



Vancouver Post Alliance Benefit Program



EXTENDED HEALTH	Bronze	Silver	Gold
Annual Deductible	Nil	Nil	Nil
Termination Age	75 or earlier retirement	75 or earlier retirement	75 or earlier retirement
Prescription Drugs			
Pay Direct Card	Yes	Yes	Yes
Coverage	70% for mandatory generic drugs	80% for mandatory generic drugs	90% for mandatory generic drugs
Reimbursement Maximum	\$1,500 per calendar year	\$2,500 per calendar year	\$5,000 per calendar year
Paramedical Services			
Coverage	80%, up to \$300 per service Combined maximum \$1,000 per calendar year	90%, up to \$400 per service Combined maximum \$1,000 per calendar year	100%, up to \$500 per service Combined maximum \$1,000 per calendar year
Covered Services	Acupuncturist*, Chiropractor, Massage Therapist*, Naturopath, Osteopath, Physiotherapist, Podiatrist/Chiropodist Psychologist/MSW/Counselor, Speech Therapist. *Requires prescription from a physician	Acupuncturist*, Chiropractor, Massage Therapist*, Naturopath, Osteopath, Physiotherapist, Podiatrist/Chiropodist Psychologist/MSW/Counselor, Speech Therapist. *Requires prescription from a physician	Acupuncturist*, Chiropractor, Massage Therapist*, Naturopath, Osteopath, Physiotherapist, Podiatrist/Chiropodist Psychologist/MSW/Counselor, Speech Therapist. *Requires prescription from a physician
Other Medical Services			
Coverage	100% of eligible expenses	100% of eligible expenses	100% of eligible expenses
Vision Care – Eye Exams Only	\$75/24 months; Child every 12 months	\$75/24 months; Child every 12 months	\$75/24 months; Child every 12 months
Ambulance to nearest hospital	Unlimited ground and air	Unlimited ground and air	Unlimited ground and air
Private Duty Nurse	\$10,000/2 calendar years	\$10,000/2 calendar years	\$10,000/2 calendar years
Orthopaedic Shoes	\$350/calendar year	\$350/calendar year	\$350/calendar year
Custom Orthotics	\$200/calendar year	\$200/calendar year	\$200/calendar year
Insulin Pump	1/lifetime; maximum \$500	1/lifetime; maximum \$500	1/lifetime; maximum \$500
Hearing Aids	\$500/60 consecutive months	\$500/60 consecutive months	\$500/60 consecutive months
Dental Accident	Reasonable and Customary	Reasonable and Customary	Reasonable and Customary
Hospital			
Hospital Coverage	Balance between ward semi-private	Balance between ward semi-private	Balance between ward semi-private
Out of Province / Out of Country			
Out of Province/Country Travel	\$5,000,000 maximum / 90 days	\$5,000,000 maximum / 90 days	\$5,000,000 maximum / 90 days
Travel Assistance	Included	Included	Included

Effective November 1st, 2016
Terms and Conditions Apply



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DENTAL	Bronze	Silver	Gold
Annual Deductible	Nil	Nil	Nil
Termination Age	75 or earlier retirement	75 or earlier retirement	75 or earlier retirement
Benefits			
Basic Treatment	80% with 12 month recall	80% with 12 month recall	80% with 12 month recall
Major Restorative	Not available	50%	50%
Coverage Basis	General fee guide; prov. of residence	General fee guide; prov. of residence	General fee guide; prov. of residence
Combined Benefit Maximum	\$750 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year

LIFE INSURANCE	Bronze	Silver	Gold
Level Benefit	\$25,000; reduces 50% at age 65	\$25,000; reduces 50% at age 65	\$25,000; reduces 50% at age 65
Terminates at age	70 or earlier retirement	70 or earlier retirement	70 or earlier retirement

