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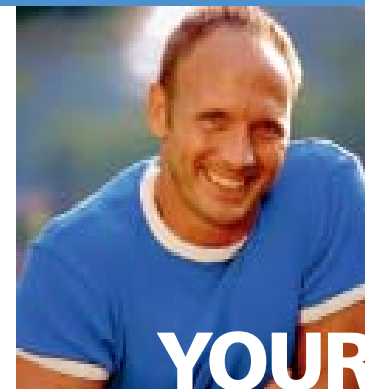
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YOURhealth



YOUR CHOICE



**HEALTH
DENTAL
TRAVEL
Benefit Plans**

the colour of choice™

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It's Your Choice

Individual plans for individual needs

Pacific Blue Cross (PBC) offers a choice of unique personal extended health, dental and travel plans to meet the needs of people who are not covered by an employer group plan.

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Individual plans for individual needs

Our Individual Plans are available to all residents of British Columbia and the Yukon provided you are covered by the Medical Services Plan of BC or the Health Care Insurance Plan of the Yukon. Our plans are designed to protect you and your family against unforeseen medical and dental expenses.

Individual plans are ideal for anyone who does not have health or dental coverage through employment such as: • retirees • part-time • contract workers • professionals • self-employed • students. As well, these plans will benefit those that are over-aged dependents, in-between jobs or those simply looking for additional insurance over and above their provincial coverage.

These plans supplement the government programs (the Medical Services Plan of BC and Pharmacare). For example, for residents of British Columbia, Pharmacare will begin to pay a portion of your prescription drugs costs only after you or your family have met a predetermined deductible. Our health plans begin coverage up to 80% of your eligible prescription drug expenses once coverage begins.

Our dental plans cover a wide range of services including diagnostic, preventive, restorative and periodontal therapies, root canal treatment and dentures. There are no lifetime financial limits with any of our dental plans.

With our health and travel plans, cross-border shoppers, business travellers and other BC residents who frequently travel out of the province will truly appreciate the coverage and convenience of our plans. After all, a mishap, however small, can set you back financially. Worse still, if you don't have the means to pay for emergency medical treatment, you may be forced to do without. It is recommended that to preserve the financial



First Choice Individual plans for individual needs

limits on the extended health plans, travellers should purchase travel insurance. The next time you travel, bring some peace of mind from home.

Under all of our health plans, we offer you the option to add dental (Dental Add-on) to supplement existing health coverage. Alternatively, if you wish to only have dental benefits, we offer our unique Dental Only Plan, a stand-alone dental plan.

First Choice Health Plan

The Extended Health Plan covers 80% of the following expenses:

- Prescription drugs
- Semi-private and private hospital accommodation
- Professional services (such as massage therapy or physiotherapy)
- Local ambulance service
- Medical supplies, equipment and services
- Out-of-province emergency medical coverage

Prescription Drugs

- Costs incurred by a covered person on prescription drugs that are eligible under the government Pharmacare Plan
- Includes insulin preparations and diabetic supplies

Hospital Accommodation

Semi-private or private hospital rooms.

Professional Services (such as Massage Therapy or Physiotherapy)

\$100 for each covered person or \$300 for each family.

Local Ambulance Service

Ambulance fees in emergencies, including air ambulance

Supplies and Services not covered by Pharmacare

- Crutches, casts and rigid support braces
- Ostomy and ileostomy supplies
- Oxygen and oxygen supplies
- Permanent prostheses, including mastectomy forms
- Wheelchairs or scooters, up to \$5,000 (limited to one claim in a lifetime)
- Hospital-type beds
- Wigs and hairpieces required as a result of medical treatment – \$500 for each person in a lifetime

Out-of-Province

Out-of-Province and Out-of-Canada medical emergency care includes: hospital charges, physician and surgeon fees, ambulance service and prescription drugs. Eligible expenses are covered at 100%.

Deductible and Financial Limit

There is a \$25 deductible for each person or family each calendar year.

The maximum amount of money we will pay out during the life of the First Choice Health Plan is \$25,000 for each covered person (the lifetime limit). After we have paid you \$1,000 in a calendar year, we will pay 100% of all further eligible expenses incurred within that year.

