



SCHOOL DISTRICT 35

**Teachers,  
Associated Professionals  
and Instructors**

**Group Benefits Booklet**



**Teachers,  
Associated Professionals  
and Instructors**

**Important**

This booklet summarizes the insurance benefits provided for you and your family through your Employer. Benefit coverage is subject to change. Revised booklets will be produced periodically. If there is a discrepancy between this booklet and the Group Policies, then the terms and provisions of the Group Policies shall prevail. The Group Policies are available for your inspection. Please contact School District #35 (Langley) ([www.sd35.bc.ca](http://www.sd35.bc.ca)) – 604.534.7891, or Langley Teachers' Association ([www.Langleyteachers.com](http://www.Langleyteachers.com)) - 604.533.1618 for details.

Your Basic Life Insurance benefits are governed by **Manulife Financial** Group Policy No. **G66469** effective July 1, 2005.

Your Extended Health Care and Dental Care benefits are governed by **Pacific Blue Cross** Group Policy No. **E/D821012** effective July 1, 1991.

Your benefits were arranged with the assistance of:

**GroupHEALTH Global Benefit Systems**

Ocean Pointe, Second Floor  
1688 – 152<sup>nd</sup> Street  
White Rock, BC V4A 4N2

## Introduction

This booklet summarizes the features and benefits of your coverage and should be kept in a safe place known to you and your family. The exact conditions, limitations, and exclusions of the coverage are included in the Group Policy (ies) issued by the insurer (s) to your Employer. Please read the booklet carefully.

Defined terms are capitalized (e.g. Dependent). GroupHEALTH Global Benefit Systems is referred to as "we", "us", or "our" in this booklet. We will refer to you, the employee/member, as "you" or "your" in this booklet.

Coverage and claims information can be obtained by contacting the appropriate insurance company listed below:

<b>Benefit</b>	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Toll Free Claims Number</b>
Basic Life Insurance	Manulife Financial	G66469	1-800-667-0797
Salary Indemnity Plan	B.C. Teachers' Federation Please refer to your BCTF brochure for detailed information.		1-800-663-9163
Extended Health Care	Pacific Blue Cross	E821012	604-419-2000 or 1-888-275-4672
Employee and Family Assistance Plan	Wilson Banwell & Associates		1-800-663-1142
Dental Care	Pacific Blue Cross	D821012	604-419-2000 or 1-888-275-4672
Optional Benefits	Industrial Alliance Pacific Life	0474	(604) 737-3802 or 1-800-266-5667
	Please refer to your BCTF brochure for detailed information.		
Basic Medical	Medical Services Plan	4200358	(604) 683-7151
Pension Plan	Teachers Pension Plan Please refer to your Pension Plan brochure for detailed information.		604-660-4088 or 1-800-665-6770

Please refer to the Table of Contents to help you locate the appropriate section in this booklet. If you require additional information, please contact your Plan Administrator.

## **GroupHEALTH Global's Privacy Policy**

We have a Privacy Policy which governs our collection, use, and disclosure of personal information (including personal health information) about individuals who are members or Dependents. The Privacy Policy requires us to keep such personal information confidential, but does permit use and disclosure of personal information in limited circumstances consistent with the proper administration of group benefit and insurance coverage plans.

A copy of our current Privacy Policy can be obtained from us on request and is also available on our website: [www.grouphealthglobal.com](http://www.grouphealthglobal.com). By participating in the group benefit and insurance plans, and submitting claims under those plans, you are consenting to the collection, use, and disclosure of your personal information pursuant to the terms of our Privacy Policy.

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### Eligibility

You are eligible for group benefits if you

- are a permanent full-time or part-time employee of SCHOOL DISTRICT NO. 35 (LANGLEY); and
- are younger than the Termination Age; and
- are residing in Canada; and
- have completed the Eligibility Period specified in the Schedule of Benefits
- are a TOC who wishes to pay full cost with post-dated cheques.  
**A new TOC to the District must enroll in benefits within one month of first day worked.  
TOC's are eligible for Extended Health and Dental benefits only.**

If you work a minimum of 40% full-time equivalency (FTE) than you are eligible for the group insurance plan, with full premium cost sharing. If you work less than 40% F.T.E., you are also eligible and the District will pay a pro-rated portion of the premiums.

The Termination Age and Eligibility Period may vary from benefit to benefit. For information, please refer to each benefit under the Schedule of Benefits. Your Dependents are eligible for insurance on the date you became eligible or the date you first acquire a Dependent whichever is later. You must apply for insurance for yourself in order for your Dependents to be eligible.

### Effective Date of Coverage

If Evidence of Insurability is not required, your group benefits will be effective on the date you are eligible.

If Evidence of Insurability is required, your group benefits will be effective on the date you become eligible or the date on which the evidence is approved in writing by the insurance company, whichever is later.

You must be actively at work for insurance to become effective. If you are not actively at work on the date your insurance would normally become effective, your insurance will take effect on the next day on which you are again actively at work.

Your Dependent's insurance becomes effective on the date the Dependent becomes eligible or the date any required Evidence of Insurability on the Dependent is approved in writing by the insurance company, whichever is later.

Your Dependent's insurance will not be effective prior to the date your insurance becomes effective.

You must choose the level of coverage you wish for the Medical Services Plan, Extended Health Care and Dental Care – that is, whether you would like just yourself, or yourself and your dependents covered. You must be consistent in your level of coverage. For example, if you insure only yourself for Extended Health Care, you may insure only yourself (and not your dependents) for Dental Care. You may choose to waive your MSP, Extended Health or Dental Care coverage, provided proof of insurability from another source is given.

### **Late Applicant**

If you did not apply within 31 days of becoming eligible but request coverage later (for yourself and/or your Dependents), ask your Plan Administrator to explain the requirements for late enrolment in your Group Plan. Note: Different benefits may have different requirements – medical evidence or retroactive premium payment. In some instances, coverage may be denied.

### **Termination of Coverage**

Your coverage will terminate on the earliest of:

- the first of the month coincident with or immediately following the date your employment terminates for Basic Life coverage;
- the last day of the teaching month following the month you terminate your employment for Extended Health and Dental Care;
- the date the Group Policy terminates;
- the date you are not eligible for insurance under this policy;
- the date you reach the Termination Age as shown in the Schedule of Benefits; or
- the date any required contribution is not paid.

### **Termination of Dependent Insurance**

Coverage for your eligible dependents will terminate on the earliest of:

- the date your coverage terminates or the date you cease to qualify for Dependent Coverage;
- the date your eligible dependents cease to qualify for coverage;
- the end of the period for which premiums have been paid for your Dependent Coverage; or
- the date Dependent Coverage under the group policies cancel.

## Conversion to an Individual Plan

Should your group coverage terminate for any reason, you may purchase an individual plan to replace your Basic Life Insurance, Extended Health Care and Dental Care.

To convert coverage you must ensure that your application and full payment is received by the insurance company within 31 days of the date you're your group plan terminates (60 days for Extended Health & Dental). Coverage will become effective immediately after your group coverage terminates.

If you qualify for an individual plan under the conversion option, the pre-existing condition and health evidence requirement contained in the individual plan will be waived.

