

## Health Benefits

Benefit	Silver	Gold
Eye Exams	One per 2 years	One per 2 years
Glasses, Contact Lenses & Surgery	\$150 per 2 years	\$250 per 2 years
Health Practitioners	\$300 per specialty per year	\$500 per specialty per year
Hearing Aids	\$500 per 3 years	\$500 per 3 years
Diabetic Supplies & Equipment	Unlimited	Unlimited
Oxygen Equipment	Unlimited	Unlimited
Blood Pressure Monitor	1 per 5 years	1 per 5 years
Custom Made Foot Orthotics	1 pair per 5 years (adult) 1 pair per year (children under 16 years of age)	1 pair per 5 years (adult) 1 pair per year (children under 16 years of age)
Therapeutic Shoes	\$200	\$200
Ostomy Supplies	Unlimited	Unlimited
Out-of-Province Referral <i>(within Canada)</i>	\$50,000 lifetime maximum	\$50,000 lifetime maximum
Ambulance	Unlimited	Unlimited
Air Ambulance	\$4,000 per year	\$4,000 per year
Casts & Crutches	Unlimited	Unlimited
Preferred Hospital Rooms	Unlimited	Unlimited
Private Duty Nursing	\$10,000 per year	\$10,000 per year
Accidental Injury to Natural Teeth	\$2,000 per injury	\$2,000 per injury
Wheelchairs, Motorized Scooters & Adjustable Beds	Unlimited	Unlimited
Artificial Limbs, Eyes, & Larynx	\$10,000 lifetime maximum	\$10,000 lifetime maximum
Patient Walkers	Unlimited	Unlimited
Breast Prosthesis	\$325 per 2 years (\$650 if bilateral)	\$325 per 2 years (\$650 if bilateral)
Health Supplies & Equipment <i>(wigs, splints, compressors, braces with metal parts, trusses, rib belts, sacroiliac corsets, embolic stockings, aero chambers and more)</i>	\$500 combined	\$500 combined
Travel Coverage <i>(unlimited number of trips)</i>	Trips for 30 days or less, \$2 million total coverage	Trips 60 days or less, \$2 million total coverage
Prescription Drug Coverage <i>(coverage per person per policy year; pay-direct card included with each option)</i>	80% up to \$5,000 (\$7.50 dispensing fee maximum)	80% up to \$5,000 (no dispensing fee maximum)

This is a summary only. Please refer to the policy booklet for complete details.

## Health Premium *(per month)*

Coverage Type	Silver	Gold
Single	\$86.92	\$92.13
Couple	\$165.21	\$175.16
Family	\$182.95	\$194.18

## Conditions & Exclusions to coverage

Provision	Conditions & Exclusions	Details
Eligibility Period	90 days	<ul style="list-style-type: none"> <li>Applicants must apply for coverage within 90 days of becoming a member of BCOSSA</li> <li>If coverage is not applied for within the above time period, health benefits will be subject to medical underwriting and may be limited or denied.</li> </ul>
Termination of Benefits	Age 70	
Survivor Benefit	Up to 12 months	<ul style="list-style-type: none"> <li>Premiums waived</li> </ul>
Dependant Coverage	Up to age 21 or age 25 if a student	<ul style="list-style-type: none"> <li>To be eligible for coverage as an over-age dependant, students must be undergoing full-time education training at an institute within Canada, subject to the state limitations stated in the policy wording. Over-age disabled dependants are also eligible.</li> </ul>
Annual Deductible	None	

**Dental Benefits** (coverage per person per policy year)

Service	Silver (\$750 per year)	Gold (\$1,200 per year)
Preventative	80%	80%
Basic	80%	80%
Major	n/a	50%
Orthodontic (for dependants under 18 years of age)	n/a	50% (\$1,500 lifetime maximum)

**Dental Premium** (per month)

Coverage Type	Silver	Gold
Single	\$37.23	\$44.91
Couple	\$70.73	\$85.33
Family	\$93.06	\$120.80

**Preventative Services**

- cleaning, scaling and polishing (6 month recall)
- topical fluoride treatment
- pit and fissure sealants
- occlusal adjustment and equilibration
- interproximal diskings of teeth
- bruxism appliances

**Basic Services**

- examinations and dental x-rays
- routine extractions and fillings
- basic oral surgery performed by dentist, including anaesthesia
- root canal therapy
- denture repairs, relining and rebasing
- surgical and non-surgical periodontal treatment

**Major Services**

- full or partial upper and lower dentures
- inlays, onlays, crowns and veneers
- denture adjustments

**Orthodontic Services**

(for dependants under 18 years of age)

- diagnosis and treatment for the correction of malocclusion or malposed teeth

**Conditions & Exclusions to coverage**

Provision	Conditions & Exclusions	Details
Eligibility Period	90 days	<ul style="list-style-type: none"> <li>• Applicants must apply for coverage within 90 days of becoming a member of BCOSSA</li> <li>• If coverage is not applied for within the above time period, dental benefits will be limited to \$250 during the first 12 months of coverage.</li> </ul>
Termination of Benefits	Age 70	
Survivor Benefit	Up to 12 months	<ul style="list-style-type: none"> <li>• Premiums waived</li> </ul>
Dependant Coverage	Up to age 21 or age 25 if a student	<ul style="list-style-type: none"> <li>• To be eligible for coverage as an over-age dependant, students must be undergoing full-time education training at an institute within Canada, subject to the state limitations stated in the policy wording. Over-age disabled dependants are also eligible.</li> </ul>
Annual Deductible	None	