Benefits-at-a-Glance

for regular employees covered by the

ABORIGINAL SERVICES, COMMUNITY LIVING SERVICES
AND GENERAL SERVICES COLLECTIVE AGREEMENTS

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/.

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.

Effective: April 1, 2017