First Choice Dental Add-on



The First Choice Health Plan is also available with a Dental Add-on as a supplement.

The First Choice Dental Add-on option covers 70% of eligible expenses in the first year of coverage (after a three-month no-claims waiting period), and 80% thereafter.

Diagnostic

- Oral examinations
- X-rays

Preventive

- Polishing and fluoride treatments
- Pit and fissure sealants

Restorative

- Amalgam (silver-coloured) fillings
- Composite (tooth-coloured) fillings on adult front teeth

Periodontal Cleaning

- Scaling and root planing

Prosthodontic

- Denture services: minor adjustments, rebasing, relining and repairs
- Repairs to inlays, onlays, crowns and bridges

Oral Surgery

- Routine extractions

You will be covered for emergency dental treatment while temporarily outside of British Columbia.

First Choice Dental Only



This First Choice Dental coverage can be purchased as an add-on to your First Choice Extended Health coverage or Pacific Blue Cross group extended health coverage. If you are actively covered for extended health benefits with any of the Canadian Blue Cross Group Plans, you can buy this coverage as a supplement.

The plan does not cover the cost of major reconstruction or prostheses for replacement of missing teeth.

Specifically excluded are charges for:

- Cosmetic dentistry, temporary dentistry, oral hygiene instruction, tissue grafts, drugs and medicines
- Inlays, onlays, crowns, bridgework, dentures, implants for bridgework or dentures, root canal therapy, periodontal services and surgical procedures, except as provided in the contract
- Services related to the functioning or structure of the jaw, jaw muscles or temporomandibular joint
- Services and supplies for full mouth reconstruction
- Orthodontic services
- The result of a change in dentist or dentist
- Completing dental forms or for missed appointments
- Services begun prior to our acceptance of your application

Services described in this brochure may be subject to frequency and/or dollar limits, as outlined in the plan contract.

Pacific Blue Cross has designed this unique plan for individuals who want affordable dental coverage without purchasing a health plan. Any resident of British Columbia may purchase this plan.

The plan has a sliding scale for reimbursement. It covers up to 60% of eligible expenses in the first year (after a three-month no-claims waiting period), 70% in the second year, and 80% thereafter. In addition, each calendar year a deductible of \$100 for each family will be withheld from payments made (the calendar year deductible.)

The maximum amount that we will reimburse under the Dental Only Plan is \$1,000 for each person every calendar year. Pacific Blue Cross will reimburse you or will pay your dentist directly.

Eligible dental expenses include all necessary services by a dentist or dentist for the care and maintenance of teeth. Specifically this includes:

- Diagnostic: two recall examinations every calendar year.
- X-rays: The equivalent of one full-mouth series each calendar year (Complete series X-rays are limited to once every three years).
- Preventive therapy: topical fluoride applications are limited to twice for each child and once for each adult every calendar year. Fixed bands and loop space maintainers are a benefit when placed to maintain space.



- Restorative dentistry: all procedures to restore natural teeth to normal function using silver and tooth-coloured fillings, and stainless steel crowns.
- Scaling and root planing
- Prosthetic repair services to relin or repair fixed or removable appliances.
- Routine extractions

The plan does not cover the cost of major reconstruction or prostheses for replacement of missing teeth. Specifically excluded are charges for:

- Cosmetic dentistry, temporary dentistry, oral hygiene instruction, tissue grafts, drugs and medicines
- Inlays, onlays, crowns, bridgework, dentures, implants for bridgework or dentures, root canal therapy, periodontal services and surgical procedures, except as provided in the contract
- Services related to the functioning or structure of the jaw, jaw muscles or temporomandibular joint
- Services and supplies for full mouth reconstruction
- Orthodontic services
- Charges incurred as a result of a change in dentist or denturist
- Completing dental forms or for missed appointments
- Services begun prior to our acceptance of your application

There is no financial limit on the amount that will be paid for services covered over the lifetime of the plan.



Deluxe Choice

Individual plans for individual needs

Deluxe Choice Health Plan

The Extended Health Care Plan will cover 80% of these eligible expenses:

Prescription Drugs

- Costs incurred by a covered person on prescription drugs that are eligible under the government Pharmacare Plan
- Includes insulin preparations and diabetic supplies

Hospital Accommodation

Semi-private or private hospital rooms.

