

HEALTHCARE BENEFIT TRUST



BENEFIT FROM EXPERIENCE

your

Group Benefit

P L A N

MoveUP Employees (#513) at BC Transit

Provided by your
Employer through the
Healthcare Benefit Trust
Effective: April 1, 2023
EG ID 2927

We make every effort to ensure the information that we distribute to organizations in electronic format is factual and up to date. To that effect, we have attempted to secure the integrity of the information that we distribute by releasing such information in a “read-only” format. However, in the event that such information is manipulated by anyone other than the Healthcare Benefit Trust or if organizations fail to update any new versions of the information distributed by the Healthcare Benefit Trust, the most recent version of the information distributed by the Healthcare Benefit Trust will govern any disputes. Moreover, the information provided by the Healthcare Benefit Trust regarding benefits may become out of date if changes are made to the Healthcare Benefit Trust’s Plan Document, the Healthcare Benefit Trust’s Trust Agreement, the applicable Collective Agreements in force, or the Pacific Blue Cross and Canada Life contracts. Such changes could include, but are not limited to, increasing, decreasing or eliminating:

- a) coverage for people and benefits, or
- b) amounts for premiums and deductibles.

The governing documents are the Healthcare Benefit Trust’s Plan Document, the Healthcare Benefit Trust’s Trust Agreement, the applicable Collective Agreements in force, and the Pacific Blue Cross and Canada Life contracts as each may be amended from time to time. In the case of any inconsistency between the terms of the information provided to organizations and placed, for example, on an organization’s Intranet and the governing documents, the governing documents prevail. If your organization has any questions regarding the benefits, we urge you to contact our office for complete and accurate information.

Healthcare Benefit Trust
Suite 350, 2889 East 12th Avenue
Vancouver, BC V5M 4T5
Phone: (604) 736-2087 or 1-888-736-2087

Benefits-at-a-Glance

HEALTHCARE BENEFIT TRUST



BENEFIT FROM EXPERIENCE

MOVEUP EMPLOYEES (#513) AT BC TRANSIT

DENTAL

» Basic Services “Part A” (exams, fillings, etc.)	100%
» Major Services “Part B” (exams, fillings, etc.)	80%
» Orthodontic Services “Part C” (braces).....	50%
	lifetime maximum \$5,000

EXTENDED HEALTH

» Annual Deductible	\$25
» Reimbursement of Eligible Expenses	
• under \$1,300/calendar year	80%
• over \$1,300/calendar year	100%
» Lifetime Maximum	\$2,000,000
» Annual Maximum:	
• Acupuncturist	\$750
• Chiropractor/Osteopath (combined maximum)	\$750
• Massage Therapist	\$750
• Naturopathic Physician	\$750
• Physiotherapist/Athletic Therapist (combined maximum).....	\$750
• Podiatrist	\$750
• Psychologist/Clinical Counsellor/Social Worker (combined maximum).....	\$1,500
• Speech Therapist.....	\$750
» Eye Exams	combined with Vision Care maximum
» Hearing Aids	\$2,000 per ear every 5 years
» Orthopedic Shoes and Orthotics	
Orthopedic Shoes	1 pair per lifetime
Orthotics.....	1 pair per lifetime
» Out-of-Province/Out-of-Country Emergencies	100%
» Prescription Drugs	
• Pay direct claims	
• Reimbursement is subject to Pharmacare’s Low Cost Alternative and Reference Based Pricing payment Policies; includes dispensing fee cap and mark-up limit	
» Vision Care	\$750 every 24 months
<i>Includes eye examination and laser eye surgery</i>	
» Wigs or Hairpieces	\$625 per lifetime

PBC Member Profile

You can obtain online information on your Dental and Extended Health coverage (as applicable) and claims through PBC’s Member Profile website at: service.pac.bluecross.ca/member.

Benefits-at-a-Glance is intended as a summary only.

For more information, please refer to your benefits booklet.



All benefits are subject to the applicable Collective Agreement currently in force, the Pacific Blue Cross contracts, and the Healthcare Benefit Trust’s Plan document.

Effective: April 1, 2023

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Benefits are administered under the terms of the Healthcare Benefit Trust’s Plan and claims are paid out of the Healthcare Benefit Trust. The Trust is funded by contributions from healthcare, community social services and other public sector employers and employees in BC.

The Healthcare Benefit Trust is a trust that is exclusively dedicated to providing certain employee benefits and services related to those benefits. The Trust is not an insurance company and the benefits it provides are not insured by an insurance company. The Trust is not subject to regulation under the British Columbia *Financial Institutions Act*.

