University of Victoria

Benefits Information for:

- Regular Office, Technical & Child Care (CUPE 951),
- Maintenance & Food Services (CUPE 917) Employees and
- Exempt Support Staff

This document is intended as a guide to assist you in understanding the major provisions of the various benefit plans. Should any questions arise concerning the interpretation or administration of these plans, the official plan documents will govern in all cases

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This section is intended as a guide to assist you in understanding the major provisions of these plans. Should any questions arise concerning the interpretation or administration of these plans, the official plan documents will govern in all cases.

The costs of the Hospital Benefits and PharmaCare Plans are included in the Employers Health Tax which replaced B.C. Medical Services Plan premiums. The total premium costs of the other health care plans in which you are enrolled are cost shared between you and the University.

*It is important to note that health services provided by the Government of the Province of British Columbia are subject to change without notice. Services reduced or eliminated are not automatically covered by other UVic health care plans*.

## 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, obstetrical and diagnostic services of medical practitioners for all eligible plan members.

### 1. Eligibility

a) All B.C. residents must enroll in the Medical Services Plan.

b) New residents to B.C. - who are citizens of Canada, or lawfully admitted to Canada for permanent residence or by employment visa: after a waiting period of the remainder of the month of arrival plus an additional two months.

**If you are new to Canada**, apply for MSP as soon as you arrive. Your coverage may start three months after your arrival date in British Columbia. You should get private health care insurance while you wait.

**If you are moving from another province**, you should arrange for coverage with your former medical plan during the wait period. If your family is not here yet, they need to keep their existing provincial health care. Once they arrive, you can apply to add them to your plan. The wait period for each family member will begin on their individual arrival date.

### 2. Applying for MSP

Apply Online Apply for MSP

**The online application takes about 15 minutes to complete.**

Before you start, make sure that:

- You are using one of these web browsers: Internet Explorer 11 or the latest version of Mozilla Firefox, Google Chrome or Apple Safari.
- You have identification for everyone on your application. You will be asked to upload digital images of documents that support the name and Canadian citizenship or immigration status for all persons.
- You have your marriage certificate, divorce decree or legal name change certificate if your current legal name doesn't match the name on your ID.

**Apply by Mail**

You can also apply by mail using a paper application form:

Application for Enrolment, HLTH 102 (PDF, 625KB)

Mail the completed application form to:
Health Insurance BC
Medical Services Plan
PO Box 9678 Stn Prov Govt
Victoria BC V8W 9P7

## 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;

e) 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 www.health.gov.bc.ca/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
- employment
- life insurance
- school or university
- recreational and sporting activities
- immigration purposes
- medication (prescription drugs)

## 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 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 too coverage, you will be required to fulfill the waiting period upon return to the province before coverage can be renewed.

## 6. Plan Carrier

Health Insurance BC (Medical Services Plan)
PO Box 9035 Stn Prov Govt
Victoria BC V8W 9E3
Phone: 1-800-663-7100
http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp

## 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). *(Note these benefits require prior approval. Please ask your medical supplier for an application form.)*

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 are 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
- antacids, laxatives, and other over-the-counter drugs
- wheelchairs, walkers, and other medical devices
- drug costs which have been fully reimbursed by another plan
- drugs or supplies obtained while outside of British Columbia
- mail-order prescriptions requested from companies located outside the province
- medical costs for kidney dialysis – covered by B.C. Renal Agency
- medications for cancer treatment – covered by B.C. Cancer Agency
- medications for transplants – covered by B.C. Transplant Society
- medications not designated as approved PharmaCare benefits
- herbal medicine products

## 6. Plan Carrier

Health Insurance BC (Medical Services Plan)
P.O. Box 9655 Stn Prov Govt
Victoria BC V8W 9E3
Phone: 1-800-663-7100
Web Address: http://www.health.gov.bc.ca/pharme/

## EXTENDED HEALTH BENEFITS PLAN

The Extended Health Benefits Plan is designed to assist members in paying for specified services and supplies as outlined in the Plan Document issued by Pacific Blue Cross to the University of Victoria.

### 1. Eligibility

All regular Office, Technical & Child Care and Maintenance and Food Services employees are eligible to join the Extended Health Benefits Plan. If you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71.

### 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:
   1. 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).
   2. age 21 to 25 and in **full time** attendance at a recognized educational institute. If child is no longer a student, the coverage will cease at the end of the month of finishing school or university.
   3. incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn age 21, or while they are students under age 25, and the disorder has been continuous since that time. Disabled status is subject to approval by PBC. The Dependent must become disabled while covered as a Dependent under Clause 1 or 2 above.

Note: You must apply for dependent coverage within one month of the date of marriage, one month of common-law status or one month of acquisition (i.e. birth or adoption) of an eligible dependent.

You must immediately advise the Benefits Office in Human Resources if at any time a child is no longer a full-time student.

### 3. Membership

You are required to immediately enroll in the Extended Health Benefits Plan. Your coverage may start on the first day of the month coinciding with or following your appointment. At the time of enrollment you have the option of covering eligible dependents. No further addition or deletion of dependents will be permitted without satisfactory proof, within 31 days, of a change in marital or dependent status.

### 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 expenses in excess of this deductible will be paid up to plan limits as specified below.

If in any calendar year the eligible expenses incurred do not exceed the deductible, the eligible expenses incurred during the last three months of the calendar year may be applied against the deductible for the next calendar year.

Reimbursement for both in-province and out-of-province is 100% of eligible expenses, up to the plan limits as outlined below.

The lifetime maximum amount of benefits payable for any one member or dependent is $1,000,000.

**The following 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.**

The Extended Health Benefits Plan covers reasonable and customary charges for the following services when medically necessary, **and prescribed, ordered, or referred by a Physician**:

### A) BENEFITS INSIDE THE PROVINCE

#### (1) Semi-private or Private Hospital Room Accommodation

The additional charge for semi-private or private room accommodation in a public general hospital, or the extended care unit of a public general hospital, providing the services are not primarily for chronic or custodial care, but not hospital co-insurance charges. Charges for rental of telephone, television or similar equipment are not covered.

#### (2) Emergency Ambulance Services

Charges for licensed ambulance services (over and above any amount paid by a government plan) for the member or dependent, in an EMERGENCY requiring IMMEDIATE transportation, following a serious accidental injury or sudden attack of serious illness, to and from the nearest Canadian hospital equipped to provide the required treatment.

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.

#### (3) Drugs

Charges for an Eligible expense in a quantity we consider reasonable, and as approved by our Benefit review, and
a) which are dispensed by a Pharmacist, Physician, Dentist, or Nurse practitioner, legally licensed, certified, or registered to practice by the appropriate licensing, certification or registration authority in the jurisdiction where the care or services are provided and acting within the scope of the license, including:
i) Life sustaining non-prescription drugs
ii) insulin preparations, diabetic test strips, lancets, needles, and syringes for diabetes management
iii) injectable vitamin B12 for the treatment of pernicious anemia
iv) allergy serums when administered by a Practitioner, or b) which legally require a prescription from a medical provider legally authorized to do so, including:
i) Compounded drugs
ii) contraceptive drugs.

Note: To ensure that the Extended Health Benefits Plan does not pay for expenses which would otherwise be covered by the BC Government, Pacific Blue Cross will require proof of registration with the Fair PharmaCare Program before claims over $1,000 per annum are paid. An application for Special Authority designation may also be required. Regardless of the decision by PharmaCare to accept or deny Special Authority coverage, the plan covers the drug when you provide proof of PharmaCare's decision prior to or with your first claim submission.

Once registered, any eligible prescription expenses in excess of your family's annual deductible with Fair PharmaCare will be covered 30% by Pacific Blue Cross and 70% by Fair PharmaCare.

Effective January 1, 2015, Generic Pricing will be applied when there is a generic drug available. If there is not a generic alternative, a brand name drug is provided and reimbursed at the brand name price.

You may request the brand name and pay the difference between the brand and the lowest cost generic drug. Alternatively, your physician can transcribe "no substitutions" on the prescription where appropriate.

Specific high cost BC PharmaCare limited coverage drugs are identified by us as our Special Authority Enforcement list. We will reject claims for a drug on this list until we receive confirmation of BC PharmaCare's Special Authority decision for the drug. Once the BC PharmaCare decision (approved or declined) is on file with us, we will consider this drug as eligible based on:

a) if BC PharmaCare approval is confirmed, the approval period determined by BC Pharmacare, or
b) if the BC PharmaCare decision is to decline, and if the request otherwise meets our definition of an Eligible drug, the approval period as determined by us.

