



SCHOOL DISTRICT 35

# Benefits Booklet

For the Employees of  
**School District No. 35**

Employee Class  
**Excluded Staff and  
Senior Management**



## **Excluded Staff and Senior Management**

### **Important**

This booklet summarizes the insurance benefits provided for you and your family through your Employer. If there is a discrepancy between this booklet and the Group Policies, then the terms and provisions of the Group Policies shall prevail.

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

Your Basic AD&D benefits are governed by **Industrial Alliance Pacific (IAP)** Group Policy No. **100006546** effective April 1, 1998. (Excluded Staff only)

Your Extended Health Care and Dental Care benefits are governed by **Pacific Blue Cross** Group Policy No. **E821012 and D821012** effective April 1, 1990.

Your benefits were arranged with the assistance of:

### **GroupHEALTH Global Benefit Systems**

Ocean Pointe, Suite 206  
1688 152<sup>nd</sup> Street  
White Rock, BC V4A 4N2

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## Introduction

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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	1-800-665-5212
Basic AD&D (Excluded Staff only)	Industrial Alliance Pacific	100006546	Please Contact Your Plan Administrator
Extended Health Care	Pacific Blue Cross	E821012	1-888-275-4672
Dental Care	Pacific Blue Cross	D821012	1-888-275-4672
Municipal Superannuation Plan	Please refer to your Pension Plan brochure for detailed information.		
Employee Assistance Program	Wilson Banwell & Associates		1-800-972-9972
Basic Medical	Medical Services Plan	4200358	(604) 669-4211

Other benefits may be available through the District. Contact the payroll department for details.

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.

## 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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**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.

**Basic Life Insurance**

<i>Eligibility Period</i>	Date of employment
<i>Benefit Amount</i>	
<i>Employees with no dependents who have elected a flat benefit</i>	\$5,000
<i>All Other Employees</i>	
	<b>AGE Amount of Insurance:</b>
<i>Under age 35</i>	3 times annual earnings
<i>Age 35 to age 44</i>	2 ½ times annual earnings
<i>Age 45 to 54</i>	2 times annual earnings
<i>Age 55 or over</i>	1 ½ times annual earnings
<i>Maximum Benefit Amount</i>	\$500,000
<i>Reduction of Benefits</i>	Coverage will reduce by 50% on the first day of October following the end of the school year on or after the date on which you attain age 65.
<i>Termination Age</i>	First of the month coincident with or immediately following your retirement date.

**Basic AD&D (Excluded Staff only)**

<i>Eligibility Period</i>	Date of employment
<i>Benefit Amount</i>	Same as Basic Life
<i>Maximum Benefit Amount</i>	\$500,000
<i>Waiver of Premium</i>	Included
<i>Conversion</i>	Included
<i>Spousal Occupational Retraining Benefit</i>	\$15,000
<i>Repatriation Benefit</i>	\$15,000
<i>Rehabilitation Benefit</i>	\$15,000
<i>Family Transportation Benefit</i>	\$15,000
<i>Home Alteration &amp; Vehicle Modification Benefit</i>	\$15,000
<i>Seat Belt Benefit</i>	Additional 10% of benefit payable
<i>Day Care Benefit</i>	The lessor of 5% of the Principal Sum or \$5,000 per year to a maximum of 4 years
<i>Special Education Benefit</i>	The lessor of 5% of the Principal Sum or \$5,000 per year to a maximum of 4 years
<i>Termination Age</i>	First of the month coincident with or immediately following your retirement date.

<b>Extended Health Care</b>
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<i>Eligibility Period</i>	Date of employment
<i>Annual Deductible</i>	\$25 single or \$25 family each calendar year
<i>Reimbursement</i>	In-Province Eligible Expenses and Out-of-Province Non-Emergency Eligible Expenses: 80%
	Out-of-Province Emergency Eligible Expenses and Medi-Assist: 100%
	After \$1,000 has been paid for a member in a calendar year, further eligible expenses within that year will be reimbursed at 100%, subject to the Contract maximums for this benefit.
<b>Summary of Eligible Expenses:</b>	
<i>Prescription Drugs</i>	Excluding oral contraceptives and excluding fertility drugs
<i>Hospital</i>	Semi-Private or Private accommodation
<i>Private Duty Nursing</i>	60 days per calendar year
<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
<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
<i>Speech Language Pathologist</i>	\$100 per person per calendar year
<i>Hearing Aids</i> (Excluding batteries)	\$500 per adult per 48 months \$500 per Dependent child per 48 months
<i>Wigs and Hairpieces</i>	\$500 per lifetime
<i>Orthopaedic Footwear</i>	One pair per person per calendar year
<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)