Dental

The Dental benefit reimburses you or your dentist for many of your dental expenses.

eligibility

Your eligibility is as described in your collective agreement and/or employer's human resources policies.

Dependents: If you are eligible, your eligible dependents are -

1. Husband or wife.
2. Common-law spouse as defined in your collective agreement.
3. Unmarried children until the end of the month in which they attain age 21 if they are mainly dependent on, and living with, you or your spouse.
4. Unmarried children to any age if in full-time attendance at a school, college or university, that is recognized by Pacific Blue Cross, and if mainly dependent on you or your spouse.
5. Unmarried physically or mentally handicapped children to any age if they are mainly dependent on, and living with, you or your spouse.

Note: "Children" means your children or your spouse's children, and includes adopted and stepchildren, and children for whom you are the legal guardian. Legal proof of guardianship is required. "Mainly dependent" means the child relies on you or your spouse, principally, for financial support. You must be prepared to prove that persons claimed as dependents are actually dependent upon you.

effective date

Your coverage takes effect on the date specified in your collective agreement and/or employer's human resources policies.

Dependents: Coverage for dependents takes effect on the later of the date your coverage takes effect or the date they become eligible dependents (e.g. date of birth, marriage). New dependents must be enrolled within 60 days of the date they become eligible. To enroll a dependent, contact your employer.

amount of benefit

Refer to the *Benefits-at-a-Glance*.

You can obtain on-line information on your Dental coverage and eligible dependents through PBC's Member Profile website at: service.pac.bluecross.ca/member

eligible expenses

This Dental benefit covers those services which are routinely provided to you or your dependents in offices of general practicing dentists in BC.

The services, and the amounts paid for such services, are as set out in the current Pacific Blue Cross Dental Fee Schedule No. 2. Fees in excess of the amount shown in the fee schedule will be

your responsibility. When performed by a specialist (on referral by a general practicing dentist), the fee paid is the amount paid to a general practicing dentist, plus up to 10%.

Eligible expenses under this Dental benefit are:

Basic Services/Part "A"

Basic Services covers those services required to maintain teeth in good order and to restore teeth to good order.

1. Diagnostic services: Procedures to determine the dental treatment required, including the following -
 - a. specific exams covered, provided PBC has not paid for any other exam by the same Dentist in the past 60 days.
 - b. consultation, as a separate appointment.
 - c. one complete exam in any 3 year period, provided no other exam has been paid by this Dental benefit on your behalf in the preceding 6 months.
 - d. x-rays, up to the maximum established by Pacific Blue Cross for the calendar year.
 - e. full mouth x-rays once in any 36 month period.
 - f. panoramic x-rays once per 24 month period.
2. Endodontic services - Root canals once per tooth within a 5 year period.
3. Periodontic services - Procedures for the treatment of gums, including bone and tissue grafts; limited to every 5 years or as specified in the Pacific Blue Cross Dental Fee Schedule No. 2.
4. Preventive services: Procedures to prevent oral disease, including the following -
 - a. scaling.
 - b. cleaning and polishing of teeth (prophylaxis) twice in any calendar year.
 - c. fluoride application twice in any calendar year.
 - d. fixed band and loop space maintainers intended to maintain space and regain lost space, but not to obtain more space.
 - d. sealants (pit and fissure); limited to once per tooth within a 2 year period.
5. Restorative services:
 - a. Procedures for filling teeth, including metal prefabricated restorations (limited to once per tooth within a 2 year period). Composite fillings on all teeth is allowed.
 - b. Inlays or onlays (once per tooth within a 5 year period). If you choose a more expensive material than would suffice, you will be responsible for the additional cost.
6. Prosthetic repairs:
 - a. Relining or repairing, but not remaking, of bridgework and dentures; limit of 1 per upper and 1 per lower prosthesis within a 2 year period.
 - b. Tissue conditioning to a limit of 2 per upper and 2 per lower prosthesis within a 5 year period.
 - c. Gold foil, but only in cases of repair to existing gold restorations.
7. Surgical services: Procedures to extract teeth as well as other surgical procedures performed by a dentist. Includes anesthetics as specified in Pacific Blue Cross Fee Schedule No. 2.

Major Reconstruction Services/Part "B"

Major Reconstruction Services covers those services required for major reconstruction or replacement of deteriorated or missing teeth. A service provided under Part B is eligible for payment only once in any 5 year period. These items will only be replaced if the item cannot be repaired.

