



Benefits Information for

- Regular Professional Employees Association (PEA) Staff

This document is intended as a guide to assist you in understanding the major provisions of the various benefit plans. Should any questions arise concerning the interpretation or administration of these plans, the official plan documents will govern in all cases.

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SECTION 1

HEALTH CARE PLANS

- B.C. Medical Services Plan
- B.C. Hospital Benefits Plan
- B.C. PharmaCare Plan
- University's Extended Health Benefits Plan
- University's Dental Care Plan

This section is intended as a guide to assist you in understanding the major provisions of these plans. Regular staff working half time or more from the following employee groups are eligible for coverage under this plan. Should any questions arise concerning the interpretation or administration of these plans, the official plan documents will govern in all cases.

The costs of the Hospital Benefits and PharmaCare Plans are included in the Employers Health Tax which replaced B.C. Medical Services Plan premiums. The total premium costs of the other health care plans in which you are enrolled are cost shared between you and the University.

It is important to note that health services provided by the Government of the Province of British Columbia are subject to change without notice. Services reduced or eliminated are not automatically covered by other UVic health care plans.

HOSPITAL BENEFITS PLAN FOR B.C.

Provides comprehensive hospital care at standard ward level and other qualifying hospital expenses.

1. Eligibility

Permanent residents who have resided in British Columbia for at least three months, and who are members of the B.C. Medical Services Plan.

2. Membership

You and your dependents are automatically covered, providing you meet the requirements above.

3. Cost

No premiums – included under the B.C. Medical Services Plan.

4. Plan Benefits

This non-contributory provincial government plan covers the cost of:

- a) Inpatient hospital accommodation (standard ward) including necessary nursing services, prescribed drugs, use of operating rooms, radiotherapy, physiotherapy, anesthetic and case room facilities, laboratory and x-ray services, medical and surgical supplies (with certain exceptions), rehabilitation treatment and other approved services rendered by hospital staff.
- b) Outpatient services including emergency, operating room, application and removal of casts, day care surgical services, renal dialysis, cancer therapy, cytology service, diabetic day-care and dietetic counselling facilities, and psoriasis day-care.
- c) Out-of-province emergency hospital expenses – refer to MSP website at <http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp> under the section “Medical Care Outside BC”.

5. Plan Carrier

Health Insurance BC (Medical Services Plan)
PO Box 9035 Stn Prov Govt
Victoria BC V8W 9E3
Phone: 1-800-663-7100

B.C. MEDICAL SERVICES PLAN

The Provincial Government Medical Plan provides coverage for required medical, surgical, obstetrical and diagnostic services of medical practitioners for all eligible plan members.

1. Eligibility

- a) All B.C. residents must enroll in the Medical Services Plan.
- b) New residents to B.C. - who are citizens of Canada, or lawfully admitted to Canada for permanent residence or by employment visa: after a waiting period of the remainder of the month of arrival plus an additional two months.

If you are new to Canada, apply for MSP as soon as you arrive. Your coverage may start three months after your arrival date in British Columbia. You should get private health care insurance while you wait.

If you are moving from another province, you should arrange for coverage with your former medical plan during the wait period. If your family is not here yet, they need to keep their existing provincial health care. Once they arrive, you can apply to add them to your plan. The wait period for each family member will begin on their individual arrival date.

2. Applying for MSP

Apply Online

The online application takes about 15 minutes to complete.

Before you start, make sure that:

- You are using one of these web browsers: Internet Explorer 11 or the latest version of Mozilla Firefox, Google Chrome or Apple Safari.
- You have [identification](#) for everyone on your application. You will be asked to upload digital images of documents that support the name and Canadian citizenship or immigration status for all persons.
- You have your marriage certificate, divorce decree or legal name change certificate if your current legal name doesn't match the name on your ID.

[Apply for MSP](#)

Apply by Mail

You can also apply by mail using a paper application form:

[Application for Enrolment, HLTH 102 \(PDF, 625KB\)](#)

Mail the completed application form to:

Health Insurance BC
Medical Services Plan
PO Box 9678 Stn Prov Govt
Victoria BC V8W 9P7

4. Premium Costs

Effective January 1, 2020 Medical Services Premiums are fully replaced by the new Employers Health tax. There is no cost to employees.

5. Plan Benefits

This contributory provincial government plan includes the following benefits:

- a) medically required services provided by a physician, or a specialist (such as a surgeon, anesthetist, psychiatrist or ophthalmologist, when referred by a physician);
- b) maternity care provided by a physician or a midwife;
- c) diagnostic services, including x-rays and laboratory services, when provided at approved diagnostic facilities, and when ordered by a physician, midwife, podiatrist, dental surgeon or oral surgeon;
- d) dental and oral surgery, when medically required to be performed in hospital;
- d) emergency out-of-province physician's and hospital charges payable on the same basis had the services been performed in British Columbia. For further information please refer to MSP's website at <http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp> under the section "Medical Care Outside BC". (***Important note: Out-of province claims must be submitted within 90 days of the date of service.***)

6. Exclusions

- a) non-medically required services such as cosmetic surgery
- b) dental services, except as outlined under Plan Benefits
- c) routine eye examinations for persons 19 to 64 years of age
- d) eyeglasses, hearing aids, and other equipment or appliances
- e) annual or routine examinations where there is no medical requirement
- f) services of counsellors or psychologists
- g) acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry services (except for MSP beneficiaries with premium assistance status)
- h) third party medical examinations required for such certificates or tests for:
 - driving a motor vehicle
 - employment
 - life insurance

- school or university
- recreational and sporting activities
- immigration purposes
- medication (prescription drugs)

7. Temporary Absence from B.C.

If you plan to leave the province for 6 months or more you must advise MSP of your absence.

You may be eligible to retain your coverage for up to 24 months during a temporary absence from BC. Approval is limited to once in 5 years for absences that exceed 6 months in a calendar year. If you are unsure whether you will qualify for coverage during an absence, you should contact MSP directly.

When you stay outside BC longer than the period for which you are entitled to coverage, you will be required to fulfill the waiting period again upon return to the province before coverage can be renewed.

8. Termination of Coverage

Coverage under the University's Group Medical Services Plan terminates on the earlier of the last day of the month in which employment terminates, including retirement, or the last day of the month in which other eligibility requirements are no longer being met (such as dependents' age, financial dependency, etc.). If you choose to work beyond your normal retirement date, group coverage will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71.

The University will notify MSP when a person is no longer eligible for the University group coverage, and MSP will then start to bill you directly.

9. Plan Carrier

Health Insurance BC (Medical Services Plan)

PO Box 9035 Stn Prov Govt

Victoria BC V8W 9E3

Phone: 1-800-663-7100

<http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp>

PHARMACARE PLAN

PharmaCare provides financial assistance to British Columbia residents for eligible prescription drugs and designated medical supplies. This program provides reasonable access to drug therapy and is an integral part of the health system that serves British Columbia. PharmaCare does not cover out-of-province expenses.

1. Eligibility

If you are a BC resident and enrolled with the Medical Services Plan (MSP), you must register your family to receive your maximum financial assistance under Fair PharmaCare. Your family includes you, your spouse and any dependent children whose Medical Services Plan coverage is on the same contract as you or your spouse.

2. Membership

To register for Fair PharmaCare financial assistance you must:

- be a resident of British Columbia for at least three months; and
- be registered with the Medical Services Plan of British Columbia (MSP); and
- have filed an income tax return for the relevant taxation year. If you are a new Canadian resident a more recent tax return or alternate proof of net income information may be accepted.
- For further information, including how to register for the Fair PharmaCare Program, please visit their website at: <http://www.health.gov.bc.ca/pharme/>. PharmaCare will issue a Registration Certificate once your registration has been approved.

3. Cost to Plan Member

No premiums – included under the B.C. Medical Services Plan.

4. Plan Benefits

- eligible drugs prescribed by your physician, surgeon, dentist, midwife or podiatrist (PharmaCare reimbursements are based on the average price of low cost alternative and reference based drugs)
- insulin, needles and syringes for diabetes
- certain ostomy supplies
- designated permanent prosthetic appliances and children's orthotic devices (braces). *(Note these benefits require prior approval. Please ask your medical supplier for an application form.)*

Once registered, the PharmaNet Program will track all prescriptions purchased in BC and automatically covers 70% of eligible prescription drug costs which exceed your family's deductible in a calendar year. PharmaCare's annual deductible is calculated as a percentage of your family's net income.

Prescription drug costs not covered by the Fair PharmaCare program may be eligible for reimbursement through the University's Extended Health Benefits Plan. Please refer to the Extended Health Benefit section for further information.

5. Exclusions

- eyeglasses
- hearing aids or hearing aid batteries
- bandages
- artificial sweeteners
- antacids, laxatives, and other over-the-counter drugs
- wheelchairs, walkers, and other medical devices
- drug costs which have been fully reimbursed by another plan
- drugs or supplies obtained while outside of British Columbia
- mail-order prescriptions requested from companies located outside the province
- medical costs for kidney dialysis – covered by B.C. Renal Agency
- medications for cancer treatment – covered by B.C. Cancer Agency
- medications for transplants – covered by B.C. Transplant Society
- medications not designated as approved PharmaCare benefits
- herbal medicine products

6. Plan Carrier

Health Insurance BC (Medical Services Plan)
P.O. Box 9035 Stn Prov Govt.
Victoria BC V8W 9E3
Phone: 1-800-663-7100
www.health.gov.bc.ca/pharme

EXTENDED HEALTH BENEFITS PLAN

The Extended Health Benefits Plan is designed to assist members in paying for some specified services and supplies as outlined in the Plan Document issued by Pacific Blue Cross to the University of Victoria.

1. Eligibility

All regular staff covered by this plan and are employed half-time or more, are eligible to join the Extended Health Benefits Plan.

If you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71.

2. Eligible Dependents

- a) Your legal spouse or common-law partner (a common-law partner is a person who has been publicly represented as your spouse for at least one year).
- b) Any child, stepchild, legally adopted child, or legal ward of the employee who is:
 - 1. unmarried and dependent on the employee, and under the age of 21 years (children under age 21 are **not** covered if they are working more than 30 hours a week, unless they are full-time students).
 - 2. age 21 to 25 and in **full time** attendance at a recognized educational institute. If child is no longer a student, the coverage will cease at the end of the month of finishing school or university.
 - 3. incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn age 21, or while they are students under age 25, and the disorder has been continuous since that time. Disabled status is subject to approval by PBC. The Dependent must become disabled while covered as a Dependent under Clause 1 or 2 above.

Note: You must apply for dependent coverage within one month of the date of marriage, one month of common-law status or one month of acquisition (i.e. birth or adoption) of an eligible dependent.

You must immediately advise the Benefits Office in Human Resources if at any time a child is no longer a full-time student, or there are other changes to the status of your dependents (eg. you are no longer legally married).

3. Membership

You are required to immediately enroll in the Extended Health Benefits Plan. Your coverage may start on the first day of the month coinciding with or following your appointment.

At the time of enrollment you have the option of covering eligible dependents. Once enrolled, no further addition or deletion of dependents will be permitted without satisfactory proof of a change in marital or dependent status, as outlined above.

4. Premium Costs

Premiums are cost shared with the University – employee pays 25% and the University 75%. See Section 7 for monthly premium amounts.

5. Plan Benefits

There is an overall deductible of \$100.00 per person or family each calendar year. Eligible expenses in excess of this deductible will be paid up to plan limits as specified below.

If in any calendar year the eligible expenses incurred do not exceed the deductible, the eligible expenses incurred during the last three months of the calendar year may be applied against the deductible for the next calendar year.

Reimbursement for both in-province and out-of-province is 100% of eligible expenses, up to the plan limits as outlined below:

The lifetime maximum amount of benefits payable for any one member or dependent is \$1,000,000.

The following 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.

The Extended Health Benefits Plan covers reasonable and customary charges for the following services when medically necessary, **and prescribed, ordered, or referred by a Physician.:**

A) BENEFITS INSIDE THE PROVINCE

Your EHC plan covers Customary charges for the following services and supplies when medically necessary, and prescribed, ordered, or referred by a Physician, Dentist, or Nurse practitioner. Unless otherwise indicated, the maximums included here are on a per person basis.

(1) Hospital

- a) the additional charge for semi-private or private room accommodation in a Hospital, the extended care unit of a Hospital, and
- b) the additional charge for semi private or private room accommodation, board charges, and any other user fees incurred in a convalescent facility Admission to the convalescent facility must occur within 48 hours of discharge from the Hospital where the patient was confined for a minimum of 5 days for the same illness or injury.

Charges for rental of a telephone, television, or similar equipment are not covered.

(2) Emergency Ambulance

Charges for licensed ambulance services (over and above any amount paid by a government plan) for the member or dependent, in an EMERGENCY requiring IMMEDIATE transportation, following a serious accidental injury or sudden attack of serious illness, to and from the nearest Canadian hospital equipped to provide the required treatment.

