

Quick Reference Guide to Extended Health & Dental Benefits | Continuing Sessional Lecturer

Dental Care coverage for Policy 40704 – Plan Design 3:

Basic preventive and restorative expenses (Plan A)	90%
Crowns, bridges and prosthetic appliances (Plan B)	70%
Orthodontics to a maximum lifetime benefit of \$4,000 per person (Plan C)	80%
Annual deductible	0

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

Extended Health coverage for Policy 40704 – Plan Design 1:

Annual deductible for family	\$75
Drugs and medicines dispensed by a licensed pharmacist or a Physician	100%
Dispensing Fee Cap	0
Vision Care and Eye Examinations <i>Effective September 1, 2015</i>	\$500 per person in a 2 calendar year period
Orthopedic shoes	\$400 per calendar year
Acupuncture	\$200 per person, per calendar year
Clinical Psychology/Counseling	\$1,200 per person, per calendar year
Speech Therapy	\$200 per person, per calendar year
Hearing Aids	\$,800 per person every 5 calendar years

Chiropractor Services	\$30.00 per visit for the first 12 visits in a calendar year, to a maximum of \$500* per person in any calendar year.
Naturopathic Services	\$ 50.00 per visit for the first 12 visits in a calendar year, and then the full cost, as is reasonable and customary, for each visit over 12 in a calendar year, to a maximum of \$500* per person in any calendar year.
Physiotherapy	\$50.00 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.
Massage Therapy	\$50.00 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 \$250** per person in any calendar year.
Podiatrist	\$32.50 per visit for the first 12 visits in a calendar year, and then the full cost, as is reasonable and customary, for each visit over 12 in a calendar year, to a maximum of \$500 per person in any calendar year.
Emergency out-of-province benefits	While traveling or on vacation outside British Columbia, benefits are payable for the expenses incurred IN AN EMERGENCY ONLY and when ordered by the attending Physician (emergency means a sudden unexpected injury or an acute episode of disease that requires immediate treatment or surgery.
Emergency Travel Assistance	In emergencies which occur while you (and your eligible dependents) are traveling, Medi-Assist will coordinate assistance.

**Effective April 1, 2017 combined Chiropractor and Naturopath to a \$700 maximum per Calendar year with existing per visit limits.*

***Effective April 1, 2017 combined Massage & Physiotherapy benefits to a \$750 maximum per Calendar year with existing per visit limits.*

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

Complete Benefit Handbooks are available on-line
<http://www.uvic.ca/hr/services/home/compensation/benefits/handbooks/index.php>

BENEFIT PREMIUMS

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Benefit Plan	Employee Premium Per Pay	Employer Premium Per Pay
Extended Health Plan:		
Single	\$7.58	\$22.75
Couple/Family	\$22.77	\$68.32
Dental Plan:		
Single	\$9.77	\$29.29
Couple	\$18.51	\$55.52
Family	\$32.86	\$98.60
Basic Life Insurance:	.0740% of basic regular salary	.2221% of basic regular salary
Optional Group Life Insurance:	Employee pays full cost of premiums	0
Long Term Disability:	0	2.456% of basic regular salary
Pension:	4.78% of basic regular salary up to YMPE, plus 6.53% in excess of YMPE	11.09% of basic regular salary

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