1. Major Restorative: Crowns, inlays or onlays involved in bridgework and veneers. Rebuilding natural teeth where other basic material cannot be used satisfactorily. Certain materials will not be authorized for use on back teeth. Pre-approval by Pacific Blue Cross is recommended.
2. Removable Prosthetics: The artificial replacement of missing teeth with dentures: full upper and lower dentures or partial dentures of basic, standard design and materials. Full or partial dentures may be obtained from either a dentist or a denturist. Lost, stolen or broken dentures will not be replaced.
3. Fixed Prosthetics: The artificial replacement of missing teeth with a crown or bridge.
4. Periodontal Appliances: 2 bruxing guards in a 5 year period. No coverage for replacement of lost, broken or stolen bruxing guards.

Orthodontic Services/Part "C"

Orthodontic Services covers those services required to straighten abnormally arranged teeth. Pre-approval by Pacific Blue Cross is necessary.

Braces: up to the lifetime maximum specified in the *Benefits-at-a-Glance*. Costs of lost or stolen braces are not eligible for payment.

pre-approval

It is recommended that, before beginning treatment, your dentist contact Pacific Blue Cross to confirm that:

1. You and your dependents are covered by the Plan.
2. The proposed dental services are Eligible Expenses under this Plan.
3. You or your dependents have not reached the coverage limits (e.g. the lifetime orthodontics maximum; the 5 year limit on a crown or dentures).

If the cost of the treatment is significant, your dentist should also send a treatment plan to Pacific Blue Cross for approval.

exclusions

The Dental benefit does not cover the following:

1. Cosmetic dentistry, temporary dentistry, procedures performed for congenital malformations, oral hygiene instruction, drugs and medicines.
2. Treatment covered by WorkSafeBC (WSBC), Medical Services Plan of B.C. (MSP), or other publicly supported plans.
3. Services required as a result of an accident for which a third party is responsible.
4. Charges for completing forms, written reports, communication costs, or charges for translating documents into English.
5. Fees in excess of the current Pacific Blue Cross Dental Fee Schedule No. 2 or fees for services which are not set out in that Dental Fee Schedule.
6. Expenses resulting from war or an act of war, participation in a riot or civil insurrection, or commission of an unlawful act.
7. Expenses resulting from intentionally self-inflicted injuries, while sane or insane.
8. Charges for unkept appointments.

9. Charges necessitated as a result of a change of dentist or denturist, except in special circumstances.
10. Implants and/or services performed in conjunction with implants, except as indicated in PBC's Fee schedule.
11. Room charges and some anesthetics.
12. Expenses incurred prior to eligibility date or following termination of coverage.
13. Charges for services related to the functioning or structure of the jaw, jaw muscles, or temporomandibular joint.
14. Incomplete, unsuccessful or temporary procedures, recent duplication of services by the same or different dentists, drugs, or pantographic tracings.
15. Expenses for a dental accident that are paid or payable by your Extended Health benefit.
16. Travel expenses incurred to obtain dental treatment.
17. Services, medical supplies or equipment purchased from practitioners or providers who are considered by Pacific Blue Cross to be ineligible or where Pacific Blue Cross refuses the claim based on their qualifications or conduct.
18. Expenses not specifically covered under the Pacific Blue Cross contract or this booklet.

continuation of coverage

If you are receiving sick pay or WorkSafeBC (WSBC) wage loss benefits, are on unpaid leave, or are on maternity, parental or compassionate care leave, contact your employer regarding your Dental entitlement.

termination of coverage

Your Dental coverage terminates at the end of the calendar month in which you cease to be eligible. You cease to be eligible, for example, when:

- Your employment terminates
- You retire
- You commence a leave of absence and are not eligible for coverage
- You transfer to an ineligible status

Dependents: Coverage for a dependent ceases on the earlier of the above or at the end of the calendar month in which they no longer qualifies as a "dependent" under the Extended Health benefit.

conversion

If you cease to be eligible because of termination of employment, during the 60 day period following termination of coverage you may convert your coverage to an individual policy issued by Pacific Blue Cross. Contact your employer or Pacific Blue Cross for further information.

claims

Dental claims are processed by:

<p>Pacific Blue Cross PO Box 7000, Vancouver, BC V6B 4E1 604-419-2000 or toll free 1-877-722-2583 service.pac.bluecross.ca/member</p>
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PBC Member Profile: You can obtain on-line information on your Dental claims through PBC's Member Profile website at: service.pac.bluecross.ca/member

If you or your dependents require dental services, visit the dentist of your choice and take your Pacific Blue Cross ID card. Discuss the services that will be provided, the cost of those services, and any amounts that are not covered by this benefit and that you will be required to pay.