### (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 injury shall be considered accidental only if it has been caused by a direct blow to the external mouth or face resulting in immediate damage to the natural teeth, and not by an object wittingly or unwittingly placed in the mouth. Payment will NOT be made on temporary, duplicate, or incomplete procedures, or for correcting unsuccessful procedures.

### (6) Medical Aids and Supplies

Charges for the following services and supplies as prescribed or referred by a Physician:

(a) oxygen, blood, and blood plasma
(b) ostomy and ileostomy supplies
(c) walkers, canes and cane tips, crutches, splints, casts, collars, and trusses, but not elastic or foam supports
(d) rigid support braces and permanent prostheses (artificial eyes, limbs, larynxes, and mastectomy forms). Myoelectrical limbs are excluded, but Pacific Blue Cross will pay the equivalent of a standard prostheses.
(e) Charges for the following items to the maximum amounts indicated per calendar year:
    i) mastectomy brassieres - $150
    ii) stump socks - $250
    iii) surgical stocking - $250
(f) wigs and hairpieces required as a result of medical treatment or injury to a lifetime maximum of $500.

As Fair PharmaCare also provides some coverage for prosthetic devices, receipts should be sent first to them for consideration of payment.

### (7) Medical Equipment

Standard durable medical equipment when prescribed or referred by a Physician as follows:

(a) Preauthorization is required from Pacific Blue Cross for expenses in excess of $5,000.
(b) Charges for standard durable medical equipment when rented from a medical supplier. If unavailable on a rental basis, or required for a long-term disability, purchase of these items from a provider may be considered.
(c) Repairs to purchased items. Pacific Blue Cross will replace the item when it can no longer be made functional. Pacific Blue Cross may request trade-in or return of replaced equipment.

(d) Reimbursement on rental equipment will be made monthly and will in no case exceed the total purchase price of similar equipment.

(e) Standard durable equipment includes:

(i) Manual wheelchairs, manual type hospital beds, and necessary accessories – electric wheelchairs and hospital beds will be covered only when the patient is incapable of operating a manual wheelchair, otherwise we will pay the manual equivalent.

(ii) Medical monitors including heart and blood glucose monitors, and cardiac screeners.

(iii) Bi-osteogen systems (when recommended by an orthopedic surgeon) and growth guidance systems.

(iv) Breathing machines and appliances including respirators, compressors, percussors, suction pumps, oxygen cylinders, masks, and regulators.

(v) Insulin infusion pumps for diabetics – when basic methods are not feasible.

(vi) Transcutaneous electric nerve stimulators (TENS) when prescribed for intractable pain.

(vii) Transcutaneous electric muscle stimulators (TEMS) required when, due to an injury or illness, all muscle tone has been lost.

## (8) Hearing Aids

Hearing aids for adults and children when prescribed by a Certified Ear, Nose and Throat Specialist or supplied by a recognized Audiologist on the recommendation of a Physician and Surgeon. Payment will not be made for repairs and maintenance, batteries, or recharging devices, or other such accessories. Replacement hearing aids will be covered only when the hearing aid cannot be satisfactorily repaired. The maximum benefit payable during a five calendar year period is $1,800 per person.

## (9) Orthotics and Orthopedic Shoes

When prescribed by a Physician or Podiatrist as medically necessary custom fitted orthopedic shoes (including repairs), orthopedic shoes attached to a brace, and modifications to stock item footwear to a maximum benefit payable in any calendar year of $400 for an adult or $200 for a dependent child.

Foot Orthotics (including arch supports) when prescribed by a Physician or Podiatrist, to a maximum benefit payable of $400 per person in a calendar year.

## (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 every 2 consecutive calendar years. Charges for non-prescription eyewear including prescription or non-prescription sunglasses, safety goggles and cataract lenses are not covered.

and,

- routine eye examinations to a maximum of $75 for persons between the ages of 19 and 64.

ITEMS 11 to 18 following do not require referral by a Physician:

(11) Acupuncture

Charges for acupuncture treatments performed by a Physician, Physiotherapist, Naturopath, or Registered Acupuncturist licensed to perform acupuncture in British Columbia. The maximum benefit payable in any calendar year is $200 per person.

(12) Clinical Psychology/Counselling

Fees of Clinical Psychologists licensed in British Columbia, including Clinical Counsellors and Clinical Social Workers registered with the B.C. Association of Clinical Counsellors or Social Workers. The combined maximum benefit payable in any calendar year is $1,200 per person.

(13) Speech Therapy

Fees of Speech Language Pathologist licensed in British Columbia. The maximum benefit payable in any calendar year is $200 per person.

(14) Chiropractor Services

Fees of Chiropractors registered or licensed in British Columbia (but not including x-ray service). You will be reimbursed $30.00 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 per calendar year. (*Effective April 1, 2017 combined Chiropractor and Naturopath to a $700 maximum per Calendar year with existing per visit limits).

(15)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).

(16) Naturopathic Services

Fees of Naturopathic Physicians registered or licensed in British Columbia (but not including X-ray service). 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 $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).

### (17) 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).

### (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 B.C. for treatment). Non-emergency continuing care, testing, treatment, and surgery, and amounts covered by any government plan and/or any other provider of health coverage are not eligible.

**It is important to contact Medi-Assist before any treatment is commenced. In the event of a medical emergency, call Medi-Assist using the toll-free numbers on the back of your benefit plan card. For further information see details below under Emergency Travel Assistance.**

(1) Local ambulance services when immediate transportation is required to the nearest hospital equipped to provide the treatment essential to the patient.
(2) The hospital room charge and charges for services and supplies when confined as patient or treated in a hospital, to a maximum of 90 days. If reasonably possible, Pacific Blue Cross should be notified within 5 days of the patient's admission to hospital. When the patient's condition has stabilized, Pacific Blue Cross has the right, with the approval of the attending Physician, to move the patient by licensed ambulance service to the hospital nearest the patient's home which is equipped and has space available to provide further medical treatment. Where transportation would endanger the patient's health, the 90 day limit may be extended.
(3) Services of a Physician and laboratory and x-ray services.
(4) Prescription drugs in sufficient quantity to alleviate an acute medical condition.
(5) Other emergency services and/or supplies, if Pacific Blue Cross would have covered them inside your province of residence.

### Emergency Travel Assistance

In emergencies which occur while you (and your eligible dependents) are traveling, Medi-Assist will coordinate the following services:

(1) Locate the nearest appropriate medical care.
(2) Obtain consultative and advisory services and supervision of medical care by qualified licensed Physicians.
(3) Investigate, arrange and coordinate medical evacuations and related transportation needs.
(4) Arrange and coordinate the repatriation of remains.
(5) Replace lost or stolen passports, locate qualified legal assistance and local interpreters, and other incidental aid you and/or your dependent may require when in distress.

Your Pacific Blue Cross worldwide Medi-Assist card provides instant information on how to contact them. Call the nearest Medi-Assist emergency access number listed on your card. If necessary, call collect or contact the local telephone operator for help in placing your call to Medi-Assist. Have your Extended Health number (E040704) and your BC Care Card number ready for personal identification

### Claiming Out of Province Expenses

All out of province medical expenses, including those for doctors' services, laboratory procedures, hospitalization, and radiology services that may be paid by MSP, are to be submitted directly to Pacific Blue Cross for payment. An Assignment of Payment form will be required for Pacific Blue Cross to coordinate payment with MSP.

You have **90 days** from the date of service to submit your claim to Pacific Blue Cross. Any claim normally covered by the government plan which has been refused on the basis that the claim was not submitted within the time limits will not be included as an eligible expense under the Pacific Blue Cross Extended Health Plan.

******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:

(1) Except as specifically included in this booklet: dentures or dental treatments, hearing aids, eyeglasses, contact lenses, surgical lens implants, or examinations for the prescription or fitting of any of these, x-rays, hospital coinsurance, vitamins and/or minerals, 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 your province of residence, 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 your province of residence 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 the Workers' Compensation Board 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 Workers' Compensation Act 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 1-888-275-4t 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/ and follow the instructions under “A Plan Member”.

## 9. How to Submit a Claim

When you and/or your eligible dependent(s) have accumulated sufficient eligible expenses to satisfy the $75 calendar year deductible and a reasonable reimbursement is due, you should submit a claim to Pacific Blue Cross. The claim form is available at http://pac.bluecross.ca/ under “Member Services”.

Reminder, if you have not incurred eligible expenses in excess of $75 during a calendar year, those expenses incurred during the last three months of that year may be applied towards satisfying the $75 deductible for the next year.

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 31st 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 eligible prescription expenses 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 Blue Cross before you submit your claim to the government plan, Pacific Blue Cross will deduct what the government plan would normally pay (e.g. PharmaCare expenses) from the claim. Information for claiming PharmaCare expenses may be obtained from your Pharmacist.

