


Pacific Blue Cross coverage information



PACIFIC BLUE CROSS®

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General Information

Eligibility	Actively at work; working minimum 20 hours per week
Waiting Period	None
Premium Cost	None for employees, City University pays full premium
Termination	Age 75 or earlier retirement
Dependents	Spouse and dependent children up to age 21 or 25 if full time student

Advise your plan administrator if:

- your child turns 21 and is still in school
- there is a “life event”: change is spousal coverage, marriage/divorce, new child etc.

General Information

Reasonable & Customary Limits

- ‘Reasonable and customary’ (R + C) describes the amount an insurer would expect a health, dental or extended health care provider to charge one of their members for a service. The insurance company establishes those amounts – considered a ‘realistic and expected’ charge for a service – as a starting point for settling claims.
- Expense amounts are subject to R + C limitations because fees across different geographical locations vary. In addition, some health care providers charge more than others for the same service, due to individual fee schedules
- Based on what that R + C amount is, the insurance provider then determines how much of what a member is claiming will be covered, according to that member’s plan.
- Insurance companies adjudicate claims based on what they determine as the standard amount charged for a particular service, according to:
  - the prevailing rate for that service regionally
  - fee guides for a specific profession under its regulatory body (e.g., dental fee guide, medical association guide)
- If you have any concerns that a health or dental claim may not be paid, contact Pacific Blue Cross in advance of incurring the costs and they will be pleased to confirm if your claim is eligible and any limits that may apply.

Extended Health Care

Drugs

Reimbursement	90%, drug card
Deductible	$9.00 for each prescription or refill
Maximum	Unlimited

Drugs – Prior Authorization

- Pacific Blue Cross pre-approves coverage for certain drug therapies based on medical criteria
- High cost drugs and speciality treatments for conditions such as muscle-nerve disorders, cancer and rheumatoid arthritis
- Prior-authorization ensures that speciality drugs are covered when they are most needed, while managing costs and keeping the plan viable for the long term

Extended Health Care (cont'd)

Medical Services and Equipment

Annual Deductible	$25 per person or family (combined with Paramedical Services)
Coinsurance	90% For services/products such as: Hearing aids, crutches, orthotics, diabetic supplies, etc.) *Internal maximums & limits will apply, please check your policy booklet*
Vision Care	coverage for eye exams every 24 months (R&C limits) $300 every 24 months for glasses, contact lens
In-Province Hospital	Semi-private or private hospital room to max $100 per day

Extended Health Care (cont'd)

Paramedical services

Annual Deductible	$25 per person or family (combined with medical supplies)
Coinsurance	90%
Maximum	$500 maximum per year per practitioner
Per visit limit	Reasonable & Customary
Includes	Acupuncturist, Chiropractor, Naturopath, Osteopath, Physiotherapist, Podiatrist, Speech Therapist and Massage Therapist

Extended Health Care (cont'd)

Paramedical services (mental health only)

Annual Deductible	$25 per person or family (combined with medical supplies)
Coinsurance	90%
Maximum	$1,500 combined maximum per year.
Per visit limit	Reasonable & Customary
Includes	Psychologist, Social Worker & Registered Clinical Counsellor

Extended Health Care (cont'd)

Out of Country

Coinsurance	100% for Emergency Services
Lifetime Maximum	$5,000,000
Travel Limit	60 days or less

- **TIP** – print an extra copy of your coverage card and keep with your passport
- In emergency situations make sure to call as soon as possible
- Does not cover trip cancellation

Dental Care

Deductible	None
Dental Fee Guide	Current year fee guide for general practitioners
Recall Frequency	9 months
Coinsurance	
Basic	80% - Recall exams, scaling, fillings, Endodontics (root canal therapy) and Periodontics (treatment of gum disease)
Major	50% - Dentures, crowns, caps
Orthodontics	50% - Children under age 19 only
Maximums	Basic & Major – $2,000 per year combined
	Orthodontics - $2,000 lifetime

Employee and Family Assistance Program

Short term professional counselling for employees and/or dependents

Assistance with personal issues, including but not limited to:

- Marital and family problems
- Stress
- Anxiety and depression
- Bereavement
- Parenting issues
- Smoking cessation
- Information on eldercare or childcare resources in the community
- Advice or referral by a lawyer

CANADA–WIDE TOLL FREE - 1 844 PBC-EFAP (722-3327)

Second Opinion Service

For employees and/or dependents facing serious medical conditions

Offered by North American leading medical facilities for medical conditions including:

- AIDS, ALS
- Alzheimer's disease
- Brain tumor
- Cancer
- Kidney failure
- Multiple sclerosis
- Parkinson's disease
- Stroke

