

CONVERSION PLAN

If converting within 60 days Pre-existing Coverage included

EXTENDED HEALTH BENEFITS

DRUGS: NO Pay Direct Card: Prescription Drugs 80% up to \$1000 per year. After 100% of eligible expenses, subject to maximums based on Pharmacare's eligible drugs.

(The Extended Health maximum benefit is \$35,000. Life Time Limit)

Medical Items: In Province expenses 80% when prescribed by a Physician. Limitations and restrictions apply.

Vision Care: Upon completion of 12 continuous months. Eyeglasses up to \$125 every 24 months.

Professional Services: Total combined benefit \$500 per calendar year per person. Chiropractors, Naturopaths, Physiotherapists, Massage Therapists, Podiatrists: \$500 per calendar year per person.

Medical Transport: In Province Ambulance Service Emergencies only. Emergency out-of-Province Eligible Expenses: when ordered by attending Physician maximum \$1000.

Audio (Hearing Aids): Up to \$500 per 5 year period per person.

Private Duty Nursing: Registered Nurse (RN) up to 720 hours per calendar year for an acutely ill bed patient in hospital in BC. Up to \$1000 when acutely ill and bedridden at home. Lifetime maximum is \$5000 per person.

Hospital Indemnity Benefit: If an insured is hospitalized \$10 per day from the 5th to the 90th day of hospitalization, provided not due to any pre-existing conditions.

Four Day Travel Medical Plan: Your \$35,000 lifetime EHB coverage will be automatically increased to \$500,000 whenever you leave BC on trips lasting NO more than 4 days. For longer trips call our office for rates on out-of-Province/Country Travel Medical.

Emergency Travel Assistance: Locating the nearest appropriate medical care. Handling medical evacuations and related transportation needs. Locating Legal assistance and replacing lost passports.

Accidental Death & Dismemberment: The maximum benefit payable in the event of death or dismemberment resulting within 365 days of an accident is \$25,000. This coverage terminates at age 70.

Final Expense Benefit: Based on actual funeral expenses of up to \$5000 per insured person if death occurs from any cause after 24 months of continuous coverage.

Dental (when added to your Extended Health):

PLAN (A): During the first 12 months of coverage under this dental plan eligible expenses will be reimbursed at 70% of the PBC fee schedule. Thereafter, the reimbursement percentage will be increased to 80%. Dental coverage will begin 3 months from the date you (and/or your dependents) are covered under the EHC plan. This is basic Dental Coverage with limits and restrictions. Check policy wordings for coverages.

	NO DENTAL	WITH DENTAL
SINGLE:	\$ 97.50	\$ 142.17
COUPLE:	\$ 192.20	\$ 281.91
FAMILY:	\$ 227.10	\$ 373.98

ENHANCED CONVERSION PLAN

Pay Direct Drug Card Included. You must be converting from a previous Benefit Plan within 60 days to qualify for this Plan. Pre-existing Conditions are covered.

EXTENDED HEALTH BENEFITS

DRUGS: Pay Direct Card INCLUDED: Prescription Drugs 80% only. 8% drug markup limit and a \$10 Dispensing Fee Cap. Based on Pharmacare's list of eligible drugs.

(The maximum benefit is \$35,000. Life Time Limit)

Same coverages as the Conversion Plan

Medical Items

Vision Care

Professional Services

Medical Transport

Audio (Hearing Aids)

Private Duty Nursing

Hospital Indemnity Benefit

Four Day Travel Medical Plan

Emergency Travel Assistance

Accidental Death & Dismemberment

Final Expense Benefit

Dental (when added to your extended Health Care)

Plan (A) The same coverages, wordings and reimbursement as the Conversion Plan

Plus: Enhanced Dental - Plan (B)

Coverage limit 50% with a \$1000 limit per person annually.

This represents an overview of coverages only. The BC Forum Master Policy wordings, limitations, and exclusions apply. E & OE

Other coverages for BC FORUM members:



- Out of Province/Country Travel Medical
- Guaranteed Issue Life Insurance
- Investment & Retirement Planning
- Long Term Care Insurance
- Individual Dental Plans

Metro Vancouver: 604-941-7430
BC Interior: 250-861-5200
Toll Free: 1-855-894-8111

	WITH DENTAL
SINGLE:	\$ 203.20
COUPLE:	\$ 403.50
FAMILY:	\$ 540.65

VALUE PLAN

Guaranteed Issue (pre-existing conditions are covered)

DRUGS: Pay Direct Card Included

Prescription Drugs to age 79
Prescription Drugs 80% to a max. of \$600 per year
Generic Drugs only, unless otherwise specified by physician
No Lifestyle

VISION CARE

\$125 every 24 months
Eye Exams up to \$50 every 24 months

PROFESSIONAL SERVICES

All paid from first dollar max. \$300 per year, per practitioner, per person
Chiropractor
Physiotherapist
Foot Care Professionals
Speech Therapist
Psychologist

MEDICAL TRANSPORT: Air & Land included

AUDIO

Hearing Aids plus Repairs or Replacement of parts
\$300 maximum every 4 years

PRIVATE DUTY NURSING: \$1,000 max. per year

MEDICAL ITEMS: \$750 max. per year

ACCIDENTAL DENTAL: \$2,500 max. per year

OUT OF PROVINCE/COUNTRY TRAVEL MEDICAL

\$500,000 per lifetime; 15 day Emergency only
Age limit 79 years old



	UNDER 70	AGE 70 AND OVER
SINGLE:	\$ 80.55	\$ 104.11
COUPLE:	\$ 122.27	\$ 169.40
FAMILY:	\$ 186.32	\$ 233.45

VALUE PLUS PLAN

You must be converting from a previous group plan within the last 60 days to qualify for pre-existing coverage. Limitations may apply.

