



*your health
your choice*

Blue Choice®





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Blue Choice®

It's Your Choice

Individual plans for individual needs

As BC and Yukon residents know, medical treatment can be expensive. Unexpected medical treatment can be financially devastating. Worse still, if you don't have the means to pay for emergency medical treatment, you may be forced to do without. Our plans give you the tools to plan ahead, so that if something unexpected occurs, you are prepared and can focus on healing instead of worrying about your finances.

Our plans supplement government programs (the Medical Services Plan of BC, Fair PharmaCare and the Health Care Plan of the Yukon). They cover drugs, dental care and other health-related expenses and thereby ensure people are protected in many circumstances.

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

Individual plans are ideal for people who do not have an extended health or dental plan through their employer.

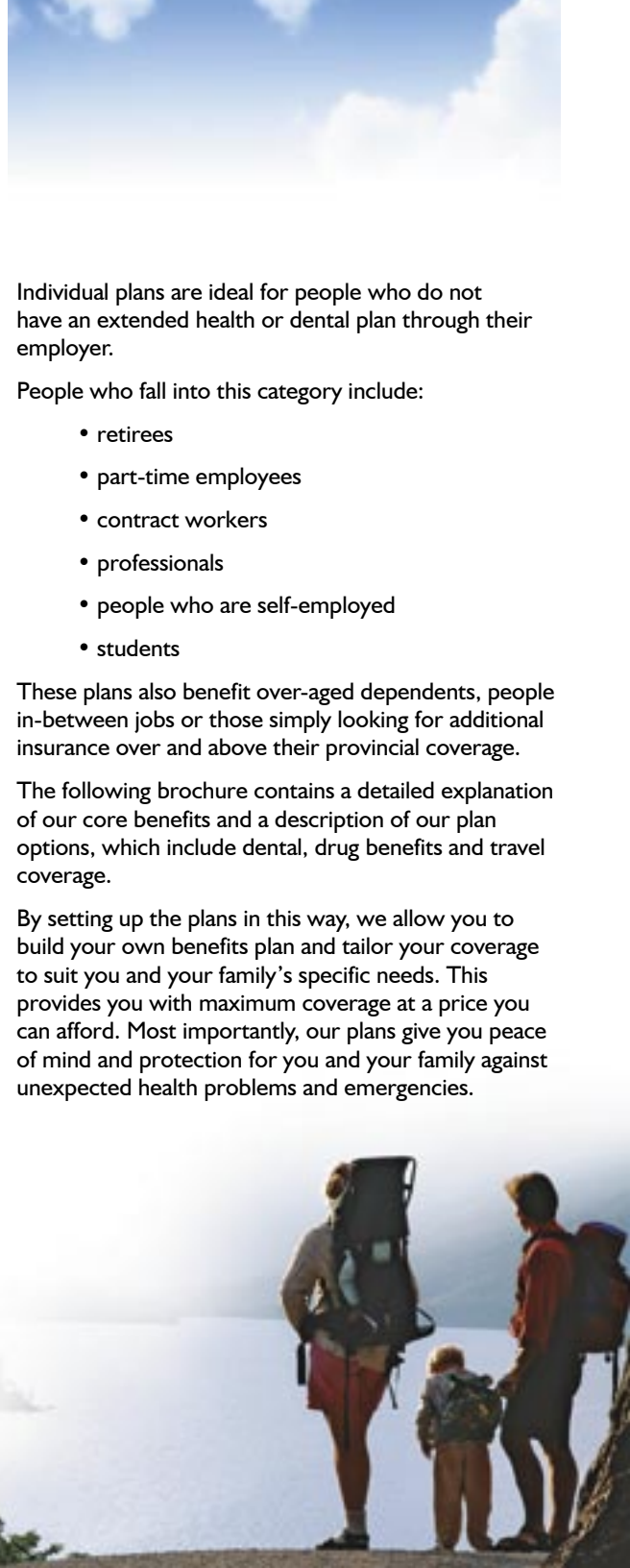
People who fall into this category include:

- retirees
- part-time employees
- contract workers
- professionals
- people who are self-employed
- students

These plans also benefit over-aged dependents, people in-between jobs or those simply looking for additional insurance over and above their provincial coverage.

The following brochure contains a detailed explanation of our core benefits and a description of our plan options, which include dental, drug benefits and travel coverage.

By setting up the plans in this way, we allow you to build your own benefits plan and tailor your coverage to suit you and your family's specific needs. This provides you with maximum coverage at a price you can afford. Most importantly, our plans give you peace of mind and protection for you and your family against unexpected health problems and emergencies.



Core:

EXTENDED HEALTH CARE PLAN



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

Vision Care

Pacific Blue Cross covers the cost of prescription lenses, frames, contact lenses and laser eye surgery up to:

First 24 months*	25 – 48 months	49 months and up
\$75 per person \$30 for Optometrist	\$100 per person \$50 for Optometrist	\$250 per person \$70 for Optometrist

*benefit begins after six months on the plan

Enjoy savings of 20-25% on purchase of eyewear through our Blue Advantage® program. Contact us for more details.

