

FLEXIBLE BENEFITS PROGRAM: Your Choices at a Glance 2017



Where ideas work

MEDICAL SERVICES PLAN		
	No coverage	MSP coverage
Annual price (All family sizes)	\$117	\$0

This document provides an overview on 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			
		No coverage	Coordination	Comprehensive (fully funded)	Enhanced (two year lock-in)
Annual deductible		No coverage	\$100	\$90	\$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 \$1,500 paid in a calendar year per person and then 100% for the balance of the year (subject to some restrictions and plan maximums).	100%
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 and podiatry)		No coverage	<u>All services combined:</u> \$500/year/person	\$500/year/service/person	\$750/year for massage/person \$1,500/year for physio/person \$500/year/other services/person
In province lifetime maximum		No coverage	\$500,000	\$500,000	\$500,000
Out-of-province emergency (100% to lifetime maximum of \$3 million)		Business travel only	Business and personal travel	Business and personal travel	Business and personal travel
Annual Price	You	\$300 CR	\$198 CR	\$0	\$340
	You plus 1 dependant				\$459
	You plus 2 or more dependants				\$578

CLAIMING DEADLINE: June 30th following the year in which the expense was incurred.

DENTAL		OPTIONS			
		No coverage	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 and 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
	You plus 1 dependant				\$426
	You plus 2 or more dependants				\$633

CLAIMING DEADLINE: 12 mths from the date of service.

FLEXIBLE BENEFITS PROGRAM 2017

YOUR BASIC LIFE INSURANCE			
	Core	Comprehensive	Enhanced
Life insurance for you to age 65	\$25,000	\$80,000	3 x annual salary
Annual price	\$118.80 CR	\$0	18 cents per \$1,000 of insurance above \$80,000) x 12 months

OPTIONAL LIFE INSURANCE (You must choose Enhanced Employee Basic Life Insurance to apply for this coverage for you.)		
	Units of	Maximum
You	\$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 AND DISMEMBERMENT INSURANCE			
	Units of	Maximum	Per unit of \$25,000
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
	No HSA	Allocate a minimum of \$100. Individual maximum may vary. Please use the calculator tool to confirm your maximum prior to enrolling.

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

OPTIONAL FAMILY FUNERAL BENEFIT	
Life insurance for your spouse (\$10,000) and for all dependent children (\$5,000)	
Annual price	\$ 26.52

CONTACT MYHR		
Mailing address: Benefits Service Centre Block E, 2261 Keating Cross Rd Saanichton B.C. V8M 2A5	Phone: Toll free: 1 877-277-0772 Victoria or Vancouver: 250-952-6000 Callers from outside B.C.: 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 Email: Ask MyHR

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