DRUGS: Pay Direct Card Included

Prescription Drugs to age 79
Prescription Drugs 80% to a max. of \$1200 per year
Generic Drugs only, unless otherwise specified by physician
Includes Oral Contraceptives, No Lifestyle

VISION CARE

\$125 every 24 months
Eye Exams up to \$50 every 24 months

PROFESSIONAL SERVICES

90% max. to \$400 per year, per practitioner, per person
Chiropractor
Physiotherapist
Foot Care Professionals
Speech Therapist
Psychologist
Massage Therapist
Acupuncturist
Osteopath
Naturopath

MEDICAL TRANSPORT: Air & Land included

AUDIO

Hearing Aids plus Repairs or Replacement of Parts
\$400 max. every 4 years

PRIVATE DUTY NURSING: \$3,000 max. per year

MEDICAL ITEMS: \$1,500 max. per year

ACCIDENTAL DENTAL: \$2,500 max. per year

SEMI-PRIVATE HOSPITAL

\$200 per day; max. 25 days per year

OUT OF PROVINCE/COUNTRY TRAVEL MEDICAL

\$500,000 per lifetime; 30 day Emergency only
Age limit 79 years old

DENTAL

Combined max. per person, per year
\$500 first 12 months; \$750 next 12 months
\$1,000 every 12 months thereafter
Basic coverages 80% up to the limits above
Basic Comprehensive coverages 80% up to the limits above

	UNDER 70	AGE 70 AND OVER
SINGLE:	\$ 180.56	\$ 204.12
COUPLE:	\$ 297.97	\$ 345.10
FAMILY:	\$ 367.84	\$ 414.97

GOLD VALUE PLAN

You must be converting from a previous group plan within the last 60 days to qualify for pre-existing coverage. Limitations may apply.

DRUGS: Pay Direct Card Included

Prescription Drugs to age 79
Prescription Drugs 80% to a max. of \$5,000 per year
Generic Drugs only, unless otherwise specified by physician
Includes Oral Contraceptives, No Lifestyle

VISION CARE

\$250 every 24 months
Eye Exams up to \$70 every 24 months

PROFESSIONAL SERVICES

90% max. to \$400 per year, per practitioner, per person
Chiropractor
Physiotherapist
Foot Care Professionals
Speech Therapist
Psychologist
Massage Therapist
Acupuncturist
Osteopath
Naturopath

MEDICAL TRANSPORT: Air & Land included

AUDIO

Hearing Aids plus Repairs or Replacement of Parts
\$400 max. every 4 years

PRIVATE DUTY NURSING: \$5,000 max. per year

MEDICAL ITEMS: \$3,000 max. per year

ACCIDENTAL DENTAL: \$5,000 max. per year

SEMI-PRIVATE HOSPITAL

\$200 per day; max. 25 days per year

OUT OF PROVINCE/COUNTRY TRAVEL MEDICAL

\$5,000,000 per lifetime; 60 day Emergency only
Age limit 79 years old

DENTAL

Combined max. per person, per year
\$750 first 12 months; \$1,000 next 12 months
\$1,200 every 12 months thereafter
Basic coverages 80% up to the limits above
Basic Comprehensive coverages 80% up to the limits above

	UNDER 70	AGE 70 AND OVER
SINGLE:	\$ 239.67	\$ 272.08
COUPLE:	\$ 440.86	\$ 505.66
FAMILY:	\$ 524.23	\$ 589.23

PLATINUM PLAN

You must be converting from a previous group plan within the last 60 days to qualify for pre-existing coverage. Limitations may apply.

DRUGS: Pay Direct Card Included

Prescription Drugs to age 85
Prescription Drugs 80% to a max. of \$7,500 per year
Generic Drugs only, unless otherwise specified by physician
Includes Oral Contraceptives, No Lifestyle

VISION CARE

\$300 every 24 months per person
Eye Exams: \$75 every 24 months per person

PROFESSIONAL SERVICES

90% max. to \$400 per year, per practitioner, per person
Chiropractor
Physiotherapist
Massage Therapist
Psychologist
Osteopath
Dietitian
Podiatrist
Speech Therapist
Acupuncturist
Naturopath

MEDICAL TRANSPORT: Province of Residence only

AUDIO: \$400 max. every 4 years per person

PRIVATE DUTY NURSING: \$8,000 max. per year

MEDICAL ITEMS: \$4,000 per year per person

ACCIDENTAL DENTAL: \$5,000 max. per year per person

SEMI-PRIVATE HOSPITAL

\$200 per day; max. 25 days per year

DENTAL

Combined max. per person, per year \$1,500
Included: Basic, Basic Comprehensive and Restorative services coverages 80% up to the max. limit per person per year

	UNDER 70	AGE 70 AND OVER
SINGLE:	\$ 245.36	
COUPLE:	\$ 450.86	
FAMILY:	\$ 538.54	

PRICING FOR ALL PLANS IS VALID FROM JUNE 1, 2021 TO MAY 31, 2022