

Quick Reference Guide to Extended Health & Dental Benefits

Regular staff working half time or more from the following employee group is eligible for coverage under these plans: **Professional Employees Association (PEA)**

Dental Care coverage for Policy 40704 – Plan Design 2:

Basic preventive and restorative expenses (Plan A)	90%
Crowns, bridges and prosthetic appliances (Plan B)	70%
Dental implants lifetime max per tooth	\$1,000
Orthodontics to a maximum lifetime benefit of \$5,000 per person (Plan C)	85%
Annual deductible	0

- Some dentists may charge fees in excess of that provided by the Fee Guide. Any such excess is not an eligible expense under the Dental Plan.
- In an **EMERGENCY** if you require dental care while travelling or on vacation outside British Columbia you are entitled to the services of a dentist and will be reimbursed up to the amount that would have been paid had the services been rendered in British Columbia.

Extended Health coverage for Policy 40704 – Plan Design 3:

Annual deductible for family	\$100
Lifetime maximum amount of benefits payable for any one member or dependent	\$1,000,000
Drugs and medicines dispensed by a licensed pharmacist or a Physician	100%
Dispensing Fee Cap	0
Vision Care	\$750 per person in a 2-calendar year period
Eye Examinations	\$125 per person in a 2-calendar year period
Orthotics	\$400 per calendar year
Acupuncture	\$1,200 per person per calendar year
Clinical Psychology/Counseling	\$1,500 per person per calendar year
Speech Therapy	\$500 per person per calendar year
Hearing Aids	\$900 per person every 5 calendar years
Preventive and travel vaccines	50% of cost
Continuous Glucose Monitors	\$2,000 per calendar year

Chiropractor Services	\$50 per visit for the first 12 visits in a calendar year, to a maximum of \$1,200 per person in any calendar year.
Naturopathic Services	\$20 per visit for the first 12 visits in a calendar year, and then the full cost, as is reasonable and customary, for each visit over 12 in a calendar year, to a maximum of \$500 per person in any calendar year
Physiotherapy	\$50 per visit for the first 12 visits in a calendar year, and then the full cost, as is reasonable and customary, for each visit over 12 in a calendar year, to a maximum of \$1,200 per person in any calendar year.
Massage Therapy	\$50 per visit for the first 12 visits in a calendar year, and then the full cost, as is reasonable and customary, for each visit over 12 in a calendar year, to a combined maximum of \$1,200 per person in any calendar year.
Podiatrist	\$50 per visit for the first 12 visits in a calendar year, and then the full cost, as is reasonable and customary, for each visit over 12 in a calendar year, to a maximum of \$1,200 per person in any calendar year.
Fertility drugs	Coverage for fertility drugs with a lifetime maximum of \$3,000 per person
Dietician	\$500 per person per calendar year
Emergency out-of-province benefits	While traveling or on vacation outside British Columbia, benefits are payable for expenses incurred IN AN EMERGENCY ONLY and when ordered by the attending Physician (emergency means a sudden unexpected injury or an acute episode of disease that requires immediate treatment or surgery).
Emergency Travel Assistance	In emergencies which occur while you (and your eligible dependents) are traveling, Medi-Assist will coordinate assistance.

The above information is intended to be a descriptive outline only. All provisions of the Plan are subject to the terms and conditions of the contract issued to the University by Pacific Blue Cross. It is recommended that you request pre-authorization from Pacific Blue Cross for all major purchases.

[Complete Benefit Handbooks are available on-line](#)

BENEFIT PREMIUMS

Regular Staff

Benefit Plan	Employee Premium Per Pay	Employer Premium Per Pay
Extended Health Plan		
Single	\$10.58	\$32.38
Couple/Family	\$31.07	\$95.03
Dental Plan		
Single	\$10.25	\$30.70
Couple	\$19.06	\$57.21
Family	\$29.43	\$88.44
Basic Life Insurance 25/75 cost-sharing	.0274 cents per \$1,000 of coverage	.0823 cents per \$1,000 of coverage
Optional Group Life Insurance	Employee pays full cost of premiums	0
Long Term Disability	3% of basic salary	0
Combination Pension	4% of basic regular salary up to YMPE, plus 6% in excess of YMPE	6.37% of basic regular salary up to YMPE, plus 8% in excess of YMPE, and 4% to Supplement
Money Purchase Pension	3.0% of basic regular salary up to YMPE, plus 5.0% in excess of YMPE	8.37% of basic regular salary up to YMPE, plus 10.0% in excess of YMPE

2024 YMPE = \$68,500 or \$5,708.33 per month