When your dentist has completed the treatment, payment may be obtained by either of the following methods:

1. Your dentist can submit a claim to Pacific Blue Cross on your behalf for amounts up to the levels specified in this Dental benefit. Pacific Blue Cross will then pay accepted claims directly to your dentist. If the services are covered at a level below 100%, you must pay the balance to your dentist, or
2. You can pay the dentist and then submit your own claim to Pacific Blue Cross up to the levels specified in this Dental benefit. Pacific Blue Cross will then pay accepted claims directly to you. For information on how to submit your own claim, contact Pacific Blue Cross.

You can submit monthly orthodontic claims electronically through PBC's Member Profile website at: service.pac.bluecross.ca/member. Keep the original receipts for your records.

Claims must be received by Pacific Blue Cross within 12 months of the date of treatment.

Co-ordination of claims: If you are eligible for coverage under more than one plan, Pacific Blue Cross will co-ordinate the benefits, subject to the maximums set out in the Pacific Blue Cross Dental Fee Schedule No. 2, so that the total payments will not exceed the expenses actually incurred.

Treatment outside of BC: If you require dental care elsewhere in Canada and you obtain services from a qualified dentist, you will be reimbursed at the rates in effect in the province where the services were provided. Where services are obtained outside of Canada from a qualified dentist, you will be reimbursed up to the amount that this Plan would have paid had the services been provided in BC. To obtain payment, obtain an itemized statement from the dentist and submit it to Pacific Blue Cross.

Change of dentist: If you find it necessary to change your dentist after you have commenced dental work, advise Pacific Blue Cross and both dentists. Claims will be paid by Pacific Blue Cross where there has been no duplication of services.

Extended Health

The Extended Health benefit reimburses you for many of your medical expenses.

eligibility

Your eligibility is as described in your collective agreement and/or employer's human resources policies.

Dependents: If you are eligible, your eligible dependents are -

1. Husband or wife.
2. Common-law spouse as defined in your collective agreement.
3. Unmarried children until the end of the month in which they attain age 21 if they are mainly dependent on, and living with, you or your spouse.
4. Unmarried children to any age if in full-time attendance at a school, college or university that is recognized by Pacific Blue Cross, and if mainly dependent on you or your spouse.
5. Unmarried physically or mentally handicapped children to any age if they are mainly dependent on, and living with, you or your spouse.

Note: "Children" means your children or your spouse's children, and includes adopted and stepchildren, and children for whom you are the legal guardian. Legal proof of guardianship is required. "Mainly dependent" means the child relies on you or your spouse, principally, for financial support. You must be prepared to prove that persons claimed as dependents are actually dependent upon you.

effective date

Your coverage takes effect on the date specified in your collective agreement and/or employer's human resources policies.

Dependents: Coverage for dependents takes effect on the later of the date your coverage takes effect or the date they become eligible dependents (e.g. date of birth, marriage). New dependents must be enrolled within 60 days of the date they become eligible. To enroll a dependent, contact your employer.

amount of benefit

Refer to the *Benefits-at-a-Glance*.

If, in a calendar year, your eligible expenses do not exceed the annual deductible, your expenses during the last 3 months of that year may be applied against the deductible for the next calendar year.

eligible expenses

This Extended Health benefit covers the following expenses when incurred by you or your dependents as a result of the necessary treatment of an illness or injury. For any items not specifically listed in this booklet, it is recommended you check with Pacific Blue Cross, prior to purchase, to determine the extent of any coverage.

PBC Member Profile: You can obtain on-line information on your Extended Health coverage and eligible dependents through PBC's Member Profile website at: service.pac.bluecross.ca/member.

