

FLEXIBLE BENEFITS PROGRAM: Your Choices at a Glance 2024/2025



Where ideas work

This document provides an overview of the differences between the plan options. See the Flexible Benefits Guide on [MyHR](#) for details on all eligible items and services.

All amounts shown are annual amounts. You have an additional \$200 provided by the employer annually to spend.

● Cost to you ● Left-over flex credits

EXTENDED HEALTH PLAN		OPTIONS			
		Waive	Coordination	Comprehensive (fully funded)	Enhanced (two-year lock-in)
Annual deductible		No coverage	\$100	\$100	\$0
Reimbursement (for most expenses, including prescription drugs)		No coverage	20% Reimbursed at 20% for the first \$5,000 paid in a calendar year per person and then 100% for the balance of the year (subject to some restrictions and plan maximums)	80% Reimbursed at 80% for the first \$2,000 paid in a calendar year per person and then 100% for the balance of the year (subject to some restrictions and plan maximums)	100% (Subject to some restrictions and plan maximums)
Vision		No coverage	Adult: \$250/24 months Child: \$250/12 months	Adult: \$250/24 months Child: \$250/12 months	Adult: \$500/24 months Child: \$500/12 months
Paramedical services (includes acupuncture, chiropractor, massage therapy, naturopathic physician, physiotherapy & podiatry)		No coverage	<u>All services combined:</u> \$500/year/person	\$750/year for massage/person \$750/year for physio/person \$500/year/other services/person	\$1,000/year for massage/person \$1,500/year for physio/person \$500/year/other services/person
In-province lifetime maximum		No coverage	\$3 million	\$3 million	\$3 million
Out-of-province/country medical emergency (100% to lifetime maximum of \$3 million)		No coverage	Business and personal travel	Business and personal travel	Business and personal travel
Annual Price	You				\$340
	You plus 1 dependant	\$300 CR	\$198 CR	\$0	\$459
	You plus 2 or more dependants				\$578
DENTAL PLAN		OPTIONS			
		Waive	Coordination	Comprehensive (fully funded)	Enhanced (two-year lock-in)
Basic		No dental coverage	20% Recall for adults: 9 months Recall for children: 6 months	100% Recall for adults: 9 months Recall for children: 6 months	100% Recall for adults & children: 6 months
Major			50%	65%	85%
Orthodontic (LTM = lifetime maximum)			50% with LTM of \$2,000	55% with LTM of \$3,500	55% with LTM of \$5,000
Annual Price	You				\$213
	You plus 1 dependant	\$300 CR	\$195 CR	\$0	\$426
	You plus 2 or more dependants				\$633

EMPLOYEE BASIC LIFE INSURANCE			
	Core	Comprehensive	Enhanced
Life insurance for you to age 65	\$25,000	\$100,000	3 x annual salary
Annual price	\$81.00 CR	\$0	(9 cents per \$1,000 of insurance above \$100,000*) x 12 months

Note: Evidence of insurability is not required on initial enrolment but is required for any future increases

OPTIONAL LIFE INSURANCE		
	Units of	Maximum
You You must choose Enhanced Employee Basic Life Insurance to apply for this coverage	\$25,000	\$1 million
Your spouse	\$25,000	\$500,000
For all your dependent children	\$5,000	\$20,000 (Cost for all dependent children is \$11.28 per unit of \$5,000)

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	\$84	\$108
Female (S)	\$12	\$18	\$30	\$60	\$90	\$138	\$192
Male (NS)	\$18	\$18	\$24	\$48	\$87	\$144	\$189
Male (S)	\$30	\$36	\$60	\$102	\$177	\$294	\$396

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 & DISMEMBERMENT INSURANCE (AD&D)			
	Units of	Maximum	Annual rate per unit
You	\$25,000	\$500,000	\$9.60
Your spouse	\$25,000	\$500,000	\$9.60
For all your dependent children	\$10,000	\$250,000	\$3.30

OPTIONAL FAMILY FUNERAL BENEFIT	
Life insurance for your spouse (\$10,000) and for all dependent children (\$5,000 per child)	
Annual price	\$25.92

HEALTH SPENDING ACCOUNT (HSA)	Waive	Elect
	You can only allocate funds to an HSA during initial enrolment and Open Enrolment	No HSA

CONTACT MyHR		
Mailing address: Benefits Service Centre 3980 Quadra Street Victoria BC V8X 1J9	Phone: Toll free: 1-877-277-0772	Fax: 604-320-4031
Victoria or Vancouver: 250-952-6000	Website: www.gov.bc.ca/myhr	
Callers from outside BC: Call Enquiry BC at 604-660-2421 and ask to be transferred to MyHR at 1-877-277-0772	Email: www.gov.bc.ca/myhr/contact (AskMyHR Service Request)	

Note: Claim Deadlines: Health Spending Account - February 28th following the year in which the expense was incurred
Extended Health and Dental - 15 months from the date the expense was incurred