

## Retiree Medical Coverage Costs BASIC and ENHANCED - Sept 1, 2022

|   | <b>BASIC</b>  | <b>ENHANCED</b>  |
|---|---|--|
| <b>MONTHLY PREMIUM:</b>                         | Single: \$47.71<br>Couple/Family: \$98.43   | Single: \$120.29<br>Couple/Family: \$247.27  |
| <b>DEDUCTIBLE:</b>                              | \$50 per account  | \$50 per account   |
| <b>DRUGS:<br/>(legal prescription required)</b> | 80% of 1 <sup>st</sup> \$1,000 then 100%  | 80% of 1 <sup>st</sup> \$1,000 then 100%   |
| <b>FORMULARY:</b>                               | Pharmacare only:<br><a href="https://pharmacareformularysearch.gov.bc.ca/">https://pharmacareformularysearch.gov.bc.ca/</a>   | Generic first, (name brand with note approved by PBC). Open coverage not limited to Pharmacare drugs   |
| <b>PAY-DIRECT:</b>                              | Yes   | Yes  |
| <b>DISPENSING FEE:</b>                          | Covered   | Covered  |
| <b>SMOKING CESSATION:</b>                       | Not covered   | Not covered  |
| <b>ERECTILE DYSFUNCTION:</b>                    | Not covered   | Not covered  |
| <b>OUT OF PROVINCE<br/>EMERGENCY:</b>           | 100%  | 100%   |
| <b>OUT OF COUNTRY<br/>COVERAGE:</b>             | None  | None   |
| <b>PLAN MAXIMUM:</b>                            | \$50,000 in a 24-month period, after \$50,000 paid for any one illness in a 24-month period. Reinstatement and entitlement to benefits considered only with evidence of good health | \$50,000 in a 24-month period, after \$50,000 paid for any one illness in a 24-month period. Reinstatement and entitlement to benefits considered only with evidence of goodhealth |
| <b>PARAMEDICAL:</b>                             | 80% of 1 <sup>st</sup> \$1000, then 100%  |  |
| <b>HOSPITAL:</b>                                | Difference between ward and private/semi-private  | Difference between ward and private/semi-private   |

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|--|--|--|
| <b>EQUIPMENT &amp; SUPPLIES:</b>         | Yes, over \$5000 requires pre-authorization  | Yes, over \$5000 require pre-authorization   |
| <b>ACUPUNCTURE:</b>                      | \$250  | \$350  |
| <b>CHIROPRACTOR:</b>                     | \$250  | \$350  |
| <b>MASSEUR:</b>                          | \$500 combined with Physio   | \$4,000 combined with Physio   |
| <b>DIETICIAN:</b>                        | \$250  | \$350  |
| <b>NATUROPATH:</b>                       | \$250  | \$350  |
| <b>OSTEOPATH:</b>                        | \$250  | \$350  |
| <b>PHYSIOTHERAPIST:</b>                  | \$500 combined with Massage  | \$4,000 combined with Massage  |
| <b>PODIATRIST:</b>                       | \$250  | \$350  |
| <b>PSYCHOLOGIST:</b>                     | \$250  | \$350  |
| <b>SPEECH THERAPY:</b>                   | \$250  | \$350  |
| <b>ORTHOTICS &amp; ORTHOPEDIC SHOES:</b> | 1 pair of orthotics per lifetime,<br>1 pair of orthopedic shoes in lifetime                                | \$300 per person for custom-made orthotics per 24 month period.<br>\$500 per person for orthopedic shoes per 12 month period |
| <b>PRIVATE DUTY NURSING:</b>             | Registered nurse for an acute condition in the person's home or in a hospital in the province of residence | Registered nurse for an acute condition in the person's home or in hospital in the province of residence                     |
| <b>HEARING AIDS:</b>                     | *For dependent children only<br>\$500/ 60 months   | \$500 / 60 months  |
| <b>VISION CARE:</b>                      | NA   | \$250 in 24 month period   |
| <b>EYE EXAM:</b>                         | MSP provides coverage for eye exams when over age 65   | MSP provides coverage for eye exams when over age 65   |

## Retiree Dental Coverage Costs - Sept 1, 2022

|                         |   |
|-------------------------|---|
| <b>MONTHLY PREMIUM:</b> | Single \$42.62<br>Couple \$85.31<br>Family \$125.09 |
| <b>ANNUAL PREMIUM:</b>  | Single \$476<br>Couple \$952<br>Family \$1,396      |
| <b>DEDUCTIBLE:</b>      | \$0   |
| <b>BASIC:</b>           | 80%   |
| <b>MAJOR:</b>           | 50%   |
| <b>ANNUAL MAXIMUM:</b>  | \$1,000 combined Basic and Major                    |

JB/mm