Refer to the Benefit Description for further details on conversion or if you are converting to an individual plan contact GroupHEALTH Global Benefit Systems at 1-800-667-0797 before your coverage terminates.

### Pre-existing Condition for Extended Health Care and Dental Care

Means any illness or condition for which you receive medical attention, consultation, diagnosis, or treatment in the 12-month period before you apply for the individual plan.

## Individual Travel Benefits

Individual Extended Health coverage is also available for additional medical emergency coverage or if your travel plans extend beyond the time limitation specified in your benefit description. For further information contact GroupHEALTH Global Benefit Systems at 1-800-667-0797.

For the BCTF Travel Insurance Program see [Hwww.johnson.ca/medoc\\_bctfH](http://www.johnson.ca/medoc_bctfH).

If you have any questions or queries please contact the BCTF or LTA directly.

## Beneficiary Designation

You may name a beneficiary for your Basic Life Insurance and change that beneficiary at any time by completing a form available from your employer.

## Deductions

Below is a list of mandatory and optional deductions from your paycheque:

<u>Abbreviation</u>	<u>Item</u>	<u>Status</u>
CPP	Canada Pension Plan	Mandatory
EI	Employment Insurance	Mandatory
(n/a)	Income Tax	Mandatory
PENSION	Pension Plan	Mandatory
SIP	BCTF Salary Indemnity Plan	Mandatory **
GROUP LIFE	Group Life Insurance	Mandatory O*
INDUSTRIAL ALLIANCE	Optional Life Insurance	Optional
BCTF	BCTF Dues	Mandatory
LTA	Langley Teachers' Assoc. Dues	Mandatory
BLDG.LEVY	Local Levy of Teachers Association	Mandatory
M.S.P.	Medical Services Plan	M*, O*
EHB	Extended Health Benefits	M*, O*
DEN	Dental Plan	M*, O*
BCCT	B.C. College Teacher Dues	Mandatory
CSP	Canada Savings Plan	Optional
DONATIONS	United Way Appeal	Optional

M\* A condition of employment (mandatory) unless the teacher provides evidence of other coverage.

O\* Optional for teachers working less than 40% FTE. The employer contribution towards the premium is pro-rated to the percentage of assignment.

\*\* When your age plus service adds to "88" you may opt out of the Long Term Plan. Contact the LTA Office for details.

## Optional Payroll Deductions

### Canada Savings Plan

Each fall the Payroll Department circulates information regarding the payroll deduction plan for the Payroll Savings Program. Teachers can manage your payroll plan, online @ [www.mybonds.gc.ca](http://www.mybonds.gc.ca) or by calling 1-877-899-3599. For more information you may visit [www.csb.gc.ca](http://www.csb.gc.ca)

### United Way Appeal

Teachers may have payroll deductions sent directly to the United Way. Forms for this deduction are made available during the United Way campaign each year. Deductions are made either in one payment in January or in six equal payments from January to June.

### Extra Tax Deduction

Teachers can obtain special forms at the Payroll Department to have additional tax deductions made from their cheques.

## Maintenance Of Benefits During Leave of Absence

Medical, Dental, Extended Health and Group Life Insurance benefits may be maintained during any leave of absence, with the cost sharing of premiums determined by the type of leave. Prior to a leave of absence, a statement is sent to the employee showing the benefits they have and the cost to maintain the benefits during the leave. Employees must sign the statement, and indicate whether or not they wish to continue benefits or to cancel them. Payment of premiums is required by post-dated cheques. This form must be returned to the Payroll office prior to the date of leave.

## Addresses and Telephone Numbers

Below are a list of the addresses and telephone numbers for the organizations you may find necessary to contact for further information or claims inquiries:

### Organization

### Benefit Area

#### **B.C. Hospital Programs**

800 Hornby Street  
Vancouver, B.C.  
V7Z 2C6

Phone: (604) 660-2406

Hospital service coverage

#### **B.C. Teachers' Federation**

Income Security Department  
100-550 W. 6<sup>th</sup> Ave.  
Vancouver, B.C.  
V5Z 4P2

Phone: (604) 871-2296

Toll Free: 1-800-663-9163

BCTF Assistance Society  
Salary Indemnity Plan  
Pension Information  
BCTF Rehabilitation Plan

The BCTF operates its own Salary Indemnity Plan providing long term benefit to members disabled from employment as a result of illness or accident. This plan is available to teachers who have no sick leave benefit from the first day without benefit & salary.

The BCTF Indemnity Plan funds a rehabilitation program as a component of the disability services provided to teachers throughout the province of B.C.

#### **Disability Management Institute**

#203, 2071 Kingsway Ave.  
Port Coquitlam, BC  
V3C 6N2

Phone: (604) 552-3647

Toll Free: 1-866-963-9995

Fax: (604) 552-3648

WCB Claims

**Organization**

**Benefit Area**

**Income Security Programs**

625 Belmont Street  
New Westminster, B.C.  
V3M 5Z8

Phone: (604) 666-3040

Canada Pension Plan  
C.P.P. Disability  
Old Age Pension

**Langley Teachers' Association**

#100 – 5786 Glover Road  
Langley, B.C.  
V3A 4H9

Phone: (604) 533-1618

All – general information  
Salary Indemnity Plan  
BCTF Rehabilitation Program

**Medical Services Plan of B.C.**

800 Hornby Street  
Vancouver, B.C.  
V6Z 2C5

Phone: (604) 683-7151

Basic medical coverage

**Manulife Financial**

#700, 1095 West Pender Street  
Vancouver, B.C.  
V6E 2M6

Phone: (604) 669-7111

Group Life Insurance

**Pacific Blue Cross**

P.O. Box 7000  
Vancouver, B.C.  
V6B 4E1

Phone: (604) 419-2000  
Toll Free: 1-888-275-4672

Extended Health Care  
Dental Care

**Pharmacare**

Bag Service 3003  
Victoria, B.C.  
V8W 3L4

Phone: (604) 682-5672  
Toll Free: 1-800-665-7108

Pharmacare coverage

**Organization**

**Benefit Area**

**School District #35 (Langley)**

4875 – 222<sup>nd</sup> Street  
Langley, B.C.  
V3A 3Z7

Phone: (604) 534-7891

Payroll

**Industrial Alliance Pacific Life Insurance**

2165 West Broadway  
Box 5900  
Vancouver, B.C.  
V6B 5H6

Phone: (604) 737-3802  
Toll Free: 1-800-266-5667

Voluntary Group Term Life  
Voluntary Dependent Life  
Voluntary AD&D

**Pension Corp.**

2995 Jutland Road  
P.O. Box 9465, Stn Prov. Gov't  
Victoria, B.C.  
V8W 9V8

Phone: (604) 660-4088  
Fax: 250-356-8977  
Toll Free: 1-800-665-6770  
[tpp.pensionsbc.ca](http://tpp.pensionsbc.ca)

Teachers' Pension Plan

**Human Resources Development Canada**

20621 Logan Avenue  
Langley, B.C.  
V3A 7R5

Phone: (604) 682-5400

Maternity and Parental Benefits

**GroupHEALTH Global Benefit Systems**

#246 – 1959 – 152<sup>nd</sup> Street  
White Rock, B.C.  
V4A 9E3

Phone: (604) 536-8887  
Toll Free: 1-800-667-0797

Consultant/Benefits Administrator for  
School District #35

**Wilson Banwell & Associates**

#1610 – 355 Burrard Street  
Vancouver, B.C.  
V6C 2G8

Phone: (604) 689-1717  
Toll Free: 1-800-663-1142  
[www.wilsonbanwell.com](http://www.wilsonbanwell.com)

Employee Assistance Program

**Organization**

**Workers' Compensation Board**

6951 Westminster Highway  
Richmond, B.C.  
V7C 1C6

Mailing address:

Box 5350  
Vancouver, B.C.  
V6B 5L5

Phone: (604) 273-2266  
Toll Free: 1-800-972-9972

**Benefit Area**

Work-related injuries or diseases

**Co-insurance**

The percentage of covered expenses which is payable by the insurer.

