

FLEXIBLE BENEFITS PROGRAM

Your choices at a glance

A detailed Flexible Benefits Guide is available on MyHR. Questions? Please call 1-877-277-0772. Remember, you have \$200 in general flex credits to spend in addition to the flex credits you receive towards the cost of MSP, extended health, dental and life insurance coverage. All costs shown are annual costs.

MEDICAL SERVICES PLAN	Waive	Option 1 (fully funded)
MSP coverage	No coverage	Coverage
Annual price (all family sizes)	\$117 CR	\$0

EXTENDED HEALTH PLAN	Waive	Option 1	Option 2	Option 3 (fully funded)	Option 4	Option 5 (two year lock-in)
Annual deductible	No coverage	\$80	\$200	\$80	\$0	\$0
Reimbursement (for most expenses, including prescription drugs)	No coverage	20%	80% ¹	80% ¹	80% ¹	100%
Vision	No coverage	\$250/2 years	None	\$250/2 years	\$500/2 years	\$500/2 years
Paramedical services (acupuncture, chiropractor, massage therapy, naturopathic physician, physiotherapy, podiatry)	No coverage	\$300/year/person combined (all services)	\$800/year/person combined (all services)	\$200/year/person (\$500/ family)/service except: <ul style="list-style-type: none"> massage therapy (\$750/person/year) physiotherapy (no annual maximum) 	\$500/year/person/service	\$500/year/person/service
Hearing aids (Adult: 4 years/ Child: 2 years)	No coverage	\$700 per ear	\$700 per ear	\$1,500 per ear	\$1,500 per ear	\$1,500 per ear
Annual price						
Employee only	\$300 CR	\$198 CR	\$135 CR	\$0	\$108	\$309
Employee + 1 dependent					\$216	\$417
Employee + 2 or more dependents					\$324	\$525

DENTAL PLAN	Waive	Option 1	Option 2	Option 3	Option 4 (fully funded)	Option 5	Option 6 (two year lock-in)
Basic services recall exams every 6 months for dependent children and every 9 for adults, unless otherwise stated.	No coverage	20%	80%	100% Recall for adults: 6 months	100%	100%	100% Recall for adults: 6 months
Major services	No coverage	50%	65%	No coverage	65%	75%	85%
Orthodontic services (Note: LTM = lifetime maximum)	No coverage	50% with LTM of \$2,000	1 No coverage	No coverage	55% with LTM of \$3,500	No coverage	55% with LTM of \$5,000
Annual price							
Employee only	\$300 CR	\$195 CR	\$96 CR	\$75 CR	\$0	\$42	\$213
Employee + 1 dependent						\$84	\$426
Employee + 2 or more dependents						\$120	\$633

¹ Reimbursement at 80% for the first \$1,000, then at 100% for the balance of the year.

EMPLOYEE BASIC LIFE INSURANCE	Option 1	Option 2 (fully funded)	Option 3
Coverage	\$25,000	\$80,000	3x annual salary (minimum \$80,000)
Annual price (Employee's portion)	\$112 CR	\$0	(0.00612 x annual salary) - \$163*

Note: A minimum amount of life insurance is required. Evidence of insurability is not required on first enrolment, but it is required for future increases.

*The employer covers the first \$80,000 of employee life insurance, which costs \$163 per year. The employee pays the remainder.

OPTIONAL LIFE INSURANCE	Waive	Option 1
Employee You must choose Option 3 of employee basic life insurance to apply for this coverage.	No coverage	Units of \$25,000 to \$1 million maximum
Spouse	No coverage	Units of \$25,000 to \$500,000 maximum
Child	No coverage	\$11.28 per unit of \$5,000 to maximum of \$20,000

Note: During initial enrolment, you and your spouse are eligible for up to \$50,000 of optional life insurance evidence free. Evidence of insurability is required for all future increases.

OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	Waive	Option 1	Rates for Option 1
Employee	No coverage	Units of \$25,000 to \$500,000 maximum	\$9.60 per unit of \$25,000
Spouse	No coverage	Units of \$25,000 to \$500,000 maximum	\$9.60 per unit of \$25,000
Child	No coverage	Units of \$10,000 to \$250,000	\$3.30 per unit of \$10,000 (single rate covers all listed children)

OPTIONAL FAMILY FUNERAL BENEFIT	Waive	Option 1
	No coverage	<ul style="list-style-type: none"> \$10,000 spouse \$5,000 per child
Annual price	\$0	\$25.80

HEALTH SPENDING ACCOUNT (HSA)	Waive	Option 1
	No HSA	Elect HSA and allocate a minimum of \$100 flex credits to it.

Note: You may only allocate funds to an HSA during initial enrolment and Open Enrolment.

ANNUAL RATE FOR EACH UNIT (\$25,000) OF COVERAGE FOR OPTIONAL LIFE INSURANCE (NS=NON-SMOKER; S=SMOKER)							
Gender\Age (yrs)	Under 35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64
Female (NS)	\$9	\$12	\$18	\$30	\$48	\$78	\$105
Female (S)	\$12	\$18	\$30	\$54	\$87	\$132	\$183
Male (NS)	\$15	\$15	\$21	\$45	\$84	\$138	\$183
Male (S)	\$30	\$33	\$54	\$99	\$168	\$285	\$381

Tips

- Log on to CARESnet through the Pacific Blue Cross website to see your claims history. CARESnet provides online access to your personalized extended health and dental coverage and claims information. www.pac.bluecross.ca
- Check out the Pharmacy Compass on the Pacific Blue Cross website. The Pharmacy Compass helps you get better value for your medications by comparing the price at different pharmacies across British Columbia. www.pac.bluecross.ca
- Ask your doctor or pharmacist if there is a less expensive generic medication that is right for you.
- Don't forget to contact MyHR to update your benefits coverage as your personal circumstances change.
- Please note that naming a beneficiary for your Public Service Pension Plan is a separate process from nominating your group life insurance beneficiary. For more information, please contact the Public Service Pension Plan. www.pensionsbc.ca

MyHR

Website: www.gov.bc.ca/myhr
 Phone: 1-877-277-0772
 Mailing Address:
 Benefits Service Centre
 Block E, 2261 Keating Cross Road
 Saanichton, BC V8M 2A5

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Note: These plans are subject to change from time to time. In the event of any discrepancy or misunderstanding, benefits will be paid according to the applicable contracts, policies, plan documents and legislation.

● Cost to you

● Left-over flex credits