Professional Services (such as Massage Therapy or Physiotherapy)

Treatment fees for physiotherapy, massage therapy, chiropractic and naturopathy – \$100 for each person or \$300 for each family every year

Local Ambulance

Ambulance fees in emergencies including air ambulance

Supplies and Services not Covered by Pharmacare

- Crutches, casts and rigid support braces
- Ostomy and ileostomy supplies
- Oxygen and oxygen supplies

- Permanent prostheses, including mastectomy forms
- Wheelchairs or scooters, up to \$5,000 (lifetime limit)
- Hospital-type beds
- Wigs and hairpieces required as a result of medical treatment – \$500 for each person (lifetime limit)
- Hearing Aids (for children only), up to \$300 every five years

Out of Province

Out-of-Province and Out-of-Canada medical emergency care includes hospital charges, physician and surgeon fees, ambulance service and prescription drugs – covered at 100% (up to the lifetime financial limit).

Vision Care

- Eyeglasses and contact lenses – \$75 for each person every 24 months (after 12 continuous months of coverage)
- Eye examinations – \$50 for each person every 24 months (after 12 continuous months of coverage)

Other Benefits

- Accidental Death & Dismemberment Insurance – principal sum of \$25,000 for each person (under the age of 70)
- Final Expense Benefit – up to \$3,000 for each person (after 24 months on the plan if death occurs naturally; immediate coverage for accidental death)

- Hospital Daily Cash Benefit – if you are confined to a hospital, we will pay you \$40 a day, for up to 365 days, from the 4th day of hospitalization (8th day for pregnancy related stays). Children and adults over age 65 receive \$20 a day. Coverage terminates at age 70. The lifetime financial limit for this benefit is \$15,000.
- Medi-Assist Worldwide Emergency Medical Assistance – if you have a medical emergency while travelling, we will assist you in locating appropriate medical treatment, language interpretation and other related services.

Deductible and Financial Limit

There is a \$25 deductible for each person or family each calendar year.

The maximum amount of money we will pay out during the life of the Deluxe Choice Health Plan is \$50,000 for each covered person (the lifetime limit). After we have paid you \$1,000 in a calendar year, we will pay 100% of all further eligible expenses incurred within that year.



Deluxe Choice Dental Add-on

Deluxe Choice Dental coverage can be purchased as an add-on to your Deluxe Choice Extended Health coverage or to your group Extended Health coverage. If you are actively covered for extended health benefits with any of the Canadian Blue Cross group plans, you can buy this coverage as a supplement.

The Deluxe Choice Dental Add-on option will cover 70% of eligible expenses in the first year of coverage (after a three-month no-claims waiting period) and 80% thereafter.

Diagnostic

- Oral examinations
- X-rays

Preventive

- Polishing and fluoride treatments
- Pit and fissure sealants

Restorative

- Amalgam (silver-coloured) fillings
- Composite (tooth-coloured) fillings on adult front teeth

Periodontal Cleaning

- Scaling and root planing

Prosthodontic

- Denture services: minor adjustments, rebasing, relining and repairs
- Repairs to inlays, onlays, crowns and bridges

Oral Surgery

Routine extractions

Endodontics

- Conservative root canal therapy, which includes diagnostic services, procedural X-rays, pulp vitality tests, open and drain, and the restoration of the one-surface access opening
- Apicoectomy and apical curettage (surgical cleaning and removal of diseased tissue surrounding the root of a tooth)
- Root amputation and repair
- Pulp capping and other services

You will be covered for emergency treatment of the above services while temporarily outside of British Columbia.

There is no financial limit on the amount that will be paid for the services covered over the lifetime of the plan.

The plan does not cover the cost of major reconstruction or prostheses for replacement of missing teeth. Specifically excluded are charges for:

- Cosmetic dentistry, temporary dentistry, oral hygiene instruction, tissue grafts, drugs and medicines
- Inlays, onlays, crowns, bridgework, dentures, implants for bridgework or dentures, periodontal services and surgical procedures, except as provided in the contract
- Services related to the functioning or structure of the jaw, jaw muscles or temporomandibular joint
- Services and supplies for full mouth reconstruction

- Orthodontic services
- Charges incurred as a result of a change in dentist or denturist
- Completing dental forms or for missed appointments
- Services begun prior to our acceptance of your application

Services described in this brochure may be subject to frequency and/or dollar limits, as outlined in the plan contract.