**Covered Expenses**

Expenses that will be considered in the calculation of payment due under your Extended Health Care or Dental Care benefits.

**Deductible**

The amount of covered expenses that must be incurred and paid by you or your dependents before benefits are payable by the insurer.

**Dependent**

Your Spouse or Child who is insured under the Provincial Plan.

**Spouse**

Your legal spouse or a person of the opposite or same sex who has been continuously living with you in a role like that of a marriage partner.

**Child**

Your natural or adopted child, or stepchild, who is:

- unmarried
- under age 21 (less than 19 years old for M.S.P.), or under age 25 if a full-time student;
- not employed on a full-time basis;
- not eligible for insurance as an employee under this or any other Group Benefit Program.
- a child who is incapacitated on the date he or she reaches the age when insurance would normally terminate will continue to be an eligible dependent. However, the child must have been insured under this Benefit Program immediately prior to that date.

A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance, and care, due to a mental or physical handicap.

The Insurance Company may require written proof of the child's condition as often as may reasonably be necessary.

**Drug**

Medications that have been approved for use by the Federal Government of Canada and have a Drug Identification Number.

**Duplicate coverage**

Means that you (and your Dependents) are eligible to claim certain benefits under more than one plan.

**Qualifying Period**

A period of continuous Total Disability starting with the first day of Total Disability, which you must complete in order to qualify for disability benefits.

**Earnings**

Your regular rate of pay excluding regular bonuses, regular overtime pay and regular commissions.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

- the amount reported on your claim form; or
- the amount reported by your employer to the insurance company and for which premiums have been paid.

**Medically Necessary**

Broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

**Non-Evidence Limit**

You must submit satisfactory medical evidence to the insurance company for Benefit Amounts greater than this amount.

**Provincial Plan**

Any plan which provides hospital, medical, or dental benefits established by the government in the province where the insured person lives and which is governed by the Canada Health Act.

**Reasonable and Customary**

Within the usual range of charges being made by others of similar standing in the area in which the charge is incurred when providing the same or comparable services or supplies.

## Total Disability

For the purpose of the waiver of premium benefit under the Basic Life the term "Total Disability" or "Totally Disabled" herein shall mean restriction or lack of ability due to an illness or injury which prevents you from performing the essential duties of:

- your own occupation, during the Qualifying Period and the 5 years immediately following the Qualifying Period; and
- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 5 years specified in part (a) of this provision.

The availability of work will not be considered by Manulife Financial in assessing your disability.

An employee who must hold a government permit or licence to perform his/her duties will not be considered Totally Disabled solely because such permit or licence has been withdrawn or not renewed.

Insurance continued under any Waiver of Premium provision will be subject to any reductions in amount or termination due to age stated in the policy on the date the disability commenced.



Contact your employer for the proper form to make a claim. There may be time limits for making claims. These limits are outlined under the appropriate Benefit Description of this booklet.

Claim forms available from your Plan Administrator must be correctly completed, dated and signed. Remember to always provide your Group Policy Number and your Certificate number (found on your Group Benefit Card) to avoid any unnecessary delays in the processing of your claim.

Your Plan Administrator can assist you in properly completing the forms or for questions that you may have about your claims or the claim process. You may contact the appropriate insurance company listed in the Contacts section of this booklet.

### **Subrogation (Third Party Liability)**

If your medical and/or dental expenses or your disability is a result from an injury caused by another person and you have the legal right to recover damages, the insurance company may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgement of your legal action, you will be required to reimburse the insurance company as per the subrogation reimbursement agreement.

### **Co-ordination of Extended Health Care and Dental Care Benefits**

If you or your dependents are insured for similar benefits under another Plan, the insurance company will consider this when determining the amount of expenses payable under this Program.

This process is known as Co-ordination of Benefits. It allows for reimbursement of insured medical and dental expenses from all Plans, up to 100% of the actual expense incurred.

**Plan** means:

- other Group Benefit Programs;
- any other arrangement of coverage for individuals in a group; and
- individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

## Order of Benefit Payment

A variety of circumstances will affect which Plan is considered as the “Primary Carrier” (i.e., responsible for making the initial payment toward the eligible expense), and which Plan is considered as the “Secondary Carrier” (i.e., responsible for making the payment to cover the remaining eligible expense):

- If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.
- If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

For claims incurred by you or your Dependent Spouse:

The Plan insuring you or your Dependent Spouse as an employee/member pays benefits before the Plan insuring you or your Spouse as a dependent.

In situations where you or your Spouse has coverage as an employee/member under more than one Plan, the order benefit payment will be determined as follows:

- The Plan where the person is covered as an active full-time employee, then
- The Plan where the person is covered as an active part-time employee, then
- The Plan where the person is covered as a retiree.

For claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

However, if you and your Spouse are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then
- The Plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse’s Plan will pay benefits for the Dependent Child), then
- The Plan of the parent not having custody of the child, then
- The Plan of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse’s Plan will pay benefits for the Dependent Child).
- A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.
- If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

If the insured person is also covered under an individual travel insurance plan, benefits will be coordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

### **Submitting a Claim for Co-ordination of Benefits**

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

- As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.
- Submit all necessary claim forms and original receipts to the Primary Carrier.
- Keep a photocopy of each receipt.

Once the Primary Carrier has settled your claim, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and photocopies of the original receipts to the Secondary Carrier for further consideration of payment, if applicable.

### **Out-of-Province and Out-of-Country Medical Claims**

If you are traveling outside British Columbia, you should be aware of the need to purchase additional medical/travel insurance.

For information on the Out-of-Province and Out-of-Country medical expenses covered through the provincial government, please refer to the BC Medical Services Plan website at:

Medical Care Outside BC – <http://www.hlth.gov.bc.ca/msp/infoben/benefits.html#outsidebc>

Out of Province Emergency Medical Care – <http://www.hlth.gov.bc.ca/msp/infoben/benefits.html#outofp>

Out of Country Emergency Medical Care – <http://www.hlth.gov.bc.ca/msp/infoben/benefits.html#outofc>

Additional coverage for these expenses may be offered under an Extended Health Care plan or a travel insurance plan.

### **Dental Care – Pre-authorization**

Should you require dental work in excess of \$300.00, please request your Dentist to submit a Pre-authorization to the Insurer prior to commencement of work. This will advise you of any expenses not covered by the plan. It is your responsibility to ensure you are covered at the time the work is done and that you have not reached any plan maximums.