Where necessary when time is critical and the patient's condition prevents the use of other means of transportation, emergency transportation by air will be covered. Emergency transportation from one hospital to another for the required treatment will be covered only if the original hospital has inadequate facilities. Charges for an attendant will be covered when medically necessary.

(3) Drugs

Charges for an Eligible expense in a quantity we consider reasonable, and as approved by our Benefit review, and

a) which are dispensed by a Pharmacist, Physician, Dentist, or Nurse practitioner, legally licensed, certified, or registered to practice by the appropriate licensing, certification or registration authority in the jurisdiction where the care or services are provided and acting within the scope of the license, including:

i) Life sustaining non-prescription drugs

ii) insulin preparations, diabetic test strips, lancets, needles, and syringes for diabetes management

iii) injectable vitamin B12 for the treatment of pernicious anemia

iv) allergy serums when administered by a Practitioner, or b) which legally require a prescription from a medical provider legally authorized to do so, including:

i) Compounded drugs

ii) contraceptive drugs.

Note: To ensure that the Extended Health Benefits Plan does not pay for expenses which would otherwise be covered by the BC Government, Pacific Blue Cross will require proof of registration with the Fair PharmaCare Program before claims over \$1,000 per annum are paid. An application for Special Authority designation may also be required. Regardless of the decision by PharmaCare to accept or deny Special Authority coverage, the plan covers the drug when you provide proof of PharmaCare's decision prior to or with your first claim submission.

Once registered, any eligible prescription expenses in excess of your family's annual deductible with Fair PharmaCare will be covered 30% by Pacific Blue Cross and 70% by Fair PharmaCare.

Effective January 1, 2015, Generic Pricing will be applied when there is a generic drug available. If there is not a generic alternative, a brand name drug is provided and reimbursed at the brand name price.

You may request the brand name and pay the difference between the brand and the lowest cost generic drug. Alternatively, your physician can transcribe "no substitutions" on the prescription where appropriate.

Specific high cost BC PharmaCare limited coverage drugs are identified by us as our Special Authority Enforcement list. We will reject claims for a drug on this list until we receive confirmation of BC PharmaCare's Special Authority decision for the drug. Once the BC PharmaCare decision (approved or declined) is on file with us, we will consider this drug as eligible based on:

a) if BC PharmaCare approval is confirmed, the approval period determined by BC Pharmacare, or

b) if the BC PharmaCare decision is to decline, and if the request otherwise meets our definition of an Eligible drug, the approval period as determined by us.

Effective July 1, 2023 the extended health plan will include non-medicated intrauterine devices (IUDs) such as copper medical devices, eligible preventive and travel vaccines when prescribed by a General Practitioner at a reimbursement rate of 50%.

Effective July 1, 2024 the extended health plan will include fertility drugs with a lifetime maximum of \$3,000.

(4) Private Duty Nursing Care

Fees for the services of a Registered Nurse for private duty care (other than a nurse who ordinarily resides with or who is related to the member) in the management of an acutely ill patient in the persons home, based on the schedule of fees of the Registered Nurses' Association of British Columbia, up to a MAXIMUM of the equivalent of 30 days of such services during each calendar year for each member or dependent. The services must be rendered by a nurse who is currently registered with the Registered Nurses' Association of British Columbia.

(5) Dental Accident

Dental treatment by a Dentist, which is required, performed, and completed within 52 weeks after an Accidental injury which occurred while covered under this EHC plan, for the repair or replacement of natural teeth or prosthetics. No payment will be made for temporary, duplicate, or incomplete procedures, or for correcting unsuccessful procedures.

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.

PBC will pay benefits based on eligible dental services and financial limits in their current Fee schedule, and pay the fees in their current Fee schedule or, if applicable, the Fee guide in the province/territory of service.

**(6) Medical Aids and Supplies provided by a medical supplier
(as approved by PBC)**

Charges for the following services and supplies as prescribed or referred by a Physician:

As Fair PharmaCare also provides some coverage for prosthetic devices, receipts should be sent first to them for consideration of payment.

(7) Standard durable Medical Equipment

When prescribed or referred by a Physician as follows:

- a) oxygen
- b) ostomy and ileostomy supplies
- c) walkers, canes and cane tips, crutches, casts, and trusses
- d) splints and collars (but not elastic or foam supports), rigid support braces and permanent prostheses (artificial eyes, limbs, larynxes, and mastectomy forms), when

prescribed by a Physician, physiotherapist, chiropractor, or Nurse practitioner, as medically necessary after diagnosis of the patient. Myoelectrical limbs are excluded, but we will pay the equivalent of a standard prosthesis

e) charges for the following items to the maximum amounts indicated per calendar year:

i) mastectomy brassieres \$150

ii) stump socks \$250

iii) surgical stocking \$250

f) wigs and hairpieces required as a result of medical treatment, injury, alopecia areata, alopecia universalis or alopecia total is to a lifetime maximum of \$500

(a) Preauthorization is required from Pacific Blue Cross for expenses in excess of \$5,000.

(b) Charges for standard durable medical equipment when rented from a medical supplier. If unavailable on a rental basis, or required for a long-term disability, purchase of these items from a provider may be considered.

(c) Repairs to purchased items. Pacific Blue Cross will replace the item when it can no longer be made functional. Pacific Blue Cross may request trade-in or return of replaced equipment.

(d) Reimbursement on rental equipment will be made monthly and will in no case exceed the total purchase price of similar equipment.

(e) Standard durable equipment includes:

i) Manual wheelchairs, manual type hospital beds, and necessary accessories. Electric wheelchairs and hospital beds will be covered only when the patient is incapable of operating a manual wheelchair, otherwise Pacific Blue Cross will pay the manual equivalent.

ii) Medical monitors including heart and blood glucose monitors, and cardiac screeners. *Effective July 1, 2023 continuous glucose monitors (CGMs) included with a maximum charge \$2,000 per calendar year.*

iii) Bi-osteogen systems (when recommended by an orthopedic surgeon) and growth guidance systems.

iv) Breathing machines and appliances including respirators, compressors, percussors, suction pumps, oxygen cylinders, masks, and regulators.

v) Insulin infusion pumps for diabetics – when basic methods are not feasible.

vi) Transcutaneous electric nerve stimulators (TENS) when prescribed for intractable pain.

vii) Transcutaneous electric muscle stimulators (TEMS) required when, due to an injury or illness, all muscle tone has been lost.

(8) Hearing Aids

Hearing aids for adults and children when prescribed by a Certified Ear, Nose and Throat Specialist or supplied by a recognized Audiologist. Payment will not be made for repairs and maintenance, batteries, or recharging devices, or other such accessories. Replacement hearing aids will be covered only when the hearing aid cannot be satisfactorily repaired. The maximum benefit payable during a five calendar year period is \$900 per person.

(9) Orthotics and Orthopedic Shoes

When prescribed by a Physician or Podiatrist as medically necessary, custom fitted orthopedic shoes (including repairs), orthopedic shoes attached to a brace, and modifications to stock item footwear to a maximum in a calendar year of \$400 for an adult and \$200 for a dependent child.

Foot orthotics (including arch supports) when prescribed by a Physician or Podiatrist, to a maximum benefit payable of \$400 per person in a calendar year.

(10) Vision Care and Eye Examinations

Charges for the purchase and/or repair of eyewear when prescribed by an ophthalmologist or optometrist and charges for laser eye surgery to a maximum of \$500 per person in a 2 calendar year period. Charges for non-prescription eyewear including safety goggles and cataract lenses are not covered. *Effective July 1, 2023 maximum \$750 per person in a 2 calendar year.*

Charges for routine eye examinations every 2 calendar years to a maximum of \$75 per person when performed by an ophthalmologist or optometrist for persons between the ages of 19 and 64. *Effective July 1, 2023 maximum \$125 per person in a 2 calendar year for eye examinations.*

Items 11 to 19 following do not require referral by a Physician:

(11) Acupuncture

Charges for acupuncture treatments performed by a Physician, Physiotherapist, Naturopath, or Registered Acupuncturist licensed to perform acupuncture in British Columbia). The maximum benefit payable in any calendar year is \$500 per person. *Effective July 1, 2024 the coverage for acupuncture will increase to an annual maximum of \$1,200 per person.*

(12) Clinical Psychology/Counselling

Fees of Clinical Psychologists licensed in British Columbia, including Clinical Counsellors and Clinical Social Workers registered with the B.C. Association of Clinical Counsellors or Social Workers. The combined maximum benefit payable in any calendar year is \$1,000 per person. *Effective July 1, 2023 the coverage for clinical psychology/counselling benefits will increase to \$1,500 per person, per year.*

(13) Speech Therapy

Fees of Speech Therapists licensed in British Columbia. The maximum benefit payable in any calendar year is \$500 per person.

(14) Chiropractor Services

Fees of Chiropractors registered or licensed in British Columbia (but not including X-ray service). You will be reimbursed \$30 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. *Effective July 1, 2024 the coverage for chiropractic services will increase to \$50 per visit for the first 12 visits in a calendar year, to a maximum of \$1,200 per person.*

(15) Naturopathic Services

Fees of Naturopathic Physicians registered or licensed in British Columbia (but not including X-ray service). You will be reimbursed \$ 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.

(16) Physiotherapy

Fees of Physiotherapists registered or licensed in British Columbia (other than a Physiotherapist who is related to or resident with the member). You will be reimbursed \$30 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. *Effective July 1, 2024 the coverage for physiotherapy services will increase to \$50 per visit for the first 12 visits in a calendar year, to a maximum of \$1,200 per person.*

(17) Massage Therapy

Fees of Massage Practitioners registered or licensed in British Columbia (other than a Massage Practitioner who is related to or resident with the member). You will be reimbursed \$30 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 \$750 per person in any calendar year. *Effective July 1, 2023 the coverage for massage therapy will increase to \$50 per visit for the first 12 visits in a calendar year, to a combined maximum of \$1,200 per person in any calendar year.*

(18) Podiatry Services

Fees of Podiatrists registered or licensed in British Columbia (but not including X-ray service or appliances). You will be reimbursed \$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. *Effective July 1, 2023 the coverage of podiatry services will increase to \$50 per visit for the first 12 visits in a calendar year to an annual maximum of \$1,200 per person in any calendar year.*

(19) Dietician

Fees of Dieticians registered or licensed in British Columbia. The maximum benefit payable in any calendar year is \$500 per person.

B) EMERGENCY OUT-OF-PROVINCE BENEFITS

While traveling or on vacation outside British Columbia, benefits are payable for the following 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. If further treatment or surgery is required the severity of the condition must be such that it would not allow the patient to be returned to B.C. for treatment). Non-emergency continuing care, testing, treatment, and surgery, and amounts covered by any government plan and/or any other provider of health coverage are not eligible.

It is important to contact Medi-Assist within 24 hrs of an emergency, and before any treatment is commenced. In the event of a medical emergency, call Medi-Assist using the toll-free numbers on the back of your benefit plan card. For further information see details below under Emergency Travel Assistance.

- (1) Local ambulance services when immediate transportation is required to the nearest hospital equipped to provide the treatment essential to the patient.
- (2) The hospital room charge and charges for 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 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 patient's health, the 90 day limit may be extended.
- (3) Services of a Physician and laboratory and x-ray services.
- (4) Prescription drugs in sufficient quantity to alleviate an acute medical condition.
- (5) Other emergency services and/or supplies, if PBC would have covered them inside your province of residence.

Emergency Travel Assistance

In emergencies which occur while your (and your eligible dependents) are traveling, Medi-Assist will coordinate the following services:

- (1) Locate the nearest appropriate medical care.
- (2) Obtain consultative and advisory services and supervision of medical care by qualified licensed Physicians.
- (3) Investigate, arrange and coordinate medical evacuations and related transportation needs.
- (4) Arrange and coordinate the repatriation of remains.
- (5) Replace lost or stolen passports, locate qualified legal assistance and local interpreters, and other incidental aid you and/or your dependent may require when in distress.

Your Pacific Blue Cross worldwide Medi-Assist card provides instant information on how to contact them. 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 to Medi-Assist. Have your Extended Health number (E040704) and your BC Care Card number ready for personal identification.

Claiming Out of Province Expenses

All out of province medical expenses, including those for doctors' services, laboratory procedures, hospitalization, and radiology services that may be paid by MSP, are to be submitted directly to Pacific Blue Cross for payment. An Assignment of Payment form will be required for Pacific Blue Cross to coordinate payment with MSP.

You have **90 days** from the date of service to submit your claim to Pacific Blue Cross. Any claim normally covered by the government plan which has been refused on the basis that the claim was not submitted within the time limits will not be included as an eligible expense under the Pacific Blue Cross Extended Health Plan.

The exchange rate on foreign currency is payable at the rate quoted by selected financial institutions in Vancouver, for the date on which the expense was paid. Fluctuations in exchange rates are not covered.

*****IMPORTANT NOTE:** Provincial health care coverage out of the province is at the discretion of the Government of the Province of British Columbia. It is therefore recommended that you contact the B.C. Medical Services Plan prior to leaving the country to determine the extent of your coverage.