- **Acupuncturist:** Fees of an approved acupuncturist up to the amount specified in the *Benefits-at-a-Glance*.
- **Ambulance:** Cost of an ambulance in an emergency from the place where the sickness or injury occurs to the nearest acute care hospital with adequate facilities to provide the required treatment (including transportation by railroad, boat or airplane, or air-ambulance in an acute emergency). This benefit also covers transportation for one attending person (doctor, nurse, first aid attendant) where necessary.
- **Chiropractor:** Fees of a registered chiropractor or osteopath up to the amount specified in the *Benefits-at-a-Glance* but not including the cost of x-rays taken by a chiropractor.
- **Dentist:** Fees of a dentist for repairs, including replacement, of natural teeth or prosthetics which have been injured accidentally while the person is covered under this Extended Health benefit. The treatment needed must be obtained within one year of the date of the accident. This Extended Health benefit does not cover orthodontic services or any dental charges which exceed the dental fee schedule in effect in the province where the service was provided. Where services are obtained outside of Canada from a qualified dentist, you will be reimbursed up to the amount that would have been paid had the services been provided in BC. "Accidental" means caused by a direct external blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth.
- **Diabetic supplies and equipment:** Needles, syringes, testing supplies, and insulin infusion pumps when basic methods are not feasible (physician's letter required). Pre-authorization from Pacific Blue Cross is required for any expenses in excess of \$5,000.
- **Employment medicals:** Charges of a physician or primary healthcare nurse practitioner for a medical examination required by a government statute or regulation for employment purposes, providing such charges are not payable by your employer under a collective agreement.
- **Hearing aids:** Cost of purchasing hearing aids when prescribed by a certified Ear, Nose and Throat Specialist or when recommended by an audiologist. The maximum is the amount specified in the *Benefits-at-a-Glance*. This benefit includes repairs, maintenance, batteries, re-charging devices or other such accessories. If the hearing aid cannot be repaired, a replacement will be covered up to the specified maximums.

Includes voluntary **hearing protection** for employees only, to a maximum of \$125 in a 60 month period beginning at the date of service of first claim and must be approved by WorkSafeBC (WSBC) or a Motor Vehicle Branch; and **hearing tests** for employees only, to a maximum of \$125 in a 12 month period.

- **Hospital room charges:** Charges for occupying a private or semi-private room in a BC acute care hospital, but not including rental of TV, telephone, etc. Includes hospital co-insurance charges of the extended care unit of an approved hospital.

- **Massage Therapist:** Fees of a registered massage therapist up to the amount specified in the *Benefits-at-a-Glance*.
- **Medical equipment:** Rental costs, unless purchase is more economical, of durable medical equipment including hospital beds and manual wheelchairs. Electric wheelchairs are covered only when the physician certifies that the patient cannot operate a manual chair. TENS and TEMS when prescribed for intractable pain. Continuous glucose monitors to a maximum of \$4,400 per year. Speech processors and headsets when prescribed for profound deafness, once per 5 years. Bi-osteogen systems and growth guidance systems when recommended by an orthopedic surgeon; breathing machines and appliances. Pre-authorization from Pacific Blue Cross is required for any expenses in excess of \$5,000.
- **Naturopathic Physician:** Fees of a registered naturopathic physician up to the amount specified in the *Benefits-at-a-Glance*, but not including the cost of x-rays taken by a naturopathic physician. Does not include remedies prescribed by a naturopathic physician.
- **Orthopedic shoes and orthotics:** One pair of custom made orthopedic shoes (including repairs) and one pair of custom made orthotics, including replacements thereafter when necessitated by normal wear and tear or a change in condition.
 - i) custom made orthopedic shoes when diagnosed and prescribed by a physician, podiatrist, primary healthcare nurse practitioner or chiropractor as medically necessary. A custom made orthopedic shoe is one made of raw materials specifically designed for the patient, and manufactured from a three-dimensional image of the patient's foot and lower leg.
 - ii) custom made orthotics when diagnosed and prescribed by a physician, podiatrist, primary healthcare nurse practitioner, chiropractor or physiotherapist as medically necessary. A custom made orthotic is one fabricated from raw material using a three-dimensional volume metric model of the patient's feet.
- **Out-of-province/out-of-country emergencies:** In the event of an emergency while traveling outside of BC/outside of Canada, the Extended Health benefit covers:
 - 1. While you or your family are traveling outside your province of residence, benefits are payable for the following eligible expenses incurred in an emergency only and when ordered by the attending physician:
 - a. Local ambulance services when immediate transportation is required to the nearest hospital equipped to provide the treatment essential to the patient.
 - b. The hospital room charge and charges for room, board services and supplies when confined as a patient or treated in a hospital, to a maximum of 90 days. If reasonably possible, Pacific Blue Cross should be notified within 5 days of the patient's admission to hospital. When the patient's condition has stabilized, Pacific Blue Cross has the right, with the approval of the attending physician, to move the patient by licensed ambulance service (by surface or air at the discretion of Pacific Blue Cross) to the hospital nearest the patient's home which is equipped and has space available to provide further medical treatment. Where transportation would endanger the health of the patient, the 90 day limit may be extended by Pacific Blue Cross.
 - c. Services of a physician and laboratory and x-ray services.
 - d. Prescription drugs in sufficient quantity to alleviate an acute medical condition.
 - e. Other emergency services and/or supplies that Pacific Blue Cross would cover in your province of residence.
 - 2. Worldwide Emergency Medical Assistance (Medi-Assist): In emergencies which occur while you (and your dependents) are traveling, Medi-Assist will coordinate the following services:

