims, including drug claims and dental claims, must be received no later than 15 months from the date the expense was incurred.

How to Make a Claim

Dental

Most dental offices will bill Canada Life directly when you present your Assure card (and the card for your spouse's program, if you've coordinated benefits), and you'll pay only the portion of the service not covered by your benefits plan(s). If not, you can submit a paper claim.

Find the paper claim form on [MyHR](#) or [GroupNet](#), and follow the submission instructions carefully. Make a photocopy of the expense receipt because the originals cannot be returned to you.

Monthly orthodontic claims may be claimed through [GroupNet](#).

Life Insurance

To initiate a claim for any of the life insurance products, you, your supervisor or your designated beneficiary can contact [MyHR](#). If submitting an [AskMyHR](#) service request, select the category Myself (or) My Team/Organization > Benefits > Bargaining Unit Employees. A representative will send claiming information and will be available to answer your questions.

Coordinated Benefits

If your spouse is a BC Public Service employee and is covered under the BC Public Service benefits plan (excluding BC Ferries), you're able to coordinate benefits and submit your extended health and dental receipts to both plans and get up to 100% of your eligible expenses reimbursed. If your spouse is enrolled in a benefits program with an employer outside of the BC Public Service, check your spouse's benefits program to see if it allows for coordination of benefits plans.

Insurance companies follow guidelines to determine which plan pays first and how benefits are calculated.

When you make a claim under coordinated plans, photocopy your receipt(s) and submit your claim to your plan first.

Once approved, you'll receive an explanation of benefits statement. Now you can submit a claim to your spouse's plan, along with the Explanation of Benefits Statement and photocopies of your receipt(s)

Spouses will submit to their plan first and to your plan second.

If you have dependent children, the order of submission is determined by your birthdays. If your birthday is earlier in the calendar year than that of your spouse, you'll submit your children's claims to your program first.

If you and your spouse have coordinated benefits and you're both covered under Canada Life, you can submit to both plans at the same time by filing an eClaim through [GroupNet](#).

A Retiree plan will always pay after any group plan that covers you as an employee.

When coordinating benefits, please ensure the same names are being used on both plans (e.g. legal names) so there are no delays with the coordination of benefits with the carrier. If the names do not match, there may be a delay in payment or payment may be missed.

Once your claim is processed, you'll receive notification. If you provided Canada Life with your banking information, they'll deposit the reimbursement into your banking account, otherwise you'll receive a cheque in the mail.

Questions?

For all claims questions, contact Canada Life at 1 855 644-0538.

Work Status Changes

The BC Public Service recognizes that each of us, throughout our career in the BC Public Service, may experience various work events (e.g. becoming a new employee, travelling out of the country, leaving the public service, etc.) that will change the type of coverage we receive.

The following is a list of common work status changes and the effects on benefits coverage. If you have any questions, contact [MyHR](#). If submitting an [AskMyHR](#) service request, select the category **Myself (or) My Team/Organization > Benefits > Bargaining Unit Employees**.

What Happens If...

<p>I transfer from a regular to an auxiliary position?</p>	<p>Your benefits coverage ends at the end of the month of your date of transfer and you must re-qualify for benefits.</p>
<p>I'm on a temporary assignment to an excluded position from a base position in the Bargaining Unit?</p>	<p>If your temporary assignment is 21 days or longer, you're eligible (and can enrol) for the benefits program available to Excluded employees. You become eligible on the first day of the month following the start of your temporary assignment to the excluded position. More information about benefits for excluded employees (Flexible Benefits Program) is available on MyHR.</p> <p>If you return to your base position, you return to your Bargaining Unit Benefits Program. If you allocated funds to a Health Spending Account, it terminates at the end of the month you return to your base position. The remaining balance is forfeited.</p> <p>If you are enrolled in any of the Optional Life Insurance Plans, your coverage transfers between the two benefit plans. A change in employment is not considered an eligible life event therefore no changes can be made to your life insurance coverage as a result of a job change.</p> <p>Your extended health and dental claims history remains with you throughout your employment. You should always check your eligibility prior to purchase.</p>

Work Status Changes

What Happens If...