6. Exclusions and Limitations

The following are **NOT** included as eligible expenses *except as specifically included in this booklet*:

- (1) Dentures or dental treatments, hearing aids, eyeglasses, contact lenses, surgical lens implants, or examinations for the prescription or fitting of any of these, x-rays, hospital coinsurance, vitamins and/or minerals, erectile dysfunction drugs, anti-obesity, medications used to treat or replace an addiction or habituation, support stockings, orthotics, arch supports, transportation charges incurred for elective treatment and/or diagnostic procedures or for health or health examinations of any kind, remedies by a naturopath or podiatrist, and professional services of Physicians or any person who renders a professional health service in the patient's province of residence.
- (2) General anesthetic, medications used to prevent baldness or promote hair growth, food replacements or supplements, HCG injections, drugs not approved for sale and distribution in Canada, and medications available without a prescription.
- (3) Any drug, item or service classified as preventive treatment or administered for preventive purposes, and which is not specifically required for treatment of an illness or injury.
- (4) Allergy testing unless rendered by a naturopath.
- (5) Personal comfort items, items purchased for athletic use, air humidifiers and purifiers, services of Victorian Order of Nurses or graduate or licensed practical nurses, services of religious or

- spiritual healers, occupational therapy, services and supplies for cosmetic purposes, public ward accommodation, rest cures.
- (6) Charges for completion of forms or written reports, communication costs, delivery and mailing or handling charges, interest or late payment charges, non-sharable or capital costs levied by local hospitals, or charges for translating documents into English.
 - (7) Any payment to a pharmacy, a Practitioner, or a Physician (demanded or received by balanced billing, extra billing or extra charging) which represents an amount in excess of the schedule of costs prescribed by the government plan.
 - (8) That portion of a claim normally covered by the government plan, which has been refused on the basis that the claim was not submitted within the government plan's time limits.
 - (9) Expenses incurred, outside BC, due to elective treatment and/or diagnostic procedures, or complications related to such treatment.
 - (10) Expenses incurred, outside BC, due to therapeutic abortion, childbirth, or complications of pregnancy occurring within two months of the expected delivery date.
 - (11) Charges incurred outside BC, for continuous or routine medical care normally covered by the government plan of BC.
 - (12) Expenses of a dependent hospitalized at the time of enrollment.
 - (13) Services performed by a Physician who is related to or resident with you or your spouse.
 - (14) Fees for ambulance services when an ambulance is called but not used.
 - (15) Ambulance charges for work related illness or injury assessed by Worksafe BC to be your employer's responsibility.
 - (16) Retroactive coverage and payment of any expense, including expenses that receive special authorization from PharmaCare.
 - (17) Any expenses for which you are entitled to reimbursement from another group or individual benefit plan or insurance policy, or due to the legal liability of any other party.
 - (18) Expenses resulting directly or indirectly from intentional self-inflicted injury, war, or participation in a riot, insurrection, or civil commotion, active duty in the military forces or any civilian noncombatant unit.
 - (19) Expenses resulting from a direct or indirect attempt at, or commission of, an indictable offense under the Criminal Code of Canada or similar law of any other country.
 - (20) Any injury, illness, or condition for which care is provided or may be provided or available without cost by public authorities or by a tax supported agency, including preventive treatment and services available under any Worksafe BC or similar plan.
 - (21) Any other item not specifically included as a benefit.

7. Confirming your Coverage

If you are considering major expenses that are not listed under either "Eligible Expenses" or in the exclusions above, please contact Pacific Blue Cross at 1-888-275-4672. It is suggested that you request pre-authorization prior to any major expenses.

8. Online Access

Pacific Blue Cross offers secure online access to a variety of services including detailed claims information, claim forms, and coverage information. To register, visit Member Services at <http://www.pac.bluecross.ca/> and follow the instructions under "A Plan Member".

9. How to Submit a Claim

Your benefit plan includes pay direct drug claims. Your pharmacist can bill Pacific Blue Cross electronically for eligible prescription drugs. Provide your policy and ID numbers to the pharmacy and pay only for expenses not covered by your plan. Claims can also be submitted online through Member Services or by paper form.

Reminder, if you have not incurred eligible expenses in excess of \$100 during a calendar year, those expenses incurred during the last three months of that year may be applied towards satisfying the \$100 deductible for the next year.

You should continue to submit claims to Pacific Blue Cross throughout the calendar year as you have reasonable amounts. At the end of December you should submit any remaining receipts for that calendar year to Pacific Blue Cross. ***The deadline for submitting claims to Pacific Blue Cross is December 31st of the year following the calendar year in which the expenses being claimed incurred. Payment will not be made for receipts received after these time limits.***

Providing you are eligible for and registered with the Fair PharmaCare Program of B.C., Pacific Blue Cross will reimburse 100% of your eligible prescription expenses over \$100 in a calendar year, up to your family's annual PharmaCare deductible. Eligible prescription expenses over your PharmaCare deductible are reimbursed 70% by PharmaCare, and 30% by Pacific Blue Cross. For information on registering with the Fair PharmaCare Program please refer to the PharmaCare section.

Certain medical expenses are covered under the government plan. If you submit your claim to Pacific Blue Cross before you submit your claim to the government plan, Pacific Blue Cross will deduct what the government plan would normally pay (e.g. PharmaCare expenses) from the claim. Information for claiming PharmaCare expenses may be obtained from your Pharmacist.

If you have duplicate coverage with another plan, please review the Coordination of Benefits section below. If you are covered by more than one Pacific Blue Cross plan, then you have to complete only one claim form with both of the Group Numbers. If you are covered by plans from different benefit carriers, then you have to complete a claim form for each plan (one for the primary plan and one for the secondary plan). The remittance statement from the first plan must be submitted to the second plan.

10. Coordination of Benefits

When coordinating benefits between plans, Pacific Blue Cross pays claims based on the rules of the Canadian Life and Health Insurance Association guidelines, which are:

- 1) Dependent 00 (the employee) is always the primary claimant. Dependent 01 (or 90 to 99 – the spouse) is always the secondary claimant.
- 2) Dependent children are always covered primarily under the parent who has the earliest birth date in the year (month and day).
- 3) In situations of separation or divorce, the following order applies:
 - a. the plan of the parent with custody of the child

- b. the plan of the spouse of the parent with custody of the child
 - c. the plan of the parent not having custody of the child
 - d. the plan of the spouse of the parent in c) above.
- 4) Total reimbursement shall never exceed 100% of the eligible expenses.

11. Termination of Coverage

The Extended Health Benefits Plan coverage for you and your eligible dependents terminates on the earlier of the last day of the month in which employment terminates, including retirement, or the last day of the month during which other eligibility requirements are no longer being met (such as dependents age, financial dependency, change of group, etc.). If you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71.

12. Individual Extended Health Benefits and Travel Plans

Pacific Blue Cross offers an individual health plan for members whose group coverage terminates. To convert coverage you must ensure that your application and full payment is received by Pacific Blue Cross within 60 days of the date your group coverage ends. Coverage will become effective immediately after your group coverage terminates.

While traveling or on vacation outside British Columbia, benefits are payable for eligible 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).

Pacific Blue Cross offers individual travel benefits at a discounted rate for plan members. Unlike other insurers, Pacific Blue Cross is first payer in the event of an out of country claim. This protects the lifetime limit on your Extended Health Plan.

Frequently Asked Questions about Travel Plans <http://www.pac.bluecross.ca/individual/travel/faq>

Get a free quote online <https://travelweb.pac.bluecross.ca/travelweb/default.aspx>

For further details on individual products, including the UVic Retirees Extended Health Plan, please call 1-800-873-2583.

Please note: Travel insurance policies often have limitations of coverage associated with accidents or diseases arising from travel to a location where the Canadian Department of Foreign Affairs has issued a travel advisory or health warning advising Canadians not to travel to this country, region or city.

Coverage limitations and / or exclusions would apply if the advisory is in place prior to purchase of the policy. However, if you have already left on your trip when the advisory is issued, you would be covered should something unforeseen arise.

It is important you review the [government's website](#) for such advisories prior to booking your vacation.

13. Plan Carrier

Pacific Blue Cross
Group Plan No. **40704**
Health & Dental Claims
P.O. Box 7000
Vancouver BC V6B 4E1
1-888-275-4672

DENTAL CARE PLAN

The Dental Care Plan has been designed to assist you in paying basic dental expenses for you and your eligible dependents, based on the B.C. Dental Fee Schedule. All provisions of the plan are subject to the terms and conditions of the Plan Document issued by Pacific Blue Cross to the University of Victoria.

1. Eligibility

All regular Staff covered by this plan and employed half-time or more, are eligible to join the Dental Care Plan.

If you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71.

2. Eligible Dependents

- a) Your legal spouse or common-law partner (a common-law partner is a person who has been publicly represented as your spouse for at least one year).
- b) Any child, stepchild, legally adopted child, or legal ward of the employee who is:
 - 1. unmarried and dependent on the employee, and under the age of 21 years (children under age 21 are **not** covered if they are working more than 30 hours a week, unless they are full-time students).
 - 2. age 21 to 25 and in **full time** attendance at a recognized educational institute. If child is no longer a student, the coverage will cease at the end of the month of finishing school or university.
 - 3. incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn age 21, or while they are students under age 25, and the disorder has been continuous since that time. Disabled status is subject to approval by PBC. The Dependent must become disabled while covered as a Dependent under Clause 1 or 2 above.

Note: You must apply for dependent coverage within one month of the date of marriage, one month of common-law status or one month of acquisition (i.e. birth or adoption) of an eligible dependent.

You must immediately advise the Benefits Office in Human Resources if at any time a child is no longer a full-time student, or there are other changes to the status of your dependents (eg. you are no longer legally married).

3. Membership

You are required to immediately enroll in the Dental Care Plan. Your coverage may start on the first day of the month coinciding with or following your appointment. At the time of enrollment you have the option of covering eligible dependents. Once enrolled, no further addition or deletion of dependents will be permitted without satisfactory proof of a change in marital or dependent status, as outlined above.

4. Premium Costs

Premiums are cost shared with the University – employee pays 25% and the University 75%. See Section 7 for monthly premium amounts.

5. Plan Benefits

The Dental Care Plan has no annual deductible and provides coverage as follows:

4. 90% of basic preventive and restorative expenses (Plan A)
5. 70% of crowns, bridges and prosthetic appliances (Plan B)
6. 85% of orthodontics - to a maximum lifetime benefit of \$5,000 per person (Plan C)

The charges covered by the Dental Care Plan are based on the B.C. Dental Fee Schedule. **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.**

Members and registered dependents are entitled to the following dental services when performed by a dentist (dentist means a doctor of dentistry who is duly qualified and licensed to practice dentistry in the area where the service is provided. A dentist may also mean dental specialist, or denturist).

The following information is intended to be a descriptive outline only. All provisions of the Dental Care Plan are subject to the terms and conditions of the Dental Care Plan Contract issued by Pacific Blue Cross to the University.

Plan "A" - Basic Preventive and Restorative Services

Plan A covers services for the care and maintenance of teeth, including procedures to restore teeth to natural or normal function. Eligible expenses include:

(1) Diagnostic Services

(a) Examinations:

- (i) complete – provided Pacific Blue Cross have not paid for any other exam by the same Dentist in the past 6 months – 2 per lifetime
- (ii) new patient and recall – combined limit of 2 per calendar year
- (iii) specific – 2 per calendar year
- (iv) consultations (as a separate appointment).

(b) X-rays

- (i) diagnostic
 - (ii) panoramic – 1 per 12 month period
 - (iii) complete mouth series – 1 per 36 month period
- All x-rays combined shall not exceed the dollar limit for a complete mouth series.

- (c) Diagnostic models – 1 set per calendar year.

(2) Preventative Services

- (a) Scaling, root planning, and gingival curettage to a combined calendar year maximum of \$400.00.
- (b) Polishing – 2 per calendar year.
- (c) Topical application of fluoride – 2 per calendar year.
- (d) Fixed space maintainers on missing primary teeth and habit-breaking appliances.
- (e) Preventative restorative resins and pit and fissure sealants – combined limit of 1 per tooth in a 2 year period. No age limit.

(3) Restorative Services

- (a) Fillings
 - (i) amalgam (silver coloured) fillings
 - (ii) composite fillings on all teeth
- (b) Stainless steel crowns on primary and permanent teeth – once per tooth in a 5 year period.
- (c) Inlays or onlays – only 1 inlay or onlay on the same tooth will be covered in a 5 year period. Where other material would suffice, you will be responsible for the difference between the cost of the chosen material and the cost of alternative material.

(4) Endodontics

For the treatment of diseases of the pulp chamber and pulp canal including, but not limited to root canals. Fee guide financial and treatment frequency limits apply.

(5) Periodontics

For the treatment of diseases of the soft tissue (gum) and bone surrounding and supporting the teeth, excluding bone and tissue grafts, but including the following:

- (a) occlusal adjustment and recontouring – a combined calendar year maximum of \$440
- (b) root planning
- (c) gingival curettage
- (d) osseous surgery
- (e) bruxing guards – 2 appliances in a 5 year period (no benefit is payable for the replacement of lost, broken, or stolen bruxing guards).

