

**Benefits  
Information  
for  
Continuing**





## 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,

### 3. 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**).

### 4. 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
  -

## **5. 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.

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# 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).

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
-



**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 \$75 per person or family each calendar year. Eligible

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.

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**(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 registered with the College of Dental Surgeons of B.C., which is required, performed and completed within 52 weeks after a covered **accidental** injury which occurred while covered under this EHC plan, for the repair or replacement of natural teeth or because of a fractured or dislocated jaw. Payment is based on the current B.C. Dental Fee Schedule. An



**(10) Vision Care and Eye Examinations**

Charges for the following when prescribed or performed by an Ophthalmologist or Optometrist:

- the purchase and/or repair of eyewear and charges for contact lens fittings and charges for laser eye surgery to a combined maximum of \$500 per person

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 \$200\* per in a calendar year. \*(Effective April 1, 2017 combined Chiropractor and Naturopath to a \$700 maximum per Calendar year with existing per visit limits).

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

#### **(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 \$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 \$250\* per person in a calendar year. (\*Effective April 1, 2017 combined Massage & Physiotherapy benefits to a \$750 maximum per Calendar year with existing per visit limits).

#### **(18) Podiatry Services**

Fees of Podiatrists registered or licensed in British Columbia (but not including X-ray service or appliances). You will be reimbursed \$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 \$250 per person in a calendar year.

### **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,





Please contact the Benefits Office in Human Resources to obtain the Out of Province claim package.

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, x-rays, hospital coinsurance, vitamins and/or minerals, contraceptives, fertility drugs, 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, vaccine, 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/>

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 31<sup>st</sup> 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 \$50 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 Bc .:

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 31<sup>st</sup> 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.

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 H10.5 (r(r)-6 (s)-2 (tm)-6 (er8 ( H0.5.eB)2 (l)2)-2 (ou)10.5

## DENTAL CARE PLAN



- (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 do not 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

**(2) Restorative Services**

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

**(3) Limitations**

- (a)

**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. Services include 4 upper.

- (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 31<sup>st</sup> 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.
    - (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



## **SECTION 2 PENSION PLANS**

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



benefits unless you pay both the employee and University contributions for the period. For maternity, adoption and parental leave, contributions continue, providing you pay your portion of the contributions for the period. For study leave, you and the University each continue to pay contributions based on your full salary and you continue to accrue full benefits.

## 7. Additional Voluntary Contributions

You may elect to make additional voluntary contributions, subject to \_\_\_\_\_ 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.

## 8. Income Tax

The Plans are registered under the \_\_\_\_\_ 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. For example, the amount you may contribute to an RRSP in this year is shown on your previous year's \_\_\_\_\_ or \_\_\_\_\_ from Canada Revenue Agency.

## 9. 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 \_\_\_\_\_ (i)2.6 (ngs)8.9 ( (ai)2e af)4.si4.3 ( )228.3 (age 65)1e 0.C -0setimal rmetirentt



- purchasing a life annuity, usually fixed, from a Life Insurance Company with your account balance.

Alternatively, a **variable benefit (Life Income Type Benefits)** is available directly from the Plan, subject to a minimum account size and having attained at least 55 years of age.

- (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.

**13. 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.

**14. Benefit Options if You Terminate Employment Before Reaching Retirement Age**

The Plan has 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:

- 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 leave





## 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

## 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 1<sup>st</sup>, 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 of 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.



## BASIC GROUP LIFE INSURANCE

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

### 1. Eligibility

All Continuing Sessional Lecturers. Employees must also be Canadian residents.

### 2. Membership

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

### 3. Premium Costs

The University pays the full premium. See Section 6 for monthly premium amounts.

### 4. Plan Benefits

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## 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 Continuing Sessional Lecturers





- 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 31<sup>st</sup> 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  
**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 Continuing Sessional Lecturers 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

## LONG TERM DISABILITY

The University's Group 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 Office, Technical & Child Care employees and eligible CUPE 4163 Continuing and regular Sessional employees who are actively employed.

### 2. Membership

Eligible employees are required to enroll in this Plan immediately upon employment.

### 3. Effective Date of Coverage

Coverage will commence on the first day of the month following satisfactory completion of your probationary period.

### 4. Premium Cost of LTD Plan

The monthly premium cost of the LTD plan is 100% employer paid. The University will also continue to pay the employer portion of your personnel benefits while you are in receipt of Long Term Disability benefits. See Section 7 for the premium amount.

If you are on an approved leave of absence without pay (to a maximum of two years), other than for maternity or parental leave, you will be required to pay the cost of the monthly LTD premiums during your leave, based on your gross monthly salary immediately preceding your leave. The University will pay the monthly premiums if you are on maternity or parental leave.

Premiums are not required during layoff periods.

### 5. Definition of Earnings

For the purposes of calculating benefit payments, the definition of earnings is as follows:

For regular employees subject to layoff, the benefit calculations are based on the regular earnings from UVic in the twelve-month period prior to the date of disability, excluding bonuses and overtime. The annual benefit amount is then divided by twelve, to provide a monthly year round income.

For all other regular employees, the benefit calculations are based on the regular earnings in effect on the date of disability, excluding bonuses and overtime.

UVic will pay premiums based on the employee's monthly earnings.





If you exhaust all of your entitlements prior to the end of the waiting period, you will be placed on a medical leave of absence without pay, and may be eligible for Employment Insurance benefits.

If you have sick leave or Sick Bank entitlements remaining after the waiting period, the waiting period will be extended to the date these benefits end, but not longer than one year after the disability starts.

You also have the option of using remaining vacation days to extend the waiting period to the limit noted above







If you are interested in obtaining an individual policy, please contact the Plan Carrier within 31 days of your group coverage terminating.

**21. Plan Carrier**

Pacific Blue Cross (PBC)

**Group Policy 040703**

Disability Claims Office

PO Box 7000, Vancouver BC V6B 4E1

1-888-275-4672

# **SECTION 5 BENEFITS COVERAGE WHEN NOT ACTIVELY WORKING**

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

- leave of absence without pay
- maternity, adoption and parental leave
- early retirement
- normal retirement
- deferred retirement
- termination
- death before retirement

## 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
- Long Term Disability
- Optional, Spousal and Accidental Death & Dismemberment Insurance
- Money Purchase Pension Plan

## MATERNITY OR PARENTAL LEAVE

While on unpaid maternity or parental (including adoption) 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 any 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 CUPE 4163 (Component 3) Collective Agreement, the and the brochure on the website <https://www.uvic.ca/hr/pay-benefits/parental->





## 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 Manager, Benefits 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 the end of the calendar year in which you reach age 71. For information regarding your Pension Benefits, please contact Pension Services at local 7030.

### 4. 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.esdc.gc.ca/en/cpp/oas/index.page>

### 5. 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.esdc.gc.ca/en/cpp/oas/index.page>



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.esdc.gc.ca/en/cpp/oas e. ag>

## 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.***



# **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 Continuing Sessional Lecturers 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. Iff 2.J/TT2 1 7.6

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

<https://www.workhealthlife.com/>

Download MY EAP app now at your device app store.

## **7. 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 31<sup>st</sup> 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**