<p>I transfer to an excluded position?</p>	<p>You become eligible (and can enrol) for the benefits program available to Excluded employees. Refer to the Eligible Employees section in the Flexible Benefits Guide on MyHR.</p> <p>If you are enrolled in any of the Optional Life Insurance Plans, your coverage transfers between the two benefit plans. A change in employment is not considered an eligible life event therefore no changes can be made to your life insurance coverage as a result of a job change.</p> <p>Your extended health claims history remains with you throughout your employment. You should always check your eligibility prior to purchase.</p>
<p>I'm actively working, and I reach the age of 65?</p>	<p>There are no changes to extended health and dental. You're no longer eligible for Employee Basic Life Insurance or for any of the Optional Life Insurance or Optional Accidental Death & Dismemberment Insurance plans but can convert to an individual plan. For more information, see Converting to Individual Benefits Plans in the "When Does Coverage End?" page.</p> <p>You're also no longer eligible for long term disability.</p>
<p>I'm on sick leave?</p>	<p>There are no changes to coverage</p>
<p>I'm approved for Long Term Disability</p>	<p>There are no changes to coverage</p>
<p>I commence a rehabilitation trial?</p>	<p>There are no changes to coverage</p>
<p>I return to work from Long Term Disability?</p>	<p>There are no changes to coverage</p>
<p>I'm on leave with pay?</p>	<p>There are no changes to coverage. If you are on a leave with partial pay, visit MyHR for more information.</p>
<p>I'm on leave without pay?</p>	<p>Benefits coverage is suspended during a leave without pay, but you can continue to receive benefits coverage by paying the entire premium. If the leave is included in Part 6 of the Employment Standards Act, your benefits other than Optional Life Insurance are continued. Review the Benefits While on Leave or Layoff section on MyHR for detailed information.</p>
<p>I return from a leave without pay?</p>	<p>If your leave is under three months, contact MyHR when you return to reinstate your benefits. Submit an AskMyHR service request using the category Myself (or) My Team/Organization > Benefits > Submit a Health Benefit Form/Application. If your leave is greater than three months, follow the enrolment process to reinstate your benefits. Optional Life Insurance coverage that was not maintained will require requalification (application and submission of evidence of insurability).</p>

Work Status Changes

What Happens If...

<p>I'm on maternity/parental/pre-placement adoption leave?</p>	<p>Benefits in place prior to your leave will remain in place during the leave. If you choose, you may waive extended health and dental plan coverage during your leave by completing and submitting a Bargaining Unit Benefits Plan Enrolment/Change form along with your maternity/parental leave forms. As a condition of employment, you must maintain Employee Basic Life Insurance and long-term disability coverage during the leave.</p> <p>Your benefits will be maintained, with the exception of Optional Life Insurance, if you are on maternity/parental leave and have waived, are not eligible for or have deferred your top-up allowance. You can choose to maintain your coverage by applying and paying the premiums. If you discontinue your Optional Life Insurance, you will need to reapply and requalify by submitting evidence of insurability. For more information, visit MyHR.</p> <p>If you're taking extended child care leave after parental leave and would like to maintain your benefits, you will have to pay the premiums. More information on maintaining your benefits while on leave can be found on MyHR.</p> <p>After your leave, if you don't fulfill the return-to-work requirements, you'll have to repay any premiums that were paid on your behalf by your employer during the leave. For more information, visit MyHR.</p> <p>Once your child is born, you can enrol them in your benefits plans by submitting the group enrolment change form.</p>
<p>I travel out-of-province?</p>	<p>Please see the Out-of-Province / Out-of-Country Coverage information in the extended health section of this benefits guide for detailed information on emergency medical coverage while travelling for work and/or pleasure.</p>
<p>I'm laid off from the BC Public Service?</p>	<p>Your extended health and dental coverage and life insurance plans end on the last day of the month of layoff. Benefits coverage can be continued for six months following the month of layoff if you apply to continue coverage and pay the premiums. Visit MyHR for more information.</p>

Work Status Changes

What Happens If...

I retire from the BC Public Service?	Your coverage ends at the end of the month in which you retire. Retirement benefits are administered through the BC Public Service Pension Plan. Review retirement benefits criteria at the BC Pension Corporation website .
I resign from the BC Public Service?	Your extended health and dental coverage ends on your last day of work. Your life insurance plans ends on the last day of the month in which your employment ends. For more information, see Converting to Individual Benefits Plans in the “When Does Coverage End?” page. Benefits coverage extended to an eligible spouse and/or dependent children will end the same date that your coverage ends.
I die?	Employee Coverage Benefits coverage will terminate at the end of the month in which death occurs. A life insurance claim will be initiated when MyHR is notified. Extended Health & Dental Plan coverage for Dependants Coverage terminates for dependants at the end of the month following the month in which the employee dies (e.g. coverage terminates on April 30 when the employee’s death occurs in March). Dependants can purchase individual extended health and dental plan coverage when the group coverage ends through Canada Life . Of course, family members are free to purchase coverage from whichever health insurance carrier they choose. Optional Life and Optional AD&D Coverage for Dependants Coverage ends at the end of the month in which the death occurs. Covered dependants can apply for individual coverage. For more information, see Converting to Individual Benefits Plans in the “When Does Coverage End?” page.