## Basic Life Insurance

### Schedule of Benefits

The Schedule of Benefits contains a brief summary of your benefits. Please refer to the appropriate page in this booklet for a more detailed benefit description.

<i>Eligibility Period</i>	Immediately upon date of employment	
<i>Benefit Amount</i>		
<i>Teachers with no dependents or with dependents working less than 50% Full-time and who have elected a flat benefit</i>	\$5,000	
<i>All Other Teachers</i>	<u>Age:</u>	<u>Amount of Insurance:</u>
	under age 35	3 times annual earnings rounded to the next higher \$1,000 if not already a multiple thereof.
	age 35 to age 44	2 ½ times annual earnings rounded to the next higher \$1,000 if not already a multiple thereof.
	age 45 to age 54	2 times annual earnings rounded to the next higher \$1,000 if not already a multiple thereof.
	age 55 or over	1 ½ times annual earnings rounded to the next higher \$1,000 if not already a multiple thereof.
<i>Maximum Benefit</i>	\$500,000	
<i>Non Evidence Limit</i>	\$500,000	
<i>Benefit Reduction</i>	Coverage will reduce by 50% on the 1st of October following the end of the school year coinciding with or immediately following the attainment of age 65	
<i>Qualifying Period for Waiver of Premiums</i>	6 months	
<i>Termination Age</i>	The 1st of the month coincident with or immediately following the date you retire	

## Payment of Benefit

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

## Waiver of Premium

If you become Totally Disabled while insured and prior to age 65, your Life Insurance will continue without payment of premium, provided you meet Manulife's Entitlement Criteria.

## Termination of Waiver of Premium

Your Waiver of Premium will cease on the earliest of:

- the date you cease to be Totally Disabled, as defined under this benefit.
- the date you do not supply Manulife Financial with appropriate medical evidence.
- the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife Financial.
- the date you do not attend an examination by an examiner selected by Manulife Financial.
- the date of your 65th birthday.
- The date of your death.

Upon retirement, check with the Langley School District  
regarding the status of your plan.

## Recurrent Disability

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived and such disability recurs within 6 months of cessation of the Waiver of Premium benefit, Manulife Financial will waive the Elimination Period. Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of the Waiver of Premium benefit, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

## Entitlement Criteria

Manulife will apply the following criteria in determining your entitlement to Waiver of Premiums:

- you have been continuously Totally Disabled throughout the Qualifying Period. If the Disability is not continuous, Manulife will apply separate periods of Disability towards satisfying the Qualifying Period, provided:
  - a) no interruption between periods of Disability is longer than 3 weeks; and
  - b) the disabilities are due to the same or related illness or injury.
- Manulife receives medical evidence documenting how your illness or injury causes you to be Totally Disabled.
- You are receiving from a Physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife.

## Conversion Privilege

If your Basic Life coverage terminates or reduces, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Life Insurance. If you die during this 31 day period, the amount of employee life insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

**For more information on the conversion privilege, please see your Plan Administrator.**

## Leave of Absences

For a leave of absence approved by the School District, including maternity and education leave, your insurance may be continued during such leave for a maximum of three (3) years, provided premium payments are continued. The onus is upon you to arrange for the payment of premiums during the period of the leave and you are advised to obtain a letter describing that arrangement from the Payroll Department.

## How to Make a Claim

To submit an Employee Life Insurance claim, your beneficiary must complete the Life Claim form which is available from your Plan Administrator.

Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within 90 days from the date of the loss.

To submit a claim for the Waiver of Premium benefit you must complete a Waiver of Premium claim form which is available from your Plan Administrator. Your attending physician must also complete a portion of this form. Upon completion, submit the form to your Plan Administrator for processing and submission to Manulife Financial.

A completed claim form must be submitted within 90 days from the end of the Qualifying Period.

## School District #35/LTA Collective Agreement

Additional Death Benefits are paid to the teachers by the School District, with no premium contributions from employees.

### Eligibility Requirements

Any teacher who, at the time of death, has been in continuous employment with the School District for a period of six months or more.

### Beneficiary

Any sum payable on the death of an employee shall be payable to the widow or widower of the deceased. In cases where there is no widow or widower, payment shall be made to the estate of the employee.

### Benefit Amount

#### Length of Service

#### Benefit

6 months - 10 years  
10+ years

2 months' salary  
3 months' salary

### Survivors Benefits

The School District will continue the Medical, Extended Health, and Dental Care benefits to the dependents of a deceased employee for a period of three (3) months after the employee's death. The premiums for such continuation will be paid for in full by the School District.

## Extended Health Care

### Schedule of Benefits

The Schedule of Benefits contains a brief summary of your benefits. Please refer to the appropriate page in this booklet for a more detailed benefit description.

<i>Eligibility Period</i>	Immediately upon date of employment						
<i>Annual Deductible</i>	\$25 single or \$25 family each calendar year.						
<i>Reimbursement</i>	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">In-Province Eligible Expenses</td> <td style="text-align: right;">80%</td> </tr> <tr> <td>Out-of-Province Emergency Eligible Expenses</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Medi-Assist Basic</td> <td style="text-align: right;">Included</td> </tr> </table> <p>After \$1,000 has been paid for a person in a calendar year, further eligible expenses within that year will be reimbursed at 100%, subject to the Contract maximums for this benefit.</p>	In-Province Eligible Expenses	80%	Out-of-Province Emergency Eligible Expenses	100%	Medi-Assist Basic	Included
In-Province Eligible Expenses	80%						
Out-of-Province Emergency Eligible Expenses	100%						
Medi-Assist Basic	Included						
<b>Summary of Eligible Expenses:</b>							
<i>Prescription Drugs and supplies</i>	Excluding oral contraceptives, fertility drugs						
<i>Hospital</i>	Semi-Private or Private accommodation						
<i>Acupuncturist</i>	\$100 per person per calendar year						
<i>Chiropractor</i>	\$200 per person per calendar year (Excluding x-rays)						
<i>Massage Practitioner</i>	\$250 per person per calendar year						
<i>Naturopath</i>	\$200 per person per calendar year (Excluding x-rays)						
<i>Physiotherapist</i>	\$250 per person per calendar year (Excluding x-rays)						
<i>Podiatrist</i>	\$200 per person per calendar year (Excluding x-rays)						
<i>Psychologist</i>	\$100 per person per calendar year (Excluding Clinical Counselors)						
<i>Speech Language Pathologist</i>	\$100 per person per calendar year						
<i>Orthopaedic footwear (Including repairs)</i>	One pair per person per calendar year						
<i>Hearing Aids (Excluding batteries)</i>	\$500 per adult per 48 month period \$500 per Dependent Child per 48 month period						
<i>Surgical Stockings</i>	2 pairs per calendar year						
<i>Mastectomy brassieres</i>	1 mastectomy brassiere per person per breast prosthesis to a maximum of two brassieres per lifetime						
<i>Wigs and Hairpieces</i>	\$500 per person per lifetime						
<i>Testing Supplies and Equipment for management of diabetes</i>	\$250 per person per lifetime						
<i>Vision Care</i>	\$200 per person per 2 calendar years						
<i>Medical Examinations</i>	Limited to medical examinations for employment purposes only – <i>for employees only</i>						
<i>Survivor Benefit</i>	3 months						
<i>Plan Maximum</i>	The lifetime maximum amount of benefits payable per insured person is unlimited (effective July 1, 2006)						

## **Eligible Expenses**

### **Within Your Province of Residence**

**For prescribed items not specifically listed in this brochure, we recommend you check with Pacific Blue Cross prior to purchase to determine the extent of coverage.**

The following are classified as eligible expenses when incurred as a result of necessary treatment of illness or injury and where applicable when ordered by a physician.