(6) Prosthetic Repairs

- (a) removal, repairs, and recementation of fixed appliances
- (b) rebase and relines of removable appliance – a combined limit of 1 per upper and 1 per lower prosthesis in a 2 year period

- (c) tissue conditioning – 2 per upper and 2 per lower prosthesis in a 5 year period
- (d) gold foil – only when used to repair existing gold restorations.

(7) Surgical Services

- (a) extractions
- (b) other routine oral surgical procedures
- (c) anesthesia and sedation in conjunction with surgery to a combined calendar year maximum of \$170.

(8) Other

House calls, hospital calls only if work is not being performed, emergency visits, consultation with the physician or hospital staff, and office visits after regular office hours.

The percentage of payment for services under Plan "A" is 90% of the B.C. Dental Fee Schedule. Any fees in excess of the Fee Schedule are your responsibility.

Plan "B" - Major Restorative Services

You are eligible for Plan B services when your Dentist recommends replacement of your missing teeth, or reconstruction of your teeth (where basic restorative methods cannot be used satisfactorily).

Mounted x-rays and/or diagnostic casts may be required for Pacific Blue Cross approval.

Plan B services include the following:

(1) Prosthodontic Services

- (a) removable complete upper and lower or partial upper and lower dentures
- (b) fixed bridges.
- (c) *Effective July 1, 2023 the dental coverage will include dental implants at \$1,000/lifetime maximum per tooth.*

(2) Restorative Services

- (a) inlays or onlays involved in bridgework
- (b) veneers
- (c) crowns and related services.

(3) Limitations

- (a) Only 1 major restorative service involving the same tooth will be covered in a 5 year period.
- (b) Only 1 upper and 1 lower denture (complete or partial) is eligible in a 5 year period.
- (c) No benefit is payable for the replacement of lost, broken, or stolen dentures. Broken dentures may be repaired under Plan A.

- (d) Veneers, crowns, bridges, inlays, and onlays are subject to the conditions outlined in the BC Fee Guide. Where other material would suffice, you will be responsible for the difference between the cost of the chosen material and the cost of alternative material.

The percentage of payment for services under Plan "B" is 70% of the B.C. Dental Fee Schedule. Any fees in excess of the Fee Schedule are your responsibility.

Plan "C" - Orthodontics

Benefits are payable for orthodontic services performed on or after the effective date of your coverage. Plan C is designed to cover orthodontic services provided to maintain, restore, or establish a functional alignment of the upper and lower teeth.

Adults and dependent children are eligible for orthodontic services. The maximum lifetime benefit is \$5,000 per person.

Limitations:

- (1) No benefit is payable for the replacement of appliances which are lost or stolen.
- (2) Services done for the correction of temporomandibular joint (TMJ) dysfunction are not covered.
- (3) Treatment performed solely for splinting is not covered.

6. Emergency Dental Care - Out-of-Province

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.

7. Coordination of Benefits

Coordination of dental benefits (coverage by two separate dental plans) is permitted under this plan. If you choose to coordinate your UVic dental coverage with another plan you must advise the Dentist performing the services that claims must be coordinated to ensure that total benefits payable do not exceed 100% of the eligible expenses.

8. Exclusions

- (a) Services which are provided under the Medical Services Act of British Columbia, the Worksafe BC or other similar agency, or services for which any third party is liable.
- (b) Items not listed in the BC Fee Guide and fees in excess of those listed in the Fee Guide.
- (c) Any item not specifically included as a benefit.
- (d) Charges for broken appointments, oral hygiene or nutritional instruction, completion of forms, written reports, communication costs, or charges for translating documents into English.
- (e) Procedures performed for congenital malformations or for purely cosmetic reasons.
- (f) Charges for drugs, pantographic tracings, and grafts.
- (g) Charges for implants and/or services performed in conjunction with implants. *Does not apply after July 1, 2023.*

- (h) Anesthesia not done in conjunction with surgery, and charges for facilities, equipment and supplies.
- (i) Charges for services related to the functioning or structure of the jaw, jaw muscles, or temporomandibular joint.
- (j) Incomplete, unsuccessful, or temporary procedures.
- (k) Recent duplication of services by the same or different Dentist.
- (l) Any extra procedure which would normally be included in the basic service performed.
- (m) Services or items which would not normally be provided, or for which no charge would be made, in the absence of dental benefits.
- (n) Travel expenses incurred to obtain dental treatment.
- (o) Any expenses for which you are entitled to reimbursement from another group or individual benefit plan or insurance policy, or due to the legal liability of any other party.
- (p) Expenses resulting directly or indirectly from intentional self-inflicted injury, war, or participation in a riot, insurrection, or civil commotion, active duty in the military forces or any civilian noncombatant unit.
- (q) Expenses resulting from a direct or indirect attempt at, or commission of, an indictable offense under the Criminal Code of Canada or similar law of any other country.
- (r) Any injury, illness, or condition for which care is provided or may be provided or available without cost by public authorities or by a tax supported agency, including preventive treatment and services available under any Worksafe BC or similar plan.

9. Confirm your Coverage Prior To Treatment

To confirm your eligibility for expenses with respect to any major dental treatment, you should ask your Dentist to submit an outline of the recommended treatment plan and cost estimate to Pacific Blue Cross ***prior to the start of treatment***. This is important especially when your Dentist is recommending extensive dental work. This prevents you from unknowingly incurring dental expenses beyond your expectations.

10. Online Access

Pacific Blue Cross offers secure online access to a variety of services including detailed claims information, claim forms, and coverage information. To register, visit Member Services at <http://www.pac.bluecross.ca/> and follow the instructions under “A Plan Member”.

11. How to Submit a Claim

- (1) Please confirm with your Dentist how billing is handled. Pacific Blue Cross will pay in either of two ways:
 - (a) by paying the Dentist directly for services provided under this dental plan when Pacific Blue Cross receive a claim form signed by the Dentist certifying the services performed and the fee charged, or
 - (b) if you have paid your Dentist directly, Pacific Blue Cross will reimburse you the benefit amount when they receive a claim form or receipts signed by your Dentist.
- (2) Pacific Blue Cross require a separate claim form for each member of your family who has received dental services. Be sure to include the following information on the claim form:

- (a) name of the Dentist
 - (b) name and birth date of the person receiving the dental care
 - (c) your group, identification, and dependent numbers
 - (d) your home mailing address
 - (e) all claims must be submitted in English
- (3) It is suggested that dental claims be submitted within 90 days or earlier of the completed date of service. *The deadline for submitting claims to Pacific Blue Cross is December 31st of the year following the calendar year in which the expenses being claimed incurred.* Payment will not be made for receipts received after this time. This deadline applies to orthodontic claims as well.
- (4) Orthodontic Claims Procedure
 - (a) Treatment Plan
 - (i) Have your Orthodontist complete the “Certified Specialist in Orthodontics Standard Information Form” (the treatment plan) before treatment starts.
 - (ii) If the payment schedule or treatment changes, Pacific Blue Cross require a revised treatment plan for review.
 - (iii) The treatment plan must be on file before Pacific Blue Cross can pay the initial fee or down payment, the monthly or quarterly fees and the one time appliance fee.
 - (iv) Claims for consultations, exams and records (x-rays, study models, etc.) can be reimbursed without a treatment plan on file.
 - (b) As Pacific Blue Cross does not return original receipts, photocopies will be accepted for orthodontic claims. It is recommended that you submit receipts as you receive them rather than holding receipts until the completion of treatment.
 - (c) Monthly or quarterly Fees
 - (i) Submit receipts for the monthly or quarterly fees on a regular basis as treatment progresses. Claims may be submitted on claim forms or online through Member Services.
 - (ii) The amount paid will be prorated over the estimated months of active treatment. For example, when braces are on the teeth, the estimated length of treatment will be on the treatment plan.
 - (iii) As long as your coverage is effective, monthly or quarterly reimbursements will be made to you until the dollar maximum is reached or the treatment is complete, whichever occurs first.

12. Termination of Coverage

The Dental Plan coverage for you and your eligible dependents terminates on the earlier of the last day of the month in which your employment terminates, including retirement, or the last day of the

month during which other eligibility requirements are no longer being met (such as dependents age, financial dependency, change of group, etc.). If you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71

13. Individual Extended Health and Dental Plans

Pacific Blue Cross offers an individual extended health and dental plan for members whose group coverage terminates. To convert coverage you must ensure that your application and full payment is received by Pacific Blue Cross within 60 days of the date your group coverage ends. Coverage will become effective immediately after your group coverage terminates.

For further details on individual products, including the UVic Retirees Extended and Dental Plan, please call 1-800-873-2583.

14. Plan Carrier

Pacific Blue Cross
Group Plan No. 40704
Health & Dental Claims
PO Box 7000
Vancouver BC V6B 4E1
1-888-275-4672

SECTION 2

PENSION PLANS

For most individuals there are three basic sources of retirement income:

- * University of Victoria Pension Plans
- * Government Pension Programs
- * Personal Savings, including RRSP's

It is your responsibility to be aware of the adequacy of these sources and to ensure that they will meet your income needs when you retire.

UNIVERSITY OF VICTORIA PENSION PLANS
Combination Plan Registration Number P085294-1
Money Purchase Plan Registration Number P085318-1

This section is intended as a guide to assist you in understanding the major provisions of the two University of Victoria pension plans for eligible PEA members - the University of Victoria Combination Pension Plan (the "Combination Plan" or the "Plan") and the University of Victoria Money Purchase Pension Plan (the "Money Purchase Plan" or the "Plan"). The University also maintains a supplemental plan called the Supplemental Benefit Arrangement. The Supplemental Benefit Arrangement provides that portion of benefits that cannot be provided under the registered pension plan due to the application of the *Income Tax Act (Canada)* limits. Should any questions arise concerning the interpretation or administration of these plans, as described in this section, the official plan documents will govern in all cases.

1. Type of Plan

The Combination Plan is predominantly a Defined Contribution plan. The primary benefit is based on the amount of money accumulated in each member's Combined Contribution Account. The Combination Plan also has a Defined Benefit provision which acts as a minimum benefit. Depending on the retirement option selected, a defined benefit supplement may be available to top-up a member's retirement benefit to the minimum calculated under the defined benefit provision.

The Money Purchase Plan is a defined contribution plan and provides a retirement benefit based on the amount of money accumulated in each member's "Money Purchase Contribution Account".

2. Membership

PEA members holding a regular appointment of at least half time will participate in either the Combination Plan or the Money Purchase Plan.

3. Eligibility

Full-time PEA members holding regular appointments are required to enroll in the Combination Plan immediately upon employment.

PEA members holding regular appointments of 50% or more, but less than full-time, are required to enroll in the Money Purchase Plan immediately upon employment.

4. Change of Employment Status within the PEA Group

If a member who joins the Combination Plan on the basis of a full time position subsequently reduces their appointment in that same position, the member shall remain in the Combination Plan.

In all other cases, if the employment status which entitles you to membership in one Plan permanently changes, and your new status entitles you to membership in the other Plan, you will cease contributing to the first Plan and become a member of and commence contributions to the other Plan. The account balance you accumulated in the first Plan will remain in the first Plan, earning

returns, until payment of a benefit following either termination of employment or attainment of earliest retirement age.

5. Employee Contributions

If you are in the Combination Plan

Your contribution to your Combined Contribution Account is 3.83% of basic regular salary up to the Canada Pension Plan's Year's Maximum Pensionable Earnings (YMPE) and 5.83% on earnings in excess of the YMPE, to a maximum of that permitted under the *Income Tax Act*. The YMPE is prorated by pay period. Contribution rates are reviewed at least once every three years. If additional contributions are required, your share is one-third of the required increase.

If you are in the Money Purchase Plan

Your contribution to your Money Purchase Contribution Account is 3% of your basic regular salary up to the YMPE and 5% of salary in excess of the YMPE, to a maximum of that permitted under the *Income Tax Act*. The YMPE is prorated by pay period.

6. University Contributions

If you are in the Combination Plan

The University's contribution to your Combined Contribution Account is 6.54% of your basic regular salary up to the YMPE and 8.17% of your salary in excess of the YMPE. The total of your and the University's contribution to your account is therefore 10.37% of your salary up to the YMPE and 14% of your salary in excess of the YMPE, to the maximum permitted under the *Income Tax Act*.

The University contributes an additional 3.50% of total member salaries to the defined retirement benefit account to fund defined benefit supplements.

Contribution rates are reviewed at least once every three years.

If you are in the Money Purchase Plan

The University's contribution to your Money Purchase Contribution Account is 8.37% of your basic regular salary up to the YMPE and 10% of your salary in excess of the YMPE. The total of your and the University's contribution to your account is therefore 11.37% of your salary up to the YMPE and 15% of your salary in excess of the YMPE, to the maximum permitted under the *Income Tax Act*.

