

Dental Benefits

• Benefit provisions	
Eligibility	
Minimum Work Week	As per collective agreement.
Waiting Period	As per collective agreement
Effective Date of Coverage	TBA
Termination Age	None
Dependent Child Definition	Up to age 21.
Spouse Definition	Legal, common-law or same sex partner.
General	
Insurer	Pacific Blue Cross
Policy Number	D001570
Deductible (single / family)	\$0/\$0
Dental Fee Guide	PBC Schedule 3
Specialist Fee Guide	Fee Guide plus 10%
Adult fluoride	Covered
Inlays/onlays	Covered under Basic Services. Please refer to the general plan description for more information.
Survivor Extension	None
Basic Services	
Reimbursement	85%
Maximum	Unlimited
Adult check up frequency	2 per year
Child check up frequency	2 per year
Endodontics / Periodontics	
Reimbursement	85%
Maximum	Unlimited
Major Restorative Services	
Reimbursement	70%
Maximum	Unlimited
Orthodontics	
Reimbursement	70%
Maximum	\$2,000/lifetime

Age Limit	Covers adults and children
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Continuation of Coverage

Maternity/Parental Leave	Coverage may be continued during maternity/parental leave, but not more than the period required under the relevant legislation. Please contact your Benefits Administrator for details.
Strike or Lock out	Coverage may be continued during strike or lock out, but not for a period longer than that required under the relevant legislation or by School Board policy. Please contact your Benefits Administrator for details.
Lay-off	Coverage may or may not be continued during lay off as described in the School Board policy. Please contact your Benefits Administrator for details.
Secondments, Elections, Appointments or Leaves for Public Office	Coverage may or may not be continued during secondments, elections, appointments or leaves for public office as described in the School Board policy. Please contact your Benefits Administrator for details.
Unpaid leave of absence	Coverage may or may not be continued during an unpaid leave of absence as described in the School Board policy. Please contact your Benefits Administrator for details.

Costs

Cost Sharing Deduction Frequency	12 months
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Extended Health Benefits

- Benefit provisions

Eligibility

Minimum Work Week	As per collective agreement.
Waiting Period	As per collective agreement.
Effective Date of Coverage	TBA
Termination Age	None
Dependent Child Definition	Up to age 21, or 25 if in full time attendance at school, or any age, if handicapped.
Spouse Definition	Legal, common-law or same sex partner.

General

Insurer	Pacific Blue Cross
Policy Number	E020036
Deductible (single / family)	\$25/\$25
Overall Maximum	Unlimited
Survivor Extension	N/A

Drug Coverage

Drug card available	No
Drug definition	As prescribed and dispensed by a licensed pharmacist or Physician.
Reimbursement	80% until \$1,000 paid, 100% thereafter
Fertility drugs covered	Not covered
Oral Contraceptives	Not covered
Hospital	
Reimbursement	80% until \$1,000 paid, 100% thereafter
Private/Semi-Private Room	Semi Private or Private
Vision Care	
Reimbursement	80% till \$1,000 paid, then 100%
Vision Discount Card	Not applicable
Maximum (\$ / period)	\$150/2 years
Prescription Sunglasses	Not covered
Services and Supplies	
Reimbursement	80% until \$1,000 paid, 100% thereafter.
Hearing Aids	\$400/4 years
Convalescent Care	N/A
Private Duty Nursing	Fees for a registered nurse for special duty nursing in an acute case when ordered by the attending physician, up to 720 hours per year.
Orthopedic Shoes	\$400/year (adult), \$200/year (child)
Orthotics	Yes, up to \$200/year.
Smoking Cessation Supplies	N/A
Miscellaneous	
Paramedicals	
Speech Therapy	\$100 maximum per person per calendar year.
Acupuncture	\$100 maximum per person per calendar year.
Chiropractor	\$200 maximum per person per calendar year combined with Naturopath.
Christian Science	Not covered
Massage Therapy	\$250 maximum per person per calendar year combined with Physiotherapy.
Naturopath	\$200 maximum per person per calendar year combined with

	Chiropractor.
Osteopath	Not covered
Physiotherapy	\$250 maximum per person per calendar year combined with Massage Therapy.
Podiatry	\$100 maximum per person per calendar year.
Psychology	\$100 maximum per person per calendar year.
Out Of Province	
Reimbursement	100% for Emergency, 80% for Non-Emergency
Maximum (\$)	Unlimited
Maximum days OOC	No limit provided MSP coverage is maintained.
Submit to provincial plan first	Yes. Pacific Blue Cross will not reimburse any expenses payable or provided under a Government plan.
Pregnancy limitation	2 months
Emergency Travel Assistance	
Travel Assist	Worldwide emergency medical assistance is available. Please see your plan administrator for an ID card and brochure.
Deluxe Features	
Medical Referral Travel Benefit	N/A
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Costs	