When Does Coverage End?

Extended Health & Dental Plans

Coverage ends on one of the following:

- Your last day of employment
- The day you request that coverage end
- The last day of the month of a leave of absence without pay greater than a calendar month (if you don't pay the required premiums)
- The last day of the month in which you change from regular to auxiliary status
- The last day of the month of lay off (if you don't pay the required premiums)
- The last day of the month in which you're on pay prior to retirement

Employee Life & AD&D Insurance

Coverage ends on the date the policy terminates or the last day of the month in which any of the following occurs:

- Your employment ends
- You turn 65
- You change from regular to auxiliary status
- You retire under the provisions of the Pension (Public Service) Act (unless you elect to continue coverage to age 65)
- After the month in which a premium isn't received by you or your employer on your behalf
- You cease to satisfy the actively-at-work requirement

Coverage for eligible dependants ends on one of the following:

- The same date that your coverage terminates
- The date you request coverage end
- The date they cease to qualify as an eligible dependant
- In the event of the employee's death, extended health and dental plan coverage for dependants is maintained until the end of the month following the month of the employee's death.

Important

When your spouse turns 65, they're eligible to convert to an individual life insurance plan without a medical exam. See the section on Converting a Spouse's Optional Life Insurance for further details.

When Does Coverage End?

Converting to Individual Benefits Plans

The conversion policy enables you to convert to individual extended health, dental and life insurance plans when your group coverage ends.

Converting to an individual plan may benefit you if you don't qualify for other insurance due to an existing medical condition.

You can apply to convert to some or all these plans.

You must apply and pay your first premium within 60 days of the end of the month in which your group coverage ends.

This conversion can't be made retroactive. If you miss this deadline, you're no longer eligible for conversion.

Converting your individual life insurance plans

If your employment ends or you reach age 65 (and are no longer eligible for group life insurance) you may convert your coverage to an individual policy, limited in both amount and plan, without a medical examination. Or, you may take a medical examination (paid for by the carrier) and choose any insurance plan offered by the company. If you don't meet the medical requirements, you can still convert your coverage to an individual policy, limited in both amount and plan.

The amount of the individual policy where no medical examination is taken may be any amount **up to** the amount of coverage combined (maximum \$200,000) in force at the time your group coverage ends. The premium for the individual policy will depend on your age and on the type of policy you select. It's not the same rate as paid while covered under the group plan.

To start the conversion process for life insurance, contact [MyHR](#). If submitting an [AskMyHR](#) service request, select the category Myself (or) My Team/Organization > Benefits > Bargaining Unit Employees.

Converting Your Spouse's Optional Life Insurance

Provided your spouse is under age 65, you may also convert their Optional Life Insurance to an individual plan at the same time as you are converting your own coverage. The same application deadline applies.

If your spouse is older than you when you turn 65, your spouse is ineligible for conversion to an individual plan.

To start the conversion process for life insurance, contact [MyHR](#).

Individual Extended Health & Dental Plans

When your group coverage ends, an individual health and dental plan is available through [Canada Life](#). Visit their Health and Dental Insurance page for more information.

If you would like to purchase an individual extended health and dental plan, contact Canada Life.

Individual plans will be different than the group plan.

Important

You're free to apply for insurance with any other insurance carrier you choose at any time.

MyHR, the Public Service Pension Plan at BC Pension Corporation and your employer are not responsible for the lapse of the 60-day conversion period if you do not apply in a timely manner.

Contacts & Resources

For questions about extended health and dental claims, contact:

Canada Life

Mailing address:

PO Box 3050, Station
Main Winnipeg, Manitoba
R3C 0E6

Phone:

Toll-free: 1 855 644-0538

Website:

greatwestlife.com

GroupNet:

gwI.greatwestlife.com/mylogin

Optional Emergency Travel Medical Benefit:

<https://www.e-benefit.com/en/bctravel>

Phone:

Toll-free: 1 800 565-4066

For all other enquires, contact:

MyHR

Mailing address:

Benefits Service Centre
Block E, 2261 Keating Cross
Road Saanichton, BC V8M
2A5

Phone:

Toll-free: 1 877 277-0772

Victoria or Vancouver: 250 952-6000

Callers from outside BC:

Call Enquiry BC at 604 660-2421 and ask to be transferred to MyHR at 1 877 277-0772.