- a. Locate the nearest appropriate medical care.
- b. Obtain consultative and advisory services and supervision of medical care by qualified licensed physicians.
- c. Investigate, arrange and coordinate medical evacuations and related transportation needs.
- d. Arrange and coordinate the repatriation of remains.
- e. Replace lost or stolen passports, locate qualified legal assistance and local interpreters, and other incidental aid you and/or your dependents may require when in distress.

Your Pacific Blue Cross worldwide emergency Medi-Assist card provides information on how to contact Medi-Assist. Call the nearest Medi-Assist emergency access number listed on your card. If necessary, call collect or contact the local telephone operator for help in placing your call. Have your Pacific Blue Cross ID number and Medi-Assist group number ready for personal identification as both numbers are required. For further information, refer to Pacific Blue Cross' website at www.pac.bluecross.ca/corp/mediassist/.

Note: Emergency referrals to other provinces (except Quebec) are covered by MSP, if pre-approved by MSP, as if the expenses had been incurred in BC.

- **Out-of-province/out-of-country non-emergencies:**

1. Out-of-province non-emergency eligible expenses, that are incurred within Canada, are covered by this Extended Health benefit as if those expenses had been incurred in the person's province of residence, subject to the deductible, coinsurance and maximums.

Note: Non-emergency referrals to other provinces (except Quebec) are covered by MSP, if pre-approved by MSP, as if the expenses had been incurred in BC.

2. Out-of-country non-emergency eligible expenses are covered by this Extended Health benefit as if those expenses had been incurred in BC, subject to the deductible, coinsurance and maximums.

- **Paramedical items and prosthetic devices:** Oxygen; crutches, splints, casts, collars (but not elastic or foam supports), trusses, and rigid support braces; ostomy or ileostomy supplies; hyaluronic acid injections when administered by a physician or primary healthcare nurse practitioner; rigid support braces and permanent prostheses (artificial limbs, larynxes and eyes, and mastectomy forms) when ordered by a physician, physiotherapist, chiropractor or primary healthcare nurse practitioner. Repair or replacement of worn prostheses and braces is included. Myoelectric limbs are excluded but Pacific Blue Cross will pay the equivalent of a standard prosthesis.
- **Physiotherapist:** Fees of a registered physiotherapist or athletic therapist up to the amount specified in the *Benefits-at-a-Glance* (combined maximum).
- **Podiatrist:** Fees of a registered podiatrist up to the amount specified in the *Benefits-at-a-Glance*, but not including the costs of x-rays taken by a podiatrist. Does not include remedies prescribed by a podiatrist.
- **Prescription drugs:** Cost of prescription drugs dispensed by pharmacist, physician, dentist or primary healthcare nurse practitioner. This benefit includes life sustaining drugs, Vitamin B12 (for pernicious anemia), allergy serums, anti-obesity drugs, smoking cessation drugs, contraceptives and fertility drugs. This benefit does not include food supplements, vaccines,

erectile dysfunction drugs, medications used to treat or replace an addiction or habituation (except methadone), drugs which can be bought without a prescription, or drugs not approved under the Food & Drugs Act for sale and distribution in Canada.

Reimbursement of eligible drugs is subject to BC PharmaCare's Low Cost Alternative (LCA) and Reference Drug Program (RDP) payment policies. However, if you provide confirmation of a specific medical requirement that prevents you or your dependents from taking a generic drug, the full cost of the brand drug will be eligible. All eligible prescription drugs are subject to PharmaCare's current dispensing fee limit and mark-up limit over the manufacturer's cost.

This benefit includes high-cost drugs identified on Pacific Blue Cross' Special Authority Enforcement list if they are approved by a BC PharmaCare Special Authority.

