



Healthcare & CSSEA Provincial Collective Agreements Benefit Plan Comparison

	General Services (CSSEA)	JCBT/CBA (Healthcare)	JHSBT/HSPBA (Healthcare)	NBA (Healthcare)
Benefit Plan & Provisions	Standard Plan	Standard Plan	Standard Plan	Standard Plan
GROUP LIFE				
Benefit Amount	\$50,000	\$50,000	\$50,000	\$50,000
Advance Payment	50% to a maximum of \$25,000	50%, maximum \$25,000	50%, maximum \$25,000	50%, maximum \$25,000
Reduction at age 65	\$25,000	None	None	None
Termination Age	70	None	None	None
Contribution Cost Sharing	100% employer	100% employer	100% employer	100% employer
AD&D				
Benefit Amount	\$50,000	\$50,000	\$50,000	\$50,000
Reduction at age 65	\$25,000	None	None	None
Termination Age	70	None	None	None
Contribution Cost Sharing	100% employer	100% employer	100% employer	100% employer
LTD				
Benefit Amount	70% of the first \$4,900* (as at Apr 1/22) of basic monthly earnings and 50% of the excess or 66-2/3% of basic monthly earnings, whichever is greater (*adjusted annually for new claims based on increases in the weighted average wage rate)	70% of the first \$4,224* (as at Apr 1/22 for JCBT) of basic monthly earnings and 50% of the excess or 66-2/3% of basic monthly earnings, whichever is greater (*adjusted annually for new claims based on increases in the weighted average wage rate)	70% of the first \$7,649* (as at Apr 1/23 for JHSBT) of basic monthly earnings and 50% of the excess or 66-2/3% of basic monthly earnings, whichever is greater (*adjusted annually for new claims based on increases in the weighted average wage rate)	70% of the first \$8,076* [RNs/RPNs] / \$4,961* [LPNs] (as at Apr 1/23) of basic monthly earnings and 50% of the excess or 66-2/3% of basic monthly earnings, whichever is greater (*adjusted annually for new claims based on increases in the weighted average wage rate)
Maximum Benefit	None	n/a	None	None
Qualification Period	6 months	5 months	5 months	4 months
Own Occupation Period	12 months	19 months	24 months	24 months
Own Occupation Definition	The employee's inability to perform the duties of his/her own occupation	The employee's inability to perform the duties of his/her own occupation or any available comparable position that pays not less than 75% of his/her pre-disability earnings	The employee's inability to perform the duties of his/her own occupation or any available position that is not less than 75% of his/her pre-disability earnings	The employee's inability to perform the duties of his/her own occupation
Any Occupation Maximum	70% of current rate of pay	70% of current rate of pay	70% of current rate of pay	70% of current rate of pay
Indexing	Adjustments every 4 years based on weighted average wage rate	Adjustments every 4 years based on compounded annual increases in weighted average wage rate for most recent 4 years	Adjustments every 4 years based on compounded annual increases in weighted average wage rate for most recent 4 years	Adjustments every 4 years based on compounded annual increases in weighted average wage rate for most recent 4 years
Maximum Benefit Period	n/a	n/a	n/a	n/a
Pre-Existing Condition Clause	No	No	No	No
Early Retirement Incentive Benefit	n/a	Provided, with 50/50 cost sharing of EHC & Dental	Provided, with 50/50 cost sharing of EHC & Dental	Provided, with 50/50 cost sharing of EHC
Termination Age	65	65	65	65
Contribution Cost Sharing	100% employer	100% employer	70% employer, 30% employee	100% employer