If you have duplicate coverage with another plan, please review the Coordination of Benefits section below. If you are covered by more than one Pacific Blue Cross plan, then you have to complete only one claim form with both of the Group Numbers. If you are covered by plans from different benefit carriers, then you have to complete a claim form for each plan (one for the primary plan and one for the secondary plan). The remittance statement from the first plan must be submitted to the second plan.

## 10. Coordination of Benefits

When coordinating benefits between plans, Pacific Blue Cross pays claims based on the rules of the Canadian Life and Health Insurance Association guidelines, which are:

1) Dependent 00 (the employee) is always the primary claimant. Dependent 01 (or 90 to 99 – the spouse) is always the secondary claimant.

2) Dependent children are always covered primarily under the parent who has the earliest birth date in the year (month and day).

3) In situations of separation or divorce, the following order applies:
   a. the plan of the parent with custody of the child
   b. the plan of the spouse of the parent with custody of the child
   c. the plan of the parent not having custody of the child
   d. the plan of the spouse of the parent in c) above.

4) Total reimbursement shall never exceed 100% of the eligible expenses.

## 11. Termination of Coverage

The Extended Health Benefits Plan coverage for you and your eligible dependents terminates on the earlier of the last day of the month in which your employment terminates, including retirement, or the last day of the month during which other eligibility requirements 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 31st 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. Coverage will become effective immediately after your group coverage terminates.

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 Health Plan.

Frequently Asked Questions about Travel Plans http://www.pac.bluecross.ca/individual/travel/faq

Get a free quote online https://travelweb.pac.bluecross.ca/travelweb/default.aspx

For further details on individual products including travel plans, please call 1-800-873-2583.

Please note: Travel insurance policies often have limitations of coverage associated with accidents or diseases arising from travel to a location where the Canadian Department of Foreign Affairs has issued a travel advisory or health warning advising Canadians not to travel to this country, region or city.

Coverage limitations and / or exclusions would apply if the advisory is in place prior to purchase of the policy. However, if you have already left on your trip when the advisory is issued, you would be covered should something unforeseen arise.

It is important you review the government's website for such advisories prior to booking your vacation.

13. Collective Agreement Reference

Article 28.03 in the CUPE Local 951 & 917 Agreements.

14. Plan Carrier

Pacific Blue Cross
Group Plan No. 40704
Health & Dental Claims
PO Box 7000
Vancouver BC V6B 4E1
1-888-275-4672

## DENTAL CARE PLAN

The Dental Care Plan has been designed to assist you in paying basic dental expenses for you and your eligible dependents, based on the B.C. Dental Fee Schedule. All provisions of the plan are subject to the terms and conditions of the Plan Document issued by Pacific Blue Cross to the University of Victoria.

### 1. Eligibility

All regular Office, Technical & Child Care and Maintenance and Food Service employees are eligible to join the Dental Care Plan. If you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71.

### 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:

1. 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).
2. age 21 to 25 and in **full time** attendance at a recognized educational institute. If child is no longer a student, the coverage will cease at the end of the month of finishing school or university.
3. incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn age 21, or while they are students under age 25, and the disorder has been continuous since that time. Disabled status is subject to approval by PBC. The Dependent must become disabled while covered as a Dependent under Clause 1 or 2 above.

Note: You must apply for dependent coverage within one month of the date of marriage, the one year anniversary of common-law status or acquisition (i.e. birth or adoption) of an eligible dependent

You must immediately advise the Benefits Office in Human Resources if at any time a child is no longer a full-time student.

### 3. Membership

You are required to immediately enroll and remain in the Dental Care Plan. Your coverage may start on the first day of the month following satisfactory completion of your probationary period. At the time of enrollment you have the option of covering eligible dependents. No further addition or deletion of dependents will be permitted without satisfactory proof, within 31 days, of a change in marital or dependent status.

### 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

The Dental Care Plan has no annual deductible and provides coverage as follows:

- 90% of basic preventive and restorative expenses (Plan A)
- 70% of crowns, bridges and prosthetic appliances (Plan B)
- 80% of orthodontics - to a maximum lifetime benefit of $4,000 per person (Plan C)

The charges covered by the Dental Care Plan are based on the B.C. Dental Fee Schedule. **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.**

Members and registered dependents are entitled to the following dental services when performed by a dentist (dentist means a doctor of dentistry who is duly qualified and licensed to practice dentistry in the area where the service is provided. A dentist may also mean dental specialist, or denturist.)

The following information is intended to be a descriptive outline only. All provisions of the Dental Care Plan are subject to the terms and conditions of the Dental Care Plan Contract issued by Pacific Blue Cross to the University.

### Plan "A" - Basic Preventive and Restorative Services

Plan A covers services for the care and maintenance of teeth, including procedures to restores teeth to natural or normal function. Eligible expenses include:

### (1) Diagnostic Services

(a) Examinations:

(i) complete – provided Pacific Blue Cross have not paid for any other exam by the same Dentist in the past 6 months – 2 per lifetime
(ii) new patient and recall – combined limit of 2 per calendar year
(iii) specific – 2 per calendar year
(iv) consultations (as a separate appointment).

(b) X-rays

(i) diagnostic
(ii) panoramic – 1 per 12 month period
(iii) complete mouth series – 1 per 36 month period
All x-rays combined shall not exceed the dollar limit for a complete mouth series.

(c) Diagnostic models – 1 set per calendar year.

## (2) Preventative Services

(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 reline 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) Only 1 major restorative service involving the same tooth will be covered in a 5 year period.
(b) Only 1 upper and 1 lower denture (complete or partial) is eligible in a 5 year period.
(c) No benefit is payable for the replacement of lost, broken, or stolen dentures. Broken dentures may be repaired under Plan A.
(d) Veneers, crowns, bridges, inlays, and onlays are subject to the conditions outlined in the BC Fee Guide. 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.

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 are eligible for orthodontic services. The maximum lifetime benefit is $4,000 per person.

Limitations:

(1) No benefit is payable for the replacement of appliances which are lost or stolen.
(2) Services done for the correction of temporomandibular joint (TMJ) dysfunction are not covered.
(3) Treatment performed solely for splinting is not covered.

The percentage of payment for services under Plan "C" is 80% of the B.C. Dental Fee Schedule.

Any fees in excess of the Fee Schedule are your responsibility.

## 6. Emergency Dental Care - Out-of-Province

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.

## 7. Coordination of Benefits

Coordination of dental benefits (coverage by two separate dental plans) is permitted under this dental plan. If you choose to coordinate your UVic dental coverage with another plan you must advise the Dentist performing the services that claims must be coordinated to ensure that total benefits payable do not exceed 100% of the eligible expenses.

## 8. Exclusions

(a) Services which are provided under the Medical Services Act of British Columbia, the Workers' Compensation Board or other similar agency, or services for which any third party is liable.
(b) Items not listed in the BC Fee Guide and fees in excess of those listed in the Fee Guide.
(c) Any item not specifically included as a benefit.
(d) Charges for broken appointments, oral hygiene or nutritional instruction, completion of forms, written reports, communication costs, or charges for translating documents into English.
(e) Procedures performed for congenital malformations or for purely cosmetic reasons.
(f) Charges for drugs, pantographic tracings, and grafts.
(g) Charges for implants and/or services performed in conjunction with implants.
(h) Anesthesia not done in conjunction with surgery, and charges for facilities, equipment and supplies.

(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 Workers' Compensation Act 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://pac.bluecross.ca/ and follow the instructions under "A Plan Member".

## 11. How to Submit 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 31st 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 the last day of the month in which your employment terminates, including retirement, or the last day of the month during which other eligibility requirements 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 31st of the year in which you reach age 71.

## 12. Individual Extended Health and Dental Plan

Pacific Blue Cross offers an individual 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.

## 13. Collective Agreement Reference

Article 28.05 in the 951 and 917 Agreements.

## 14 Plan Carrier

Pacific Blue Cross
Group Plan No.40704
Health & Dental Claims
PO Box 7000
Vancouver, BC V6B 4E1
1-888-275-4672

# SECTION 2
# PENSION PLANS

It is important to make financial plans for your retirement years, no matter how far from retirement you may be. For most individuals there are three basic sources of retirement income:

- University of Victoria Staff Pension Plan
- Government Pension Programs
- Personal Savings

It is your responsibility to be aware of the adequacy of these sources and to ensure that they will meet your income needs when you retire.

## UNIVERSITY OF VICTORIA STAFF PENSION PLAN
## BC Registration Number P085215-1

This section is intended as a guide to assist you in understanding the major provisions of the University of Victoria Staff Pension Plan (the "Staff Plan").