<b>Dental Care</b>
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<i>Eligibility Period</i>	Date of employment		
<i>Deductible</i>	Nil		
<i>Reimbursement</i>	<b>Plan A</b> Basic Services	<b>Plan B</b> Major Restorative Services	<b>Plan C</b> Orthodontics
	100%	50%	50%
<i>Financial Limit Per Dependent Child:</i>	Nil	Nil	\$2,500 per lifetime
<i>Financial Limit Per Adult:</i>	Nil	Nil	\$2,500 per lifetime
<b>Summary of Eligible Services:</b>			
<i>Oral Examinations:</i>	<i>Complete</i>	1 every 3 years	
	<i>Standard/Recall</i>	2 per calendar year	
<i>X-rays:</i>	<i>Full Mouth/Complete</i>	1 every 3 years	
		All x-rays combined shall not exceed the dollar limit for a complete mouth series.	
<i>Preventative Services</i>	<i>Prophylaxis</i>	2 every 1 calendar year	
	<i>Topical Fluoride</i>	2 every 1 calendar year	
<i>Prosthetic Repairs</i>		1 Rebase and reline of removable appliances every 24 months	
<i>Prosthetic Services</i>		1 upper and 1 lower denture (complete or partial) every 60 months	
<i>Survivor Benefits</i>		3 months	

### Eligibility

All full-time or part-time employees of School District #35 are eligible for group benefits if you:

- are younger than the Termination Age; and
- are residing in Canada; and
- have completed the Eligibility Period specified in the Schedule of Benefits.

The Termination Age and Eligibility Period may vary from benefit to benefit. For information, please refer to each benefit under the Schedule of Benefit. Your Dependents are eligible for insurance on the date you become 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 choose the level of coverage you wish for the Medical Services Plan, Extended Health and Dental Care. 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 MSP, Extended Health, and Dental Care coverage provided proof of insurability from another source is given.

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.

### Evidence of Insurability

Medical evidence may be required for benefits if you and/or your Dependent is a Late Applicant.

### Late Applicants

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 – health evidence or retroactive premium payment. In some instances, coverage may be denied.

### **Termination of Coverage**

Your Group Life and Accidental Death and Dismemberment (Excluded Staff only) benefits will terminate on the earliest of the following dates:

- the date you cease to be an eligible employee;
- the first day of the month coincident with or following the date you terminate employment or retire
- the date the Group Policy terminates;
- the date the required premium is not paid; or
- the date you reach the Termination Age.

Your Extended Health Care and Dental Care benefits for you and your dependents will terminate on the earlier of the following dates:

- the last day of the month following the month you terminate your employment;
- the date the Group Policy terminates;
- the date the required premium is not paid;
- the date you cease to be an eligible employee.

## 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, AD&D (Excluded Staff only), 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 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.

### Pre-existing condition for Extended Health & Dental

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.

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

## Individual Travel Benefits

Individual 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 WestPro Benefit Systems at 1-800-667-0797.

## Optional Payroll Deductions

<b>Canada Savings Bonds</b>	Each fall the Payroll Department circulates information regarding the payroll deduction plan for Canada Savings Bonds. Employees may have deductions made from their cheques from November to June, towards the purchase of Savings Bonds. In June, the School District informs employees enrolled in the plan by way of a letter as to where they can pick up their Savings Bonds.
<b>United Way Appeal</b>	Employees may have payroll deductions sent directly to the United Way. Forms for this deduction are made available during the United Way campaign each year from the Payroll office. Deductions are only made either in one payment in January or in six equal payments from January to June.
<b>Extra Tax Deduction</b>	Employees 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 Care and Life Insurance benefits may be maintained during any approved 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, and how they plan to pay the premiums during their leave. This form must be returned to the Payroll office prior to the date of leave.