SECOND OPINION SERVICE - 1 866 895-1371

Pacific Blue Cross Member Profile & Mobile App

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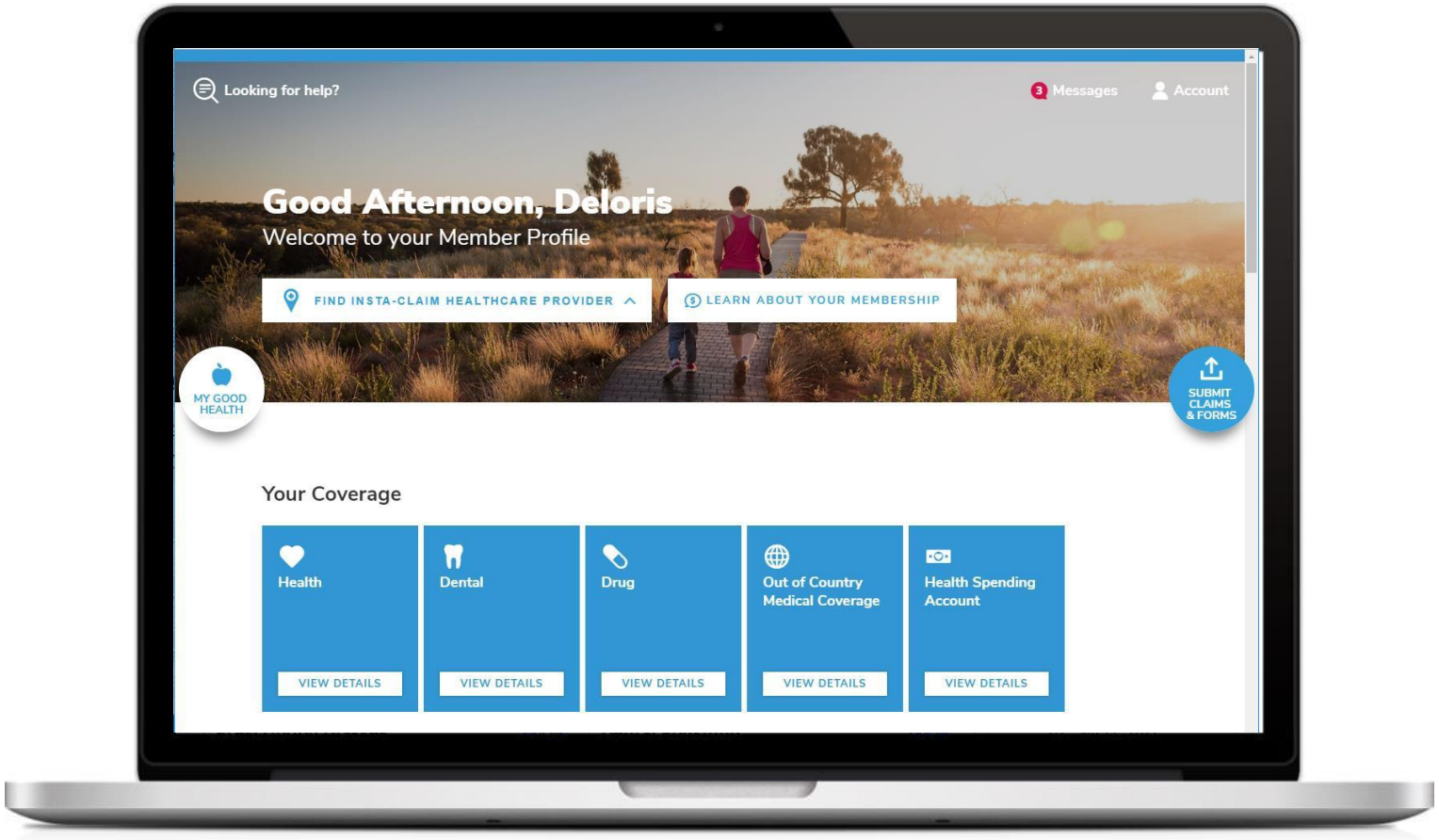
Member Profile | Overview



Member Profile

Member Profile | Claims History

You can view your results by benefit. For example, Health claims only:

All Claims

All | Health | Dental | Drugs

Service Date ▼	Name	Expense/Item	Amount Claimed	Amount Paid	Statement Date	
Apr 27, 2016	Patrick Lane	APO-TRAMADOL/ACET	$30.95	$0.00	May 03, 2016	De
Apr 27, 2016	Patrick Lane	APO-TRAMADOL/ACET	$30.95	$0.00	Apr 27, 2016	De
Apr 21, 2016	Patrick Lane	Chiropractic Subsequent Treatment	$40.00	$30.00	May 03, 2016	De
Apr 12, 2016	Patrick Lane	Physiotherapy Subsequent Treatment - No Minutes	$60.00	$30.00	May 03, 2016	De
Apr 08, 2016	Patrick Lane	Physiotherapy Subsequent Treatment - No Minutes	$60.00	$30.00	May 03, 2016	De
Apr 05, 2016	Patrick Lane	Physiotherapy Initial Treatment -	$65.00	$30.00	May 03, 2016	De