7. Contribution Limits

When University contributions to your Combined Contribution Account or Money Purchase Contribution Account are capped to comply with the maximum permitted under the *Income Tax Act*, you earn compensating credits under the Supplemental Benefit Arrangement.

8. Contributions During Leave

If you are on an approved leave of absence (other than for study, maternity, adoption or parental leave), you will continue to be a member of the Plan but will not accrue additional benefits unless you pay both the employee and University contributions for the period. For maternity, adoption and parental leave, contributions and credited service (Combination Plan only) continue, providing you pay your portion of the contributions for the period.

9. Additional Voluntary Contributions

You may elect to make additional voluntary contributions, subject to *Income Tax Act* limits and provided you are not on a leave of absence without pay or reduced salary during any portion of the calendar year. Voluntary contributions are credited to an Unrestricted Voluntary Account in your name

You may also establish or add to a voluntary account by transferring monies from another Canadian registered pension plan or registered retirement savings plan. Locked-in monies are credited to a Restricted Voluntary Account.

Contributions and transfers to a voluntary account share in the net returns of the Balanced Fund in which the monies are invested starting with the first full month on deposit.

10. Income Tax

The Plans are registered under the *Income Tax Act* and therefore your contributions are deductible for income tax purposes.

A Pension Adjustment (PA) is reported on your annual Canada Revenue Agency T4 slip - Statement of Remuneration Paid. The PA is a measure of the level of retirement savings accrued as a result of your participation in the Plan and reduces the amount you may contribute to an RRSP in the subsequent year. The amount you may contribute to an RRSP each year is shown on your previous year's *Notice of Assessment* or *Notice of Reassessment* from Canada Revenue Agency.

11. Age at Retirement

The normal retirement date is the last day of the month in which you reach age 65. However, you may access your pension any time after age 55 (age 50 for options outside the Plan). You may also choose to continue working past your normal retirement date, in which case you and the University will continue to make contributions to the Plan until the earlier of your retirement date or November 30th of the year in which you reach age 71.

12. Pension Benefit

Following attainment of a minimum age and termination of employment, you may commence a pension benefit. With minor variations, there are basically two options outside the Plan, available any time after reaching a minimum of 50 years of age:

- transferring your account balance to a Life Income Fund (LIF) and paying yourself a variable income from the LIF; non locked-in funds such as the pre-1993 portion of your account are transferrable to a Registered Retirement Income Fund (RIF), instead of a LIF; or
- purchasing a life annuity, usually fixed, from a Life Insurance Company with your account balance.

For Combination Plan members, similar options are available directly from the Plan any time after reaching at least 55 years of age:

- converting your account into a Variable Benefit Account and paying yourself a monthly income (also referred to as a Life Income Type Benefits) from that account; or
- purchasing an internal variable annuity with your account balance, but with a defined benefit supplement if the resulting annuity is less than the defined benefit minimum.

For Money Purchase Plan members, any time after reaching at least 55 years of age, a variable benefit (Life Income Type Benefits) is available directly from the Plan, subject to a minimum account size.

a) Variable benefit (Life Income Type Benefits)

The variable benefit is available to members of the Combination Plan and, subject to a minimum account size, to members of the Money Purchase Plan. The minimum account size for the Money Purchase Plan is at least twice the Year's Maximum Pensionable Earnings (YMPE). The YMPE in 2023 is \$66,600. You may combine regular and voluntary accounts to meet the minimum account size.

The variable benefit is similar to an external life income fund (LIF) except that it is available directly from the Plan, whereas a LIF is available outside the Plan. A Variable Benefit Account (VBA) may be established with funds from your regular account and, if applicable, voluntary account. You retain ownership of the funds and each year choose the amount to withdraw monthly from your VBA, subject to statutory limits. The payments are made on the 1st of each month, less applicable withholding tax. The VBA balance remaining after each withdrawal shares in the investment performance of the Plan (net gains or losses).

If you have a spouse, you may only select this option if your spouse chooses to provide consent by completing prescribed Form 3 "Spouse's Consent to a Transfer to a Life Income Fund or Establishment of a Life Income Type Benefits Account."

You may elect to cease drawing this benefit at any time and apply the residual balance to any one or more of the other options available under the Plan except that for members of the Combination Plan, the defined benefit minimum is not available if you select an internal variable annuity.

The variable benefit booklet available from Pension Services provides more details on this option. The table of statutory limits is at the back of the booklet.

Survivor benefit: the balance remaining in your VBA at date of death. A surviving spouse may choose to continue with a variable benefit or select one of the other options available to

retiring members of the Plan. A beneficiary who is not a spouse is paid the balance remaining in your VBA, less applicable withholding tax

b) Internal Variable Annuity with defined benefit minimum (Combination Plan only)

The internal variable annuity is purchased with the balance in your account. It is similar to an external annuity in that control and ownership of the account balance is relinquished in exchange for the promise of a future lifetime income. The initial amount payable depends on the size of your account, your age, and the *optional form* (survivor benefit) you select. Annuity rates are updated annually and are set out in the Annual Report which is available on the Plan website. The two main differences from an external annuity are that it is variable in amount and is subject to a defined benefit minimum.

Variability: Each 1 July, the annuity is adjusted to reflect the investment performance of the Plan during the prior calendar year (or that portion of the year that the annuity was being paid), relative to the underlying earnings assumption (currently 3.5%) and actuarial factors. Consequently, the annuity carries somewhat more risk than an external annuity but also the potential for benefit if the Plan does well. For example, if the Plan earned 6%, the annuity would increase on the following 1 July by approximately 2.5% (6% less the 3.5% earnings assumption); if the Plan lost 3%, the annuity would decrease by approximately 6.5%; there would be further adjustments related to actuarial factors, such as longevity experience.

Defined benefit minimum: Payments under the internal variable annuity option cannot fall below a minimum calculated on a defined benefit basis. If the annuity is less than the defined benefit minimum, a supplement is payable to bring the total benefit up to the minimum. To be eligible for this defined benefit minimum, you must not have previously received a variable benefit.

The formula for the defined benefit minimum at normal retirement is:

$$\text{Final Average Earnings up to the Average YMPE} \times \text{Years of Credited Service} \times 1.3\% \\ \text{PLUS}$$

$$\text{Final Average Earnings in excess of the Average YMPE} \times \text{Years of Credited Service} \times 2\%$$

- “Final Average Earnings” is the average of your basic gross regular salary calculated over the highest 60 consecutive months.
- “Average YMPE” is the average of the Year’s Maximum Pensionable Earnings according to Canada Pension Plan for the final year of contributions and the two prior years.
- “Credited Service” is the full-time equivalent of the actual time that you worked and contributed to the Plan. If you worked full-time for 6 months in a year, you would be credited with 0.50 years of Credited Service.

EXAMPLE of defined benefit minimum:

- retirement is July 1, 2023
- 30 years of Credited Service
- Average YMPE for 2021 to 2023 is \$64,367
- Final Average Earnings of \$90,000 (\$64,367 up to the Average YMPE and \$25,633 in excess of the Average YMPE)

\$64,367 x 30 years x 1.3%..... =	\$25,103
PLUS	
\$25,633 x 30 years x 2%..... =	\$15,379
*TOTAL Minimum at Normal Retirement (age 65)	\$40,482 (Single Life)

**NOTE: The minimum is reduced if it exceeds the limit under the Income Tax Act (Canada) and if the pension commences before age 65. The normal form is single life which has no survivor benefit. Optional forms are described below.*

The defined benefit minimum is indexed based on changes in the Canadian Consumer Price Index after the commencement of pension payments. The maximum adjustment in any one year is 3%, and is made annually on July 1st following the effective date of your pension.

The *Income Tax Act (Canada)* limits the defined benefit minimum for that portion of the pension that is based on service credited after 1990. The limit for pensions commencing in 2023 is \$3,506.67 per year of service credited after 1990; the limit is indexed annually and is applied to the pension before reduction for early commencement. Benefits in respect of post-1993 service that are reduced by the application of this limit may be supplemented with benefits from the Supplemental Benefit Arrangement.

13. Reduction for Early Retirement

If you are considering early retirement, bear in mind that early retirement can significantly reduce your retirement income; that benefits from Canada Pension Plan are not payable prior to age 60; and Old Age Security benefits are generally not payable until you are age 65 (or later).

With the exception of the defined benefit minimum (Combination Plan only), all pension options are based on the size of your account balance. When you retire early, not only is the potential payment period likely to be longer (meaning you get a lower payment per \$1 of account balance), but your account balance is also likely to be lower than if you continue to work and have contributions and returns credited to your account.

For the defined benefit minimum described above (Combination Plan only), if you retire early and start a pension before normal retirement (age 65), an actuarially equivalent early retirement reduction factor will be applied to your defined benefit minimum. The earlier you commence your pension, the greater the reduction factor. Reduction factors are updated annually and are set out in the Annual Report which is available on the Plan website.

14. Definition of Spouse

Persons are spouses on any date on which one of the following applies:

- a) they
 - (i) are married to each other, and

- (ii) have not been living separate and apart from each other for a continuous period longer than 2 years;
- b) they have been living with each other in a marriage-like relationship for a period of at least 2 years immediately preceding the date.

15. Optional Forms of Pension (Survivor Benefits)

If you are in the Combination Plan and elect to receive your pension as an internal variable annuity payable from the Plan, the pension is payable for your lifetime. The amount of survivor benefit depends on the *optional form* you choose when you start your pension. The greater the survivor benefit, the lower the amount of pension. The optional form for the defined benefit minimum is the same as what you select for the internal variable annuity. The following optional forms are available:

a) Single Life (spousal waiver required, if applicable)

Your pension is payable to you for life and ceases at your death. This option provides the largest monthly pension but makes no provision for a beneficiary.

b) Single Life Guaranteed Five, Ten or Fifteen Years (spousal waiver required, if applicable)

Your pension is payable to you for life. However, if you die before the guarantee period has expired, payments continue to your designated beneficiary until the end of the guarantee period. If your beneficiary is your estate, the remaining monthly payments are commuted into a lump sum.

c) Joint and Last Survivor (60%, 66.7%, 75% or 100%)

Your pension is payable to you for life. However if you pre-decease your spouse, 60%, 66.7%, 75% or 100% of the pension continues to be paid to your spouse as long as they live.

d) Two-thirds Joint Life

Your pension reduces by one-third on the first death of either you or your spouse.

e) Full Joint and Last Survivor Pension with a Ten or Fifteen Year Guarantee

Under this option the pension continues in full to your spouse as long as they live; but, if both you and your spouse die before receiving 120 or 180 monthly pension payments, the payments remaining in the guarantee period are paid to the beneficiary designated by the last survivor (you or your spouse). If the beneficiary is your or your spouse's estate, the remaining monthly payments are commuted into a lump sum.

Your selection should reflect your own personal situation and needs at retirement. If you have a spouse, the *Pension Benefits Standards Act (BC)* requires that you elect a joint life with a minimum of 60% of your pension continuing to your spouse after your death, unless your spouse chooses to waive this right by completing and signing a Form 2 "Spouse's Waiver of Lifetime Survivor Benefit and/or Beneficiary Rights from a Pension Plan or Annuity After Payments Start." Your spouse must be fully

informed of his or her right to a joint pension and sign the waiver in the presence of a witness, not more than 90 days before you start to receive the pension. You must not be present when your spouse signs the waiver.

16. Deferred Retirement Pension

You may choose to retire, but defer receipt of your retirement pension. You must select and commence a pension benefit by the end of the calendar year in which you reach age 71.

17. Benefit Options if You Terminate Employment Before Reaching Retirement Age

The Plans have immediate vesting, which means that if you terminate employment, you retain the employer contributions made to your individual account. Upon termination of employment, you can elect on of the following options:

- a) to leave the balance in your account on deposit in the Plan where your funds will continue to share in the Plan's investment returns. Upon attaining a minimum age you can elect to commence a monthly pension benefit purchased with your account balance (see Section 12 above), or
- b) to transfer the balance in your account to another registered pension plan on a locked-in basis (any portion that is attributable to contributions made before 1993 is not subject to lock-in restrictions), or
- c) to transfer the balance in your account to a Locked-in Retirement Account (LIRA) (any portion that is attributable to contributions made before 1993 is not subject to lock-in and may be transferred to a regular RRSP or be paid in cash, less withholding tax).

If the balance in your account is less than 20% of the Year's Maximum Pensionable Earnings for the current calendar year, you may choose a cash lump sum less applicable withholding tax or a transfer on a non locked-in basis. The small benefit threshold is set by BC Pension Standards and is subject to change without notice.

You may also be eligible for a cash payment if you have shortened life expectancy or are a non-resident who has been absent from Canada for at least two years, and your spouse, if applicable, agrees to permit you to unlock the benefits by completing and signing a Form 1 "Spouse's Waiver to Permit Benefits in a Pension Plan, Locked-In Retirement Account or Life Income Fund to Be Unlocked."