Blue Choice[®]

**Individual plans
for individual needs**

Build your own benefits coverage with our flexible Blue Choice Plans. You can tailor your coverage to suit you and your family's specific needs.

We have two plans: one for individuals 64 years and younger and the other for individuals 65 years and over. We have increased benefit coverage of the core health component and we have increased flexibility by adding optional benefits.

Blue Choice gives you maximum coverage at a premium suitable to your budget; it protects you and your family against unexpected health problems and emergencies, and pays for your health related costs that are not covered by your provincial medical plan.

64 Years & Younger Blue Choice[®] Health Plan

This plan is designed for individuals, age 64 years and younger, who want to build their own benefit plan.

In addition to the core extended health care plan, you can add these benefits:

- Prescription drugs excluded from the BC Pharmacare list of eligible drugs
- Private duty care nursing (higher financial limit) and rehabilitation hospital benefit
- Dental – Plan A
- Major Dental – Plan B (available only with Plan A)
- Direct Pay Drug Card

Core Extended Health Care Plan

The Extended Health Plan will cover 80% of the following expenses:

Prescription Drugs

- Costs incurred by a covered person on prescription drugs that are eligible under the government Pharmacare Plan
- Includes insulin preparations and diabetic supplies

Hospital Accommodation

Semi-private or private hospital rooms

Nursing Services

Private duty care nursing in your home – up to \$3,000 every calendar year for each person. This benefit is limited to the services of a registered nurse (RN) immediately following the discharge of an acutely ill bed patient from a hospital. Palliative care services and the services of an RN to assist with activities of daily living are not covered.

Professional Services (such as Massage Therapy or Physiotherapy)

Up to \$25 towards each visit to a physiotherapist, massage therapist, chiropractor, naturopath, podiatrist, osteopath, speech pathologist, psychologist and acupuncturist – to a combined maximum of \$500 every calendar year for each covered person.

Local Ambulance

Ambulance fees in emergencies, including air ambulance

Supplies and Services not covered by Pharmacare

- Crutches, casts and rigid support braces
- Ostomy and ileostomy supplies
- Oxygen and oxygen supplies
- Permanent prostheses, including mastectomy forms
- Wheelchairs or scooters up to \$5,000 (lifetime limit)
- Hospital-type beds
- Wigs and hairpieces required as a result of medical treatment – \$500 for each person (lifetime limit)
- Hearing Aids (for children only) – up to \$300 every 5 years

Out of Province

Out-of-Province and Out-of-Canada medical emergency care includes hospital charges, physician and surgeon fees, ambulance service and prescription drugs – covered at 100%

Vision Care

- Eyeglasses and contact lenses – \$75 for each person every 24 months (after 12 continuous months of coverage)
- Eye examinations – \$50 for each person every 24 months (after 12 continuous months of coverage)

Other Benefits

- Accidental Death & Dismemberment Insurance – principal sum of \$25,000 for each person (under the age of 70)



- Final Expense Benefit – up to \$3,000 for each person (after 24 months on the plan if death occurs naturally; immediate coverage for accidental death)
- Hospital Daily Cash Benefit – if you are confined to a hospital, we will pay you \$40 a day, for up to 365 days, from the 4th day of hospitalization (8th day for pregnancy related stays). Children and adults over age 65 receive \$20 a day. Coverage terminates at age 70. The lifetime financial limit for this benefit is \$15,000.
- Medi-Assist Worldwide Emergency Medical Assistance – if you have a medical emergency while travelling, we will assist you in locating appropriate medical treatment, language interpretation and other related services.
- Accidental dental – up to \$2,500 for each person.
- Survivor benefit coverage for 24 months – no premiums payable for 24 months



You can add these options to the core extended health care coverage:

Prescription Drugs

- Costs incurred by a covered person on prescription drugs that are not eligible under the government Pharmacare Plan.