Should any questions arise concerning the interpretation or administration of this plan, the official plan documents will govern in all cases. An "Information for Members" brochure is also available through the Benefits Office or Pension Services.

### Type of Plan
The Staff Plan is a Defined Benefit pension plan. In a Defined Benefit plan, benefits are determined by a formula that indicates the amount you will receive upon retirement. Contributions and investment returns do not determine the final benefit, but are merely a funding mechanism.

### Eligibility
All regular Office, Technical & Child Care and Maintenance & Food Services employees are eligible to enroll in the Staff Pension Plan.

### Membership
Eligible employees are required to join the plan immediately upon appointment to their role.

### Contributions
The Staff Plan is funded by both employee and University contributions, plus investment returns earned on the contributions.

Members currently contribute 4.78% of their basic salary up to the Canada Pension Plan Year's Maximum Pensionable Earnings (YMPE), and 6.53% of their basic salary in excess of that amount to the Basic Plan to fund pension benefits.

The University currently contributes 11.09% of a member's basic salary.

Contribution rates are reviewed every three years following an actuarial valuation that determines the financial position of the pension plan. Contribution rate increases are shared equally between employees and the University (if the University's contribution rate is already at least 12%).

### Contributions During Leave or Lay-off Periods
If you are laid-off for more than one month, you will continue to be a member of the plan but will not make contributions during your absence. The lay-off period will not count as credited service.

If you are on an approved leave of absence (other than for maternity, adoption or parental leave) for more than one month, you will continue to be a member of the plan – but the period of leave will not count as credited service unless you pay both the employee and University contributions for the period. For maternity, adoption and parental leave, contributions and credited service continues, providing you pay your portion of the contributions for the period.

## BENEFITS OF THE PLAN

The basic benefit in the Plan is a lifetime annual pension at retirement, payable in equal monthly installments. Those installments are calculated using the following defined benefit formula:

(Pension accrual rate) x (Highest Average Annual Basic Salary)
X
(Years of Credited Service)

Reduced for early commencement if you do not qualify for unreduced pension.

Your *Highest Average Annual Basic Salary* is calculated using your highest consecutive 60 months of pensionable earnings (if your total service is less than 60 months, then months accumulated to date of calculation are used). Pensionable earnings for Plan members who work part time are increased to their full time equivalent (FTE).

The *Pension accrual rate* for *Highest Average Annual Basic Salary* is:

Up to 5 year average YMPE:
1.65% up to December 31, 1989;
+ 1.30% from January 1, 1990 to December 31, 1991;
+ 1.50% from January 1, 1992 to December 31, 1999;
+ 1.7% from January 1, 2000 onward
Plus
In excess of 5 year average YMPE:
2.0% for all credited service

*Credited Service* is calculated using the actual time that you worked and contributed to the plan during the year.

For example, if you work at .50% FTE during the year, you will be credited with .50 years of service that year.

### Age at Retirement

The normal retirement date is the last day of the month in which you reach age 65. However, you may make an application to take early retirement at any time after age 55. You may also choose to continue working past your normal retirement date, in which case you and the University will continue to make contributions to the Plan until the earlier of your retirement date, or November 30th of the year in which you reach age 71.

### Pension Reductions for Early Retirement

If you are age 55 or over and you take an immediate pension, the reduction is 3% per year for each year (0.25% per month) that you are under age 60 (a maximum reduction of 15%).

There is no reduction if you retire on or after age 60.

If, you are under age 55 **at termination of employment,** when your pension does commence (minimum age 55) it will be considered deferred because you were not immediately eligible to begin your pension following termination. In this case, an actuarial reduction of around 6 -7% per year you are under age 65

would be applied to your deferred pension (i.e., a reduction that reflects the true cost of taking early retirement)

### Definition of Spouse

Persons are spouses on any date on which one of the following applies:
(a) they
(i) are married to each other, and
(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.

### Optional Forms of Pension (Survivor Benefits)

Your pension is payable for your lifetime. The amount of survivor benefit depends on the *optional form* you choose when you start your pension. The basic benefit provided by the above formula is either a 50% spousal survivor benefit or a 10-year guarantee, depending on whether or not you have a spouse on the date you start receiving your pension. Other optional forms of pension are available with the amount of your pension being increased or decreased to reflect either lesser or greater survivor benefits (eg: a pension that continues in full to your spouse is lower than a pension where only 50% of it continues to your spouse).

The *optional forms* of pension in the Staff Plan are:

Single life Guaranteed 5, 10 or 15 years:
Payable for your lifetime, but in the event of your death before the guarantee period has expired, payments will continue to your chosen beneficiary for the remainder of the guarantee period (requires spousal waiver). If your beneficiary is your estate, the remaining value of the pension will be paid to your estate in a lump sum.

50%, 60%, 2/3 or 100% joint life:
Payable for your lifetime, but should your spouse survive you, becomes payable at the specified percentage for the surviving spouse's remaining lifetime (anything less than 60% requires spousal waiver).

If you have a Spouse, the *Pension Benefits Standards Act (BC)* requires that you elect a joint life pension with a minimum of 60% of your pension continuing to your spouse after your death, unless your spouse waives this right by completing a Spousal Waiver form.

### Inflation Protection

At the start of each calendar year, pensions are adjusted for inflation, as measured by the change in the Canadian Consumer Price Index (CPI).

The basic adjustment is limited to a maximum of 3% in any given year.

If inflation exceeds 3%, pensioners who have reached at least age 66 may be eligible for an additional increase in the form of a "supplementary benefit" from the Supplementary Retirement Benefit Account. Supplementary benefits are subject to available funds and help bridge gaps between actual inflation and the 3% maximum basic adjustment. For example, if inflation is 5%, the basic adjustment would be 3% and the maximum supplementary benefit would be 2%.

### Small Pension Benefits

If the lump sum value of your pension is less than 20% of the YMPE for the current calendar year, the lump sum value may be paid to you in cash less withholding tax or be transferred to another retirement savings vehicle on a non locked-in basis, subject to *Income Tax Act (Canada)* maximums. The small benefit threshold is set by BC Pension Standards and is subject to change without notice.

### Benefit Options if You Terminate Employment Prior to Age 55

You can elect:

1. to receive, at your retirement date, the pension you had accumulated to your date of termination, plus subsequent inflation adjustments to a maximum of 3% per year. The pension may commence as early as age 55 but is actuarially reduced.

2. to have the lump sum value of your benefit transferred to:
   - a Locked-in Retirement Account; or
   - a Life Income Fund; or
   - an insurance company to purchase a life annuity; or
   - another similar Registered Pension Plan (if they will accept the funds); or
   - a combination of the above options

If your benefit is below the small benefit threshold described above, you may elect to receive the lump sum value of your benefit in cash, less withholding tax.

### Survivor Benefits Before Retirement:

If you have a spouse, your spouse is automatically entitled to your survivor benefit; however, you can designate another beneficiary if your spouse has waived their entitlement. If you die before you commence a benefit, and your beneficiary is your spouse, your spouse has the choice of one of the following survivor benefits:

1. a lifetime monthly pension but guaranteed for 120 payments in any event which is the actuarial equivalent to the lump-sum amount described below, payable the first of the month following your death; OR

2. a lump sum transfer of the full commuted value of your accrued pension.

A beneficiary who is not your spouse is entitled to a lump sum payment equal to the full commuted value of your accrued pension, payable in cash (less withholding tax).

### Division of Your Pension with Your Former Spouse

Your pension is a family asset. If you divorce or separate, your former spouse may be entitled to a portion of your pension under the terms of your separation agreement or court order. If your spouse is allocated a share of your pension, Pension Services can pay your spouse's share directly to them in the form of a pension or lump sum transfer.

If there is a claim on your pension, you should provide Pension Services with a copy of the separation agreement or court order as soon as possible. The claim must be settled before benefits will be paid to you. Additional information and forms are available from Pension Services or the website.

### Re-employment After Retirement

If you are in receipt of a pension from the Staff Plan and are re-employed by the University in a position that would normally meet the critieria for enrolment, you will not be re-enroled. You will instead continue to receive your pension.

## COMMUNICATIONS AND RECORDS

### Annual Statements and Member Obligations

You will be sent an annual statement by the end of June of each year. If you do not receive a statement, please notify Pension Services as it may mean that your contact information needs to be updated.

You are responsible for reviewing the information on your statement and promptly notifying Pension Services of any discrepancies or changes in your information (marital status, address, etc). Delays in reporting discrepancies can limit the extent to which corrections may be made and may delay payment of benefits.