- **Prostate Specific Antigen (PSA) Testing:** Charges for one test per calendar year for employees only, who are age 40 or older.
- **Psychologist:** Services of a registered psychologist, clinical counsellor or social worker up to the amount specified in the *Benefits-at-a-Glance* (combined maximum).
- **Registered Nurse:** Fees of a Registered Nurse for special duty nursing in acute cases in the patient's home where the service is recommended by the attending physician or primary healthcare nurse practitioner.
- **Speech Therapist:** Fees of a registered speech therapist, when referred by a physician, up to the amount specified in the *Benefits-at-a-Glance*.
- **Surgical stockings and brassieres:** 2 pairs of stockings per person per calendar year; stump socks to a maximum of \$250 per calendar year; 1 brassiere per person (limit 2 per lifetime).
- **Vision care:** Cost of purchase or repair of prescribed eyeglasses (including prescribed sunglasses) and/or frames, or purchase of prescribed contact lenses, or eye examinations performed by a physician or optometrist, or laser eye surgery. The combined maximum is the amount specified in the *Benefits-at-a-Glance*.
- **Wigs or hairpieces:** Cost of wigs or hairpieces when required as a result of medical treatment or injury. The lifetime maximum per person is the amount specified in the *Benefits-at-a-Glance*.

reasonable and customary limits

Reasonable and Customary (R&C) limits are financial or frequency limits which are deemed, by Pacific Blue Cross, to be the normal or average amount that is expected to be charged for a product or service being claimed. These limits can be set using fee guides published by provider associations, market research, historical claims experience or a combination of any of these methods. Reasonable and customary limits are used by all insurance carriers to ensure plans are paying only for what is considered medically necessary. More information about Pacific Blue Cross's reasonable and customary limits can be found online at www.pac.bluecross.ca.

exclusions

The Extended Health benefit does not cover the following:

1. Charges for benefits, care or services payable by or under MSP, Pharmacare, Hospital Programs, or any public or tax supported agency. This applies in all cases, whether a claim is made or not.
2. Charges for benefits, care or services payable by or under any other authority such as ICBC, travel insurance plans, etc. This applies in all cases, whether a claim is made or not.
3. Charges for a physician except as described in Eligible Expenses for Out-of-Province/Out-of-Country Emergencies.
4. Charges for Dental services except as described in Eligible Expenses for Dentist.
5. Expenses attributed to, or caused by, occupational disabilities which are covered by WorkSafeBC (WSBC).
6. Charges for services and supplies of an elective (cosmetic) nature.
7. Expenses resulting from war or an act of war, participation in a riot or civil insurrection, or commission of an unlawful act.
8. Expenses resulting from an injury or illness which was intentionally self-inflicted, while sane or insane.
9. Any portion of a specialist's fee not allowable under MSP due to non-referral, or any amount of fees charged by any practitioner in excess of the recognized fees for such service.
10. Charges for batteries and re-charging devices, other than for hearing aids.
11. Expenses related to pregnancy when incurred by a pregnant person while travelling outside of Canada within 2 months of the expected delivery date.
12. Expenses incurred while outside your province of residence for pre-existing conditions requiring continuous or routine medical care.
13. Transportation charges incurred for health reasons (except as outlined), health examinations of any kind, elective treatment and/or diagnostic procedures and charges incurred for purely preventative purposes.
14. Services performed by any person who is related to or residing with you or your spouse.
15. Charges for completion of claim forms or written reports, or charges to translate documents into English.
16. Services of graduate or licensed practical nurses, services of religious or spiritual healers, occupational therapy and rest cures.
17. Services, medical supplies or equipment purchased from practitioners or providers who are considered by Pacific Blue Cross to be ineligible or where Pacific Blue Cross refuses the claim based on their qualifications or conduct.
18. Other expenses not specifically covered under the Pacific Blue Cross contract or this booklet.

continuation of coverage

If you are receiving sick pay or WorkSafeBC (WSBC) wage loss benefits, are on unpaid leave, or are on maternity, parental or compassionate care leave, contact your employer regarding your Extended Health entitlement.

termination of coverage

Your Extended Health coverage terminates at the end of the calendar month in which you cease to be eligible. You cease to be eligible, for example, when:

- Your employment terminates
- You retire (see booklet #521 for information on retirees' coverage, if eligible)

- You commence a leave of absence and are not eligible for coverage
- You transfer to an ineligible status

Dependents: Coverage for a dependent ceases on the earlier of the above or at the end of the calendar month in which they no longer qualifies as a "dependent" under the Extended Health benefit.