18. Survivor Benefits Before Retirement

If you have a spouse, your spouse is automatically entitled to your survivor benefit; however, you can designate another beneficiary if your spouse chooses to waive their entitlement by signing a Form 4 "Spouse's Waiver of Beneficiary Right to Benefits in a Pension Plan, Locked-In Retirement Account, Life Income Fund or Annuity Before Payments Start." A spouse cannot waive only a portion of the survivor benefit.

If you die before commencing a benefit, and your beneficiary is your spouse, your spouse has the same choice of benefits available to you and the entitlement is subject to the same lock-in restrictions that apply to you, except there is no minimum age for commencement of a pension benefit.

A beneficiary who is not your spouse is entitled to a lump sum payment equal to the amount in your account, payable in cash less withholding tax.

Survivor benefits payable are subject to any rights that another person may have under the *Family Law Act (BC)*.

19. Division of Your Pension With Your Former Spouse

Your pension is a family asset and if you divorce or separate, your former spouse may be entitled to a portion of your pension under the terms of your separation agreement or court order. Although the entitlement is normally one-half of the pension earned during the marriage, you and your spouse may agree to a different share or settle the entitlement with other assets and leave the pension intact.

While you are negotiating your separation agreement or waiting for your court order, your spouse may notify the Plan that they are claiming an interest in your pension and request information from the Plan on the value of the pension. Pension Services will notify you if it receives notice of a claim on your pension.

If your spouse is allocated a share of your pension, Pension Services can pay your spouse's share directly to them in the form of a lump sum transfer to another retirement savings vehicle. The extent to which your former spouse's share is subject to lock-in restrictions depends on how much of the entitlement is attributable to contributions made before 1993 (not locked-in) and after 1992 (locked-in). Alternatively, for the Combination Plan only, a separate pension option may be available to your former spouse. There is a one-time fee of \$175 for a division that results in a lump sum transfer and \$750 for the separate pension option.

If there is a claim on your pension, you should provide Pension Services with a copy of the separation agreement or court order as soon as possible. The claim must be settled before benefits will be paid to you.

20. Re-employment After Retirement

If you are in receipt of a pension from the Plan and are re-employed by the University in a position that would normally meet the criteria for enrollment in that Plan, you will not be re-enrolled and instead will continue to receive your pension.

21. Administration of the Plan

The Plans are administered by a Board of Pension Trustees, four of whom are elected by the Combination Plan members and four of whom are appointed by the University's Board of Governors. The Executive Director, Pensions and Plan Governance serves as Secretary to the Pension Board.

22. Annual Statements and Member Obligations

You should receive an annual statement by the end of June each year along with an Annual Report from the Pension Board containing information about the operation of the Plan of which you are a member. If you do not receive a statement, you should notify Pension Services, as it may mean that your department or address needs to be updated.

You are responsible for reviewing the information on your statement and promptly notifying Pension Services of any discrepancies or changes in your information (marital status, address, etc.). Delays in reporting discrepancies can limit the extent to which corrections may be made and may delay payment of benefits.

If you are retiring or terminating employment, you are also responsible for notifying Pension Services, so that a statement of your benefit options may be prepared. To request a statement of retirement options, you should complete an Application for Pension Estimate (available on the Plan website).

23. Confidentiality

Your pension records and your communications with Pension Services are confidential. Pension Services requires your written consent before disclosing information to others, including your spouse, co-workers or your supervisor. An exception is when a former spouse files a claim on your pension under the *Family Law Act (BC)* (see division of your pension above).

24. Access to Records

Your benefit entitlements under the Plan are governed under British Columbia pension legislation. Within 30 working days after receipt of a written request and without charge, you have the right under Section 37 (2) and (4) of the *BC Pension Benefits Standards Act*, to examine once every 12 months the documents listed under Sections 42 and 43 of the *BC Pension Benefits Standards Regulation*.

25. Contact Information

For any questions related to your pension please contact Pension Services at (250) 721-7030, by email to pensions@uvic.ca or to:

Mailing address:

Pension Services
Administrative Services Building Room B278
University of Victoria
PO Box 1700 STN CSC
Victoria BC V8W 2Y2

Courier Address:

Pension Services
Administrative Services Building Room B278

University of Victoria
3800 Finnerty Road
Victoria BC V8P 5C2

Please also visit the website at www.uvic.ca/pensions

All arrangements for payment of benefits must be made through Pension Services.

OLD AGE SECURITY

Through the federal government, the Old Age Security (OAS) pension is a monthly payment available to most Canadians 65 years of age who meet the Canadian legal status and residence requirements. You must [apply](#) to receive it.

1. Eligibility

Minimum age 65, and subject to residency and income requirements to qualify for full or partial benefits.

2. Pension Benefits

Benefits are payable monthly and indexed quarterly to reflect changes in the Consumer Price Index. Please consult the Government of Canada website for up to date benefit amounts.

3. Applying for OAS

In April 2013, Service Canada implemented a process to automatically enroll seniors who are eligible to receive the Old Age Security pension.

If you can be automatically enrolled, Service Canada will send you a notification letter the month after you turn 64.

If you did not receive a letter from Service Canada informing you that you were selected for automatic enrolment, you must apply in writing for the Old Age Security pension. Complete and mail the [Application for the Old Age Security pension form \(ISP-3000\)](#) and include [certified true copies](#) of the required documentation.

If you wish to [defer your OAS pension](#) you may do so by:

- Accessing your My Service Canada account and following the directions, or
- Signing and returning the automatic enrolment letter by mail.

If you wish to start receiving your Old Age Security (OAS) pension at age 65, you should apply for your OAS pension right away.

- If you have already reached 65, and you wish to start your OAS pension immediately, you should apply as soon as possible so you don't lose any payments .

If you chose to [delay receipt of your OAS pension](#), you can apply up to 11 months before the date you want your OAS pension to start.

If you did not receive a letter from Service Canada informing you that you were selected for automatic enrolment, you must apply in writing for the Old Age Security pension..

CANADA PENSION PLAN

A federal government pension plan that is funded by employee and employer contributions. Provides monthly retirement income, as well as death and disability benefits.

1. Eligibility

Immediate eligibility, with compulsory contributions between ages 18 to 65. Employees over age 65 may defer their Canada Pension benefits and continue to contribute up to age 70.

2. Retirement Benefits

Pays a regular monthly retirement income, based on past earnings and contributions to the plan. Benefits are adjusted annually on January 1st, according to changes in the Consumer Price Index.

a) Early Retirement

You may apply for CPP as early as age 60. Benefits are reduced for each month prior to age 65.

b) Normal Retirement

You may apply for normal retirement benefits at age 65, even if you continue working.

c) Delayed Retirement

You may defer your Canada Pension and continue to make contributions while you are working (up to age 70). For each month beyond your 65th birthday that you delay your pension, there is an increase in benefits.

3. Applying for CPP Retirement Benefits

You should make application for Canada Pension Plan retirement benefits six months prior to the date on which you wish to commence benefits. [Application for a Canada Pension Plan Retirement Pension](#) and include [certified true copies](#) of the required documentation. **Mail it or bring it to your Service Canada Centre closest to you. Mailing addresses are provided on the form.**

4. CPP Death Benefits

May provide a lump sum death benefit and monthly spouse and orphan allowances. Eligibility and benefits are determined by the deceased's contributions and the ages of the spouse and dependent children.

5. CPP Disability Benefits

May provide a monthly disability pension where the contributor is unable to engage in any substantially gainful occupation due to a severe and prolonged disability. Eligibility is based on the length of the contribution period. The benefit is calculated on a flat rate plus a percentage of the contributor's retirement pension.

SECTION 3

LIFE INSURANCE PLANS

Your family may depend on your regular monthly income. In the event of your death, your income would stop and your family's financial security could be jeopardized. To help protect your family against such a loss, the University of Victoria provides a life insurance program consisting of:

7. Basic Group Life Insurance Plan
8. Optional Group Life Insurance Plan
9. Spouse Optional Group Life Insurance Plan
10. Optional Group Accidental Death and Dismemberment Plan (AD&D)
11. Travel Accident Insurance Plan

In addition, death benefits may be payable from:

12. University Pension Plan
13. Canada Pension Plan
14. Worksafe BC

This section is intended as a guide to assist you in understanding the major provisions of the Plans that make up the University of Victoria Life Insurance Program. Should any questions arise concerning the interpretation or administration of these Plans, as described herein, the official Plan documents will govern in all cases.

BASIC GROUP LIFE INSURANCE

The Basic Group Life Insurance Plan provides 24 hour coverage on or off the job.

1. Eligibility

All regular staff covered by this plan and are actively employed half-time or more are eligible to join the Basic Group Life Insurance Plan. Employees must also be Canadian residents.

If you choose to continue working past your normal retirement date, the Basic Life Insurance coverage will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71, with a benefit amount of 1.0 times your annual salary as of the date last actively at work, to a maximum of \$750,000.

2. Membership

You are required to enroll in this Plan immediately upon employment.

3. Premium Costs

Premiums are cost shared with the University – employee pays 25% and the University 75%. See Section 7 for monthly premium amounts.

4. Plan Benefits

If prior to your normal retirement date you should die from any cause, your beneficiary or estate will receive a lump sum of 2 times your annual salary as of the date last actively at work, to a maximum of \$750,000.

If you choose to continue working past your normal retirement date, the Basic Life Insurance coverage will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71, with a benefit amount of 1.0 times your annual salary as of the date last actively at work, to a maximum of \$750,000.

Notes:

Benefits are rounded up to the next higher \$1,000 if not already a multiple of \$1,000.

“Salary” means your annual gross regular salary or wage, excluding any additional forms of compensation such as honoraria, overtime or special payments, etc.

5. Your Beneficiary

You may name anyone you wish to receive your Basic Group Life Insurance benefits. You may change your designated beneficiary at any time, subject to any applicable law, by completing and filing a change of beneficiary form with the Benefits Office in Human Resources. If your beneficiary should

die and a new beneficiary is not designated by you prior to your death, your Basic Group Life Insurance benefits will be paid to your estate.

6. Claim Procedures

Death claim payments are made payable to the beneficiary. To initiate a claim the beneficiary must contact the Benefits Office in Human Resources.

7. Termination of Coverage

Basic Group Life Insurance coverage will terminate upon the earlier of:

- a) termination of employment
- b) entering the armed forces on a full-time basis
- c) termination of the Policy or coverage on the group, division, or class to which you belong
- d) retirement (if you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71).

8. Conversion Option

If your individual coverage terminates or reduces prior to your normal retirement date, but group coverage continues, you may convert your group life insurance to an individual life insurance policy. This amount must be equal to or less than your group life amount, subject to an overall maximum of \$200,000. The individual life insurance policy will be issued without proof of satisfactory health provided the completed application form, along with the necessary premium, is received by Pacific Blue Cross within 31 days of the date of termination of your group coverage. A conversion option is not available if your group plan terminates after your normal retirement date.

The conversion option is mainly of interest to persons who would not otherwise qualify for individual insurance. The annual premium to convert group life insurance to an individual plan without medical evidence is much higher than under a plan where medical evidence must be provided.

For further information contact the Plan Carrier.

9. Plan Carrier

Pacific Blue Cross
Plan Group No. 40703
1-888-275-4672

OPTIONAL GROUP LIFE INSURANCE

Provides optional term life insurance in addition to your basic group life coverage. Spousal Term Life Insurance and Accidental Death and Dismemberment Insurance are also available.

1. Eligibility

All regular staff covered by this plan and are actively employed half-time or more, who are enrolled in the Basic Group Life Insurance are eligible to enroll in the Optional Group Life Insurance Plan.

2. Membership

You and your legal spouse or common-law partner have the option of joining the Plan, subject to providing evidence of insurability satisfactory to PBC. Coverage will take effect on the date of approval of the evidence, provided you are actively at work. Dependent coverage will take effect on the date of approval of the evidence, provided the dependent is not confined in a hospital or similar institution on that date and you are actively at work.

3. Cost to Plan Member

Plan member pays the full premium. Rates vary according to the amount of coverage chosen, age, and whether smokers or non-smokers. Spousal rates are based on the employee's age.

4. Optional Group Life Benefits

Insurance is available in units of \$25,000 (minimum) up to \$500,000 (maximum). This insurance is payable in the event of your death while in the University's employment other than from suicide within two years from the effective date of your insurance.

5. Optional Group Accidental Death and Dismemberment Benefits (AD & D)

This Plan provides you with an opportunity to purchase optional AD&D insurance along with optional group life coverage. This insurance is payable in the event of your accidental death or dismemberment.

For example, if, while insured, you sustain accidental bodily injury which results directly and independently of all other causes in one of the losses listed below within 365 days after the injury, Pacific Blue Cross will pay a benefit as follows (partial list):

Loss of life	100%
Loss of both arms or both legs.....	100%
Loss of use of one arm or one leg.....	75%
Loss of both hands or both feet.....	100%
Loss of one hand or one foot.....	50%
Loss of use of one hand or one foot	50%
Loss of entire sight of both eyes	100%
Loss of speech	50%

Loss of hearing in both ears 50%

No more than 100% of the amount of Optional Group AD&D is payable for all losses due to any one accident.