Registered Therapists and Health Practitioners

Benefits are paid for visits to: physiotherapists, massage practitioners, chiropractors, naturopaths, chiropodists, podiatrists, osteopaths, speech pathologists, psychologists, registered dieticians and acupuncturists. Increasing benefit coverage up to:

First 24 months	25 – 48 months	49 months and up
\$300 per person \$15 per visit up to 20 visits	\$400 per person \$20 per visit up to 20 visits	\$500 per person \$25 per visit up to 20 visits

Hospital Accommodation

Applies to semi-private or private hospital rooms.

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, up to age 65.

Local Ambulance

Benefits cover the cost of ambulance fees in emergencies, including air ambulance.

Includes payment for Treat No Transport, charges for treatment when an ambulance is called to the scene of an accident or place of illness and transportation to hospital is not required.

Private Duty Care Nursing

Benefits cover the cost for private duty care nursing in your home, provided the nurse is a Registered Nurse (RN) and care begins immediately following the discharge of an acutely ill bed patient from a hospital, up to:

First 24 months	25 – 48 months	49 months and up
\$1,200 per person per year	\$2,500 per person per year	\$5,000 per person per year

Palliative care services and the services of an RN to assist with activities of daily living are not covered.



Out-of-Province, In-Canada Travel

Covers 100% of Out-of-Province and In-Canada medical emergency care. This includes hospital charges, physician and surgeon fees, ambulance service and prescription drugs.

- Emergency hospital and medical benefits

Medical Services and Supplies

Benefits cover supplies and services not covered by Fair PharmaCare up to:

First 24 months	25 – 48 months	49 months and up
\$1,200 per person per year	\$2,500 per person per year	\$5,000 per person per year

Eligible expenses include:

- 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 – up to \$300 every 5 years after a 3-month waiting period
- Custom-made orthotics – up to \$250 every 2 years, upon referral of a physician/chiropractor/physiotherapist
- Blood pressure monitors – up to \$150 every 5 years, upon referral by a physician

Accidental Dental

- Up to \$2,500 per person for accidental damage to natural teeth

Accidental Death & Dismemberment

- Principal sum up to \$25,000 (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)

Survivor Benefit

- No contributions payable by the beneficiary for 12 months
- No survivor benefits are available for the first 12 months following approval of application



Options:

The following options can be added to the Extended Health Care plan:

Prescription Drug Options

Essential Prescription Drug Option

- Covers 80% of costs incurred by a covered person on prescription drugs that are eligible under Fair PharmaCare with increasing benefit coverage up to:



First 24 months	25 – 48 months	49 months and up
\$1,000 per person per year	\$2,000 per person per year	\$5,000 per person per year

- Includes insulin preparations and diabetic supplies
- Dispensing fees are not covered

Enhanced Prescription Drug Option

- Covers 80% of costs incurred by a covered person on prescription drugs under Fair PharmaCare, plus prescriptions that are not eligible under Fair PharmaCare. Increasing benefit coverage up to:

First 24 months	25 – 48 months	49 months and up
\$1,000 per person per year	\$2,000 per person per year	\$5,000 per person per year

- Includes insulin preparations and diabetic supplies
- Dispensing fees are not covered
- Pay Direct Drug card*: your pharmacist submits your claim electronically. PBC pays the pharmacy 80% of your prescription cost, and you pay the pharmacist the remaining 20%. There is no need to submit a paper claim.

*To apply we require a copy of the PharmaNet™ patient record for each covered person within 30 days of an application for review. If a pre-existing condition exists, applicants will not be eligible for a Pay Direct Drug card.

Dental Options

Dental coverage can be purchased as an option to your Extended Health Care plan, or to your Pacific Blue Cross group extended health coverage.



Essential Dental Option

The essential dental plan covers eligible expenses after a three-month no-claims waiting period, up to a maximum of:

Year 1	Year 2	Year 3 and up
70% Basic \$500 per person per year based on inception date	80% Basic \$750 per person per year based on inception date	80% Basic \$1,000 per person per year based on inception date

Eligible expenses include:

- Diagnostic expenses (oral examinations, x-rays)
- Preventive treatments (polishing, fluoride treatments)
- Restorative treatments (silver-coloured fillings and tooth-coloured fillings on front adult teeth)
- Periodontal cleaning (scaling and root planing)
- Prosthetic services (denture services, repairs to inlay, onlays, crowns and bridges)
- Oral surgery

In addition, the plan covers emergency treatment of the above services while temporarily outside BC or the Yukon.

Exclusions are:

- The plan does not cover the cost of major reconstruction or prostheses for replacement of missing teeth.
- 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 under the plan contract
- Orthodontic services (services and supplies for full mouth reconstruction)

Enhanced Dental Option

The *enhanced* dental plan covers all of the *essential* dental benefits with the addition of major restorative services, up to a combined maximum.