Private Duty Care Nursing in Your Home and Rehabilitation Hospital Coverage

- Increase the financial limit to \$10,000 for each covered person every calendar year, with an additional \$7,000 towards the cost of private duty nursing in your home.
- Up to \$25 a day, to a maximum stay of 365 days, towards the cost of private or semi-private accommodation in a rehabilitation hospital

Basic Dental – Plan A

The dental plan will cover 70% of eligible expenses in the first year of coverage (after a three-month no-claims waiting period), and 80% thereafter.

Diagnostic

- Oral examinations
- X-rays

Preventive

- Polishing and fluoride treatments
- Pit and fissure sealants

Restorative

- Amalgam (silver-coloured) fillings
- Composite (tooth-coloured) fillings on front adult teeth

Periodontal Cleaning

- Scaling and root planing

Prosthodontic

- Denture services: minor adjustments, rebasing, relining and repairs
- Repairs to inlays, onlays, crowns and bridges

Oral Surgery

- Routine extractions

Endodontics

- Conservative root canal therapy, which includes diagnostic services, procedural X-rays, pulp vitality tests, open and drain, and the restoration of the one-surface access opening
- Apicoectomy and apical curettage (surgical cleaning and removal of diseased tissue surrounding the root of a tooth)
- Root amputation and repair
- Pulp capping and other related services

You will be covered for emergency treatment of the above services while temporarily outside of British Columbia.

There is no financial limit on the amount that will be paid for the services covered over the lifetime of the plan.

The plan does not cover charges for the following services:

- Missed appointments, oral hygiene instruction or nutritional instruction
- Inlays, onlays, crowns, bridgework, partial and complete dentures, periodontal services and surgical procedures not included as an eligible expense in the plan contract.
- Orthodontic services
- Services and supplies for full mouth reconstruction

Major Dental – Plan B

The plan will cover 50% of eligible expenses incurred after 12 consecutive months on the plan. The maximum amount payable is limited to \$500 for each covered person every calendar year.

You can only purchase Major Dental – Plan B in combination with Plan A. It is not available separately. It may be added later on the anniversary date of your Blue Choice plan.

Major restorative services

- Crowns, inlays, onlays, veneers, posts and fixed bridge restorations – limited to once every five years when the same tooth is involved
- Complete or partial dentures – limited to one upper and one lower denture every five years

Direct Pay Drug Card

With a direct pay drug card, your pharmacist will submit your claim electronically. PBC will pay the pharmacy



80% of your prescription cost, including the dispensing fee. You will pay the pharmacist the remaining 20%. There is no need to submit a paper claim.

We require a copy of the PharmaNet patient record for each covered person within 30 days of an application.

We will review this record to determine whether a covered person is taking medications for a pre-existing condition. If a pre-existing condition exists, applicants will not be eligible for a direct pay drug card.

Pre-existing Medical Condition

We do not pay claims resulting from a pre-existing medical condition that existed at the time you joined this plan. There is no Conversion Privilege with our Blue Choice plans.

Deductible and Financial Limit

There is a \$25 deductible for each person or family each calendar year on the extended health care part of this plan.

However, if PBC has issued a direct pay drug card, the deductible is \$50 on all eligible extended health claim expenses for each person or family unit every calendar year. The deductible does not apply to prescription drugs. A separate and additional deductible of \$5 will be levied on each eligible prescription claimed.

The maximum amount of money we will payout during the life of the Blue Choice Health Plan is \$100,000 for each covered person (the lifetime limit). With all our Extended Health plans, after we have paid you \$1,000 in a calendar year, we will pay 100% of further eligible expenses within that year.



This plan is designed for individuals, age 65 years or older, who want to build their own benefit plan. Tailor your coverage to meet your individual needs.

In addition to the core extended health care plan, you can add these benefits:

- Private duty care nursing (higher financial limit) and rehabilitation hospital benefit
- Dental – Plan A
- Major Dental – Plan B (available only with Plan A)
- Direct pay drug card

Core Extended Health Plan

The Extended Health Plan will cover 80% of the following expenses:

Prescription Drugs

- Costs incurred by a covered person on prescription drugs that are eligible under the government Pharmacare Plan.
- Includes insulin preparations and diabetic supplies.