Health Claims

All | Health | Dental | Drugs

Service Date ▼	Name	Expense/Item	Amount Claimed	Amount Paid	Statement Date	
Apr 21, 2016	Patrick Lane	Chiropractic Subsequent Treatment	$40.00	$30.00	May 03, 2016	Details
Apr 12, 2016	Patrick Lane	Physiotherapy Subsequent Treatment - No Minutes	$60.00	$30.00	May 03, 2016	Details
Apr 08, 2016	NANCY PLECHATY	Physiotherapy Subsequent Treatment - No Minutes	$60.00	$30.00	May 03, 2016	Details
Apr 05, 2016	Patrick Lane	Physiotherapy Initial Treatment - No Minutes	$65.00	$30.00	May 03, 2016	Details
Feb 08, 2016	Patrick Lane	Miscellaneous Items Not Covered Under EHC or HSA	$200.00	$0.00	May 03, 2016	Details
		Page 1 Total	**$425.00**	**$120.00**		
		Grand Total	**$425.00**	**$120.00**		

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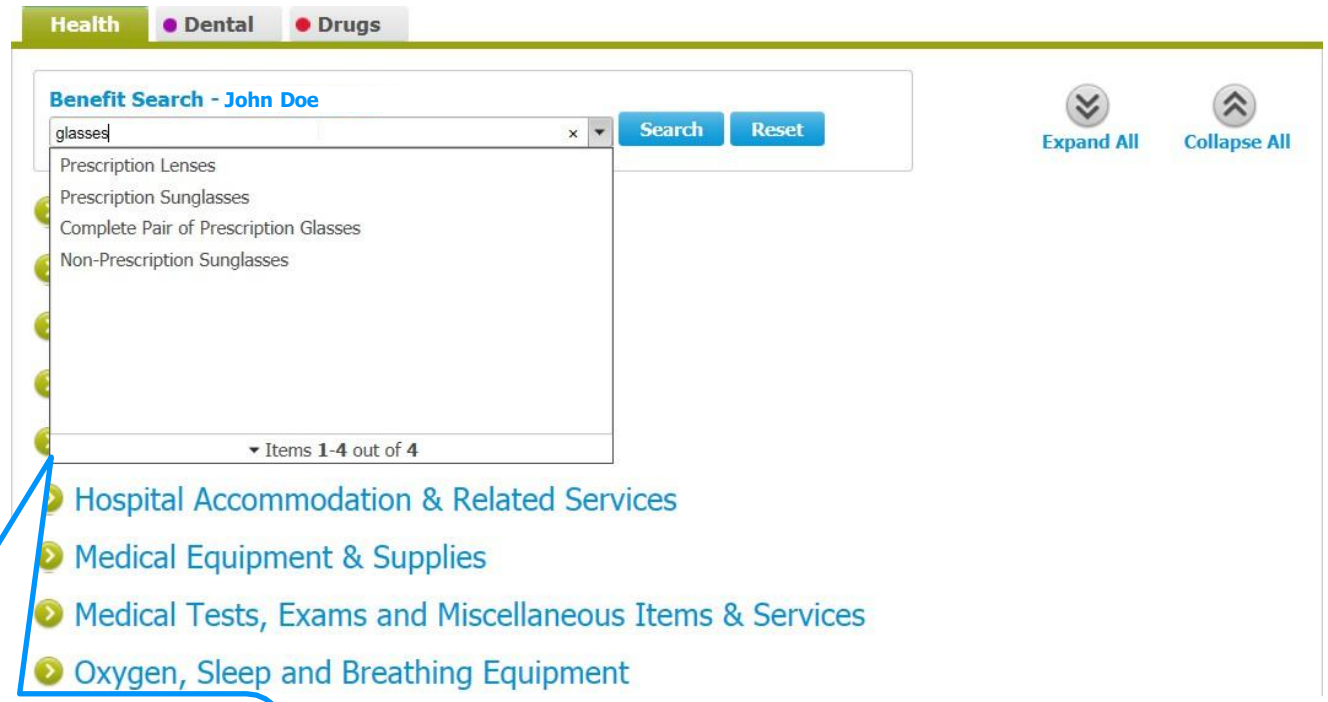
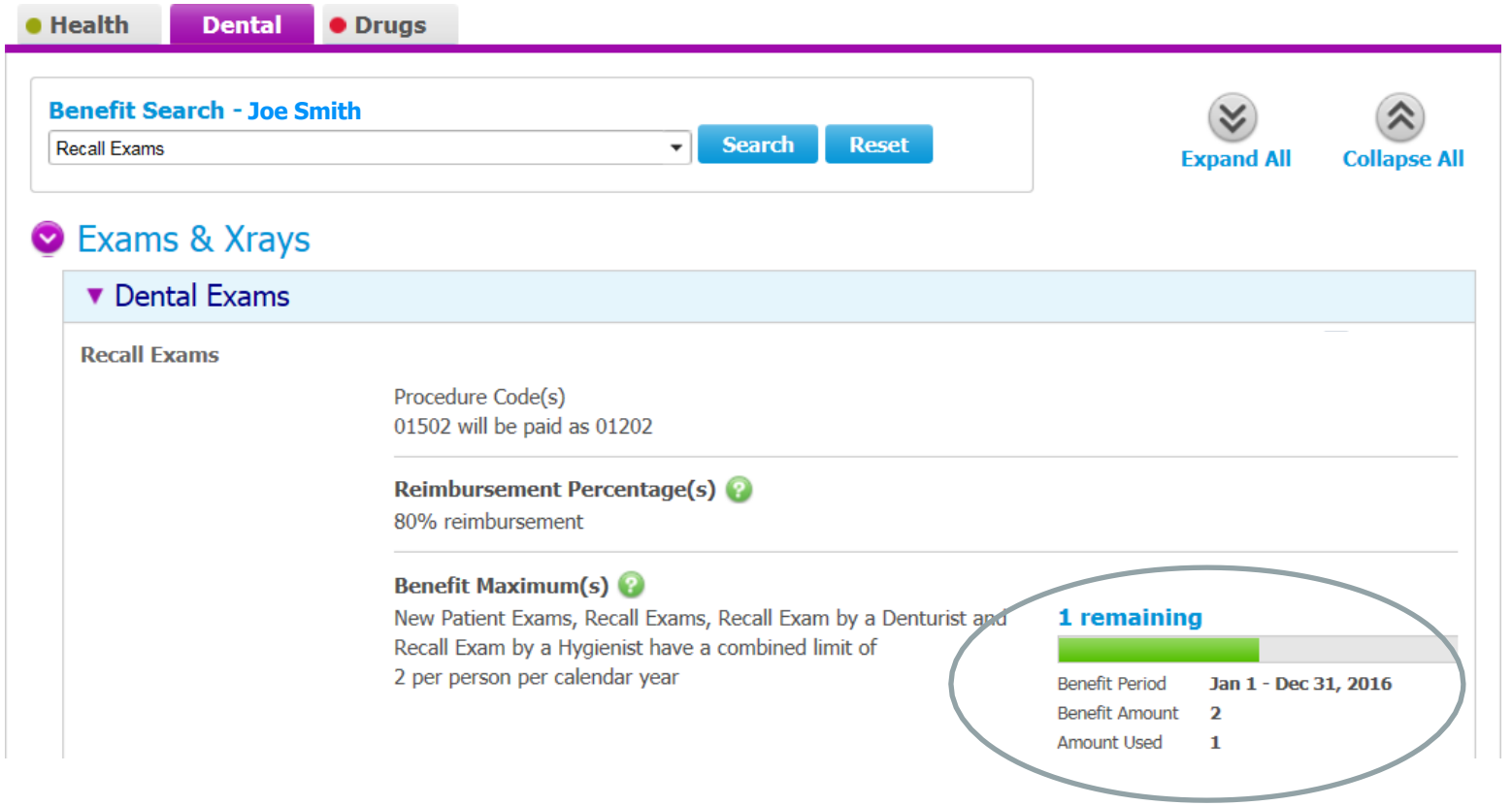
Member Profile | Health Benefits