If you are retiring or terminating employment, you are also responsible for notifying Pension Services, so that a statement of your benefit options may be prepared. To request a statement of retirement options, you should complete an Application for Pension Estimate, which is available at www.uvic.ca/pensions.

### Confidentiality

Your pension records and your communications with Pension Services are confidential. Pension Services requires your written consent before disclosing information to others, including your spouse, co-workers or your supervisor. An exception is when a former spouse files a claim on your pension under the *Family Law Act (BC)* (see division of your pension above).

### Access to Records

Your benefit entitlements under the Plan are governed under British Columbia pension legislation. Under Section 37 (2) and (4) of the BC Pension Benefits Standards Act , within 30 working days after receipt of a written request and without charge, you have the right, to examine once every 12 months the documents listed under Sections 42 and 43 of the BC *Pension Benefits Standards Regulation*.

### Contact Information

For any questions related to your pension please contact Pension Services at (250) 721-7030, by email to pensions@uvic.ca or to:

#### Mailing address:

Pension Services
Michael Williams Building Room B278
University of Victoria
PO Box 1700 STN CSC
Victoria BC V8W 2Y2

#### Courier Address:

Pension Services
Michael Williams Building Room B278
University of Victoria

3800 Finnerty Road
Victoria BC  V8P 5C2

Please also visit the pensions website at www.uvic.ca/pensions .

## 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 for automatic enrolment, you must apply in writing for the Old Age Security pension. Complete and mail the Application for the Old Age Security pension form (ISP-3000) and include certified true copies of the required documentation.

If you wish to defer your OAS pension you may do so by:

- Accessing your My Service Canada account and following the directions, or
- Signing and returning the automatic enrolment letter by mail.

If you wish to start receiving your Old Age Security (OAS) pension at age 65, you should apply for your OAS pension right away.

- If you have already reached 65, and you wish to start your OAS pension immediately, you should apply as soon as possible so you don't lose any payments .

If you chose to delay receipt of your OAS pension, you can apply up to 11 months before the date you want your OAS pension to start.

If you did not receive a letter from Service Canada informing you that you were selected for automatic enrolment, you must apply in writing for the Old Age Security pension. Complete and mail the Application for the Old Age Security pension form (ISP-3000) to the nearest Service Canada location near you, information can be found within the form.

## 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 1st, 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 benefits.

### 3. CPP Death Benefits

May provide a lump sum death benefit and monthly spouse and orphan allowances. Eligibility and benefits are determined by the deceased's contributions and the ages of the spouse and dependent children.

### 4. CPP Disability Benefits

May provide a monthly disability pension where the contributor is unable to engage in any substantially gainful occupation due to a severe and prolonged disability. Eligibility is based on the length of the contribution period. The benefit is calculated on a flat rate plus a percentage of the contributor's retirement pension.

## 5. 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. Application for a Canada Pension Plan Retirement Pension and include certified true copies of the required documentation. **Mail it or bring it to your Service Canada Centre closest to you. Mailing addresses are provided on the form.**

# SECTION 3
# LIFE INSURANCE PLANS

Your family may depend on your regular monthly income. In the event of your death, your income would stop and your family's financial security could be jeopardized. To help protect your family against such a loss, the University of Victoria provides a life insurance program consisting of:

- Basic Group Life Insurance Plan
- Optional Group Life Insurance Plan
- Spouse Optional Group Life Insurance Plan
- Optional Group Accidental Death and Dismemberment Plan (AD&D)
- Travel Accident Insurance Plan

In addition, death benefits may be payable from:

- University Pension Plan
- Canada Pension Plan
- Workers' Compensation

This section is intended as a guide to assist you in understanding the major provisions of the Plans that make up the University of Victoria Life Insurance Program. Should any questions arise concerning the interpretation or administration of these Plans, as described herein, the official Plan documents will govern in all cases.

## BASIC GROUP LIFE INSURANCE

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

### 1. Eligibility

All regular Office, Technical & Child Care and Maintenance & Food Services employees, actively employed, are eligible to join the Basic Group Life Insurance Plan. Employees must also be Canadian residents.

### 2. Membership

You are required to enroll in this plan immediately upon employment. Coverage will commence on the first day of the month following satisfactory completion of your probationary period.

### 3. Premium Costs

Premiums are cost shared with the University – employee pays 25% and the University 75%. See Section 7 for monthly premium amounts.

### 4. Plan Benefits

If you should die from any cause, your beneficiary or estate will receive, in a lump sum, a multiple of your annual salary as of the date last actively at work. Depending on your age at death, the Group Life Insurance benefit ranges from 1.0 to 5.5 times your annual salary, as indicated in the following table.

| Age | Multiple of Salary | Age | Multiple of Salary | Age | Multiple of Salary |
|---|---|---|---|---|---|
| 30 & under | 5.5 | 39 | 4.6 | 48 | 3.4 |
| 31 | 5.4 | 40 | 4.5 | 49 | 3.2 |
| 32 | 5.3 | 41 | 4.4 | 50 | 3.0 |
| 33 | 5.2 | 42 | 4.3 | 51 | 2.7 |
| 34 | 5.1 | 43 | 4.2 | 52 | 2.4 |
| 35 | 5.0 | 44 | 4.1 | 53 | 2.1 |
| 36 | 4.9 | 45 | 4.0 | 54 | 1.8 |
| 37 | 4.8 | 46 | 3.8 | 55 | 1.5 |
| 38 | 4.7 | 47 | 3.6 | 65 & over | 1.0 |

Benefits are rounded up to the next higher $1,000 if not already a multiple of $1,000.

"Salary" means your annual gross regular salary or wage, excluding any additional forms of compensation such as honoraria, overtime payments, etc.

For example:
If your age at death is 34 and your annual salary is $25,400 your beneficiary would receive

5.1 x $25,400 = $129,540 rounded up to a next higher $1,000 = $130,000

## 5. Your Beneficiary

You may name anyone you wish to receive your Basic Group Life Insurance benefits. You may change your designated beneficiary at any time, subject to any applicable law, by completing and filing a change of beneficiary form with the Benefits Office in Human Resources. If your beneficiary should die and a new beneficiary is not designated by you prior to your death, your basic Group Life Insurance benefits will be paid to your estate.

## 6. Claim Procedures

Death claim payments are made payable to the beneficiary. To initiate a claim the beneficiary must contact the Benefits Office in Human Resources.

## 7. Termination of Coverage

Basic Group Life Insurance coverage will terminate upon the earlier of:

a) termination of employment
b) entering the armed forces on a full-time basis
c) termination of the Policy or coverage on the group, division, or class to which you belong
d) retirement (if you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71).

## 8. Conversion Option

If your individual coverage terminates or reduces prior to your normal retirement date, but group coverage continues, 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 mailed to Pacific Blue Cross, within 31 days of the date of termination of your group coverage. A conversion option is not available if your group plan terminates after your normal retirement date.

The conversion option is mainly to provide continued coverage for 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 therefore much higher than under a plan where medical evidence must be provided.

## 9. Plan Carrier

Pacific Blue Cross (PBC)
Group Plan No. 040703
1-888-275-4672

## 10. Collective Agreement References

Articles 28.04 in the CUPE Local 917 and 951 Collective Agreements.

## 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 regular Office, Technical & Child Care and Maintenance & Food Services employees, who are enrolled in the Basic Group Life Insurance, are eligible to enroll in the Optional Group Life Insurance Plan.

### 2. Membership

You and your legal spouse or common-law partner have the option of joining the Plan, subject to providing evidence of insurability satisfactory to PBC. Coverage will take effect on the date of approval of the evidence, provided you are actively at work. Dependent coverage will take effect on the date of approval of the evidence, provided the dependent is not confined in a hospital or similar institution on that date and you are actively at work.

### 3. Cost to Plan Member

Plan member pays the full premium. Rates vary according to the amount of coverage chosen, age, and whether smokers or non-smokers. Spousal rates are based on the employee's age.

### 4. Optional Group Life Benefits

Insurance is available in units of $25,000 (minimum) up to $500,000 (maximum). This insurance is payable in the event of your death while in the University's employment other than from suicide within two years from the effective date of your insurance.

### 5. Optional Group Accidental Death and Dismemberment Benefits (AD & D)

This Plan provides you with an opportunity to purchase optional AD&D insurance along with optional group life coverage. This insurance is payable in the event of your accidental death or dismemberment.