Hospital Accommodation

Semi-private or private hospital rooms

Nursing Services

Private duty care nursing in your home – up to \$3,000 every calendar year for each person. This benefit is limited to the services of a registered nurse (RN) immediately following the discharge of an acutely ill bed patient from a hospital. Palliative care services and the services of an RN to assist with activities of daily living are not covered.

Professional Services (such as Massage Therapy or Physiotherapy)

Up to \$25 towards each visit to a physiotherapist, massage therapist, chiropractor, naturopath, podiatrist, osteopath, speech pathologist, psychologist and acupuncturist – to a combined maximum of \$500 every calendar year for each covered person.

Local Ambulance

Ambulance fees in emergencies, including air ambulance

Supplies and Services not Covered by Pharmacare

- Crutches, casts and rigid support braces
- Ostomy and ileostomy supplies
- Oxygen and oxygen supplies
- Permanent prostheses, including mastectomy forms
- Wheelchairs or scooters up to \$5,000 (limited to one claim in a lifetime)
- Hospital-type beds
- Wigs and hairpieces required as a result of medical treatment – \$500 for each person (lifetime limit)
- Hearing Aids – up to \$300 every 5 years

Out-of-Province

Out-of-Province and Out-of-Canada medical emergency care includes hospital charges, physician and surgeon fees, ambulance service and prescription drugs – covered at 100% (up to the lifetime financial limit). Coverage is limited to trips of fewer than 90 days.

Vision Care

Eyeglasses and contact lenses – \$125 for each person every 24 months (after 12 continuous months of coverage)

Other Benefits

- Accidental Death & Dismemberment Insurance – principal sum of \$25,000 for each person (under the age of 70)
- Final Expense Benefit – up to \$3,000 for each person (after 24 months on the plan if death occurs naturally; immediate coverage for accidental death)
- Hospital Daily Cash Benefit – if you are confined to a hospital, we will pay you \$20 a day, for up to 90 days, from the 4th day of hospitalization. The lifetime financial limit for this benefit is \$15,000.
- Medi-Assist Worldwide Emergency Medical Assistance – if you have a medical emergency while travelling, we will assist you in locating appropriate medical treatment, language interpretation and other related services.
- Accidental dental – up to \$2,500 for each person
- Survivor benefit coverage for 24 months – no premiums payable for 24 months



65 Years & Over Blue Choice® Options

You can add these options to the core extended health care coverage:

- Private Duty Care Nursing in your home and Rehabilitation Hospital coverage
- Increase the financial limit to \$10,000 for each covered person every calendar year, with an additional \$7,000 towards the cost of private duty nursing in your home
- Up to \$25 a day, to a maximum stay of 365 days, towards the cost of private or semi-private accommodation in a rehabilitation hospital

Basic Dental – Plan A

The dental plan will cover 70% of eligible expenses in the first year of coverage (after a 3 month no-claims waiting period), and 80% thereafter.

You will be covered for emergency dental treatment while temporarily outside of British Columbia.

There is no financial limit on the amount that will be paid for the services covered over the lifetime of the plan.

Diagnostic

- Oral examinations
- X-rays

Preventive

- Polishing and fluoride treatments
- Pit and fissure sealants

Restorative

- Amalgam (silver-coloured) fillings

- Composite (tooth-coloured) fillings on adult front teeth

Periodontal Cleaning

- Scaling and root planing

Prosthodontic

- Denture services: minor adjustments, rebasing, relining and repairs
- Repairs to inlays, onlays, crowns and bridges

Oral Surgery

- Routine extractions

Endodontic

- Conservative root canal therapy, which includes diagnostic services, procedural X-rays, pulp vitality tests, open and drain, and the restoration of the one-surface access opening
- Apicoectomy and apical curettage (surgical cleaning and removal of diseased tissue surrounding the root of a tooth)
- Root amputation and repair
- Pulp capping and other services

Dentures

- One upper partial or complete denture for each covered person in a five-year period
- One lower partial or complete denture for each covered person in a five-year period

Dentures are eligible after 12 consecutive months on the plan – limited to 50% of current Pacific Blue Cross fee schedule amount for services.