The smart search means you don't have to learn our terminology.

Member Profile | Dental Benefits



Member Profile | Drug Benefits

APO-LORAZEPAM TAB 1MG	1 MG	00655759	TABLET	View
APO-LORAZEPAM TAB 2MG	2 MG	00655767	TABLET	View
ATIVAN	0.5 MG	02041413	TABLET	Hide

The drug lookup service is designed to give general coverage details for whether a drug is covered under your policy. Drug claims that are processed will be subject to any pricing restrictions, rules or any other restrictions under your policy, please consult your benefits booklet or contact PBC for any restrictions that apply.

ATIVAN - 0.5 MG TABLET - DIN 02041413

Covered

Coverage Details

Reimbursement Percentage	80%
Deductible	Fully Satisfied
Maximum Dispensing Fee	$10.00

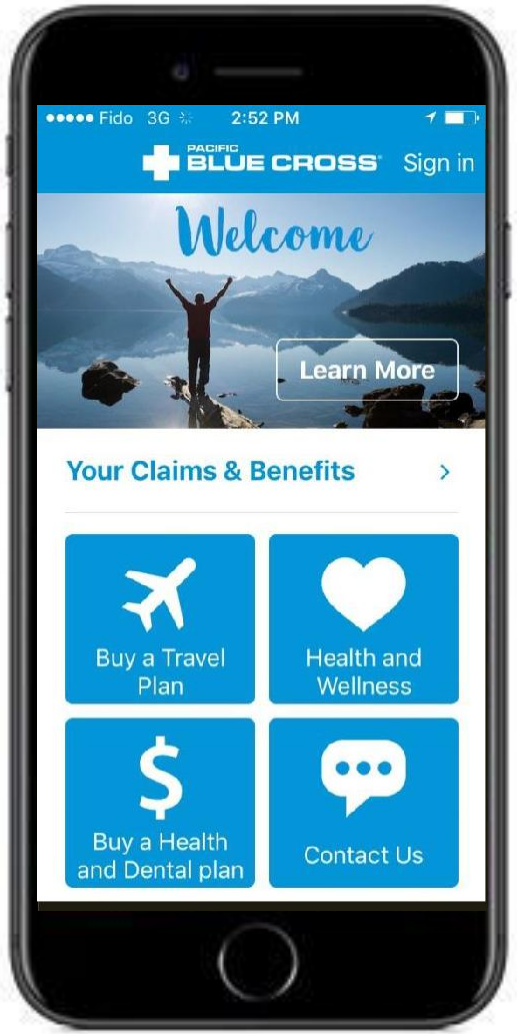
Important Information to be Aware of

Drug is subject to:

- Maximum dispensing (professional) fee
- Family deductible is $25 per calendar year, the amount satisfied is $25, the remaining deductible to satisfy is $0.
- Your plan restricts coverage to BC Pharmcare Low Cost Alternative Pricing (LCA).
- Results shown are based on your drug being dispensed in your province of residence

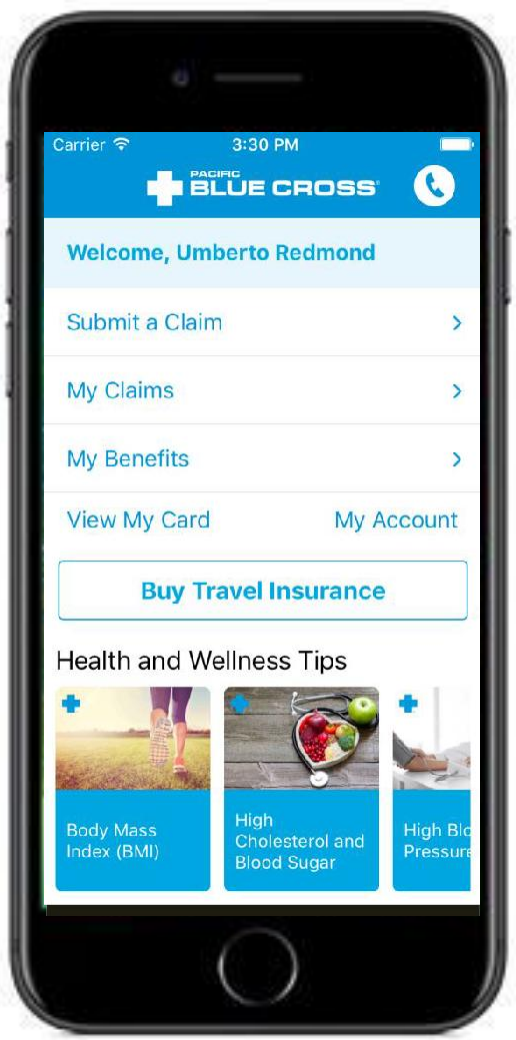
ATIVAN	1 MG	02041421	TABLET	View

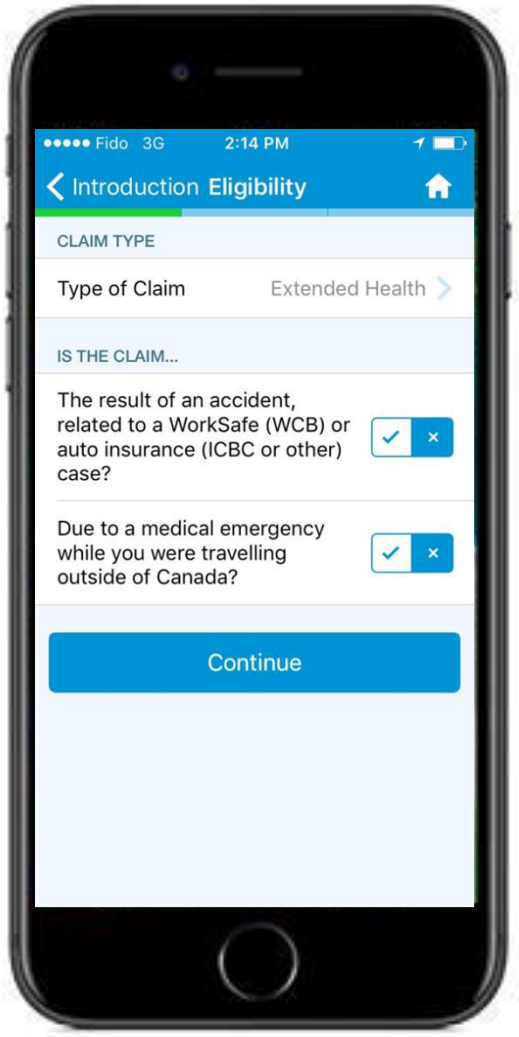
Welcome

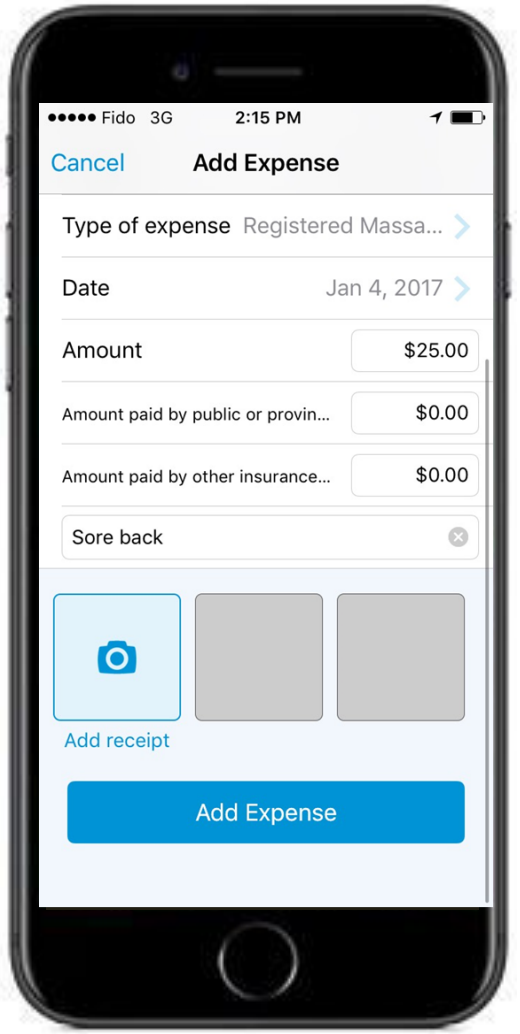

●●●●● Fido 3G 2:52 PM
PACIFIC BLUE CROSS Sign in
Welcome
Learn More
Your Claims & Benefits
Buy a Travel Plan
Health and Wellness
Buy a Health and Dental plan
Contact Us

