Annual Reimbursement
80% after the deductible up to $5,000 of eligible expenses
100% thereafter up to the lifetime limit
Lifetime Maximum: $100,000 for each covered person.

Drug Coverage
Based on Pacific Blue Cross’ Low Cost Alternative and Reference Based Pricing Formulary (covers generic drug substitutes)

Hospital
In-province semi-private hospital room

Medical Services and Supplies
Covers services and supplies not covered by PharmaCare up to a predetermined maximum.

Paramedical Services
Limited to a maximum of $300 combined for each covered person each year

Ambulance Services
Payable only if medically necessary, to the nearest hospital

Out-of-Province Emergency Services
Payable at 100% after the deductible:
- Semi-private hospital room
- Other hospital services provided outside of Canada
- Out-patient services in a hospital
- The services of a doctor
- Worldwide emergency medical assistance

Pre-existing conditions requiring continuous or routine medical care outside provinces are not covered.

Optional Add On Dental Care Plan
Deductibles and Waiting Periods
None

Annual Reimbursement
70% up to $1,500 of eligible expenses each year

Eligible Expenses
70% of the following Basic expenses will be paid:
- Two complete examinations lifetime
- One recall visit every nine months
- Emergency visits
- X-rays one complete set every three years
- Bite wing x-rays or e-rays to diagnose a symptom up to $50 each year.
- Removal of impacted teeth and related anesthesia
- Eight units of scaling each year
- Polishing once every nine months
- Fillings
- Extractions
- Oral Surgery
- Root canals
- Rebase or reline of dentures once in a two year period

50% of the following Major expenses will be paid:
- Inlays, onlays, crowns, bridges and dentures
- Repairs to crown, bridges, or dentures

How to enroll in the plan:
To take advantage of this retiree coverage, you must apply within 60 days of your official retirement date.

Contact Pacific Blue Cross:
by e-mail
inhealth@pac.bluecross.ca

by phone:
604 419-2200

Toll-Free outside Greater Vancouver
1 800 USE-BLUE or 1 800 873-2583

by fax:
604 419-2199
You’re retiring...your benefits don’t have to

Continuous coverage, continuous care

Pacific Blue Cross (PBC) offers a voluntary plan for employees retiring from the University of Victoria (UVic). The retiree plan consists of a health plan and an optional dental plan.

The Retiree plan helps eligible retirees pay health and dental costs associated with the treatment of an injury or illness. The summary on the far right describes the provisions applicable to all retirees.

Who is eligible?

The plan is available to retirees age 55 years or older who officially retired from the University after January 1, 2005. They must have coverage under the Medical Services of BC (MSP) and be registered with Fair PharmaCare, or have coverage under an applicable provincial government health plan if residence is in another Canadian province.

Dependent coverage is available under this plan for your dependent spouse (not available to dependent children), if he/she has applicable coverage under a provincial government health plan. Spouse retains coverage after death of retiree.

Should you decide to subscribe to this plan, you need to inform PBC of your decision within 60 days of your official retirement date. Retirees are not eligible to alter or change plans once the plan selection has been made. If at any time after your application has been processed, you decide to cancel your subscription to the plan, coverage may not be reinstated at a later date.

Why should you subscribe to the plan?

This plan, specifically designed for UVic retirees, lets you continue health and dental coverage without interruption so you and your spouse can enjoy the peace of mind that comes from knowing you’re protected from the financial hardship of unexpected health costs.

Pacific Blue Cross, BC’s largest and most trusted provider of health benefits, offers a variety of channels to keep plan members informed about their benefits. One of these channels is CARESnet: online access to health and dental plan and claims information 24 hours a day. Visit pac.bluecross.ca to take an online tour.

To further increase the value of benefits to members, PBC has developed Blue Advantage. Blue Advantage is a savings program that offers 20% to 25% discounts to help members manage the expense of medical equipment and vision care products. For more information or to view a list of eligible providers, visit blueadvantage.ca.

PBC also offers a variety of travel plans to help protect retirees against the expense of health emergencies while away from home. Visit our website at pac.bluecross.ca to learn more and to purchase travel coverage online.

---

Plan summaries

Retirees will need to choose from Extended Health Option 1 or Extended Health Option 2. With either option, retirees will be able to add the dental option.

**Extended Health Care Option 1**

**Deductible (per calendar year)**
- $1,000 for each person
- $1,000 for each couple
- Eligible expenses incurred in the final three months of the calendar year may be applied against the deductible for the following calendar year if in the current calendar year, all eligible expenses incurred did not exceed the deductible.

**Annual Reimbursement**
- 80% after the deductible up to $5,000 of eligible expenses
- 100% thereafter up to the lifetime limit
- **Lifetime Maximum:** $100,000 for each covered person

**Drug Coverage**
- Based on Pacific Blue Cross’ Low Cost Alternative and Reference Based Pricing Formulary (covers generic drug substitutes).

**Medical Services and Supplies**
- Covers services and supplies not covered by PharmaCare up to a predetermined maximum.