For example, if, while insured, you sustain accidental bodily injury which results directly and independently of all other causes in one of the losses listed below within 365 days after the injury, PBC will pay a benefit as follows (partial list):

Loss of life .....100%
Loss of both arms or both legs..... 100%
Loss of use of one arm or one leg..... 75%
Loss of both hands or both feet..... 100%
Loss of one hand or one foot..... 50%
Loss of use of one hand or one foot ..... 50%
Loss of entire sight of both eyes ..... 100%

Loss of speech ..... 50%
Loss of hearing in both ears ..... 50%

No more than 100% of the amount of Optional Group AD&D is payable for all losses due to any one accident.

There are exclusions for which a benefit is not paid relating to suicide, drug overdose, carbon monoxide inhalation, specific aircraft hazards and hostile actions of any armed forces.

*The amount of accidental death and dismemberment insurance coverage will be limited to the amount of your optional life insurance selected*.

## 6. Spouse Optional Group Life Insurance Benefits

This Plan provides you with the opportunity to purchase optional group life insurance on your spouse on the same terms as applicable to you.

A person will qualify as a spouse by virtue of a legal marriage or by being publicly represented as your spouse for a period of at least one year.

This insurance is payable in the event of the death of your spouse from any cause while your coverage remains in force, other than from suicide within two years from the effective date of the insurance.

## 7. Dependent Child Group Life Insurance Benefits

$5,000 of child coverage for each eligible dependent child from birth to age 21 (age 25 if a full-time student) will be automatically provided at no extra charge when either employee or spouse optional life insurance is elected. A handicapped child who attains the limiting age may continue coverage as a dependent if proof of the handicap is received within 31 days after the child attains the limiting age.

This insurance is payable in the event of the death of your dependent child from any cause while coverage is in force, other than from suicide within two years from the effective date of the insurance.

## 8. Your Beneficiary

When you and/or your spouse enroll you must name the beneficiary to whom benefits would be payable. You may change the beneficiary at any time subject to any legal restriction which may affect this right, by completing and filing a change of beneficiary form with the Benefits Office in Human Resources. If there is no named living beneficiary, benefits would be paid to your estate. If children are covered, their benefit will be paid to you, if living, otherwise to your estate.

## 9. Changes

Evidence of insurability satisfactory to PBC will be required for any increase or addition.

You may increase your employee and/or your spouse's life insurance or your AD& D coverage at any time up to the allowable limit if you and/or your spouse provide evidence of insurability satisfactory to PBC.

You may decrease your insurance coverage at any time.

A change in coverage becomes effective on the date evidence of insurability is approved by PBC. The Medical Questionnaire forms are available from the Benefits office in Human Resources.

In addition, if you are not actively at work on the effective date of change in coverage, you and/or your dependents' coverage is delayed until you are actively at work. Similarly, Dependent Insurance is delayed until discharge for a dependent who is in a hospital or similar institution. All changes are subject to the maximum available coverage under this policy.

## 10. Claim Procedures

If you or any of your insured dependents die, a claim should be initiated by contacting the Benefits Manager at (250)721-8089.

If you become totally disabled or suffer any other loss, a claim should be made, again through the Benefits Manager, not later than 12 months after the onset of the total disability or the date of loss.

## 11. General Information

This Plan provides for premium payment through convenient payroll deduction. The premium you pay is competitive since the insurance is offered on a group basis.

Premium rate changes due to a change between age brackets will occur in the month of your birthday.

## 12. Termination of Coverage

Your insurance will cease on the earliest of the following events:

a) the date your employment is terminated, unless on early retirement you elect to continue coverage to your normal retirement date
b) normal or deferred retirement (if you choose to work beyond your normal retirement date, benefits will continue to the earlier of your retirement date, or December 31st of the year in which you reach age 71)
c) the last day of the last month for which a premium has been paid, subject to the total disability provisions of the group policy
d) the date the group policy is terminated.

The insurance on your spouse and dependent children will cease on the earliest of the following events:

a) the date your employment is terminated, unless on early retirement you elect to continue coverage up to the normal retirement date

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 will continue to the earlier of your retirement date, or December 31st 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. Collective Agreement Reference

Article 28.04 in the CUPE 951 and 917 Agreements.

## 15. Plan Carrier

Pacific Blue Cross (PBC)
Group Plan No. 040703
PO Box 7000
Vancouver BC V6B 4E1
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 regular Office, Technical & Child Care and Maintenance and Food Service employees 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, including early, normal or deferred retirement.

### 8. Plan Carrier

Citadel General Assurance Company
Policy No. 6998790
c/o Accounting Services
University of Victoria

# SECTION 4
# SICK LEAVE, LONG TERM DISABILITY & WORKSAFE BC (WCB)

To protect you against loss of income as a result of absence from work due to illness or injury, the University provides a sick leave and long term disability program, as well as Worksafe BC (WCB) benefits.

The following information is intended as a guide to assist you in understanding the major provisions of these benefits. Should any questions arise concerning the interpretation or administration of these Plans, as described in this outline, the official Plan documents will govern in all cases.

## SICK LEAVE PLAN

The Sick Leave Plan is designed to cover your salary during a temporary illness or injury-related absence from work.

### 1. Eligibility

All regular Office, Technical & Child Care and Maintenance and Food Services employees.

### 2. Membership

You are automatically enrolled in the Plan immediately upon employment. (except for the Sick Benefit Bank where eligibility commences on the first anniversary of your regular appointment).

### 3. Cost to Plan Member

No cost to employee. The University pays the full cost of providing sick leave benefits.

### 4. Plan Benefits

You will accumulate sick benefit credits at the rate of 15 days per calendar year (1-1/4 days per month). If you work less than full-time, your sick benefit is prorated.

Subject to University approval and submission of appropriate medical evidence, your sick benefit credits can be used to provide you with your full regular pay if you are absent from work due to personal illness.

### 5. Sick Benefit Bank

A Sick Benefit Bank, to which you will be required to contribute some of your own sick benefit credits, is operated through your Union. Its purpose is to assist you when you have exhausted your entire sick benefit credits as a result of an extended illness or disability.

### 6. Worksafe BC (WCB)

If a WCB claim continues beyond 30 working days and providing you have accumulated sick benefit credits, your regular pay will continue and your sick benefit credits will be reduced by ¼ day for each full day of subsequent absence.

### 7. Personal Sick Leave Surplus Account (previously known as Termination Account).

If you accumulate sick benefit credits in sufficient quantity, you may be eligible to transfer a portion of them each year into a termination account and, upon terminating employment, except for cause, be paid those credits in cash.

### 8. Collective Agreement References

Article 23 in the CUPE Local 951 and 917 Agreements.

## LONG TERM DISABILITY INSURANCE

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 who are actively employed. If you choose to work beyond your normal retirement date, coverage under this benefit ends in the month in which you turn 65.

### 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.

## 6. LTD Benefit Amount

Monthly LTD benefits, before reduction by other income, are calculated at 61% of your pre-disability gross earnings as outlined above, up to a maximum benefit of $3,500 per month for disability occurring on or after August 1, 2023. Your total monthly benefit cannot exceed 85% of your pre-disability gross monthly earnings.

As the University pays the full premium cost, LTD benefit payments are considered a taxable benefit. Taxes will therefore be deducted by PBC from the monthly LTD payment, at an averaged rate of 20%, unless you request, in writing, a different amount.

LTD benefits are payable semi-monthly, with automatic bank deposit available.

## 7. Offsets

Your monthly LTD benefit is reduced by other income you are entitled to during disability. Your LTD benefit is first reduced by:

- Disability or retirement benefits you are entitled to under the Canada or Quebec Pension Plan.
- Benefits another member of your family is entitled to on the basis of your disability under the Canada or Quebec Pension Plan that are paid directly to you.
- Disability benefits under the University of Victoria Staff Pension Plan.
- Benefits under any Workers' Compensation Act or similar law.

Your LTD benefit is then reduced if it, together with the other income listed below exceeds 85% of your pre-disability gross monthly earnings. This percentage is called the coordination level. In this case, your LTD benefit is reduced by the amount in excess of the coordination level. Under this provision, other income includes:

- Loss of income benefits available through legislation, which you and any other members of your family are entitled to on the basis of your disability. Automobile insurance benefits are included where permitted by law.
- Disability benefits under a plan of insurance available as a result of your membership in an association of any kind.
- Employment income, disability benefits, or retirement benefits related to any employment, except for income from an approved rehabilitation plan or program. Rehabilitative employment income is considered only under the rehabilitation incentive.

## 8. Waiting Period for LTD Benefits

If approved, LTD benefits are payable after you have been continuously disabled for a period of six months. During this waiting period you can maintain your salary by using accumulated sick leave, the Sick Benefit Bank, vacation or Personal Sick Leave Surplus account entitlements.

If your disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period as long as no interruption is longer than thirty days, and the disability arises from the same illness or injury.

