

# FLEXIBLE BENEFITS PROGRAM: Your Choices at a Glance 2024



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.

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				<b>\$340</b>
	You plus 1 dependant	<b>\$300 CR</b>	<b>\$198 CR</b>	<b>\$0</b>	<b>\$459</b>
	You plus 2 or more dependants				<b>\$578</b>
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	You				<b>\$213</b>
	You plus 1 dependant	<b>\$300 CR</b>	<b>\$195 CR</b>	<b>\$0</b>	<b>\$426</b>
	You plus 2 or more dependants				<b>\$633</b>

● Cost to you ● Left-over flex credits

## EMPLOYEE BASIC LIFE INSURANCE

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

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

## OPTIONAL LIFE INSURANCE

	Units of	Maximum
<b>You</b> You must choose Enhanced Employee Basic Life Insurance to apply for this coverage	\$25,000	\$1 million
<b>Your spouse</b>	\$25,000	\$500,000
<b>For all your dependent children</b>	\$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

## 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
<b>Female (NS)</b>	\$9	\$12	\$18	\$30	\$48	\$84	\$108
<b>Female (S)</b>	\$12	\$18	\$30	\$60	\$90	\$138	\$192
<b>Male (NS)</b>	\$18	\$18	\$24	\$48	\$87	\$144	\$189
<b>Male (S)</b>	\$30	\$36	\$60	\$102	\$177	\$294	\$396

## OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

	Units of	Maximum	Annual rate per unit
<b>You</b>	\$25,000	\$500,000	<b>\$9.60</b>
<b>Your spouse</b>	\$25,000	\$500,000	<b>\$9.60</b>
<b>For all your dependent children</b>	\$10,000	\$250,000	<b>\$3.30</b>

## HEALTH SPENDING ACCOUNT (HSA)

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

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

## OPTIONAL FAMILY FUNERAL BENEFIT

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

Annual price **\$25.92**

## CONTACT MyHR

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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

### Fax:

604-320-4031

### Website:

[www.gov.bc.ca/myhr](http://www.gov.bc.ca/myhr)

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(AskMyHR Service Request)