

## 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 <b>Effective September 1, 2015</b>	\$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. (*Effective April 1, 2017 combined Chiropractor and Naturopath to a \$700 maximum per Calendar year with existing per visit limits).
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. (*Effective April 1, 2017 combined Chiropractor and Naturopath to a \$700 maximum per Calendar year with existing per visit limits).
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. (*Effective April 1, 2017 combined Massage & Physiotherapy benefits to a \$750 maximum per Calendar year with existing per visit limits).
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. (*Effective April 1, 2017 combined Massage & Physiotherapy benefits to a \$750 maximum per Calendar year with existing per visit limits).
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 <b>IN AN EMERGENCY ONLY</b> and when ordered by the attending Physician (emergency means a sudden unexpected injury or an acute episode of disease that requires <b>immediate</b> treatment or surgery).
Emergency Travel Assistance	In emergencies which occur while you (and your eligible dependents) are traveling, Medi-Assist will coordinate assistance.

**The above information is intended to be a descriptive outline only. All provisions of the Plan are subject to the terms and conditions of the contract issued to the University by Pacific Blue**

**Cross. It is recommended that you request pre-authorization from Pacific Blue Cross for all major purchases.**

Complete Benefit Handbooks are available on-line

<http://www.uvic.ca/hr/services/home/compensation/benefits/handbooks/index.php>

### **Benefit Premiums Continuing Sessional Lecturer**

<b>Benefit Plan</b>	<b>Employee Premium Per Pay</b>	<b>Employer Premium Per Pay</b>
Extended Health Plan:		
Single	\$ 6.59	\$ 19.78
Couple/Family	\$ 19.80	\$ 59.41
Dental Plan:		
Single	\$ 6.07	\$18.19
Couple	\$ 11.50	\$34.48
Family	\$20.41	\$61.24
Basic Life Insurance:		.1065 cents per \$1,000 coverage
Optional Group Life Insurance:	Employee pays full cost of premiums	0
Long Term Disability:	0	2.65% of basic regular salary
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% in excess of YMPE

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

January 2024