Fax:

604 320-4031

Website:

[MyHR](#)

Email:

[AskMyHR](#)

Glossary

Actively-at-Work Requirement	To satisfy this requirement, an employee must: <ul style="list-style-type: none"> • Be fully capable of performing their regular duties; and • Be either: <ul style="list-style-type: none"> • Working at the employer’s place of business or a place where the employer’s business requires them to work • Absent due to vacation, weekends, statutory holidays or shift variances
Annual Earnings	For the purposes of Employee Basic Life Insurance, annual earnings are defined as 12 times your current monthly base rate of pay for your current classification, calculated as bi-weekly salary times 26.0893. Annual earnings are the employee’s basic annualized salary paid by the employer, including salary protection, classification adjustments and some temporary market adjustments. Overtime, allowances, bonuses or any other additions to pay are not included.
Auxiliary Employee	An employee who’s employed for work that is not of a continuous nature. Refer to your Collective Agreement for information on eligibility requirements for benefits.
Bargaining Unit Employee	The Bargaining Unit consists of those public service employees who are members of one of the following Bargaining Units: the British Columbia Government and Service Employees’ Union (BCGEU), the Communications, Energy and Paperworkers Union of Canada, (CEP), the Professional Employees Association (PEA), the British Columbia Nurses Union (BCNU).
Beneficiary	The person(s)/registered charity named to receive the insurance benefit if the employee dies while insured. If the employee dies without designating a beneficiary, payment will be made to the employee’s estate. The employee is the beneficiary for the Spouse Optional and Child Optional Life Insurance.
Carrier	The service provider that adjudicates the claims on behalf of the employer: <ul style="list-style-type: none"> • Canada Life is the carrier for extended health and dental • Canada Life is the carrier for life insurance products
Claim	A request to the insurance provider for payment under the benefit plan
Common-law Spouse	A common-law spouse is a person of the same or opposite sex where the employee has signed a declaration or affidavit that they have been living in a common-law relationship or have been co-habiting for at least 12 months. The period of co-habitation may be less than 12 months where the employee has claimed the common-law spouse’s child/children for taxation purposes. By enrolling your common law spouse in your benefits program, you are declaring that person as your common law spouse. A separate form (declaration) is not required.
Complete Oral Exam	Clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, recession, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests, where necessary and any other pertinent factors.
Conversion Policy	A policy that enables members to convert to individual benefits plans (extended health and dental, life insurance) when group coverage ends
Coordination of Benefits	A provision describing which insurer pays a claim first when two policies cover the same claim. This provision applies only to extended health and dental plans.

Glossary

Deductible	The amount you must pay each year before the plan starts to reimburse eligible medical expenses.
Dependants	A spouse or child who meets the eligibility requirements and is covered under your benefits program.
Disability (Qualifying) (Optional Life Insurance only)	<p>An employee is considered disabled if disease or injury prevents them from being gainfully employed. Gainful employment means work:</p> <ul style="list-style-type: none"> • That a person is medically able to perform; • For which they have at least the minimum qualifications; • That provides income of at least 60 per cent of their indexed annual earnings*; and • That exists either in the province or territory where they worked when they became disabled or where they currently live. <p>The availability of work won't be considered in assessing disability.</p> <p>*Indexed annual earnings are pre-disability earnings that have been adjusted to reflect changes in the Consumer Price Index.</p>
Dispensing Fee	The fee charged by pharmacies to dispense a medication
Eligible Employee	All regular Bargaining Unit employees, whether full or part-time, may participate in this benefits program. In addition, auxiliary Bargaining Unit employees may participate in this benefits program upon meeting eligibility criteria (e.g. completion of 1827 hours of work in 33 pay periods). See your Collective Agreement for additional information about eligibility criteria.
Eligible Expenses	<p>Charges for services and/or supplies that have been specifically included in the Extended Health and Dental Contract as a benefit. An expense is incurred on the date the service is provided or the supply is received.</p> <p>Any payment to a pharmacy or practitioner which represents an amount more than the recognized fee schedules isn't included in the definition of an eligible expense.</p>
Eligible Life Event	A specific event or change that allows you to make changes to your benefit options within 60 days of the event. Eligible life events include events such as a birth or death of a dependant, a change in marital status or the loss of a spouse's benefits coverage.
Employer	BC Public Service or an employer participating in the public service benefits program.
Estate	The whole of one's possessions (assets and liabilities) left by an individual upon their death.
Evidence of Insurability	The documentation of the good health to be approved for Optional Spouse and Dependant Life Insurance. This is also called evidence of good health.
Explanation of Benefits Statement	The statement you receive from your extended health/dental insurance carrier that itemizes how you're being reimbursed for the expenses that you submitted
Fee Schedule	<p>The dental fee schedule published by the BC Dental Association for dentists (general practitioners), dental specialists, and denturists that contains eligible dental services, financial limits, treatment frequencies, and fees in effect on the date the dental service was performed.</p> <p>Most, but not all, plans will cover costs based on the fee guide. It is not mandatory for dental offices to follow the fees suggested in the fee guide.</p>