For a leave of absence approved by the School District, including maternity and education leave, your Basic Life 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.

### **Mandatory and Optional Payroll Deductions**

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

<b>Abbreviation</b>	<b>Item</b>	<b>Status</b>
CPP	Canada Pension Plan	Mandatory
EI	Employment Insurance	Mandatory
INCOME TAX	Income Tax	Mandatory
GROUP LIFE	Group Life Insurance and Accidental Death & Dismemberment	Mandatory
M.S.P.	Medical Services Plan	M*
EHB	Extended Health Benefits	M*
DEN	Dental Plan	M*
CSB	Canada Savings Bonds	Optional
DONATIONS	United Way Appeal	Optional

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

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

Organization	Benefit Area
<p><b>BC Hospital Program</b>            800 Hornby Street            Vancouver, BC            V7Z 2C6            Phone: (604) 660-2406</p>	<p>Hospital Service Coverage</p>
<p><b>Income Security</b>            625 Belmont Street            New Westminster, BC            V3M 5Z8            Phone: (604) 666-3040</p>	<p>Canada Pension Plan            CPP Disability</p>
<p><b>Pharmacare</b>            Bag Service 3003            Victoria, BC            V8W 3L4            Phone: (604) 682-5672            Toll Free: 1-800-665-7108</p>	<p>Pharmacare coverage</p>
<p><b>School District #35 (Langley)</b>            4875 – 222 Street            Langley, BC            V3A 3Z7            Phone: (604) 534-7891</p>	<p>Personnel Services/Payroll</p>
<p><b>Superannuation Commission</b>            544 Michigan Street            Victoria, BC            V6V 4R5            Phone: (604) 387-1002            Toll Free: 1-800-663-8823</p>	<p>Pension Plan</p>

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**Organization**

**Benefit Area**

**GroupHEALTH Global Benefit Systems**

Ocean Pointe, Suite 206  
1688 152<sup>nd</sup> Street  
White Rock, BC  
V4A 4N2

Phone: (604) 542-7900  
Toll Free: 1-888-542-7941

Consultants for School District #35

**Workers' Compensation Board**

Phone: (604) 244-6181  
Toll Free: 1-888-WORKERS

Work related injuries or diseases

### **Co-insurance**

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

### ***Covered Expenses***

Are expenses that will be considered in the calculation of payment due under your Accidental Death & Dismemberment, Extended Health Care or Dental Care Benefit.

### **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 same or opposite 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, or under age 25 if a full-time student;
- not employed on a full-time basis; and
- 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.

### **Elimination 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 from your employer (prior to deductions), excluding bonuses, and overtime pay. Earnings may include other income as agreed to in writing by your employer and the insurance company.

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.

### **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-Waiver of Premium**

Total Disability means the inability for the first 60 months to perform the material and substantial duties of your own occupation. Thereafter, Total Disability is the inability to perform the material and substantial duties of any gainful employment for which you are reasonably fitted based on education, training or experience.

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 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 those amounts you recover which, when added to the payments you received from insurance company, exceed 100% of your incurred expenses.

### **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" (ie., responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (ie., 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 of 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.

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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 travelling 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 B.C. - <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.

### **Duplicate coverage**

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



### **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.

### **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.

### **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.

## **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.**

## **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 elimination period.

***Applies to Excluded Staff only***

**Payment of Benefit**

If such injuries shall result in any one of the specific losses listed in the Schedule of Benefits within one year from the date of accident, Industrial Alliance Pacific will pay the sum set opposite such loss provided. However not more than one (the largest) of such benefits shall be paid with respect to all injuries resulting from one accident.

With respect to air travel, the insurance afforded shall apply to loss caused by or resulting from travel or flight in any aircraft, or any other device for aerial navigation, including boarding or alighting therefrom, except:

- 1) while being used for any test or experimental purpose; or
- 2) while you are operating, learning to operate or serving as a member of the crew thereof; or
- 3) while being operated by or for or under the direction of any military authority, other than transport type aircraft operated by the Canadian Armed Forces Air Transport Command or the similar air transport service of any other country; or
- 4) any such aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of such Policyholder, or by an Insured Person or any member of his/her household; or
- 5) while being used for fire fighting, pipeline inspection, powerline inspection, aerial photography or exploration.