**Hospital**
- In-province semi-private hospital room

**Paramedical Services**
- Limited to a maximum of $300 combined for each covered person each year

**Ambulance Services**
- Payable only if medically necessary, to the nearest hospital

**Out-of-Province Emergency Services**
- Payable at 100% after the deductible:
  - Semi-private hospital room
  - Other hospital services provided outside of Canada
  - Out-patient services in a hospital
  - The services of a doctor
  - Worldwide emergency medical assistance
- Pre-existing conditions requiring continuous or routine medical care outside province of residence are not covered

**Extended Health Care Option 2**

**Deductible (per calendar year)**
- $100 for each person
- $100 for each couple
- Eligible expenses incurred in the final three months of the calendar year may be applied against the deductible for the following calendar year if in the current calendar year, all eligible expenses incurred did not exceed the deductible.
## Part 1 APPLICANT

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Initial</th>
<th>Date of birth (yyyy/mm/dd)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of residence</th>
<th>Ten digit area code and phone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Province</th>
<th>Postal code</th>
<th>Email Address</th>
<th>Social Insurance Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complete Mailing Address (if different than above)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of retirement (yyyy/mm/dd)</th>
<th>Effective date of retiree plan will commence on the first day of the month following retirement providing your application is received within 60 days of your group plan ending.</th>
</tr>
</thead>
</table>

## Part 2 SPOUSE (List only if applying for coverage)

<table>
<thead>
<tr>
<th>Dep #</th>
<th>Last name</th>
<th>First name</th>
<th>Initial</th>
<th>Date of birth (yyyy/mm/dd)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

## Part 3 PLAN OPTIONS – Please indicate with a ☐ below for coverage options

You must choose either Extended Health Benefits, Option 1 or Option 2. Refer to the brochure for coverage details.

- Option 1 - Extended Health Coverage
  - Single: $28.10 or
  - Couple: $63.79
  - $1,000 Deductible per Calendar Year

- Option 2 - Extended Health Coverage
  - Single: $98.62 or
  - Couple: $177.51
  - $100 Deductible per Calendar Year

- Optional Dental
  - Single: $48.22 or
  - Couple: $91.62

## Part 4 PAYMENT METHOD – ☐ Monthly Pre-Authorized Payment OR ☐ Credit Card

- Monthly Pre-Authorized Payment — Attach a cheque marked VOID or a Pre-Authorized Payment Form provided by your bank that identifies your branch and account information.

**Authorization** — If we authorize Pacific Blue Cross to make deductions, from the bank account indicated, either through monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under the Applicant’s policy. Each debit will occur on or about the first business day of the month, beginning on the effective date of coverage.

I/we agree to the requirement for Pacific Blue Cross to notify me/us of this authorization before the first payment is processed and any subsequent monthly regular payment. Pacific Blue Cross will provide me/us at least three (3) business days written notice should there be a change in either the amount of the monthly regular payment or premium due date. Any notices, to be sent under this agreement, will be sent to the Applicant's most recent address that Pacific Blue Cross has on record at the time a notice is sent.

This authorization shall remain in effect until Pacific Blue Cross has received written notification from me/us of its change or termination. This notification must be received ten (10) business days prior to the next pre-authorized payment date. The Policy Sponsor and/or the Applicant may contact Pacific Blue Cross for more information using the contact information located on page one of this form.

Pacific Blue Cross may terminate coverage, or change the method of payment with approval of the Policy Sponsor to another qualifying method, should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. An NSF fee will be charged by Pacific Blue Cross for all NSF transactions, in addition to what your financial institution may charge.

I/we have certain rights if any debt does not comply with this agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdpnpy.ca. If the bank account requires more than one signature, all account holders must sign the authorization.

- My credit card details are: ☐ Visa ☐ MasterCard ☐ American Express

- Amount $ ____________

- Credit card number ____________ Expiry date (mm/yyyy) ____________

## Part 5 SIGNATURE OF APPLICANT/POLICY HOLDER

I confirm that the information I have provided is true and complete. I understand that I and my dependents (if applicable) must be continuously enrolled under all applicable provincial health plans in order to participate in this contract.

If I should receive a settlement against a liable third party for benefits covered under this contract, I agree to, and authorize the third party to, reimburse Pacific Blue Cross/BC Life up to the amount advanced to me pending such settlement or judgement.

I understand and consent that some of the personal information provided by me and my dependents (if applicable) may be disclosed to agents and representatives of Pacific Blue Cross/BC Life and other providers/insurers and their agents and representatives for the purposes of assessing and providing benefit coverage. I also understand and consent to the retention, use and disclosure of this personal information in accordance with Pacific Blue Cross' privacy policy. I authorize any medical practitioner, hospital, clinic, pharmacy and any British Columbia government health agency (including PharmaCare) or other medically related facility that has my health information to transfer the information to Pacific Blue Cross. This includes my health records and the health records of my covered dependents (if applicable), and details of coverage eligibility. A copy of our privacy policy is available by contacting Pacific Blue Cross. It is also available on our website at www.pac.bluecross.ca.

- Signature of Applicant: ___________________________ Date: __________________________ (yyyy/mm/dd)