Glossary

Full-time Attendance	A child is considered a full-time student when they meet the attendance requirements specified by the educational institution. If not specified, full-time attendance means that the child is enrolled for at least 15 hours of instruction per week, per term, and is physically present on campus or virtually present on campus by way of regularly scheduled, interactive, course-related activities conducted online. Students must be able to demonstrate, if requested, that they meet full-time attendance requirements.
Individual Benefits Plans	Benefits plans that an individual purchases for themselves
Lowest Cost Alternative program	Under PharmaCare, drugs deemed the lowest cost alternative are usually (but not always) generic drugs. Generic drugs contain the same active ingredients and are manufactured to the same standards set by Health Canada, and to the same strict regulations established by the Food and Drugs Act. Only minor ingredients like dyes, coatings or binding agents may vary. The real difference is in price; generic drugs cost 30-50% less, on average.
Minor	A person who is under 19 years of age
Non-taxable Benefits	Non-cash benefits, like extended health and dental, provided to employees by their employer. Employees are not required to pay the tax on the cash value of the benefit.
Paramedical Services	A defined group of services and professions that supplement and support medical work but don't require a fully qualified physician. These services include: acupuncture, naturopathic physician, chiropractor, physiotherapy, massage therapy and podiatry.
PharmaCare	PharmaCare helps British Columbians with the cost of eligible prescription drugs and designated medical supplies. It's one of the most comprehensive drug programs in Canada, providing reasonable access to drug therapy through seven drug plans. Assistance through PharmaCare is based on income. The lower your income, the more help you receive. There's no cost to register and there are no premiums. More information is available on the BC Government website .
Pre-authorization	Confirmation with Canada Life regarding eligible medical/dental expenses and reimbursement percentage
Premium	The amount paid by the employee or the employer to maintain insurance coverage
Principal Sum	An amount equal to the employee's life insurance
Reasonable and Customary (R&C) Limits	Represents the standard fees health care practitioners would charge for a given service. R&C limits are reviewed regularly and are subject to change at any time. If your health care practitioner charges more than the R&C limit for that item or service, you'll be responsible for paying the difference. If you have any questions about R&C limits for a given service, contact Canada Life at 1 855 644-0538.
Reference-based Pricing	A process where drugs that are deemed therapeutically equivalent are grouped together, and then the cost of the lowest-priced drug in the group (typically a generic drug) is used as the reimbursement level for all drugs in the group.
Regular Employee	An employee who is employed for work that is of a continuous full-time or continuous part-time nature

Glossary

Rehabilitation Trial	A trial period of employment for assessment and/or rehabilitation purposes.
Reimbursement	The amount you're paid back for an expense that you incur. Reimbursements can be partial or total.
Specific Oral Exam	The examination and evaluation of a specific condition in a localized area.
Statutory Benefits	Benefits that are fixed, authorized, or established by statute. The employer is required by the law (Employment Standards Legislation) of the province to provide these benefits to employees.
Taxable Benefits	Non-cash benefits, like Employee Basic Life Insurance (employer's portion) . provided to employees by their employer. Employees are required to pay the tax on the cash value of the benefit.
Term life insurance	Life insurance protection provided during your term of employment. Term life insurance has no cash value.

This document describes the benefits program for eligible Bargaining Unit employees in the BC Public Service. While all efforts have been made to make the document comprehensive, it does not contain all the details in the official documents that legally govern the operation of each of the benefits plans within the benefits program. These plans are subject to change from time to time. In the event of any discrepancy or misunderstanding, benefits will be paid according to the applicable contracts, policies, plan documents and legislation.



Where ideas work

Last updated December 2019