FLEXIBLE BENEFITS PROGRAM: Your Choices at a Glance 2027

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, reasonable and customary limits 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, reasonable and customary limits and plan maximums)	100% (Subject to some restrictions, reasonable and customary limits and plan maximums)
Vision	No coverage	Adult: $250/24 months Child: $250/12 months	Adult: $400/24 months Child: $300/12 months	Adult: $500/24 months Child: $500/12 months
Paramedical services(includes acupuncture, chiropractor, massage therapy, naturopathic physician, physiotherapy & podiatry)	No coverage	All services combined: $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**	**$300 CR**	**$198 CR**	**$0**	**$340**
Annual Price **You plus 1 dependant**				**$459**
Annual Price **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**	**$300 CR**	**$195 CR**	**$0**	**$213**
Annual Price **You plus 1 dependant**				**$426**
Annual Price **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	**$72.00 CR**	**$0**	**(8 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)

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 your 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
Woman/Girl (NS)	$9	$12	$18	$30	$48	$84	$108
Woman/Girl (S)	$12	$18	$30	$60	$90	$138	$192
Man/Boy (NS)	$18	$18	$24	$48	$87	$144	$189
Man/Boy (S)	$30	$36	$60	$102	$177	$294	$396
Non-Binary (NS)	$18	$18	$24	$48	$87	$144	$189
Non-Binary (S)	$30	$36	$60	$102	$177	$294	$396
Prefer not to answer (NS)	$18	$18	$24	$48	$87	$144	$189
Prefer not to answer (S)	$30	$36	$60	$102	$177	$294	$396

*Premiums are not locked in at the rate in place when application is made and will change as the age of the enrolled individual changes.

OPTIONAL FAMILY FUNERAL BENEFIT

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

Annual price	**$22.68**

CONTACT MyHR

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Website:
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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

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