

# SD73 – Exempt Staff

## EXTENDED HEALTH CARE

**Insurer:** Pacific Blue Cross

**Policy Number:** 20073

<b>Reimbursement</b>	80% until \$1,000 paid per person per calendar year, 100% thereafter
<b>Annual deductible</b>	\$50
<b>Lifetime maximum</b>	N/A
<b>Termination Age</b>	Coverage will terminate on June 30th following the date the Member attains age 75, or earlier retirement.
<b>Medical referral travel benefit</b>	N/A
<b>Survivor extension</b>	Yes, to a maximum of 24 months

## Prescription Drugs

<b>Drug formulary</b>	Blue Rx
<b>Pay-direct drug card</b>	Yes
<b>Per prescription deductible</b>	\$0
<b>Sexual dysfunction</b>	Covered
<b>Oral Contraceptives</b>	Covered
<b>Fertility</b>	\$20,000 per lifetime
<b>Smoking cessation</b>	Not covered

## Medical Services & Supplies

<b>Medi-assist</b>	Included
<b>Emergency out-of-province reimbursement</b>	100%
<b>Emergency out-of-province maximum</b>	N/A
<b>Hospital</b>	Private or Semi-Private
<b>Private duty nursing (including in-home)</b>	\$20,000 per calendar year
<b>Hearing aids</b>	\$3,500 every 48 months
<b>Other services and supplies (subject to reasonable and customary limits as defined by insurer)</b>	Covered
<b>Orthopedic shoes</b>	\$500 per calendar year
<b>Orthotics</b>	\$500 per calendar year

## Vision Care

<b>Maximum</b>	\$650 every 24 months
<b>Eye exams</b>	1 every 24 months – separate from vision care maximum
<b>Prescription sunglasses</b>	Covered

## Paramedical Services

\$1,000 per calendar year



**Massage therapist**

<b>Physiotherapy</b>	\$1,000 per calendar year
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<b>Chiropractor</b>	\$1,000 per calendar year
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<b>Psychological Counselling Services</b>	\$1,500 per calendar year
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<b>Naturopath</b>	\$1,000 per calendar year
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<b>Podiatry</b>	\$800 per calendar year
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<b>Acupuncture</b>	\$1,000 per calendar year
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<b>Speech therapy</b>	\$800 per calendar year
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<b>Osteopath</b>	N/A
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<b>Christian Science</b>	N/A
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## DENTAL CARE

**Insurer:** Pacific Blue Cross**Policy Number:** 20073

<b>Annual deductible</b>	N/A
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<b>Dental fee guide</b>	PBC Schedule 3
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<b>Specialist fee guide</b>	Fee Guide +10%
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<b>Termination Age</b>	Retirement
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<b>Survivor extension</b>	Yes, to a maximum of 3 months
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### Basic Services

<b>Reimbursement</b>	100%
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<b>Maximum</b>	N/A
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<b>Adult check-up</b>	2 per year
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<b>Child check-up</b>	2 per year
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### Endodontic/Periodontic Services

<b>Reimbursement</b>	100%
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<b>Maximum</b>	N/A
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### Major Restorative Services

<b>Reimbursement</b>	60%
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<b>Maximum</b>	N/A
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### Orthodontic Services

<b>Reimbursement</b>	75%
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<b>Maximum</b>	\$5,000/Lifetime
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<b>Age limit</b>	Covers adults and children
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## GROUP LIFE

**Insurer:** Pacific Blue Cross**Policy Number:** 79520

If double-up option selected:



**Schedule**

Under Age 35: 6 x annual earnings;  
 Ages 35 to 44: 5 x of annual earnings;  
 Ages 45 to 54: 4 x of annual earnings;  
 Age 55 and over: 3 x of annual earnings

If double-up option not selected:  
 Under age 35: 3 x annual earnings;  
 Age 35 to 44: 2.5 x annual earnings;  
 Age 45 to 54: 2 x annual earnings;  
 Age 55 and over: 1.5 x annual earnings

<b>Maximum</b>	\$500,000
<b>Termination age</b>	Earlier of age 65 or retirement
<b>Age reduction</b>	See schedule above
<b>Waiver of premium definition</b>	Matches LTD
<b>Optional life</b>	Available

**GROUP ACCIDENT**

Insurer: N/A

Policy Number: N/A

<b>Principal sum</b>	N/A
<b>Maximum</b>	N/A
<b>Optional Accident</b>	N/A

