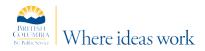
# **FLEXIBLE BENEFITS PROGRAM: Your Choices at a Glance 2024**



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.

	OPTIONS					
EXTENDED HEALTH PLAN	Waive Coordination		Comprehensive (fully funded)	Enhanced (two-year lock-in)		
Annual deductible	No coverage	\$100	\$100	\$0		
<b>Reimbursement</b> (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		
<b>Paramedical services</b> (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/perso \$1,500/year for physio/person \$500/year/other services/perso		
In-province lifetime maximum	No coverage	\$3 million	\$3 million	\$3 million		
<b>Out-of-province/country medical emergency</b> (100% to lifetime maximum of \$3 million)	No coverage	Business and personal travel	Business and personal travel	Business and personal travel		
You				\$340		
You plus 1 dependant	\$300 CR	\$198 CR	\$0	\$459		
You plus 2 or more dependants				\$578		
	OPTIONS Cost to you Left-over f					
DENTAL PLAN	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		
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 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 <b>\$11.28</b> per unit of \$5,000)

**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 & 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

HEALTH SPENDING ACCOUNT (HSA)	Waive	Elect
You can only allocate funds to an HSA during initial enrolment and Open Enrolment	No HSA	Minimum: \$100 Maximum: Please use the Calculator Tool to confirm <u>your</u> maximum prior to enrolling *Individual maximum may vary

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

## **OPTIONAL FAMILY FUNERAL BENEFIT**

Phone:

250-952-6000

Life insurance for your spouse (\$10,000) and for all dependent children (\$5,000 per child)

Annual price

\$25.92

Fax:

### CONTACT MyHR

Mailing address: Benefits Service Centre 3980 Quadra Street Victoria BC V8X 1J9

 Toll free: 1-877-277-0772
 604-320-4031

 Victoria or Vancouver:
 Website:

Website: www.gov.bc.ca/myhr

Callers from outside BC: Email: Call Enquiry BC at 604-660-2421 and ask to be transferred to MyHR at 1-877-277-0772

www.gov.bc.ca/myhr/contact (AskMyHR Service Request)

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