**Definitions**

"Loss" shall mean

- with respect to hand or foot, the actual severance through or above the wrist or ankle joint;
- with respect to arm or leg, the actual severance through or above the elbow or knee joint;
- with respect to eye, the total and irrecoverable loss of sight;
- with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree;
- with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device;
- with respect to thumb and index finger, the actual severance through or above the first phalange;
- with respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand;
- with regard to toes, the actual severance of both phalanges of all toes of the same foot.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to Industrial Alliance Pacific to be permanent.

### **Schedule of Losses**

Loss of Life	The Principal Sum
Loss of Both Hands or Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and Entire Sight of One Eye	The Principal Sum
Loss of One Foot and Entire Sight of One Eye	The Principal Sum
Loss of Speech and Hearing	The Principal Sum
Loss of Use of Both Arms or Both Hands	The Principal Sum
Loss of Use of Both Feet	The Principal Sum
Quadriplegia	Two Times The Principal Sum
Paraplegia	Two Times The Principal Sum
Hemiplegia	Two Times The Principal Sum
Loss of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Entire Sight of One Eye	Two-Thirds of The Principal Sum
Loss of Use of One Hand or One Foot	Two-Thirds of The Principal Sum
Loss of Speech or Hearing	Two-Thirds of The Principal Sum
Loss of Thumb and Index Finger of Same Hand	One-Third of The Principal Sum
Loss of Four Fingers of Same Hand	One-Third of The Principal Sum
Loss of Hearing in One Ear	One-Quarter of The Principal Sum
Loss of All Toes of Same Foot	One-Eighth of The Principal Sum

## **Exposure and Disappearance**

Loss resulting from unavoidable exposure to the elements and arising out of hazards described above shall be covered to the extent of the benefits afforded an Insured Person.

If the body of an Insured Person has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the accident, it shall be presumed, subject to all other conditions of the policy, that the Insured Person suffered loss of life resulting from bodily injuries sustained in the accident and covered under this policy.

## **Rehabilitation Benefit**

When injuries shall result in a payment being made by Industrial Alliance Pacific under any benefit EXCLUDING the Loss of Life benefit provided by the policy, Industrial Alliance Pacific will pay in addition, the reasonable and necessary expenses actually incurred up to a limit specified in the Schedule of Benefits for special training of the Insured Employee, provided:

- such training is required because of such injuries and in order for the Insured Employee to be qualified to engage in an occupation in which he/she would not have been engaged except for such injuries;
- expenses be incurred within two years from the date of the accident;
- no payment will be made for ordinary living, travelling, or clothing expenses.

## **Repatriation Benefit**

When injuries covered by this policy result in loss of life of an Insured Person outside 150 km from their city of permanent residence or outside Canada and within 365 days from the date of the accident, Industrial Alliance Pacific will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed the maximum specified in the Schedule of Benefits.

## **Family Transportation Benefit**

When injuries covered by this policy result in an Insured Person being confined as an in-patient in a hospital outside 150 km from the Insured Person's city of permanent residence or outside Canada and requires personal attendance of a member of the Insured Person's immediate family as recommended by the attending physician, in writing, Industrial Alliance Pacific will pay for the expense incurred by the member of the family, for the transportation by the most direct route by a licensed common carrier to the confined Insured Person, but not to exceed the maximum specified in the Schedule of Benefits.

"Member of the immediate family" means the spouse, legal or common-law, parents, grandparents, children over 18, brother, or sister of the Insured Person.

## **Spousal Occupational Training Benefit**

When injuries to the Insured Employee shall result in a payment being made by Industrial Alliance Pacific under the Loss of Life benefit section of this policy, Industrial Alliance Pacific will pay in addition, the expense actually incurred, within 365 days from the date of the accident, by the spouse of the Insured Employee for a formal occupational training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which the spouse would otherwise not have sufficient qualifications.

The maximum payable is specified in the Schedule of Benefits.

## **Home Alteration and Vehicle Modification Benefit**

In the event an Insured Person sustains an injury which results in a payment being made under the Schedule of Losses of this policy, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, Industrial Alliance Pacific will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the accident for:

1. the one-time cost of alterations to the Insured Person's principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by the Insured Person to make the vehicle accessible or driveable for the Insured Person.