AD&D	Bronze	Silver	Gold
Level Benefit	\$25,000; reduces 50% at age 65	\$25,000; reduces 50% at age 65	\$25,000; reduces 50% at age 65
Termination Age	70 or earlier retirement	70 or earlier retirement	70 or earlier retirement

DEPENDENT LIFE (Family only)	Bronze	Silver	Gold
Spouse/Each Dependent Child	\$10,000/\$5,000	\$10,000/\$5,000	\$10,000/\$5,000
Termination Age	70 or earlier retirement	70 or earlier retirement	70 or earlier retirement

CRITICAL ILLNESS	Bronze	Silver	Gold
Level Benefit	\$10,000	\$10,000	\$10,000
Covered Conditions	Alzheimer's Disease, Deafness, Motor Neuron Disease, Aorta Surgery, Heart Attack, Dismemberment, Multiple Sclerosis, Benign Brain Tumour, Heart Valve Replacement, Occupational HIV Infection, Blindness, Paralysis, Cancer, Loss of Speech, Parkinson's Disease, Coma, Major Organ Failure, Severe Burns, Coronary Artery Bypass Surgery, Major Organ Transplant, Stroke		
Termination Age	65 or earlier retirement	65 or earlier retirement	65 or earlier retirement

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Monthly Cost British Columbia	Bronze	Silver	Gold
Single	\$98.92	\$114.49	\$120.79
Couple	\$186.76	\$219.28	\$234.05
Family	\$248.46	\$295.70	\$315.94

Plan offerings cannot be modified. No medical evidence is required for all plans. Benefit offerings, rates, administration and claim procedures are subject to change.

OPEN ENROLMENT ELIGIBILITY

- You will be eligible for benefits 60 days after joining the VPA. You will then have 31 days to enroll without having to provide medical evidence.
- Applications received after the enrolment period may result in restricted benefits, medical questionnaires, pre-existing exclusions, etc.
- All eligible dependents must be included on the initial application – dependents can be exempted from the health and dental benefits as long as alternate coverage information is provided on the application (eg spouse has coverage).
- Members will have the option to modify their coverage up or down by one level (bronze/silver/gold) every 24 months of active coverage, or at the time of a life event. A life event is defined as an event that would result in a change to your dependent status (single/couple/family), such as marriage, divorce or having your first child.

MEDICAL REQUIREMENTS

- None if application is submitted within 31 days of becoming eligible for benefits.
- If an application is received after 31 days from the date coverage was to commence, medical will be required before the member or dependent can join the plan.
- An eligible dependent who was not added at the time of the member would be required to provide medical evidence if they wish to join at a later date.
- If coverage is cancelled, it cannot be applied for until after 12 months from the date of termination, and medical underwriting will be required.
- If medical approval is required, there is a dental restriction of \$250 per insured for the first 12 months of coverage.

MEMBER ENROLLMENT PROCESS

- Email Arbutus Financial Services Ltd. at info@arbutusfinancial.com with:
 - your name
 - date of birth
 - email address
 - plan choice (Bronze, Silver, Gold)
 - family status (single, couple, family)
 - VPA affiliation (name of studio or member number)
- You will receive an email prompting you to log in and complete your enrolment.
- The unique link in the email is tied to your personal information. You will be required to verify your identity using your name and date of birth.
- The enrolment wizard will walk you through a series of steps to add your contact, dependent, beneficiary, and alternate coverage information.
- Once completed you will be instructed to print the forms, sign where indicated and return the original to Effortless Admin.
- You are required to send in the original enrolment forms, along with a copy of a void cheque for pre-authorized withdrawal of the monthly premiums.
- If the original forms are not received within two weeks, a reminder notice will be sent. Failure to return the original forms with banking details within six weeks will result in termination of coverage retroactive to the initial effective date.

Once the original forms have been received, a benefit package will be sent to your home with your “Benefits At A Glance” booklet, benefit statement, pay direct drug cards, and brochures on how to submit claims using the online system, or mobile app.



For more information please contact:
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