

This *Benefits-at-a-Glance* is for information purposes only and is a summary, not a complete description of coverage.

NOTE: Items in RED are effective January 1, 2027

For full details, refer to your [PBC Member Profile](#) and the [MRBT portal](#) where you will find the *Benefits Booklet*, *Benefits Brochure*, and *Retiree Guide*.

Extended Health

Deductible

- \$100 per person per calendar year
- Does not apply to Insulin Injectors, Hearing Aids, and Vision Care (excluding Eye Exams)

Plan Maximum

- **\$250,000 lifetime**

Reimbursement *(subject to Contract maximums)*

- 100% for Insulin Injectors, Hearing Aids, and Vision Care (excluding Eye Exams)
- 70% for all other eligible expenses up to \$1,000 in paid claims per person in a calendar year, then 100% thereafter
- 100% for out of province emergency eligible expenses within Canada only. *No coverage for emergencies outside of Canada.*

Extended health expenses may be subject to Reasonable and Customary (R&C) limits. Visit [PBC R&C Limits](#) for more information.

Prescription Drugs

- Blue RX Formulary
- Subject to BC PharmaCare Lowest Cost Alternative pricing and Reference Drug Program
- Inclusive of maximum allowable Markup
- **Preventative vaccines**



Vision Care

- **\$300 every 2 calendar years**

Eye Exams

- **\$75 per calendar year**



Paramedical Services

- Acupuncture: \$500 per calendar year
- Chiropractor: \$500 per calendar year
- Massage Therapy: \$500 per calendar year
- Naturopath: \$500 per calendar year
- Physiotherapy: \$500 per calendar year
- Podiatrist and Chiropodist combined: \$500 per calendar year
- **Psychologist, Clinical Counsellor and Online Cognitive Behavioural Therapy combined: \$1,000 per calendar year**



Hearing Aids

- **\$1,000 for each ear every 4 calendar years for adults**
- **\$1,000 for each ear every 2 calendar years for dependent child(ren)**

Orthopaedic Shoes & Orthotics

- Combined maximum \$400 per calendar year

Insulin Injectors

- \$500 every 5 calendar years
- Supplies (needles, etc.) are not covered for a 5 calendar year period from the purchase date of an insulin injector



Continuous Glucose Monitors

- **\$4,000 per calendar year**

Dental Plan Options

Essential

- Plan A – Basic Services: 70%; recall exams: 1 per calendar year
- Maximum: \$1,000 per calendar year



Enhanced

- Plan A – Basic Services: 70%; recall exams: 1 per calendar year
- Plan B – Major Services: 70%
- Combined Maximum – Plan A & Plan B: \$2,000 per calendar year