#### **Prescription Drugs**

Drugs and medicines (as specified in the Schedule of Benefits) when prescribed by a physician or, where legally permitted, a dentist and purchased from a pharmacy, including injectable drugs provided by a physician or dentist and supplies required for the administration of a prescribed drug, but not including vitamin injections or food supplements or supplies used for contraceptive purposes and drugs which do not, by law, require a prescription to be sold. Normally there is a maximum of *34 days* supply per prescription, except when a larger supply is necessary and more economical, in which case a maximum of *100 days* supply is allowed.

#### **Hospital**

Charges made by an Acute Hospital for medical supplies and a room as specified in the Schedule of Benefits (not including rental of telephone, TV, etc.). Charges for out-patient emergency wards and short-stay facilities in acute general hospitals are included.

#### **Nursing**

Fees for a registered nurse for special duty nursing in an acute case when ordered by the attending physician and when the fees are not covered under a Hospital Program's special nursing services.

#### **Ambulance**

Charges for ambulance service in an emergency, including transportation by rail, boat, scheduled airline or, in an acute emergency, air ambulance, to the nearest hospital equipped to provide the required treatment. When approved by the attending physician, charges for similar transportation from one hospital to another will be reimbursed.

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## Equipment and Appliances

The following charges are eligible when prescribed by a physician:

Charges for oxygen and its administration, blood or blood plasma and its administration and ostomy or ileostomy supplies, artificial limbs or eyes, crutches, splints, casts, trusses or braces and mastectomy forms prescribed by a Physician. Charges for the repair and/or replacement of such items where no longer functional.

Custom-made orthopaedic shoes and repairs to these shoes, orthotic devices, and modifications to stock item footwear (but excluding arch supports) for the proper management of foot problems, to the limit specified in the Schedule of Benefits. Replacements shall only be covered when necessitated by normal wear or when there is a change in medical condition as prescribed by a physician.

Rental, or purchase if more economical, of a wheelchair or an electric scooter, walker, hospital type bed, iron lung or necessary equipment for therapeutic treatment. Electric wheelchairs are only covered when the Physician certifies the patient is not capable of operating a manual wheelchair.

Surgical stockings to the maximum specified in the Schedule of Benefits.

Mastectomy brassieres to the maximum specified in the Schedule of Benefits.

Charges for testing supplies and equipment, including a glucometer, for the management of diabetes. When prescribed by a physician and **upon approval** by Pacific Blue Cross, the reasonable and customary cost of an insulin infusion pump. Charges for repairs and replacements to be considered only after expiration of warranty.

Wigs or hairpieces required as a result of medical treatment for injury or illness up to the limit specified in the Schedule of Benefits.

## Special Services

The following fees for special services are covered by your plan, subject to the specified limits.

Registered physiotherapist\* or registered massage therapist\* (other than a physiotherapist or massage therapist who is related to or who is residing with the member or dependent) to the maximum specified in the Schedule of Benefits. *MSP requires a physician's referral for massage therapy.*

Registered speech therapist (other than a speech therapist who is related to or who is residing with the member or dependent) to the maximum specified in the Schedule of Benefits.

Registered podiatrist\* (other than a podiatrist who is related to or who is residing with the member or dependent) to the maximum specified in the Schedule of Benefits, x-rays excluded.

Registered chiropractor\* (other than a chiropractor who is related to or who is residing with the member or dependent) to the maximum specified in the Schedule of Benefits, x-rays excluded.

Registered naturopathic physician\* (other than a naturopath who is related to or who is residing with the member or dependent) to the maximum specified in the Schedule of Benefits, x-rays excluded.

Registered psychologist (other than a psychologist who is related to or who is residing with the member or dependent) to the maximum specified in the Schedule of Benefits.

Registered acupuncturist (other than a acupuncturist who is related to or who is residing with the member or dependent) to the maximum specified in the Schedule of Benefits.

Charges made by a physician for a medical examination required by a Government statute or regulation for employment purposes, provided such charges are not covered by the employer under a collective agreement and provided no claim has been made under the Basic Medical Plan – *for Employees only*.

### **Dental Treatment**

The services of the dentist necessitated by an injury to the natural teeth caused by a direct external blow to the mouth or face resulting in immediate damage and not by an object intentionally or unintentionally being placed in the mouth, including repair of a fractured or dislocated jaw resulting from an accident. Fees of a dentist for repairs to or replacement of natural teeth to a maximum based on the *Dental Fee Schedule in use by PBC* if your province or territory of residence is British Columbia or the Yukon respectively or the Dental Fee Schedule in your province or territory of residence (if other than BC or the Yukon current at the time the expense is incurred).

These dental services, irrespective of the province or territory, must be covered under the *Dental Fee Schedule in use by PBC* current at the time the expense is incurred. Medical documentation, acceptable to Pacific Blue Cross, must be provided and the treatment must be performed and completed within one year from the date of the injury. Payment will not be made on temporary, duplicate, incomplete procedures, or for correcting unsuccessful procedures.

### **Hearing Aids**

The cost of hearing aids for you or a dependent when prescribed by a physician or when supplied by an audiologist on the recommendation of a physician is covered to the maximum specified in the Schedule of Benefits. Repairs are also included, but batteries, recharging devices and other accessories are not eligible.

### **Vision Care**

The cost of corrective lenses and frames or contact lenses when prescribed by an ophthalmologist or optometrist is covered to the maximum specified in the Schedule of Benefits.

### **Eligible Expenses Outside Your Province of Residence**

In the event of an **emergency** while travelling outside your province of residence, payment will be made for the following services:

Charges for medical supplies and a semi-private room, or a private room if a semi-private room is not available.

Customary charges for the services of physicians, laboratory and X-ray services when ordered by the attending physician will be reimbursed to the extent that such charges exceed the amounts allowed under the government Medical Plan in your province of residence.

Fees for a registered nurse for special duty nursing in an acute case will be reimbursed up to the amount that would have been paid if the service had been provided in your province of residence.

Charges for prescription drugs when prescribed by a physician to alleviate the acute case.

Charges for ambulance services to the nearest hospital equipped to provide the required treatment.

Charges for a regular scheduled flight, when ordered by the physician, from the original hospital to the Acute Hospital nearest your place of residence equipped to provide the required treatment.

Charges for emergency medical services and supplies that would be covered under the provincial government Medical Services Plan, if the emergency had occurred in your province of residence.