The plan does not cover charges for the following services:

- Missed appointments, oral hygiene instruction or nutritional instruction
- Inlays, onlays, crowns, bridgework, partial and complete dentures, periodontal services and surgical procedures not included as an eligible expense in the plan contract
- Orthodontic services
- Services and supplies for full mouth reconstruction

Major Dental – Plan B

The plan will cover 50% of eligible expenses incurred after 12 consecutive months on the plan. The maximum amount payable is limited to \$500 for each covered person every calendar year.

You can only purchase Major Dental (Plan B) in combination with Plan A. It is not available separately. It may be added later on the anniversary date of your Blue Choice plan.

Major Restorative Services

Crowns, dentures (100% total coverage when combined with Plan A denture coverage), inlays, onlays, veneers, posts and fixed bridge restorations – limited to once every five years when the same tooth is involved.

Direct Pay Drug Card

With a direct pay drug card, your pharmacist will submit your claim electronically. PBC will pay the pharmacy 80% of your prescription cost, including the dispensing

fee. You will pay the pharmacist the remaining 20%. There is no need to submit a paper claim.

We require a copy of the PharmaNet patient record for each covered person within 30 days of an application.

We will review this record to determine whether a covered person is taking medications for a pre-existing condition. If a pre-existing condition exists, applicants will not be eligible for a direct pay drug card.

Pre-existing Medical Condition

We do not pay claims resulting from a pre-existing medical condition that existed at the time you joined this plan. There is no Conversion Privilege with our Blue Choice plans.

Deductible and Financial Limit

There is a \$25 deductible for each person or family each calendar year on the extended health care of this plan.

The maximum amount of money we will payout during the life of the Blue Choice Health Plan is \$100,000 for each person (the lifetime limit). With all our Extended Health plans, after we have paid you \$1,000 in a calendar year, we will pay 100% of further eligible expenses within that year.

Additional Information

Pre-existing Medical Condition

Our health plans are designed to protect you and your family against unforeseen medical expenses. They do not cover claims associated with a pre-existing medical condition that existed at any time during the 12 months before joining a plan.

A pre-existing condition is defined as an illness or medical condition which is under treatment, or has required consultation, diagnostic testing, or the professional services of a physician at any time during the 12 months before the effective date of coverage under a health plan.

If you are joining our First Choice or Deluxe Choice Health plans and are converting from a Canadian Blue Cross group plan you may be entitled to our conversion privilege. In this case, eligible expenses for pre-existing claims are covered – see Conversion Privilege for eligibility requirements.

Conversion Privilege

A special feature in our First Choice and Deluxe Choice Health and Dental Plans is the conversion privilege. If your benefit coverage under a Canadian Blue Cross Group benefit plan is lost due to retirement, downsizing or a change of employment, you can apply for coverage under one of our conversion Individual Plans.

Provided you qualify, we will cover pre-existing medical conditions under either the First Choice or Deluxe Choice Health Plans and waive the waiting periods for vision care (Deluxe Choice) and dental or denture coverage, if your Blue Cross employer group



plan included these benefits. The conversion privilege does not apply to transfers between Individual Products plans.

To qualify, you must apply within 60 days of the date on which your group coverage was cancelled and have been covered under your Blue Cross group plan for the same benefits (i.e. Extended Health and /or Dental) for at least six continuous months.

Pacific Blue Cross Fee Schedules

We pay for eligible dental and denturist services according to the Pacific Blue Cross fee schedules. These schedules list eligible dental services, treatment frequency limits and fees. Your dentist or denturist will have a copy of a fee schedule. Any fees in excess of fee schedule amounts are your responsibility. Pacific Blue Cross will reimburse you or will pay your dentist directly.

For services performed by a dental specialist, we will pay up to 10% over the amount of the Pacific Blue Cross fee schedule or the current specialist fee guide, whichever is lower.

Effective Date of Coverage

The effective date of coverage is the first day of the month following approval of your application.

Spouse and Newborns

Spouses through legal marriage and newborns are added to your coverage if an application with appropriate payment is received within 60 days of marriage or birth. If the application is submitted after the 60 days, we will consider this a late application.

Common-law Spouse

Only one spouse may be covered at one time under your plan. A common-law spouse is eligible for coverage under your plan after a cohabitation period of at least 12 months.