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 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 or Personal Sick Leave Surplus Account days to extend the waiting period to the limit noted above. This allows you to maintain your full regular salary for a longer period of time.

Once approved for LTD benefits, you will be placed on Disability Leave without pay from the University. Sick leave and vacation entitlements do not continue to accrue while on Disability Leave.

## 9. Waiting Period for LTD Benefits while on Leave or Layoff

Should you become disabled and eligible for LTD benefits during a period of maternity or parental leave, leave of absence without pay, or sessional layoff, you must notify the Benefits Office in Human Resources as soon as possible. Disability benefits will become payable on the later of the end of the 6 month waiting period, or the expected return to work date.

## 10. Applying for LTD Benefits

If after three months' absence it is unlikely or uncertain that you will be able to return to work by the end of six months, you should complete and submit an application for LTD benefits. Application forms are available from the Benefits Office in Human Resources. In addition to your application, there are forms that must also be completed by your Physician and your Supervisor. Submit your application package to Pacific Blue Cross. The confidentiality and security of your medical information is ensured, and will not be included in your personnel file. *It is important to note that there is a one year time limit in which to apply for LTD, from the date your disability began*.

## 12. Definition of Disability and Duration of Disability Benefits

LTD benefits are payable for the first 24 months following the waiting period if injury or disease prevents you from doing your own job. You are not considered disabled if you can perform a combination of duties that regularly take at least 60% of your time at work to complete. Only duties you regularly performed for the University before disability started are considered.

After 24 months, LTD benefits continue to be payable only if disease or injury prevents you from being gainfully employed in any job. Gainful employment is work that you are medically able to perform, for which you have at least the minimum qualifications, and which provides you with an income of at least 50% of your pre-disability monthly earnings. The employment must exist in the province or territory where you worked when you became disabled or where you now live. Whether or not employment is actually available is not considered in assessing your disability.

You are entitled to LTD benefits as long as your disability continues as outlined above, up to your normal retirement date.

## 13. Pre-Existing Conditions

a) For regular 951 employees hired before July 1, 2000
For regular 917 employees hired before April 1, 2006

No benefits will be paid for a disability arising from a disease or injury for which you received medical care before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for a period of 12 months, or you have not had medical care for the disease or injury for a continuous period of 90 days, ending on or after the date your insurance took effect, and before the date of disability.

Example:

| | |
|---|---|
| Effective date of insurance | July 1, 2000 |
| Date of disability | October 1, 2000 |

The treatment free period is calculated by counting back 90 days from July 1st, which is April 2, 2000. The employee must be treatment free for 90 continuous days during the period April 2, 2000 to September 30, 2000.

b) For regular 951 employees hired on or after July 1, 2000
For regular 917 employee hired on or after April 1, 2006

No benefits will be paid for a disability arising from a disease or injury for which you received medical care before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for a period of 24 months, or you have not had medical care for the disease or injury for a continuous period of 180 days, ending on or after the date your insurance took effect, and before the date of disability.

Example:

| | |
|---|---|
| Effective date of insurance | November 1, 2000 |
| Date of disability | March 1, 2001 |

The treatment free period is calculated by counting back 180 days from November 1st, which is May 6, 2000. The employee must be treatment free for 180 continuous days during the period May 6, 2000 to February 28, 2001.

## 14. Rehabilitation

Rehabilitation is designed to help you return to gainful employment, and is coordinated with the University's Return to Work program. Rehabilitation involves a work related activity or training strategy that is recommended or approved by PBC Co, and is expected to facilitate a return to your own or another job.

In considering whether or not a rehabilitation proposal is appropriate, PBC assesses such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to employment. PBC then determines which is more appropriate, a rehabilitation plan, or a rehabilitation program.

a) The goal of a rehabilitation plan is to return to work:
   - in the same job;
   - in a modified job with the same employer; or
   - in a different job that capitalizes on transferable skills.

b) The goal of a rehabilitation program is to return to work:
   - in a different job that requires extensive or prolonged training (e.g. longer than 12 consecutive months); or
   - in a self-employed capacity.

LTD benefits will cease if you do not participate in a rehabilitation plan or program that has been recommended or approved by PBC.

The duration of a rehabilitation plan or program must be approved by PBC. Once approved, your qualification for benefits is guaranteed for that period, as long as you continue to participate and cooperate in the plan or program.

If you are participating in a comprehensive rehabilitation program that involves employment, your qualification for benefits is guaranteed until at least the end of the 24 month "own job" period described under the benefits entitlement section.

If you are participating in a comprehensive rehabilitation program that involves training rather than employment, the benefit period will be extended up to 6 months after training ends. This extension is provided for purposes of a job search. Employment income earned during this extension will be considered under the rehabilitation incentive.

## 15. Rehabilitation Incentive

Earnings received from an approved rehabilitation plan or program are not used to reduce you monthly LTD benefit unless those earnings, together with your income from this plan and the income used to reduce your LTD benefit under the amount payable section, would exceed 100% of your pre-disability monthly earnings. If they do, your LTD benefit is reduced by the amount in excess of 100%.

## 16. Successive Disabilities

After the waiting period, successive disabilities are considered to be in the same disability period if they arise from the same disease or injury and the later disability starts:

- within 6 months after the previous disability ends; or
- within 24 months after the end of an approved comprehensive rehabilitation program. Rehabilitation plans are not considered under this 24-month provision.

## 17. Coordination of LTD with Canada Pension Plan Disability Benefits

Should your disability be deemed to be severe or prolonged, you will be required to apply for Canada Pension Disability benefits. The amount of your monthly LTD benefit will then be reduced by any benefits received from CPP.

## 18. Maintaining Personnel Benefits

While on LTD you are entitled to maintain your Medical, Extended Health, Dental Care, and Basic Life Insurance coverage, and Staff Pension contributions, on the normal cost sharing basis. If you have Optional Group Life Insurance coverage you may apply to PBC for a waiver of premiums during this period.

## 19. Termination of LTD Coverage or Payment of Benefits

LTD coverage or payment of benefits will cease:

- During any scheduled period of lay-off or leave of absence (where a child is born before a period of maternity leave is scheduled to start, the leave is considered to start on the date of birth).
- Upon reaching your normal retirement date.
- Upon termination from the employee groups covered by this plan, or upon termination from the University.
- During any period in which you do not participate or cooperate in a prescribed plan of medical treatment appropriate for your condition (e.g. depending on the severity of the condition, the plan may require you to be under the care of a specialist. If substance abuse contributes to your disability, your treatment program must include participation in a recognized substance abuse withdrawal program.).
- During any period where you fail to participate or cooperate in an approved rehabilitation plan or program.
- During any 12-month period in which you do not live in Canada for at least 6 of those months.
- During any period of confinement in a prison or similar institution.
- As a result of disability arising from war, insurrection, or voluntary participation in a riot.

## 20. Conversion Privilege

You may be entitled to obtain an individual disability income policy without medical evidence if your coverage terminates because:

a) You are no longer eligible for coverage
b) You no longer satisfy the actively at work requirement, or
c) You cease to be in an eligible class

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

## WORKSAFE BC (WCB)

Provides compensation for disability or loss of earnings resulting from accidents which occur during the course of employment.

### 1. Eligibility

Immediate eligibility for all University employees.

### 2. Cost to Plan Member

University pays entire premium.

### 3. Plan Coverage

You are covered by Worksafe BC for any accident or disability directly related to your work situation. Should you incur such an accident or disability, you must report it immediately through the usual administrative channels to Occupational Health and Safety in order that a claim form can be submitted within the required timeframes. Further information regarding Worksafe BC is available from Occupation Health & Safety (8971).

### 4. Personnel Benefits

For information regarding benefits coverage while on WCB, please contact the Benefits Office in Human Resources.

# SECTION 5
# BENEFITS COVERAGE WHEN NOT ACTIVELY WORKING

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

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

## IF YOU BECOME SICK OR DISABLED

The following benefits continue while in receipt of paid Sick Leave or Long Term Disability Benefits:

### 1. Extended Health Benefits

Group coverage continues on the normal cost sharing basis.

### 2. Dental Plan

Group coverage continues on the normal cost sharing basis.

### 3. Basic Group Life Insurance

Group coverage continues on the normal cost sharing basis.

### 4. Optional, Spousal and Accidental Death & Dismemberment Insurance

While you are on sick leave, benefits will continue on the basis that you pay the full premium.

If you become totally disabled while covered by the plan, and before attaining age 65 or earlier retirement, you may apply for a waiver of premium. If approved, you and/or your dependent's optional life insurance coverage will remain in force without payment of premium as long as you continue to be totally disabled and provided proof of total disability is furnished as required by PBC.

