

Quick Reference Guide to Extended Health & Dental Benefits

(Regular staff working half time or more from the following employee groups are eligible for coverage under these plans: **Management Excluded, Executive (non faculty), Physicians, TRIUMF Engineers & Technicians and the External Management group**)

Dental Care coverage for Policy 40704 – Plan Design 2:

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

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

Extended Health coverage for Policy 40704 – Plan Design 3:

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

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| Chiropractor Services | \$30 per visit for the first 12 visits in a calendar year, to a maximum of \$500 per person in any calendar year. |
| Naturopathic Services | \$20 per visit for the first 12 visits in a calendar year, and then the full cost, as is reasonable and customary, for each visit over 12 in a calendar year, to a maximum of \$500 per person in any calendar year |
| Physiotherapy | \$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. |
| Massage Therapy | \$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. |
| Podiatrist | \$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. |
| Dietician | \$500 per person per calendar year |
| Emergency out-of-province benefits | While traveling or on vacation outside British Columbia, benefits are payable for expenses incurred IN AN EMERGENCY ONLY and when ordered by the attending Physician (emergency means a sudden unexpected injury or an acute episode of disease that requires immediate treatment or surgery. |
| Emergency Travel Assistance | In emergencies which occur while you (and your eligible dependents) are traveling, Medi-Assist will coordinate assistance. |

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

Complete Benefit Handbooks are available on-line

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

**Benefit Premiums
Regular Staff**

| Benefit Plan | Employee Premium Per Pay | Employer Premium Per Pay |
|--|--|---|
| Extended Health Plan: Single Couple/Family | \$ 7.20 \$21.14 | \$ 22.03 \$ 64.64 |
| Dental Plan: Single Couple Family | \$ 6.31 \$ 11.77 \$ 18.17 | \$ 18.96 \$ 35.31 \$ 54.59 |
| Basic Life Insurance 25/75 cost-sharing: | .0266 cents per \$1,000 of coverage | .0799 cents per \$1,000 of coverage |
| Optional Group Life Insurance: | Employee pays full cost of premiums | 0 |
| Long Term Disability: | 2.50% of basic salary | 0 |
| Combination Pension: | 4% of basic regular salary up to YMPE, plus 6% in excess of YMPE | 6.37% of basic regular salary up to YMPE, plus 8% in excess of YMPE, and 4% to Supplement |
| Money Purchase Pension | 3.0% of basic regular salary up to YMPE, plus 5.0% in excess of YMPE | 8.37% of basic regular salary up to YMPE, plus 10.0% in excess of YMPE |

2022 YMPE = \$64,900 or \$5,408.33 per month