There are exclusions for which a benefit is not paid relating to suicide, drug overdose, carbon monoxide inhalation, specific aircraft hazards and hostile actions of any armed forces.

The amount of accidental death and dismemberment insurance coverage will be limited to the amount of your optional life insurance selected.

6. Spouse Optional Group Life Insurance Benefits

This Plan provides you with the opportunity to purchase optional group life insurance on your spouse on the same terms as applicable to you.

A person will qualify as a spouse by virtue of a legal marriage or by being publicly represented as your spouse for a period of at least one year.

This insurance is payable in the event of the death of your spouse from any cause while your coverage remains in force, other than from suicide within two years from the effective date of the insurance.

7. Dependent Child Group Life Insurance Benefits

\$5,000 of child coverage for each eligible dependent child from birth to age 21 (age 25 if a full-time student) will be automatically provided at no extra charge when either employee or spouse optional life insurance is elected. A handicapped child who attains the limiting age may continue coverage as a dependent if proof of the handicap is received within 31 days after the child attains the limiting age.

This insurance is payable in the event of the death of your dependent child from any cause while coverage is in force, other than from suicide within two years from the effective date of the insurance.

8. Your Beneficiary

When you and/or your spouse enroll you must name the beneficiary to whom benefits would be payable. You may change the beneficiary at any time subject to any legal restriction which may affect this right, by completing and filing a change of beneficiary form with the Benefits Office in Human Resources. If there is no named living beneficiary, benefits would be paid to your estate. If children are covered, their benefit will be paid to you, if living, otherwise to your estate.

9. Changes

Evidence of insurability satisfactory to PBC will be required for any increase or addition.

You may increase your employee and/or your spouse's life insurance or your AD&D coverage at any time up to the allowable limit if you and/or your spouse provide evidence of insurability satisfactory to PBC.

You may decrease your insurance coverage at any time.

A change in coverage becomes effective on the date evidence of insurability is approved by PBC. Medical Questionnaire forms are available from the Benefits Office in Human Resources.

In addition, if you are not actively at work on the effective date of change in coverage, you and/or your dependents' coverage is delayed until you are actively at work. Similarly, Dependent Insurance is delayed until discharge for a dependent who is in a hospital or similar institution. All changes are subject to the maximum available coverage under this policy.

10. Claim Procedures

If you or any of your insured dependents die, a claim should be initiated by contacting the Benefits Manager at 8089.

If you become totally disabled or suffer any other loss, a claim should be made, again through the Benefits Manager, not later than 12 months after the onset of the total disability or the date of loss.

11. General Information

This Plan provides for premium payment through convenient payroll deduction. The premium you pay is competitive since the insurance is offered on a group basis.

Premium rate changes due to a change between age brackets will occur in the month of your birthday.

12. Termination of Coverage

Your insurance will cease on the earliest of the following events:

- a) the date your employment is terminated, unless on early retirement you elect to continue coverage to your normal retirement date
- b) normal or deferred retirement (if you choose to work beyond your normal retirement date, benefits may continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71)
- c) the last day of the last month for which a premium has been paid, subject to the total disability provisions of the group policy
- d) the date the group policy is terminated.

The insurance on your spouse and dependent children will cease on the earliest of the following events:

- a) the date your employment is terminated, unless on early retirement you elect to continue coverage up to your normal retirement date

- b) the date the dependent ceases to qualify under the definition of the dependent
- c) normal or deferred retirement (if you choose to work beyond your normal retirement date, benefits may continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71)
- d) the last day of the last month for which a premium has been paid for your dependent insurance, subject to the total disability provisions of the group policy
- e) the date the group policy is terminated.

13. Conversion Option

Please refer to the Conversion Option section under the Basic Group Life Insurance Section.

14. Plan Carrier

Pacific Blue Cross (PBC)
Group Plan No. 040703
Life Claims
1-888-275-4672

TRAVEL ACCIDENT INSURANCE

Provides group accident insurance coverage while you are travelling on approved University business (excluding everyday travel to and from work).

1. Eligibility

All regular staff actively employed half-time or more are covered by this plan are eligible for coverage.

2. Membership

You are automatically covered immediately upon employment.

3. Cost to Plan Member

No cost. University pays full premium.

4. Plan Benefit

Provides coverage up to \$100,000 in the event of your accidental death or dismemberment within 365 days of, and as a result of, an accident occurring while you are travelling on approved University business.

5. Beneficiary

Death benefits from this plan will be paid to your estate. Dismemberment benefits will be paid to you.

6. Exclusions

The policy does not cover any loss caused or contributed to by suicide or attempted suicide, any act of war, or full-time service in the armed forces. Travel in an aircraft is not covered if the aircraft does not have a certificate of air worthiness or is not operated by a duly licensed pilot. Travel in any aircraft owned, leased or operated by the University or an employee of the University is not covered.

7. Termination of Coverage

Travel Accident Insurance coverage terminates on your last day of employment with the University.

8. Plan Carrier

Citadel General Assurance Company
Policy No. 6998790
c/o Accounting Services
University of Victoria

SECTION 4

SICK LEAVE, LONG TERM DISABILITY & WORKSAFE BC (WCB)

To protect you against loss of income as a result of absence from work due to illness or injury, the University provides a sick leave and long term disability program, as well as Worksafe BC (WCB) benefits.

The following information is intended as a guide to assist you in understanding the major provisions of these benefits. Should any questions arise concerning the interpretation or administration of these Plans, as described in this outline, the official Plan documents will govern in all cases.

SICK LEAVE PLAN

The Sick Leave Plan is designed to cover your salary during a temporary illness or injury-related absence from work which lasts less than six months.

1. Eligibility

All regular staff actively employed half-time or more are covered by this benefit.

2. Membership

You are automatically enrolled in the Plan immediately upon employment.

3. Cost to Plan Member

No cost to employee. The University pays the full cost of providing sick leave benefits.

4. Plan Benefits

Subject to University approval and the submission of appropriate medical evidence, you will receive your full regular pay for up to six months. Staff in the probationary period are entitled to 1-1/2 days of paid sick leave per month, pro-rated for part-time.

LONG TERM DISABILITY PLAN

The University Long Term Disability Plan (LTD) is designed to provide you with income replacement during a lengthy illness or disability which lasts longer than six months.

1. Eligibility

All regular staff covered by this plan and are actively employed half-time or more. Employees must also be Canadian residents.

If you choose to work beyond your normal retirement date, please be aware that coverage for this benefit will cease on June 30th following your 65th birthday.

2. Membership

You are required to enroll in this Plan immediately upon employment.

3. Premium Cost

You pay the full premium, which results in a tax free benefit if LTD is approved. See Section 7 for the monthly premium amount.

4. Pre-Existing Conditions

You will not be covered for any condition for which medical treatment, services or supplies were received in the 90 day period prior to your date of employment, unless you have served a period of 12 consecutive months in your UVic position without absence due to this condition.

5. LTD Claim Procedures

Claim forms may be obtained from the Benefits Manager at local 8089. You will be responsible for any fees charged by your Physician for completing the medical forms.

6. Commencement and Duration of Benefits

If approved, LTD benefit payments will commence following completion of six months of continuous disability and following receipt of proof of your total disability (within 12 months of the date disability began).

Benefit payments from this Plan will continue until the earliest of the following:

- a) you are no longer considered to be “totally disabled”, (“totally disabled” means your inability, because of illness or injury, to perform the duties of your own occupation or the duties of another occupation for which your education, training or experience equip you)
- b) you start work at any occupation for wage or profit except as permitted under the Plan provisions for approved Rehabilitation Employment
- c) you fail to furnish required proof of continuing disability

- d) you are no longer under the care of a qualified physician or fail to follow prescribed medical treatment, or participate in a recommended rehabilitation program
- e) your death
- f) your normal retirement date.

7. Plan Benefits

LTD Benefits are calculated at 80% of monthly “net earnings” plus the amount required to maintain employee and University pension plan contributions.

“Net Earnings” means your regular gross monthly salary in effect at the date of the first benefit payment, less employee contributions for CPP, EI, Income Tax, and UVic pension contributions.

Note:

Benefits payable from the LTD Plan are reduced by the amounts of any disability benefits payable from any University or government plan providing salary continuance or disability income paid during the disability period covered by this Plan.

8. Cost of Living Benefit Adjustment

Long Term Disability benefits are indexed to the **LOWER OF**

- a) the annual increase in the Canada Consumer Price Index and
- b) the most recent annual across-the-board general salary adjustment granted to PEA.

The first such adjustment will commence on the January 1st of the calendar year after the first full calendar year of total disability. Unapplied C.P.I. increases accumulate for application in years when general salary increases exceed the rise in the C.P.I.

9. Recurring Disabilities

If you become disabled and receive LTD Benefits, then return to work for less than twelve months, then again become disabled for the same or a related cause, your LTD Benefits will re-commence immediately and be paid at the same benefit level which was in effect prior to your returning to work.

If you become disabled and receive LTD Benefits, then return to work for longer than twelve months before again becoming disabled, or for less than six months if your second disability is the result of a completely unrelated cause, this disability will be treated as a new claim, subject to the six months waiting period and a new calculation of benefit amount based on your salary at the time of again becoming disabled.

10. Rehabilitative Employment

The LTD Plan has provisions to assist you in returning to work when possible. Should you recover sufficiently during your disability period, you will be encouraged to engage in a program of rehabilitative employment.

During a rehabilitation program, total income from all sources cannot exceed 90% of your net earnings (as defined above). **Rehab benefits will be paid for a maximum of 24 months.**

If you do not accept rehabilitative employment or training where it has been deemed advisable by PBC further benefits from this Plan may be reduced or terminated.

11. Exceptions and Limitations

Payment will not be made when any of the following situations occur: self-inflicted injuries, insurrection, war, riot, or complications due to pregnancy.

12. Termination of Coverage

Long Term Disability coverage will terminate upon the earlier of:

- a) termination of employment
- b) early or normal retirement
- c) entering the armed forces on a full-time basis
- d) termination of the Policy or coverage on the group, division or class to which you belong
- e) employee no longer makes required contributions to the Plan (e.g. during a leave of absence)
- f) death.

13. Plan Carrier

Pacific Blue Cross
Group Plan No. 41071
1-888-275-4672

WORKSAFE BC (WCB)

Provides compensation for disability or loss of earnings resulting from accidents which occur during the course of employment.

1. Eligibility

Immediate eligibility for all University employees.

2. Cost to Plan Member

University pays entire premium.

3. Plan Benefits

You are covered by Worksafe BC for any accident or disability directly related to your work situation. Should you incur such an accident or disability, you must report it immediately through the usual administrative channels to Occupational Health and Safety in order that a claim form can be submitted within the required timeframes. Further information regarding Worksafe BC is available from Occupational Health and Safety (8971).

SECTION 5

BENEFITS COVERAGE WHEN NOT ACTIVELY WORKING

This section describes your eligibility for benefits coverage for the following situations:

- * sick leave or disability
- * leave of absence without pay
- * professional development leave
- * maternity, adoption and parental leave
- * early retirement
- * normal retirement
- * deferred retirement
- * termination
- * death before retirement

IF YOU BECOME SICK OR DISABLED

The following benefits continue while in receipt of Sick Leave or Long Term Disability Benefits:

1. Extended Health Benefits

Group coverage continues on the normal cost sharing basis.

2. Dental Plan

Group coverage continues on the normal cost sharing basis.

3. Basic Group Life Insurance

Group coverage continues with the University paying the full cost of the premiums.

4. Optional, Spousal and Accidental Death & Dismemberment Insurance

While you are on sick leave, benefits will continue on the basis that you continue to pay the full premium.

If you become totally disabled while covered by the plan, and before attaining age 65 or earlier retirement, you may apply for a waiver of premium. If approved, you and/or your dependent's optional life insurance coverage will remain in force without payment of premium as long as you continue to be totally disabled and provided proof of total disability is furnished as required by PBC.

5. Long Term Disability Plan

While on sick leave, Long Term Disability coverage continues on the basis that you pay the full premium. LTD premiums are suspended while in receipt of LTD benefits.

6. University Pension Plan

Pension contributions continue on the normal cost sharing basis during periods you receive sick leave benefits. During periods you receive long term disability benefits, your full pension contributions will be paid by the Long Term Disability Plan.

7. Sick Benefits

This plan pays your full regular salary.

Depending on the nature and/or circumstances of your sick leave or disability you may be eligible for the other benefits such as CPP Disability, WCB, or Employment Insurance sick leave benefits.

LEAVE OF ABSENCE WITHOUT PAY

During a period of approved leave of absence without pay (other than maternity or parental leave), you may continue any or all of the following University personnel benefits by assuming the total cost thereof, including the University's contributions. Payment is made by pre-authorized payments on a monthly basis.

- Extended Health Benefits
- Dental Plan
- Basic Group Life Insurance
- Optional, Spousal and Accidental Death & Dismemberment Insurance
- Long Term Disability
- University Pension Plan*

* There is not a provision for contributions to the Pension Money Purchase plan during periods of lay-off.