### 5. Long Term Disability Plan

While on paid sick leave, Long Term Disability coverage continues with premiums paid by the University. LTD premiums are suspended while in receipt of LTD benefits.

### 6. University Pension Plan

Pension contributions continue during periods you receive paid sick leave benefits, or LTD benefits, on the normal cost sharing basis.

### 7. Sick Benefits

Please refer to Article 23 of the CUPE 951 and 917 Collective Agreements for further details regarding sick leave benefits.

Depending on the nature and/or circumstances of your sick leave or disability you may be eligible for other benefits such as CPP Disability, Workers' Compensation or Employment Insurance sick leave benefits.

## LEAVE OF ABSENCE WITHOUT PAY

During a period of approved leave of absence without pay (except 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
- Optional, Spousal and Accidental Death & Dismemberment Insurance
- Long Term Disability  (you are required to maintain this benefit while on leave)
- University Pension Plan

## LAYOFF

During a period of layoff, 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
- Optional, Spousal and Accidental Death & Dismemberment Insurance
- Long Term Disability (LTD premiums are suspended while on layoff)

## MATERNITY OR PARENTAL LEAVE

During any period of maternity or parental (including adoption) leave with University supplementary top-up benefits, you are required to pay your share of the cost of the personnel benefits in which you are enrolled during the full term of the leave. Likewise, the University shall continue to pay its share of the costs of the personnel benefits.

During any periods of unpaid parental 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 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. Email benefits@uvic.ca

For further information regarding maternity or parental leave please refer to Article 24 in the CUPE 951 and 917 Collective Agreements and also the brochure on the website. https://www.uvic.ca/hr/pay-benefits/parental-leaves/index.php

## EARLY 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.

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 individual plans do not offer the same level of benefits as group plans, especially for travel coverage.*

### 2. Basic Group Life Insurance

Basic Group Life Insurance coverage will terminate at the end of the month in which you retire. 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 mailed to Pacific Blue Cross within 31 days of the termination of your group coverage.

The conversion option is mainly to provide continued coverage for 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 therefore much higher than under a plan where medical evidence must be provided.

For further information contact the Benefits Manager at local 8089.

### 3. Optional Group Life Insurance

If you currently have Optional Group Life Insurance, you are entitled to continue your University Group Policy up to your normal retirement date. If you are interested in this option please contact the Benefits Manager at local 8089.

If you do not make arrangements to continue your Optional Group Life Insurance, coverage will cease at the end of the month in which you retire.

### 5. University Pension Plan

You may retire with a reduced University pension as early as age 55. For details regarding your pension, please contact the Pension Office in Accounting Services at local 7030.

### 6. Long Term Disability

Coverage ceases on your early retirement date.

## 7. Canada Pension Plan

You are eligible to apply for Canada Pension anytime between ages 60 - 70. Your pension will be decreased for each month that you are less than age 65 at the commencement date of your pension. For further assistance or information, please contact Income Security Programs at 1-800-277-9914, or visit their website at http://www.esdc.gc.ca/en/cpp/oas/index.page

## 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

### 2. Group Life Insurance

Group Life Insurance coverage will terminate at the end of the month in which you retire. 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 mailed to Pacific Blue Cross.

The conversion option is mainly to provide continued coverage for 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 therefore much higher than under a plan where medical evidence must be provided.

For further information contact the Benefits Manager at local (250)721-8089.

### 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 December 31 following your 71st birthday. For information regarding your Pension Benefits, please contact the Pension Office, Accounting Services, local 7030.

### 4. Canada Pension Plan

You are entitled to receive Canada Pension Plan Benefits, without actuarial reduction, from age 65. 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

## DEFERRED RETIREMENT

### 1. Extended Health & Dental Plans *

If you have Extended Health Benefits and/or Dental Care coverage through the University, your group coverage will continue on the normal cost sharing basis until the earlier of your retirement date, or December 31st of the year in which you reach age 71.

*It is important to note that individual plans do not offer the same level of benefits as group plans, especially for travel coverage.*

### 2. Group Life Insurance *

Basic Group Life Insurance coverage of 1x annual salary will continue on the normal cost sharing basis until the earlier of your retirement date, or December 31st of the year in which you reach age 71.

If you have Optional Life Insurance coverage, you can also maintain this coverage until the earlier of your retirement date, or December 31st of the year in which you reach age 71, providing you continue to pay the premiums.

Conversion options are not available past normal retirement date.

### 3. University Pension Plan *

Contributions to the Staff Pension Plan will continue on the normal cost sharing basis to the earlier of your retirement date, or December 31st of the year in which you reach age 71, which is by law the date you must begin drawing your pension.

### 4. Canada Pension Plan

You are entitled to receive Canada Pension Plan Benefits, without actuarial reduction, from age 65.

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

The Old Age Security pension is available to most Canadians aged 65 or older. If you meet the eligibility requirements, you may be entitled to receive OAS, even if you are still working. You must apply to receive benefits, and should submit your application six months prior to the date on which you wish to receive the benefit. 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

## TERMINATION

### 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 individual extended and dental plans once your group coverage terminates. You must apply for this coverage within 60 days of the termination of your group coverage.

*It is important to note that individual plans do not offer the same level of benefits as group plans, especially for travel coverage.*

### 2. Group Life Insurance

Basic Group Life Insurance coverage will terminate on the last day of the month in which you work at the University. During the 31 days following termination you may convert your coverage to an individual policy with Pacific Blue Cross. For further information contact the Benefits Manager at local (250)721-8089.

The conversion option is mainly to provide continued coverage for 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 therefore much higher than under a plan where medical evidence must be provided.

### 3. Long Term Disability Insurance

Long Term Disability Insurance will terminate on the last day of the month in which you work at the University. You may be eligible for a conversion option for this insurance. For further information contact the Benefits Manager at (250)721-8089.

### 4. Pension Plan

For information regarding the University Pension Plan, please contact Pension Services, by email pensions@uvic.ca

## IF YOU SHOULD DIE BEFORE RETIREMENT

### 1. Health Care & Sick Leave Plans

Coverage for the following plans ceases at the end of the month in which the death occurs:

- Extended Health Benefits
- Dental Plan
- Long Term Disability

### 2. Life Insurance & Travel Accident Plans

Your beneficiary or estate will receive payments from the various Insurance Plans that you are enrolled in:

#### a) Basic Group Life Insurance

Lump sum benefit of the insurance proceeds.

#### b) Optional Group Life

Lump sum benefit of the amount of coverage chosen.

#### c) Travel Accident Insurance

Lump sum of $100,000 should your accidental death occur as the result of approved University travel.

### 3. University Pension Plan

Your beneficiary or estate will receive the proceeds of the Staff Pension Plan. Please refer to Section 2 of this document for further details.

### 4. Canada Pension Plan

Pays a lump sum death benefit and in certain circumstances a monthly income to your spouse, dependent children or orphans.

### 5. Worksafe BC

Pays a lump sum benefit plus a monthly income to your spouse, dependent children or orphans if your death is the result of an "on-the-job" accident.

# 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 regular Office, Technical & Child Care and Maintenance and Food Service employees are eligible for this benefit.

### 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. If child is no longer a student, the coverage will cease at the end of the month of finishing school or university.
- incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn age 21, or while they are students under age 25, and the disorder has been continuous since that time.

### 3. Membership

You and your eligible dependents are automatically covered from the first day of your appointment.

### 4. Cost to Plan Member

No cost - the University pays the full premium of this service.

If long term or specialized counselling is required the EFAP counsellors will refer you to a community resource you can afford. Counselling benefits are also available through UVic's Extended Health Benefit Program (see Section 1).

### 5. Plan Benefits

Confidential, skilled, professional short-term counselling for:

- marriage, relationship and family concerns
- alcohol and drug dependencies
- career and work related concerns
- life transitions
- stress-related problems
- trauma response
- resource information and referral for financial and legal concerns

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

Download MY EAP app now at your device app store.

## 5. 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 31st 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

This section outlines the various benefit premiums and cost sharing arrangements in place.

All regular Office, Technical and Child Care (CUPE 951) and Maintenance & Food Services (CUPE 917) employees are required to participate in all benefit plans other than Optional Life Insurance. For further details see the sections describing each plan.

## Benefit Premiums

| 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 |

- Extended Health and Dental plan premiums are cost shared on a 25/75% basis
- Basic Life premiums are also cost shared on a 25/75% basis.
- Optional Life rates are calculated according to age and smoker/non-smoker status. For premium rates please contact the Benefits Office in Human Resources.
- Canada Pension Plan's Yearly Maximum Pensionable Earnings (YMPE) - $68,500 for year 2024 (or $5,708.33 mo.).