Claims must be received by Pacific Blue Cross no later than June 30th of the year following termination of coverage.

conversion

If you cease to be eligible because of termination of employment, during the 60 day period following termination of coverage you may convert your coverage to an individual policy issued by Pacific Blue Cross. Contact your employer or Pacific Blue Cross for further information.

claims

Extended Health claims are processed by:

<p>Pacific Blue Cross PO Box 7000, Vancouver, BC V6B 4E1 604-419-2000 or toll free 1-877-722-2583 service.pac.bluecross.ca/member</p>
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PBC Member Profile: You can obtain on-line information on your Extended Health claims payments, or on options for the electronic submission of claims, or obtain an Extended Health claim form, through PBC's Member Profile website at: service.pac.bluecross.ca/member.

Pay-direct claims: Check with your pharmacist or service provider to confirm they coordinate claims on-line directly with Pacific Blue Cross. When you are purchasing a prescription drug or service, give the provider your policy and ID numbers along with the necessary identification requested by the provider. The pharmacist or provider will be able to determine, at the time you purchase your prescription or eligible expense, the amount that your Extended Health benefit will cover. The Extended Health benefit will reimburse this amount directly to the pharmacy or provider, and you will only pay your portion. For pharmacies that are not on-line or that are outside of BC, you must pay for the prescriptions, collect the receipts and submit them to Pacific Blue Cross on-line through PBC's Member Profile website or manually.

On-line PBC Member Profile claims: Claims for prescription drugs, vision care and the services of physiotherapists, massage therapists, etc. can be submitted electronically through PBC's Member Profile website. If you have coverage under two different drug plans you must submit receipts on-line through the Member Profile or manually, unless both drug plans are provided through Pacific Blue Cross. Keep the original receipts for your records for 12 months from date of service.

Manual claims: If you require an item or service which is covered under this Extended Health benefit, visit the supplier of your choice and discuss the cost. Pay the supplier and obtain a receipt. The receipt should identify the date, item/service purchased, name and address of the supplier, price paid, quantity (where applicable) and the name of the person receiving the item/service (i.e. you or your dependent). Hold all your receipts until they exceed the annual deductible. Then obtain a Pacific Blue Cross Extended Health Care Claim Form from PBC's Member

Profile website. Complete your claim by carefully following the instructions on the claim form. Send your completed claim form and original receipts to Pacific Blue Cross at the address shown on the form. Keep a copy of the receipts for your records, as Pacific Blue Cross will not return the originals.

Claim payments: When your claim has been processed, Pacific Blue Cross will send a cheque to your home address, or via direct deposit if you have selected that option. You may wish to save the “Explanation of Benefits” that accompanies the claim payment, for income tax purposes.

Annual deductible: The annual deductible is applied only once per person or family in a calendar year. Once the deductible has been exceeded, you may submit a claim at any time. You may also submit additional claims during the year.

Claim filing deadline: Claims must be received by Pacific Blue Cross no later than June 30th of the following year. Example: If you purchase an Eligible Expense on December 1, 2023, your claim must be received by PBC no later than June 30, 2024.

Co-ordination of benefits: If you are eligible for coverage under more than one plan, Pacific Blue Cross will co-ordinate the benefits so that the total payments will not exceed the expenses actually incurred. See also “On-line PBC Member Profile Claims” above.

Out-of-country medical expenses: Send your claim directly to Pacific Blue Cross instead of to MSP. Claims must be submitted to Pacific Blue Cross within 60 days of the date the expenses were incurred.

Benefits Checklist

Here are some things you can do to manage your benefits:

- Keep this booklet as a reference.
- Discuss your benefits with your family.
- During the year, save your receipts for expenses covered under the Extended Health benefit. Send your Extended Health claims to Pacific Blue Cross periodically. Claims must be received by Pacific Blue Cross no later than June 30th of the following year.
- Ensure all your eligible dependents, including newborns, are enrolled in Dental and Extended Health within 60 days of the date they become eligible. To check your dependents' coverage, refer to service.pac.bluecross.ca/member. If any dependents are missing, contact your employer.
- Remind your dependents to take your Pacific Blue Cross ID card to the pharmacy in order to access the pay-direct claims process.
- If your status changes (e.g. you commence an unpaid of leave of absence), contact your employer to confirm your ongoing eligibility for benefits.

For more information, contact your employer.

This booklet is a summary only. All benefits are subject to the Pacific Blue Cross contract, and the Healthcare Benefit Trust's Plan Document.