Policy Holder

Policy holders of an Individual Products plan must be 19 years of age or older. We will accept application onto our plans regardless of age, however, an adult must be designated as a policy holder if the applicant is under the age of 19.



Travel

Individual plans for individual needs

Daily Travel Plan

This plan provides protection against the high cost of emergency medical care for trips up to 182 days in duration. There is no upper age limit for this plan for the policyholder and spouse.

Our Daily Travel Plan provides up to \$2,000,000 towards the cost of emergency medical care while travelling outside British Columbia for a covered person under the age of 65 and \$1,000,000 if the covered person is 65 years of age and older.

Annual Travel Plan

This is an annual multiple-trip plan that protects frequent travellers and their families against the high cost of emergency medical care. Coverage is available for trips of 15, 30 and 45 days in duration and for a total 182 days.

Our Annual Travel Plan provides up to \$2,000,000 towards the cost of emergency medical care while travelling outside British Columbia (for those under the age of 65). Coverage for those 65 or older is \$1,000,000.

The maximum age of a covered person named in the agreement determines the trip length that we will cover:

- If you are 54 years old or younger, coverage is available for trips up to 45 days long.
- If you are between 55 and 64 years old coverage is available for trips up to 30 days long.

- If you are 65 years and older, coverage is available for trips up to 15 days long.

Buying Coverage On-line

You can purchase our Daily and Annual Travel Plan coverage on-line through our Web site. See www.pac.bluecross.ca for rate calculation and full contract details. You can also print your own confirmation of coverage details. We will mail you a contract and the coverage details the following day.

Visitors to Canada Travel Plan

Our Visitors to Canada Travel Plan provides up to \$100,000 towards the cost of emergency medical care for a covered person 79 years of age or younger. It provides protection against the high cost of emergency medical care for foreign visitors entering Canada for pleasure or business reasons, and for immigrants entering Canada to lawfully seek permanent residence.

Coverage can be purchased for any number of days up to a maximum of 180 days within a twelve-month period.

When you purchase this coverage before arrival in Canada, coverage becomes effective on the day you arrive. The plan is available for purchase up to five days after arrival, subject to a two-day waiting period before benefits are in effect.

Visitors to Canada Travel Plan covers costs associated with a medical emergency occurring within Canada and side trips to the United States of America (except Hawaii) during the coverage period stated in your contract. Benefits are over and above those granted by government-sponsored programs in your country of residence.

Please phone or e-mail us for an application form. This coverage cannot be purchased on-line.

Note: This is not a contract. Actual terms and conditions are detailed in the policy issued by Pacific Blue Cross upon approval of application. Our policy will detail certain limitations and exclusions.



Individual Plans

At a Glance

	Blue Choice® 64 Years & Younger	Blue Choice® 65 Years & Over	Deluxe Choice Extended Health	Deluxe Choice Dental Add-on	First Choice Extended Health	First Choice Dental Add-on	First Choice Dental Only
Accidental death & dismemberment	■	■	■	■			
Accidental dental	■	■					
Ambulance	■	■	■	■	■	■	■
Basic Dental	Optional	Optional		■		■	■
Dentures	Optional	Optional					
Chiropodist, osteopath, speech pathologist, psychologist & acupuncturist	■	■					
Chiropractic and naturopathic	■	■	■	■			
Direct pay drug card	Optional	Optional					
Dispensing fees	■						
Endodontics	Optional	Optional		■			
Final expense benefit	■	■	■	■			
Hospital cash benefit	■	■	■	■			
Insulin & diabetic supplies	■	■	■	■	■	■	
Major dental	Optional	Optional					
Medical supplies & services	■	■	■	■	■	■	
Non-Pharmacare prescription drugs	Optional						
Out-of-Country medical expenses	■	■	■	■	■	■	
Physiotherapy & massage therapy	■	■	■	■	■	■	
Prescription drugs	■	■	■	■	■	■	
Private duty nursing & home care	■	■					
Rehabilitation hospital benefit	Optional	Optional					
Semi-private or private hospital room accommodation	■	■	■	■	■	■	
Survivor benefit coverage	■	■					
Vision care	■	■	■	■			
Worldwide emergency medical assistance	■	■	■	■			

As with all health plans, some restrictions apply. See brochure for details.