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DENTAL				
Basic	100%	100%	100%	100%
Recall Exams	Every 9 months for adults and 2 per calendar year for children	Every 9 months	2 per calendar year	2 per calendar year
Major	60%	60%	60%	60%
Orthodontics	60%	60%	60%	60%
Orthodontics Lifetime Maximum	\$2,750	\$2,750	\$2,750	\$2,750
PBC Fee Schedule	No. 2	No. 2	No. 2	No. 2
Termination Age	None	None	None	None
Contribution Cost Sharing	100% employer	100% employer	100% employer	100% employer
EHC				
Deductible	\$45	\$100	\$100	\$25
Reimbursement	80% of claims paid per family up to \$1,000; 100% thereafter (except Hearing Aids)	80% of claims paid per family up to \$1,000 in a calendar year; 100% thereafter	80% up to \$1,000 claims paid per family per calendar year; 100% thereafter (except Drugs & Vision Care)	80% up to \$1,000 claims paid per family per calendar year; 100% thereafter (except Vision Care)
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Payable/Claimable	Claimable	Claimable	Claimable	Claimable
Drug Formulary	PharmaCare tie-in	PharmaCare tie-in plus Prometrium	PharmaCare drugs, Prometrium and drugs that have received Special Authority reimbursed at 100%; Non-PharmaCare drugs reimbursed at 50%	Blue RX plus Prometrium and grandparented drugs
Drug Pricing Restrictions	No	Low Cost Alternative and Reference Drug Pricing as established by BC PharmaCare Program	Low Cost Alternative and Reference Drug Pricing as established by BC PharmaCare Program	Low Cost Alternative and Reference Drug Pricing as established by BC PharmaCare Program
Mark-Up Limit	No	As established by BC PharmaCare Program	As established by BC PharmaCare Program	As established by BC PharmaCare Program
Dispensing Fee Cap	No	\$10 or the maximum as established by BC PharmaCare Program, whichever is greater	As established by BC PharmaCare Program	As established by BC PharmaCare Program
Pay-Direct Drug Card	Yes	Yes	Yes	Yes
Contraceptives	As established by BC PharmaCare Program	As established by BC PharmaCare Program	As established by BC PharmaCare Program and Special Authority Contraceptives	As covered by Blue RX Program
Vaccines (Hepatitis)	Not covered	Not covered	Not covered	Not covered
Acupuncture	\$500 per person per year	\$100 per person per year	\$100 per person per year	\$100 per person per year
Chiropractor*	\$500 per person per year	\$200 per person per year	\$200 per person per year	\$200 per person per year
Massage Therapy*	\$500 per person per year	\$1,000 per person per year	Unlimited	Unlimited
Naturopath*	\$500 per person per year	\$200 per person per year	\$200 per person per year	\$200 per person per year
Physiotherapy*	\$700 per person per year	Unlimited	Unlimited	Unlimited



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Podiatrist*	\$500 per person per year	\$200 per person per year	\$400 per person per year	\$400 per person per year
EHC				
Registered Clinical Psychologist, Registered Clinical Counselor, Registered Social Worker	\$1000 per person per year combined	Not covered	\$900 per person per year combined maximum for Registered Clinical Psychologist, Clinical Counselor and Social Worker (RSW added effective June 1, 2025). <i>Effective April 1, 2025, once an employee reaches the \$900 annual psychology benefit limit, they will have access to an additional \$1,100 per calendar year combined maximum at 100% reimbursement, subject to PBC's reasonable and customary limits. This supplemental benefit is for Employees only.</i>	\$900 per person per year combined maximum for Registered Clinical Psychologist & Clinical Counselor only
Registered Dietitian	Not covered	Not covered	\$600 per employee per calendar year reimbursed at 100%, no annual deductible <i>Effective April 1, 2025, this benefit is for Employees only. Not available for PEA and HEU.</i>	Not covered
Speech Therapist	\$500 per person per year	\$100 per person per year	\$100 per person per year	\$100 per person per year
*Full Coverage for Paramedical Practitioners	Yes	Yes	Yes	Yes
Vision Care	\$350 per person every 24 months combined maximum, includes laser eye surgery	\$350 per person every 24 months	\$350 per person every 24 months reimbursed at 100%	\$350 per person every 24 months reimbursed at 100%
Eye Exams	\$100 per person every 24 months	Not covered	Not covered	Not covered
Laser Eye Surgery	Covered, included in Vision Care	Not covered	Not covered	Not covered
Hearing Aids	\$1,500 per adult every 48 months; per child every 12 months reimbursed at 100%	\$600 per person every 48 months	\$600 per person every 48 months	\$1000 per ear per person every 5 years
Orthopedic Shoes/Orthotic Devices	\$500 per year for adults \$300 per year for children	1 pair per person with replacements due to normal wear	1 pair per person with replacements due to normal wear	1 pair per person with replacements due to normal wear
Mastectomy Brassieres	1 item per person per year	1 item per person per year	1 item per person per year	1 item per person per year
Wigs or Hairpieces	\$500 per person lifetime	\$500 per person lifetime	\$500 per person lifetime	\$500 per person lifetime
Registered Nurse	Unlimited	Unlimited	Unlimited	Unlimited
Medical Referral Transportation	Not covered	Covered	Covered	Covered
Medi-Assist	Yes	Yes	Yes	100% employer
Termination Age	None	None	None	None
Contribution Cost Sharing	100% employer	100% employer	100% employer	Covered
Health Spending Account	n/a	n/a	n/a	n/a
Dependent Child Coverage	unmarried to age 19	unmarried to age 21	unmarried to age 21	unmarried to age 21
Dependent Student Coverage	unmarried to age 25	unmarried to any age	unmarried to any age	unmarried to any age