Benefit payments herein will not be paid unless:

- a) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- b) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items 1 and 2 combined will not exceed the maximum specified in the Schedule of Benefits.

## **Seat Belt Benefit**

In the event an Insured Person sustains an injury which results in a payment being made under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", the Insured Person's amount of Principal Sum will be increased by the amount specified in the Schedule of Benefits if, at the time of the accident, the Insured Person was driving or riding in a Vehicle and wearing a properly fastened Seat Belt.

Due proof of Seat Belt use must be provided as part of the written proof of Loss.

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## Day Care Benefit

If an Insured Person suffers loss of life in a covered accident while the policy is in force as to such Insured Person, Industrial Alliance Pacific will pay, in addition to all other benefits payable under the policy, a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the maximum specified in the Schedule of Benefits, on behalf of any Dependent Child of the Insured Person who is enrolled in a legally licensed Day Care center on the date of the accident or who enrolls in a legally licensed Day Care center within 365 days following the date of the accident.

The "Day Care Benefit" will be paid each year for four (4) consecutive years, but only upon receipt of satisfactory proof that the child is enrolled in a legally licensed Day Care center.

"Dependent Child" means either a legitimate or illegitimate child, adopted child, step-child or any child who is in a parent-child relationship with the Insured Person and who is unmarried, twelve (12) years of age and under and dependent upon the Insured Person for maintenance and support.

If at the time of the accident, there are no Dependent Children who qualify, Industrial Alliance Pacific will pay an additional benefit of \$2,500 to the designated beneficiary.

## Special Education Benefit

If an Insured Employee suffers loss of life in a covered accident while the policy is in force, the Company will pay, in addition to all other benefits payable under the policy, a "special education benefit" equal to 5% of the Insured Employee's Principal Sum amount, (subject to a maximum of \$5,000 per year), on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any institution of higher learning beyond the 12th or 13th grade level, or was at the 12th or 13th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The "special education benefit" is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

If, at the time of the accident, there are no dependent children who qualify, the Company will pay an additional benefit of \$2,500 to the designated beneficiary.

## Continuance of Coverage

In the case of employees of the Policyholder who are (1) laid-off on temporary basis, (2) temporarily absent from work due to short-term disability, (3) on leave of absence, or (4) on maternity leave, coverage shall be extended for a period allowed under the Basic Life Insurance policy, subject to payment of premiums.

If an employee of the Policyholder assumes other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of such other occupation.

## Waiver of Premium

If an Insured Employee, under age 65, is totally disabled while this policy is in force and the Insured Employee provides satisfactory evidence of total disability to the Company on an annual basis, Industrial Alliance Pacific will then waive the payment of each premium which falls due with respect to the Insured Employee. Subject to all the terms and conditions of the policy, except with respect to non-payment of premium or the termination of the master Policy, waiver of any premium as herein provided will continue with respect to the Insured Employee until age 65. If the Insured Employee ceases to be disabled and he/she returns to employment with the Policyholder and is a member of an eligible class, insurance with respect to the Insured Employee may be continued upon resumption of premium payments by the Insured Employee or the Policyholder.

"Total Disability" as used herein shall mean disability resulting from accident or sickness which:

1. prevents engagement in any business or occupation and performance in any work for compensation or profit; and
2. has existed continuously for a period of at least twelve (12) months or is in accordance with the waiver of premium requirements under the Policyholder's Group Life Insurance Policy.

## Conversion Privilege

On the date of termination of employment or during the 31 day period following termination of employment, you may convert your Accidental Death and Dismemberment Insurance to an individual insurance policy of the Insurance Company. The individual policy will be effective either as of the date that the Insurance Company receives the application or on the date that the coverage under the group policy ceases, whichever occurs later. The premium will be the same as a person would ordinarily pay when applying for an individual policy at that time.

The amount of insurance benefit converted to shall not exceed that amount issued during employment.

## Exclusions

This policy does not cover loss caused by or resulting from any one or more of the following:

1. Intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;
2. Declared or undeclared war or any act thereof;
3. Accident occurring while the Insured Person is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by Industrial Alliance Pacific pro-rata for any such period of full-time active duty);
4. Travel or flight in any vehicle or device for aerial navigation; except to the extent such travel or flight is provided in the policy.