Touch ID Sign in

Make Claims







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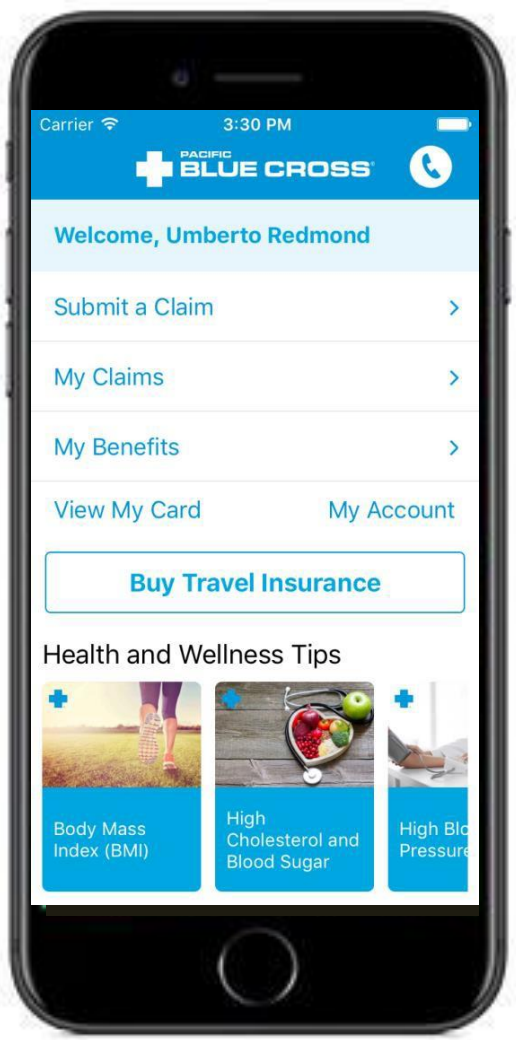
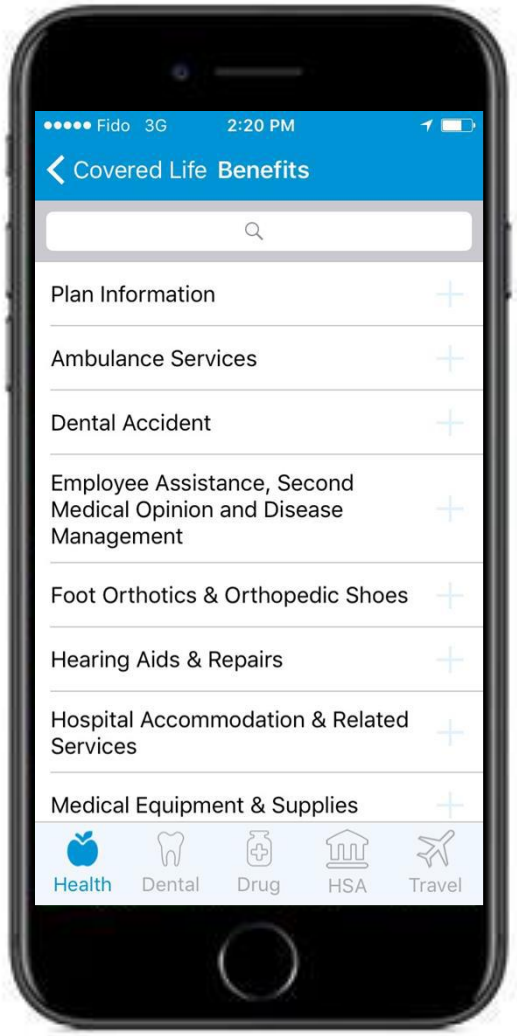
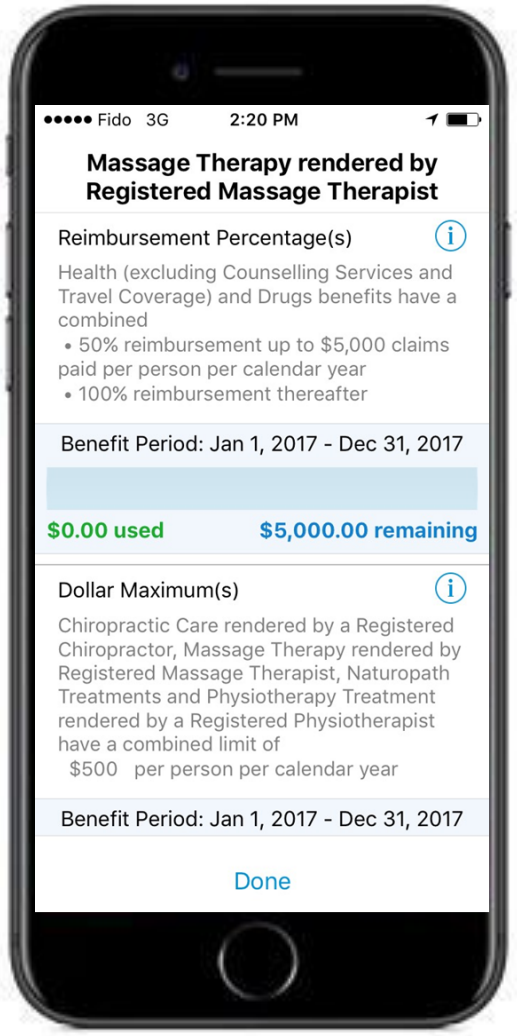
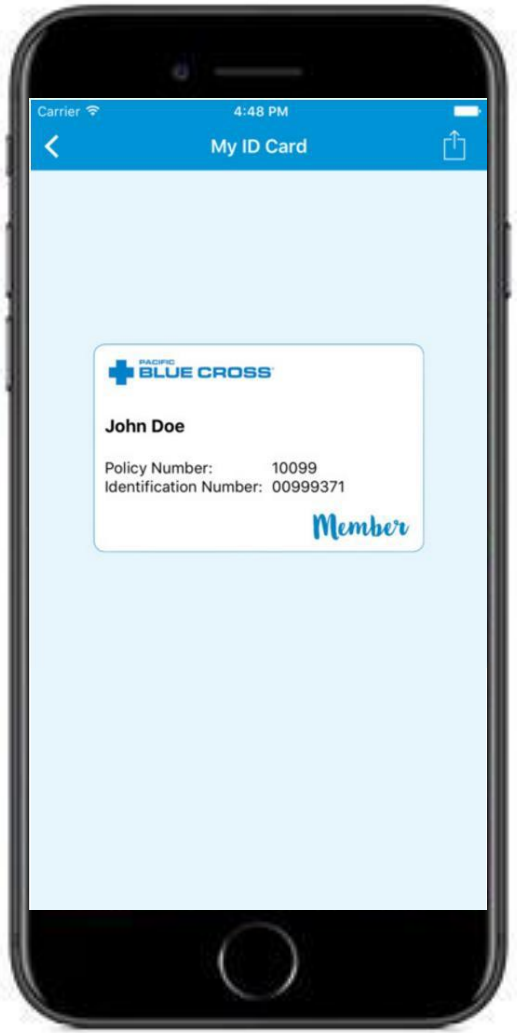
Review Benefits







Never forget your member card



Useful Saving Tools

PACIFIC BLUE CROSS®

Preferred Pharmacy Network

Pay less for prescription drugs

Pacific Blue Cross has partnered with leading pharmacy retailers to offer guaranteed low prices and dispensing fees to all our plan members.

Participating Pharmacies Include:

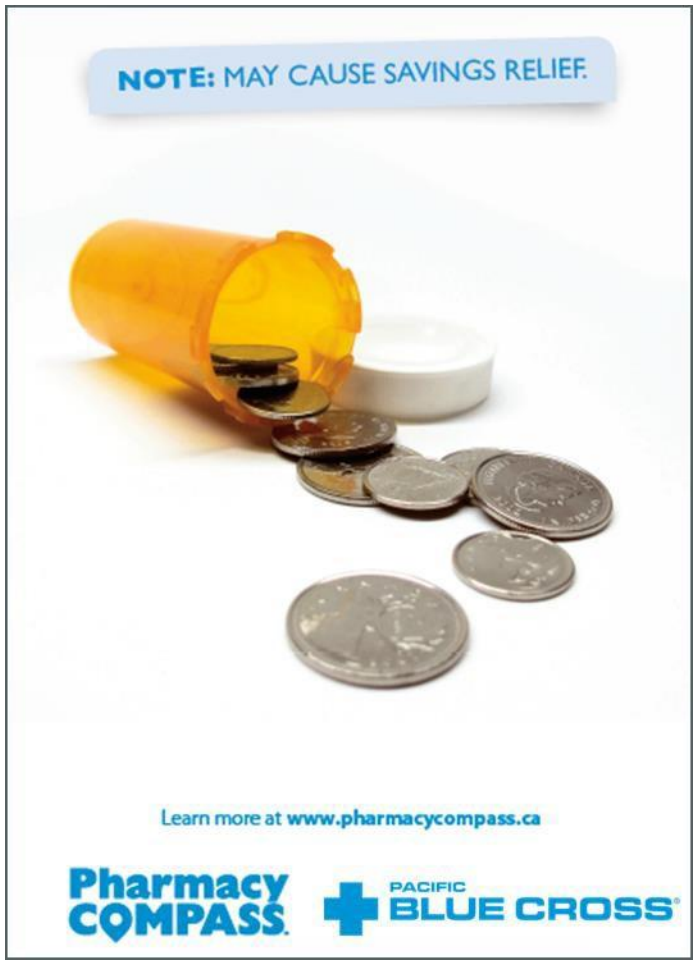
Preferred Pharmacy Network

By shopping in our PPN pharmacies, members receive:

- ✓ Up to 100-day prescription refills for eligible drugs
- ✓ Value pricing on specialty and high-cost drugs
- ✓ The option to sign up for refill reminders, so you don't miss taking your medication
- ✓ Advice on patient assistance programs to help pay for specialty, high-cost drugs
- ✓ **Enrollment is automatic – simply show your Pacific Blue Cross ID at any PPN location!**

Pharmacy Compass

- Online tool
- Compares pharmacy drug costs
- Discloses dispensing fees



Pharmacy COMPASS

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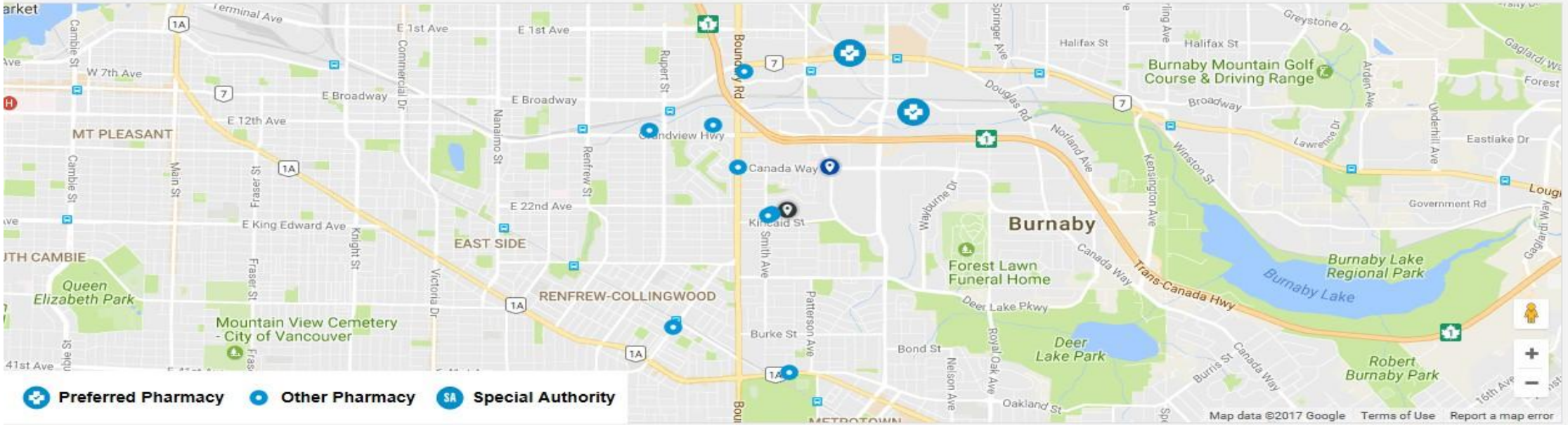
Use Pharmacy Compass to compare prescription prices of pills and tablets at pharmacies in British Columbia

Crestor, 5 mg. DIN: 02265540

Burnaby Hospital, Kincaid Street, Burnaby, BC, Canada



Preferred Pharmacy Other Pharmacy SA Special Authority

Costco Wholesale - Pharmacy
1.7km
$1.38 per pill - Crestor (5 mg)
$0.23 per pill - Generic Equivalent (5 mg)
$4.49 - Dispensing Fee

Save-on-foods Pharmacy
2.0km
$1.43 per pill - Crestor (5 mg)
$0.26 per pill - Generic Equivalent (5 mg)
$10.00 - Dispensing Fee

Pharmasave Health Ctr
SA 0.2km
No Current Pricing - Crestor 5 mg
$0.58 per pill - Generic Equivalent (5 mg)
$10.99 - Dispensing Fee

Sunset Phar
0.2km
No Current Pricin
No Current Pricin
$9.10 - Dispensir

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