*Note: Out of province claims may be submitted directly to Pacific Blue Cross. It is not necessary to send your receipts to the Ministry of Health for reimbursement of out of province medical expenses.*

### **Medi-Assist - Travellers Assistance**

Worldwide emergency medical assistance is provided by the Plan through MEDI-ASSIST and offers the following services:

- Assistance is provided by multilingual specialists to provide the nearest and most appropriate medical care.
- Medical care is reviewed by qualified medical advisors.
- Progress during treatment and recovery is monitored.
- Assistance is provided in contacting family, personal physician and employer as well as transmittal of urgent messages.
- Assistance in transfer of funds and payment of claims.
- Arrangement of medical evacuation or repatriation of remains.
- Assistance in rearrangement of disrupted travel plans.
- Legal referral service.
- Assistance in recovering lost or stolen travel documents.
- Direct payment for hospital and physician charges outside Canada in excess of \$1,000 US.

In the event of an emergency while travelling worldwide – call the nearest MEDI-ASSIST Emergency Access number listed below. Have your PBC ID card ready for personal identification when you call. For 24-hour service from anywhere in the world, call either of the two following numbers:

In a medical emergency outside your province of residence, call toll-free within these countries:	Pacific Blue Cross general information and claims inquiries:
Australia: 0011 800 2583-2767	Weekdays 8:00 a.m. – 4:30 p.m. 604 419-2600
Canada & USA: 1 888 699-9333	
Hong Kong: 001 800 2583-2767	
UK: 00 800 2583-2767	Toll-free, from outside the Lower Mainland: 1 888 275-4672
For other countries, call Medi-Assist: 1 604 419-4487 collect	
Medical services providers may call Medi-Assist for eligibility and coverage.	Check out our Web site at <a href="http://www.pac.bluecross.ca">www.pac.bluecross.ca</a>

If necessary, call collect or contact the local telephone operator for help in placing your call to MEDI-ASSIST. *Be sure to carry your MEDI-ASSIST ID CARD with you as it has the telephone numbers and the MEDI-ASSIST Group Number that you will need to provide.* Your MEDI-ASSIST Group Number is 549.

### Exclusions & Limitations

The Plan does not cover the following services or charges:

Expenses for any follow-up treatment of an Acute Case emergency occurring outside the Member's province of residence after initial medical treatment.

Non-prescription drugs. Vitamin injections or preparations, preventative vaccines, food and mineral supplements, drugs or supplies used for contraceptive or fertility purposes, drugs or supplies used to suppress an addiction, drugs which do not by law require a prescription, drugs not approved under the Food and Drugs Act for sale and distribution in Canada.

Services of any health care specialist who is related to, or living with the insured person.

Cosmetic services or supplies or elective surgery.

X-rays taken by paramedical practitioners unless specifically included.

Any amount of fees in excess of the usual or recognized fees for the services performed.

Any expenses paid for by provincial or federal government programs such as Pharmacare, Medical Services Plan, Hospital Programs, Workers' Compensation or a motor vehicle insurance plan.

Services required because of war, riot, or self-inflicted injury, while sane or insane.

Services required because of participation in, attempt or commission of a criminal act.

Any expenses incurred prior to enrolment of a person who is in hospital at the time of enrolment in the plan.

## How to Make an Extended Health Claim

Keep the original receipt for any items you will be claiming. Obtain an EHC claim form from your employer and follow the instructions on the form. Send the claim form along with the receipts directly to PBC.

In British Columbia a percentage of your drug expenses is paid by Pharmacare once your deductible has been reached. Your EHC Plan is coordinated with Pharmacare to avoid duplicate payments.

As PBC does not return your original receipts please ensure that you *retain photocopies* of your original receipts before sending them to PBC in case you need to make a claim to Pharmacare.

You must retain any statements received from Pharmacare so they can be sent to PBC in the event PBC's payment needs adjustment where Pharmacare has applied their Lower Cost Alternative payment and/or Referenced Based Pricing Formula. For more information you may call Pharmacare at (604) 682-6849.

**All claims to PBC for eligible expenses incurred in a given year must be submitted to PBC prior to December 31<sup>st</sup> of the following year.**

Claims should be submitted to:

Pacific Blue Cross  
P.O. Box 7000  
Vancouver, BC  
V6B 4E1

## Integration with Government Plans

Extended health care benefits are intended to supplement and not overlap benefits under government plans such as the Medical Services Plan and Fair Pharmacare Program of British Columbia. You are required, as a condition of coverage, to take all reasonable steps to qualify and obtain the fullest extent of coverage, benefits, contribution, or reimbursement available under all applicable government plans. We will also make payment only where permitted by provincial legislation or other applicable law.



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## Employee and Family Assistance Plan

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Assessment and counselling services are provided by the firm of Wilson Banwell & Associates Ltd . This national firm of independent licensed professionals has extensive experience in helping individuals evaluate and resolve problems.

Employees can request services directly by simply contacting the Vancouver office of Wilson Banwell & Associates to arrange for an appointment. Your appointment may be arranged at the Wilson Banwell branch that is most convenient to you: Surrey, White Rock, Coquitlam, Vancouver, North Vancouver or Richmond.

If you or any of your dependents are experiencing difficulties with daily living, simply make direct contact with Wilson Banwell. Your call will be directed to a highly trained and professional staff psychologist who will make all arrangements to provide the counselling services you require. Only you and the service provider are aware of your participation.

All continuing and term employees and their dependents have access to the services provided by the Employee Assistance Program, at no charge to the employee.

### What is the program about?

All of us confront stressful events throughout our lives. However, occasionally personal problems become severe, and our ability to function effectively and safely both at work and at home is compromised. The Program provides confidential, professional counselling with a clinical psychologist for a range of personal problems in the following areas:

- work-related problems
- marital or family problems
- financial difficulties
- alcohol or drug dependencies
- emotional problems

Your problem will be thoroughly assessed in confidence by Wilson Banwell professionals, and alternatives for resolution reviewed. If counselling is considered to be helpful, it will be provided by a Wilson Banwell staff psychologist. Employees or dependents who require long-term counselling or in-patient care, will be referred to the appropriate treatment resource, with follow-up care provided by Wilson Banwell.

The School District receives statistical information relative to the usage of the Employee Assistance Program. The names of employees using this Program are not made known to the School District.

Wilson-Banwell provides various on-line services on their website, [www.wilsonbanwell.com](http://www.wilsonbanwell.com). some of the information available includes

- counselling help
- information articles
- online courses
- lifestyle & wellness tests
- health & medical library
- child & elder care
- locations & contacts



**Schedule of Benefits**

The Schedule of Benefits contains a brief summary of your benefits. Please refer to the appropriate page in this booklet for a more detailed benefit description.

<i>Eligibility Period</i>	Immediately upon date of employment		
<i>Reimbursement</i>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
	Basic Services	Major Restorative Services	Orthodontics
	100%	50%	50%
<i>Financial Limit</i>	Unlimited per calendar year	Unlimited per calendar year	\$2,500 per lifetime per person
<b>Summary of Eligible Services:</b>			
<i>Oral Examinations:</i>	<i>Complete</i>	1 every 36 months	
	<i>Standard</i>	2 every calendar year	
<i>X-rays:</i>	<i>Full Mouth/Complete</i>	1 every 36 months	
<i>Preventative Services:</i>			
	<i>Prophylaxis</i>	2 every calendar year	
	<i>Topical Fluoride</i>	2 every calendar year	
<i>Prosthetic Repairs</i>	1 Reline of removable appliances every 24 months		
<i>Crowns and/or Bridges</i>	1 every 60 months		
<i>Upper &amp; Lower Dentures</i>	1 (Complete or Partial) every 60 months		
<i>Survivor Benefits</i>	3 months		

**Benefit and Co-Insurance**

General expenses will be reimbursed in accordance with the current Dental Fee Schedule in your province of residence. If you reside in British Columbia, your eligible expenses will be reimbursed in accordance with the current *Dental Fee Schedule in use by PBC*. **You should ask your dentist to advise you any time they charge an amount which exceeds the Fee Schedule.**

Irrespective of the province of residence, eligible expenses must be covered under the *Dental Fee Schedule in use by PBC* at the time the expense is incurred.