## **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 when prescribed by a physician and purchased from a pharmacy. 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 accommodation specified in the Schedule of Benefits.

#### **Nursing**

Fees for a registered nurse for special duty nursing in an acute case when ordered by the attending physician to the maximum specified in the Schedule of Benefits.

#### **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.

## Equipment and Appliances

The following charges are eligible when prescribed by a physician:

Charges for oxygen, blood or blood plasma as well as ostomy or ileostomy supplies.

Artificial limbs, (excluding myoelectrical limbs) artificial eyes, crutches, splints, casts, trusses and braces.

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.

*Two pairs of surgical stockings per person per calendar year.*

*One mastectomy brassiere per person per lifetime.*

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 or injury up to the limit specified in the Schedule of Benefits.

## Special Services

Professional services of specified Practitioners to the maximum amounts specified in the Schedule of Benefits, and unless indicated in the Schedule of Benefits, excludes x-rays, appliances and tray fees. *MSP requires a physician's referral for massage therapy.*

Only the user fee (currently \$10.00) will be reimbursed for the first 12 visits in each calendar year for a registered physiotherapist, registered massage therapist, registered podiatrist, registered chiropractor or registered naturopathic physician.

Changes 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 or prosthetics 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. Fees of a dentist for repairs to or replacement of natural teeth or prosthetics 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 provided by the Plan through MEDI-ASSIST and offers the following services:

- Assistance is provided by multilingual MEDI-ASSIST 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 Extended Health Benefits ID card and MEDI-ASSIST group number ready for personal identification. For 24-hour service from anywhere in the world, call either of the two following numbers:

Baltimore, USA	(1) 410 453-6330
Brighton, England	(44)-1273-202141

You may call from within the countries listed below during the countries regular business hours.

Canada, USA, Puerto Rico, Virgin Islands	1-800-527-0218
Germany	0130-81-1401
Mexico	95-800-010-0061
France & Monaco	05-90-8505
Australia & Tasmania	1-800-127-907
Japan	0031-11-4065
Spain & Majorca	900-98-4467
UK, N. Ireland, Isle of Jersey, Isle of Man	0800-252-074
Italy, Vatican City & San Marino	1678-71521
Belgium	0800-1-7759
Within Hong Kong	800-96-4421

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.*

## Exclusions & Limitations

**Unless otherwise specified in the Schedule of Benefits**, 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.

## Termination Of Benefits

Benefits will terminate on the earliest of:

- \* the date you fail to make any required contribution;
- \* the last day of the month following the month of termination;
- \* the date a person enters an armed service on full-time active duty;
- \* the date the policy is terminated.

## 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 31st of the following year.

Claims should be submitted to: Pacific Blue Cross  
PO 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 Assistance Program

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All continuing and substitute employees on temporary appointments of three months or more 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

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.

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.

## **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*.

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**

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.

Eligible expenses in this category will be reimbursed as specified in the Schedule of Benefits.

The following services are covered:

### **Diagnostic**

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

<b>Service</b>	
Standard oral examination	To the maximum specified in the Schedule of Benefits
Complete oral examination	To the maximum specified in the Schedule of Benefits
Full mouth X-rays	To the maximum 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.

<b>Service</b>	
Prophylaxis	To the maximum specified in the Schedule of Benefits
Fluoride	To the maximum 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:

<b>Service</b>	
Reline	To the maximum 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.

**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.

Eligible expenses in this category will be reimbursed as specified in the Schedule of Benefits.

The following services are covered:

**Crowns and Bridges**

To replace missing teeth with a fixed prosthetic. Crowns and/or bridges may be replaced once every 60 months. *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 to the maximum specified in the Schedule of Benefits.

## **PLAN C - ORTHODONTIA**

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.

Eligible expenses in this category will be reimbursed as specified in the Schedule of Benefits.

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 to 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  
PO 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  
Prince George Customers  
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  
(250) 561-7981  
1-800-206-7218

### 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>.

### 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.

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 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

**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)**

Web: <http://www.hlth.gov.bc.ca/bcas/>

- Vancouver & Lower Mainland (non-emergency) (604) 872-5151
- Provincial Administrative headquarters (250) 952-0888
- Billing Enquiries – toll free 1-800-665-7199