

Benefits-at-a-Glance

for regular employees covered by the

GENERAL SERVICES COLLECTIVE AGREEMENT

HEALTHCARE BENEFIT TRUST



BENEFIT FROM EXPERIENCE

GROUP LIFE

- » Benefit amount: \$50,000
- » Ages 65–69: Coverage reduces by 50%.
- » Age 70: Coverage ceases
- » Includes Advance Payment program for terminally ill employees

ACCIDENTAL DEATH & DISMEMBERMENT

- » Death benefit is equal to the Group Life benefit amount
- » Scheduled amount paid for dismemberment or loss of use

LONG TERM DISABILITY

- » 70% of the first \$5,231 of basic monthly earnings and 50% of the excess, with adjustments. Benefit is taxable.
- » Qualification Period: 6 months
- » Own Occupation: 12 months
- » Any Occupation: after 12 months (excluding qualification period)

DENTAL

- » **Basic Services “Part A”**
(exams, fillings, etc.) 100%
Recall exams are once every 9 months for adults and twice per calendar year for children
- » **Major Services “Part B”**
(crowns, bridges, etc.) 60%
- » **Orthodontic Services “Part C”**
(braces) 60%
lifetime maximum \$2,750; employees must be enrolled in this dental plan for 12 months prior to becoming eligible for orthodontic coverage.

EXTENDED HEALTH

- » **Annual Deductible** \$45
- » **Reimbursement of Eligible Expenses**
 - under \$1,000/calendar year 80%
 - over \$1,000/calendar year 100%
- » **Lifetime Maximum** unlimited
- » **Annual Maximum:**
 - Acupuncturist \$500*
 - Chiropractor \$500*
 - Massage Therapist \$500*
 - Naturopathic Physician \$500*
 - Physiotherapist \$700*
 - Podiatrist \$500*
 - Psychologist \$1,000*
Includes Clinical Counselor and Social Worker
 - Speech Therapist \$500*
- » **Eye Exams** \$100 every 24 months*
- » **Orthopedic Shoes and Orthotics**
 - Adults \$500 per calendar year*
 - Children \$300 per calendar year*
- » **Out-of-Province/Out-of-Country Emergencies** ... 100%
- » **Prescription Drugs**
 - Pay Direct Claims
 - Includes oral contraceptives
 - PharmaCare tie-in
- » **Hearing Aids**
 - Adults \$1,500 every 48 months
 - Children \$1,500 every 12 months
 - Hearing Aids are reimbursed at 100% and are not included in the overall \$1,000/calendar year accumulator.*
- » **Vision Care** \$350 every 24 months*
Includes corrective laser surgery

* You will be reimbursed up to 80% of the maximum after the deductible for the calendar year has been satisfied.

PBC Member Profile

You can obtain online information on your Dental and Extended Health coverage (as applicable) and claims through PBC’s Member Profile website at: service.pac.bluecross.ca/member.

Benefits-at-a-Glance is intended as a summary only.

For more information, please refer to your benefits booklet.



All benefits are subject to the applicable Collective Agreement currently in force, the Pacific Blue Cross and Canada Life contracts, and the Healthcare Benefit Trust’s Plan document.