PROFESSIONAL DEVELOPMENT LEAVE

During periods of approved Professional development leave all personnel benefits in which you are enrolled will continue on the normal cost sharing basis.

If you plan to be out of the province for more than six months during your leave, please contact the Benefits Office in Human Resources for important information regarding medical coverage.

MATERNITY OR PARENTAL LEAVE

During any period of maternity or parental (including adoption) leave with University supplementary top-up benefits, you are required to pay your share of the cost of the personnel benefits in which you are enrolled during the full term of the leave. Likewise, the University shall continue to pay its share of the costs of the personnel benefits.

While on unpaid parental leave you may continue any or all of the personnel benefits programs in which you are enrolled. The University shall continue to pay its share of the cost of the benefits that you choose to continue.

Once the baby is born it is important to remember to add the child to the health and dental care plans within 31 days of the birth. Appropriate forms are available from the Benefits Office in Human Resources.

For further information regarding maternity or parental leave please refer to the brochure on the website <https://www.uvic.ca/hr/pay-benefits/parental-leaves/index.php>

EARLY RETIREMENT

1. Extended Health & Dental Plans

If you have Extended Health Benefits and/or Dental Care coverage through the University, your group coverage will terminate at the end of the month in which you retire.

There are various options available for retiree extended health and dental plan for employees who officially retire from the University. You must apply for this coverage within 60 days of the termination of your UVic group plan. Further details of this plan are available from Human Resources website [Voluntary Benefit Plan for UVic Retirees](#)

It is important to note that the retiree plan does not offer the same level of benefits as group plans, especially for travel coverage.

2. Basic Group Life Insurance

Basic Group Life Insurance coverage will terminate on your early retirement date. You may convert your group life insurance to an individual life insurance policy. This amount must be equal to or less than your group life amount, subject to an overall maximum of \$200,000. The individual life insurance policy will be issued without proof of satisfactory health provided the completed application form, along with the necessary premium, is received by Pacific Blue Cross within 31 days of the termination of your group coverage.

The conversion option is mainly of interest to persons who would not otherwise qualify for individual insurance. The annual premium to convert your group life insurance to an individual plan without medical evidence is much higher than under a plan where medical evidence must be provided.

For further information contact the Benefits Manager at local 8089.

3. Optional Group Life Insurance

If you currently have Optional Group Life Insurance, you are entitled to continue your University Group Policy up to your normal retirement date. If you are interested in this option please contact the Benefits Manager at local 8089.

If you do not make arrangements to continue your Optional Group Life Insurance, coverage will cease on your early retirement date.

4. University Pension Plan

You may retire with a reduced University pension as early as age 55. For details regarding your pension, please contact the Pension Office at local 7030.

5. Long Term Disability

Coverage ceases on your early retirement date.

6. Canada Pension Plan

You are eligible to apply for Canada Pension anytime between ages 60 - 70. Your pension will be decreased for each month that you are less than age 65 at the commencement date of your pension. For further assistance or information, please contact Income Security Programs at 1-800-277-9914, or visit their website at <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>.

NORMAL RETIREMENT

1. Extended Health & Dental Plans

If you have Extended Health Benefits and/or Dental Care coverage through the University, your coverage will terminate at the end of the month in which you retire. A portion of your prescriptions may then be covered by PharmaCare.

There are various options available for retiree extended health and dental plan for employees who officially retire from the University. You must apply for this coverage within 60 days of the termination of your UVic group plan. Further details of this plan are available from Human Resources website [Voluntary Benefit Plan for UVic Retirees](#)

It is important to note that the retiree plan does not offer the same level of benefits as group plans, especially for travel coverage.

2. Group Life Insurance

Group Life Insurance coverage will terminate on your normal retirement date. You may convert your group life insurance to an individual life insurance policy. This amount must be equal to or less than your group life amount, subject to an overall maximum of \$200,000. The individual life insurance policy will be issued without proof of satisfactory health provided the completed application form, along with the necessary premium, is received by Pacific Blue Cross within 31 days of the termination of your group coverage.

The conversion option is mainly of interest to persons who would not otherwise qualify for individual insurance. The annual premium to convert your group life insurance to an individual plan without medical evidence is much higher than under a plan where medical evidence must be provided.

For further information contact the Benefits Manager at local 8089.

3. University Pension Plan

You may choose to apply for University pension benefits to begin at retirement, or you may defer your pension payments to begin no later than December 31 following your 71st birthday. For information regarding your pension benefits, please contact the Pension Office at local 7030.

4. Long Term Disability

Coverage and any benefits cease on your normal retirement date.

5. Canada Pension Plan

You are entitled to receive Canada Pension Plan Benefits, without actuarial reduction, from age 65. If you prefer you may defer your Canada Pension Plan up to age 70. For each month beyond the month of your 65th birthday that you delay applying for a retirement pension, there is an increase of benefits. You should apply six months prior to the date on which you wish to commence

benefits. For further information, contact Income Security Programs at 1-800-277-9914 or visit their website at <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>.

6. Old Age Security

You may be entitled to receive monthly Old Age Security Benefits at age 65, provided you meet residency requirements. Application forms should be submitted six months prior to your 65th birthday. For further information, contact Income Security Programs at 1-800-277-9914, or visit their website at <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>.

DEFERRED RETIREMENT

You may choose to continue working past your normal retirement date, in which case the following benefits continue as outlined:

1. Extended Health & Dental Plans

If you have Extended Health Benefits and/or Dental Care coverage through the University, your group coverage will continue on the normal cost sharing basis until the earlier of the end of the month in which you retire, or December 31st of the year in which you reach age 71.

2. Group Life Insurance

Basic Group Life Insurance coverage of 1 x annual salary will continue, with premiums paid by the University, until the earlier of your retirement date, or December 31st of the year in which you reach age 71.

If you have Optional Life Insurance coverage, you can also maintain this coverage until the earlier of your retirement date, or December 31st of the year in which you reach age 71, providing you continue to pay the premiums.

Conversion options are not available past normal retirement date.

3. University Pension Plan

Contributions to the University pension plan will continue on the normal cost sharing basis to the earlier of your retirement date, or December 31st of the year in which you reach age 71, which is by law the date you must begin drawing your pension. For information regarding your pension benefits, please contact the Pension Office, local 7030.

4. Long Term Disability

Coverage and any benefits cease on your normal retirement date.

5. Canada Pension Plan

You are entitled to receive Canada Pension Plan Benefits (CPP), without actuarial reduction, from age 65.

If you prefer you may defer your Canada Pension Plan up to age 70. For each month beyond the month of your 65th birthday that you delay applying for a retirement pension, there is an increase of benefits. You should apply six months prior to the date on which you wish to commence benefits. For further information, contact Income Security Programs at 1-800-277-9914 or visit their website at <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>.

6. Old Age Security

The Old Age Security pension (OAS) is available to most Canadians aged 65 or older. If you meet the eligibility requirements, you may be entitled to receive OAS, even if you are still working.

If you apply after age 65, you can only receive a back payment to cover up to 12 months. The back payment is calculated from the month OAS receives your application.

For further information, contact Income Security Programs at 1-800-277-9914, or visit their website at <http://www.hrdc-drhc.gc.ca/isp/common/home.shtml>.

TERMINATION

1. Extended Health and Dental Care Plans

If you are enrolled in the Extended Health Benefits and/or Dental Care Plans, your coverage will terminate on the last day of the month in which you work at the University.

Pacific Blue Cross offers an individual health and dental plan for members whose group coverage terminates. To convert coverage you must ensure that your application and full payment is received by Pacific Blue Cross within 60 days of the date your group coverage ends. Coverage will become effective immediately after your group coverage terminates.

Pacific Blue Cross also offer individual travel benefits. For further details on individual products please call 1-800-873-2583.

It is important to note that individual plans do not offer the same level of benefits as group plans, especially for travel coverage.

2. Group Life Insurance

Your Group Life Insurance coverage will terminate on the last day you work at the University. You may convert your group life insurance to an individual life insurance policy. This amount must be equal to or less than your group life amount, subject to an overall maximum of \$200,000. The individual life insurance policy will be issued without proof of satisfactory health provided the completed application form, along with the necessary premium, is received by Pacific Blue Cross within 31 days of the termination of your group coverage.

The conversion option is mainly of interest to persons who would not otherwise qualify for individual insurance. The annual premium to convert your group life insurance to an individual plan without medical evidence is much higher than under a plan where medical evidence must be provided.

For further information contact the Benefits Manager at local 8089.

3. Long Term Disability Insurance

Long Term Disability Insurance will terminate on the last day you work at the University.

4. Pension Plan

All pension contributions cease on the last day you work at the University. For information regarding your pension benefits and options, contact the Pension Office, local 7030.

IF YOU SHOULD DIE BEFORE RETIREMENT

1. Health Care Plans

Coverage for the following plans ceases at the end of the month in which the death occurs:

- Extended Health Benefits
- Dental Plan

2. Life Insurance & Travel Accident Plans

Your beneficiary or estate will receive payments from the various Insurance Plans that you are enrolled in:

a) Basic Group Life Insurance

Lump sum benefit of the insurance proceeds.

b) Optional Group Life

Lump sum benefit of the amount of coverage chosen.

c) Travel Accident Insurance

Lump sum of \$100,000 should your accidental death occur as the result of approved University travel.

3. University Pension Plan

Your beneficiary or estate will receive the proceeds of your Money Purchase Contribution Account or your Combined Contribution Account as applicable. Please refer to Section 2 of this document for further details.

4. Canada Pension Plan

Pays a lump sum benefit and in certain circumstances a monthly income to your spouse, dependent children or orphans.

5. Worksafe BC

Pays a lump sum benefit plus a monthly income to your spouse, dependent children or orphans if your death is the result of an "on-the-job" accident.

SECTION 6

EMPLOYEE & FAMILY ASSISTANCE PROGRAM

Balancing the demands in one's personal, family and work life can be challenging, and there are times when professional guidance can assist.

The Employee and Family Assistance Program (EFAP) provides short-term counselling, information and referral service for any personal problem that may affect your family life, your work life, or your general well-being. Eligible dependents are also covered.

EMPLOYEE & FAMILY ASSISTANCE PROGRAM (EFAP)

1. Eligibility

All regular staff covered by this plan and are actively employed half-time or more and their eligible dependents.

2. Eligible Dependents

- a) Your legal spouse or common-law partner (a common-law partner is a person who has been publicly represented as your spouse for at least one year).
- b) Any child, stepchild, legally adopted child, or legal ward of the employee who is:
 - unmarried and dependent on the employee, and under the age of 21 years (children under age 21 are **not** covered if they are working more than 30 hours a week, unless they are full-time students).
 - age 21 to 25 and in **full time** attendance at a recognized educational institute. If child is no longer a student, the coverage will cease at the end of the month of finishing school or university.
 - incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn age 21, or while they are students under age 25, and the disorder has been continuous since that time.

3. Membership

You and your eligible dependents are automatically covered from the first day of your appointment.

4. Cost to Plan Member

No cost - the University pays the full premium of this service.

If long term or specialized counselling is required the EFAP counsellors will refer you to a community resource you can afford. Counselling benefits are also available through UVic's Extended Health Benefit Program (see Section 1).

5. Plan Benefits

Confidential, skilled, professional short-term counselling for:

- marriage, relationship and family concerns
- alcohol and drug dependencies
- career and work related concerns
- life transitions
- stress-related problems
- trauma response
- resource information and referral for financial and legal concerns

Should you require resources in addition to the assessment and counselling services provided, the EFAP counsellor will assist you with the referral.

6. How to Use the Service (24 hours per day)

Access your EFAP 24/7 by phone, web or mobile app.

Phone - call 1-844-880-9142

TTY - call 1-877-338-0275

Download MY EAP app now at your device app store.

5. Termination of Coverage

Coverage terminates on your last day of employment with the University. If you choose to work past your normal retirement date, coverage will terminate on the earlier of your retirement date, or December 31st of the year in which you reach age 71.

8. Plan Carrier

TELUS Health
510 West Georgia Street
Vancouver, BC V6B 0M3

SECTION 7

BENEFIT PREMIUMS SUMMARY

This section outlines the various benefit premiums and cost sharing arrangements.

All regular Professional Employees Association (PEA) staff are required to participate in all benefit plans other than Optional Life Insurance. For further details see the previous sections describing each benefit plan.

BENEFIT PREMIUMS

Regular Professional Employees Association (PEA) 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 coverage is 2 X annual salary	.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	3.83% of basic regular salary up to YMPE, plus 5.83% in excess of YMPE	6.54% of basic regular salary up to YMPE, plus 8.17% in excess of YMPE, and 3.50% 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

- Extended Health and Dental plan premiums are cost shared on a 25/75% basis
- Basic Life premiums are cost-shared with the University on a 25/75% basis.
- Optional Life rates are calculated according to age and smoker/non-smoker status. For premium rates please contact the Benefits Office in Human Resources.
- Canada Pension Plan's Yearly Maximum Pensionable Earnings (YMPE) - \$68,500 for year 2024 (or \$5,708.33/mo.).