We will pay up to a maximum of \$500 for each covered person every calendar year for major restorative services and orthodontics. Coverage is to a combined maximum for each covered person every calendar year:

Year 1	Year 2	Year 3 and up
70% Basic \$500 per person	80% Basic 50% Major \$750 combined per person per year based on inception date	80% Basic 50% Major 50% Orthodontic (children only, lifetime max \$1,000) 50% Dentures \$1,000 combined (Basic, Major, and Orthodontic) per person per year based on inception date

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

Eligible expenses include:

- Endodontics, crowns, inlays, onlays, veneers, posts and fixed bridge restorations limited to once every five years when the same tooth is involved
- Major restorative services
- Complete or partial dentures limited to one upper and one lower denture every five years. Benefit begins in Year 3.
- Orthodontic coverage: lifetime maximum is \$1,000 per dependent child(ren). Benefit begins in Year 3.

You can only add the *enhanced dental option* to your existing core Extended Health Care coverage on the anniversary date of your Blue Choice plan.



Stand-Alone Dental Only Plan

Pacific Blue Cross has designed this unique plan for individuals who want affordable dental coverage without purchasing a health plan. This plan is available to all residents of British Columbia and the Yukon. Pacific Blue Cross will reimburse you or will pay your dentist directly.

The plan has a sliding scale for reimbursement. After a three-month no-claims waiting period and calendar year deductible of \$100, it covers up to:

Year 1	Year 2	Year 3 and up
60% \$500 per person per year based on inception date	70% \$750 per person per year based on inception date	80% \$1,000 per person per year based on inception date

Eligible dental expenses include all necessary services by a dentist or denturist 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 every calendar year.
- 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 reline 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



Travel

Pacific Blue Cross is pleased to introduce our travel plans. You may purchase our Out-of-Country Travel plan separately or as a rider to your employer group Extended Health Care plan or individual Extended Health Care plan.

Out-of-Country Annual Travel Plan Option

Out-of-Canada medical emergency care includes 100% coverage for hospital charges, physician and surgeon fees, ambulance service and prescription drugs.

This is an annual multiple-trip plan that protects frequent travelers and their families against the high cost of emergency medical care. Coverage is available for trips of 15, 30 and 45 days in duration to a total of 182 days. You may extend coverage over each trip by contacting our offices prior to the expiration of each trip duration to no more than 182 days in a total 12-month period.

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.

Additional Travel Plans

We encourage you to visit our website or phone us for information about our additional travel plans, which include our Daily Travel plan and our Visitors to Canada Travel plan. While these plans are not available as an option to your Extended Health Care plan, they are available for purchase separately.

Additional Information

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 consecutive months.

Conversion Privilege

A special feature of our health and dental plans is the conversion privilege. If your benefit coverage under a PBC-recognized Canadian group benefit plan is lost due to retirement, downsizing or a change of employment, you can apply for coverage under the conversion privilege.

Provided you qualify, we will cover pre-existing medical conditions under the health plans and waive the waiting periods for vision care and dental or denture coverage. To qualify, you must apply within 60 days of the date on which your group coverage was cancelled and have been covered under your group plan for the same benefits for at least six continuous months.

The effective date of coverage for the conversion plan will be the first of the month following the termination date of your group coverage. Any claims prior to the effective date will not be eligible for coverage.

Financial Limit

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

Effective Date of Coverage

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

Pacific Blue Cross Fee Schedule

We pay for eligible dental and denturist services according to the fees listed in the Pacific Blue Cross Fee Schedule. This schedule lists eligible dental services, treatment frequency limits and fees. Your dentist or denturist will have a copy of the fee schedule. Any fees in excess of fee schedule amounts are your responsibility. Pacific Blue Cross either reimburses the member or pays the 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.

Contract holder

Contract holders 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 contract holder if the applicant is under the age of nineteen.

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.

Spouse and Newborns

Spouses through legal marriage and newborns can be added to your coverage if an application with appropriate payment is received with 60 days of marriage, birth or adoption.

Individual Plans At a Glance

Blue Choice

Vision Care
Registered Therapists and Health Practitioners
Hospital Accommodation
Local Ambulance
Private Duty Care Nursing
Out-of-Province, In-Canada Travel
Medical Services and Supplies
Accidental Dental
Accidental Death & Dismemberment
Final Expense Benefit
Survivor Benefit

Options:

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Essential Prescription Drug Option
Enhanced Prescription Drug Option
Dental Options
Essential Dental Option
Enhanced Dental Option
Stand-Alone Dental Only Plan

Travel

Out-of-Country Annual Travel Plan Option
Additional Travel Plans



Blue Choice®

Individual Plans Sales and Support

Telephone: 604 419-2200

Fax: 604 419-2199

E-mail: inhealth@pac.bluecross.ca

Toll-free outside Greater Vancouver

| 800 USE-BLUE®

| 800 873-2583

Mailing address

Pacific Blue Cross

Individual Plans

PO Box 7000

Vancouver BC V6B 4E1

www.pac.bluecross.ca

the colour of trust®

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