### Plan A – Basic Services

Benefits under this section cover those services routinely performed by a general dental practitioner to maintain teeth in good order and to restore them to good order.

The following services are covered:

#### Diagnostic

Procedures to assist the dentist to determine the correct treatment according to the following schedule:

Service	Limit
Standard oral examination	As specified in the Schedule of Benefits
Complete oral examination	As specified in the Schedule of Benefits
Full mouth X-rays	As specified in the Schedule of Benefits

In addition there are annual limits for X-rays as set out in the *Pacific Blue Cross Dental Fee Schedule*.

#### Preventive

Procedures to prevent the occurrence of oral diseases.

Service	Limit
Prophylaxis	As specified in the Schedule of Benefits
Fluoride	As specified in the Schedule of Benefits

#### Space Maintainers

The appliance is covered if the primary purpose is to maintain space but not the cost of the wire or visits.

#### Surgical

Extractions and other basic surgical procedures performed by a dentist, including pre and post-operative care and general anaesthetic.

#### Restorative

Filling teeth with amalgams, composites and stainless steel crowns to restore surfaces that have broken down as a result of decay. In addition, the Dental Fee Guide or Pacific Blue Cross Dental Fee Schedule defines a maximum payment for restorative services in a 24 month period.

#### Gold Foil

Gold foil can be used to repair teeth with existing gold restorations.

**Prosthetic Repairs**

Repair of fixed appliances (only by a dentist) or repair of removable appliances (either by a dentist or denturist). Reline of fixed or removable appliances by a dentist or denturist:

Service	Limit
Reline	As specified in the Schedule of Benefits

**Inlays and Onlays**

Repair of teeth with inlays or onlays where other materials cannot be used satisfactorily. If you choose to use gold when other materials are adequate, you are responsible for the difference in cost.

**Endodontics**

Pulpal therapy and filling of root canals.

**Periodontics**

Treatment of diseases of the soft tissue and the bone surrounding and supporting the teeth. Special periodontal appliances (bruxing guard) are included (approval is required for replacement within 5 years).

**Plan B – Major Restorative**

The benefits under this section are those services required for major reconstruction of teeth that have deteriorated and for replacement of missing teeth.

The following services are covered:

**Crowns and Bridges**

To replace missing teeth with a fixed prosthetic. Crowns and/or bridges may be replaced as specified in the Schedule of Benefits. *Certain materials will not be authorized for use on back teeth. A check with PBC before proceeding is suggested.*

**Dentures**

To replace missing teeth with a removable prosthetic. One set of full upper and lower dentures (provided by either a dentist or denturist), and one set of partial dentures (provided only by a dentist), will be covered as specified in the Schedule of Benefits.

**Plan C – Orthodontic Services**

Benefits under this section are for the diagnosis and treatment of dental disorders with the use of appliances. A complete Orthodontia Plan must be approved by Pacific Blue Cross before treatment is started.

The following services are covered:

**Examinations**

Diagnosis and X-rays to establish treatment.

**Appliances**

Provision of fixed or removable appliances for tooth guidance or to control harmful habits.

### **Observation and Adjustment**

Examinations, adjustments and repairs.

### **Dental Specialist's Fees**

PBC shall pay the fees of a dental specialist in accordance with the current Dental Fee Schedule in use by PBC increased by 10% upon referral by a general practicing dentist.

### **Treatment Plan**

Your dentist is not required to obtain prior approval from PBC (except for Orthodontic treatment) before rendering services. However, where the cost of services is other than a nominal charge, it is recommended that your dentist make an eligibility check by forwarding to PBC a form showing the treatment planned. This avoids any embarrassment between you and your dentist should you not be eligible for the proposed benefits. He or she can find out by making this eligibility check:

- ❖ whether or not you or your dependent are covered;
- ❖ whether or not the proposed services are a benefit under your Plan;
- ❖ whether or not financial or other limitations have been reached.

When the dentist has completed the work, he or she will complete a claim card on your behalf and forward it Pacific Blue Cross for payment. If your dentist does not wish to forward the claim card directly to Pacific Blue Cross, you can arrange to pay the dentist and be reimbursed by Pacific Blue Cross.

In all cases, when desiring services from your dentist under the Plan advise him that you are a member of the Plan and discuss with him the charges that he will make for the services and what you will be required to pay as your portion of the cost.

### **Coordination of Benefits**

Expenses recovered under any other plan will be co-ordinated with payments from this plan, so that total payment received will not exceed the expenses actually incurred.

### **Emergency Treatment**

Emergency dental care provided anywhere in the world will be reimbursed at the rate as if the services had been provided in your province of residence. *Original receipts must be submitted with your claim to Pacific Blue Cross.*

## **Change Of Dentist**

If you find it necessary to change your dentist after a course of treatment has commenced, please tell both dentists concerned and notify PBC. You should ask your new dentist to check with PBC to find out your treatment history to ensure that your future treatment will be fully covered according to the fee guide (i.e. – certain teeth may have reached their treatment maximums allowable in a certain time period). Checking with PBC will also ensure that there is no duplication of services.

## **Services Not Covered**

The Plan does not cover the following services:

Services that are not routinely performed by a dentist or denturist.

Services that are not reasonable or necessary to maintain or restore teeth.

Services for which any benefits are payable under Workers' Compensation or any publicly supported plans.

Services not included in the Dental or the Denturist Fee Schedules.

Services required because of war, riot, or self-inflicted injury, while sane or insane.

Services required because of participation in, attempt or commission of a criminal act.

Temporary dentistry, oral hygiene instruction, tissue grafts, services purely cosmetic in nature or used to correct congenital malformations.

Drugs or medicines.

Services related to the functioning or structure of the jaw, jaw muscles or temporo mandibular joint.

Implants.

Replacement of lost or stolen orthodontic appliances.

Charges for appointments not kept.

Charges resulting from a change of dentist or denturist, unless approved by Pacific Blue Cross.

Charges for completing forms.

Charges for work in progress at the time coverage for the member or dependent terminates.

## How to Make a Dental Claim

You will be issued a Pacific Blue Cross Identity card by your Group Administrator. Visit a dentist or denturist of your choice, *show the card and discuss the proposed services, the amount to be charged and the portion covered by your Plan*. Your dentist or denturist is not required to obtain prior approval from Pacific Blue Cross (except for Orthodontic services), but prior approval is recommended when substantial charges are involved in order to avoid any potential embarrassment.

