

# Benefits-at-a-Glance

for regular employees covered by the

## ABORIGINAL SERVICES, COMMUNITY LIVING SERVICES AND GENERAL SERVICES COLLECTIVE AGREEMENTS

HEALTHCARE BENEFIT TRUST



### GROUP LIFE

- » **Benefit Amount:** \$50,000  
Coverage reduces by 50% at age 65 and terminates at age 70
- » 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 \$2,800 of basic monthly earnings and 50% of the excess, with adjustments
- » Qualification Period: 6 months
- » Own Occupation: 12 months (excluding qualification period)
- » 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 ..... \$500\*†
  - Podiatrist ..... \$500\*†
  - Registered Psychologist ..... \$500\*  
*Includes Registered Clinical Counselor and Registered 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**
  - BlueNet Pay Direct Drug Card
  - Prescription drugs listed on BC Pharmacare formulary
  - Includes oral contraceptives
- » **Hearing Aids**
  - Adults ..... \$1,000 every 48 months\*
  - Children ..... \$1,000 every 24 months\*
- » **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.

† You will be reimbursed \$10 per visit for the first 12 visits in a calendar year, subject to any deductible, coinsurance and annual maximums.

### CARESnet

You can obtain online information on your Dental and Extended Health coverage and claims through CARESnet. You can access CARESnet through Pacific Blue Cross' website at [www.pac.bluecross.ca/caresnet/](http://www.pac.bluecross.ca/caresnet/).

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

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

For more information, please refer to your benefits booklet.



Effective: April 1, 2017