

SD33 – Teachers

EXTENDED HEALTH CARE

Insurer: Pacific Blue Cross **Policy Number:** 20033

Reimbursement	80% until \$1,000 paid per person per calendar year, 100% thereafter
Annual deductible	\$50
Lifetime maximum	N/A
Termination Age	Coverage will terminate on June 30th following the date the Member attains age 75, or earlier retirement.
Medical referral travel benefit	N/A
Survivor extension	Yes, to a maximum of 24 months

Prescription Drugs

Drug formulary	Blue Rx
Pay-direct drug card	Yes
Per prescription deductible	\$0
Sexual dysfunction	Covered
Oral Contraceptives	Covered
Fertility	\$20,000 per lifetime
Smoking cessation	Not covered

Medical Services & Supplies

Medi-assist	Included
Emergency out-of-province reimbursement	100%
Emergency out-of-province maximum	N/A
Hospital	Private or Semi-Private
Private duty nursing (including in-home)	\$20,000 per calendar year
Hearing aids	\$3,500 every 48 months
Other services and supplies (subject to reasonable and customary limits as defined by insurer)	Covered
Orthopedic shoes	\$500 per calendar year
Orthotics	\$500 per calendar year

Vision Care

Maximum	\$600 every 24 months
Eye exams	1 every 24 months – separate from vision care maximum
Prescription sunglasses	Covered

Paramedical Services

Massage therapist	\$1,000 per calendar year
Physiotherapy	\$1,000 per calendar year
Chiropractor	\$1,000 per calendar year
Psychological Counselling Services	\$1,200 per calendar year
Naturopath	\$1,000 per calendar year
Podiatry	\$800 per calendar year
Acupuncture	\$1,000 per calendar year
Speech therapy	\$800 per calendar year
Osteopath	N/A
Christian Science	N/A

DENTAL CARE

Insurer: Pacific Blue Cross

Policy Number: 20033

Annual deductible	N/A
Dental fee guide	PBC Schedule 3
Specialist fee guide	Fee Guide +10%
Termination Age	Retirement
Survivor extension	Yes, to a maximum of 3 months

Basic Services

Reimbursement	100%
Maximum	N/A
Adult check-up	As indicated in the Fee schedule/Fee guide
Child check-up	As indicated in the Fee schedule/Fee guide

Endodontic/Periodontic Services

Reimbursement	100%
Maximum	N/A

Major Restorative Services

Reimbursement	60%
Maximum	N/A

Orthodontic Services

Reimbursement	75%
Maximum	\$5,000/Lifetime
Age limit	Covers adults and children

GROUP LIFE

Insurer: N/A

Policy Number: N/A

Schedule	N/A
Maximum	N/A
Termination age	N/A
Age reduction	N/A
Waiver of premium definition	N/A
Optional life	N/A

GROUP ACCIDENT

Insurer: N/A

Policy Number: Basic – N/A | Optional – N/A

Principal sum	N/A
Maximum	N/A
Optional Accident	N/A