When the dental service has been completed, the dentist or denturist may forward a claim form directly to Pacific Blue Cross for payment. You will need to pay any portion not covered by the plan directly to the dentist or denturist. If the dentist or denturist does not wish to forward the claim directly to Pacific Blue Cross, you pay the full amount to the dentist or denturist and claim directly from Pacific Blue Cross the portion payable under your plan. The claim must be submitted to Pacific Blue Cross within *180 days* of the expenses being incurred.

Claims should be submitted to:

Pacific Blue Cross  
P.O. Box 7000  
Vancouver, BC  
V6B 4E1

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## Government Benefits

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Due to the constant change in federal and provincial legislation regarding government benefits and to ensure you receive the most up-to-date information on benefit eligibility and coverages, we have listed below telephone numbers and web site addresses to the various government agencies overseeing these benefits. The information provided is for reference only. Should you have questions regarding the availability of government benefits, please contact the applicable government agency. Local government agency telephone numbers can be found in the blue pages of your telephone book.

### Survivor Benefits

In the event of death, surviving dependents may be eligible for benefits through:

**Canada Pension Plan**  
Toll Free

Web: <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>  
1-800-277-9914

### Disability Income

Disabilities due to an occupational injury or illness may be eligible for benefits through your provincial **Workers' Compensation Board**.

**BC Workers' Compensation Board**  
Vancouver  
Toll Free

Web: <http://www.worksafebc.com>  
Tel: (604) 244-6181  
1 888 WORKERS

Links and addresses to all provincial WCB sites:

Web: [http://www.benefitsworld.com/AA/Dis/WCB/Cdn\\_WCB.asp](http://www.benefitsworld.com/AA/Dis/WCB/Cdn_WCB.asp)

Should you become totally disabled, you may be eligible for disability benefits through:

**Canada Pension Plan**  
Toll Free

Web: <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>  
1-800-277-9914

In addition, there is a disability benefit available through **Employment Insurance (E.I.)** should you not have a disability plan through your employer or you do not qualify for disability benefits through your group plan.

**Employment Insurance**  
Vancouver  
Toll Free

Web: [http://www.hrdc-drhc.gc.ca/ae-ei/employment\\_insurance.shtml](http://www.hrdc-drhc.gc.ca/ae-ei/employment_insurance.shtml)  
Tel: (604) 682-5400  
1-800-206-7218

### Employment Standards Act Benefits

ESA provides for the following leaves:

#### *Maternity Leave*

##### **Amount of leave:**

- up to 17 weeks of unpaid leave starting no earlier than 11 weeks prior to the expected date of birth, no later than the actual birth date and ending no earlier than 6 consecutive weeks after the birth or termination of the pregnancy; and no later than 17 weeks after actual birth date;
- the employee may request an earlier return to work;
  - in writing, at least 1 week prior to the proposed date of the return to work;

- the employer may request a medical note supporting the ability to return to work.

**Request for leave:**

- the request must be in writing and if made during pregnancy, sent to the employer at least 4 weeks prior to the start of the leave;
- the employer may request medical certification as to the expected date of birth, the actual date of birth or the date of termination of the pregnancy.

**Parental**

**Amount of leave:**

- up to 35 consecutive weeks of unpaid leave starting;
  - (a) for the birth mother, immediately following the Maternity Leave (unless the employee and the employer agree otherwise);
- up to 37 consecutive weeks of unpaid leave beginning after the child's birth or placement and within 52 weeks after that.
  - (a) for the birth mother who has not taken maternity leave
  - (b) for the birth father, any time after the date of birth and within 52 weeks of the birth;
  - (c) for an adopting parent, within 52 weeks after the child has been placed with the parents.
- Five (5) more immediate weeks are available if the child has physical, psychological or emotional conditions requiring the additional leave.

**Request for leave:**

- the request must be in writing, sent to the employer at least 4 weeks prior to the start of the leave;
- the employer may request medical certification supporting the employee's entitlement to the leave.

**Compassionate**

**Amount of leave:**

- up to 6 weeks to provide care for a family member who has a serious medical condition with a significant risk of death within 26 weeks (6 months).

## Health Care Benefits

Each provincial government has basic health care benefits available to residents of that province. The Extended Health Care benefit provided by your Employer covers medical expenses not fully reimbursed or covered by the provincial plan. The **Provincial Medical Plans** pay the cost of hospital ward accommodation, standard doctors' fees, all medically required surgical procedures and a portion of the cost for prescribed drugs and medicines. These services are offered through the Medical Services Plan of B.C. (MSP) and B.C. Pharmacare.

### BC Medical Services Plan

Web: <http://www.hlth.gov.bc.ca/msp/index.html>

- ◆ *Registration and Premium Billing*
  - Vancouver & Lower Mainland (604) 683-7151
  - Other areas within B.C. (toll free) 1-800-663-7100
- ◆ *Coverage Information*
  - Vancouver & Lower Mainland (604) 669-6667
  - Other areas within B.C. (toll free) 1-800-742-6165
- ◆ *Claims Information*
  - Vancouver & Lower Mainland (604) 806-0234
  - listen for instructions and then press 1
- ◆ *Out-of-Country Claims*
  - Vancouver & Lower Mainland (604) 806-0234
  - listen for instructions and then press 4

If you are eligible for benefits during an absence from B.C., the Medical Services Plan will help pay for unexpected medical services you receive anywhere in the world, provided the services are medically required, rendered by a licensed medical practitioner and normally insured by MSP (subject to certain restrictions). Reimbursement is made in Canadian funds and does not exceed the amount payable had the same service been performed in B.C. Be aware that physician's fees can be much higher outside Canada and if there is a difference in payment, that difference is your responsibility. Additional health insurance is advisable. For information on coverage outside the province and outside Canada, contact MSP or view their website at: <http://www.hlth.gov.bc.ca/msp/infoben/benefits.html>

### BC Pharmacare

Web: <http://www.hlth.gov.bc.ca/pharme/index.html>

- Vancouver & Lower Mainland (604) 682-6849
- Other areas within B.C. (toll free) 1-800-554-0250

The Government of British Columbia has introduced a new, income-based method for determining deductible levels for reimbursement of prescription drug costs for British Columbia residents. Beginning May 1, 2003, the government, through its **Fair PharmaCare** program, will pay the costs of designated prescription drugs above an annual deductible *determined by family income*. Drug costs below this deductible amount are paid by you and your Group Extended Health Care (EHC) benefit plan. As a result of these changes to PharmaCare, **the government requires all BC residents to register in order to receive maximum financial assistance under the Fair PharmaCare program**. If you do not register, your *Fair PharmaCare* deductible will be \$10,000 per calendar year.

Registration By Phone:

1 800 387-4977

Registration Online:

<http://www.healthservices.gov.bc.ca/pharme/plani/planiinfo.html>

**BC Ambulance Service (BCAS)**

Vancouver & Lower Mainland (non-emergency)  
Provincial Administrative headquarters  
Billing Enquiries – toll free

Web: <http://www.hlth.gov.bc.ca/bcas/>  
(604) 872-5151  
(250) 952-0888  
1-800-665-7199

**Retirement Benefits**

Retirement benefits are available through the **Canada Pension Plan, Old Age Security** and **Guaranteed Income Supplement**.

**Human Resources  
Development Canada**  
Toll Free

Web: <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>  
1-800-277-9914

**Additional Links**

For additional links and on-line benefits information visit: <http://www.benefitsworld.com>.