



**Healthcare & CSSEA Provincial Collective Agreement Plans
Benefit Plan Comparison
Errors & Omissions Excepted
*Not for Distribution***

| | 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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|-------------------------------|--|---|--|--|
| Benefit Plan & Provisions | Standard Plan | Standard Plan | Standard Plan | Standard Plan |
| 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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| Benefit Plan & Provisions | Standard Plan | Standard Plan | Standard Plan | Standard Plan |
| 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 | \$1,500 per person per year combined Effective October 1, 2026 | \$1,000 per person per year combined maximum for Registered Clinical Counsellor, Online Cognitive Behavioural Therapy: iCBT, Registered Clinical Counsellor, Registered Social Worker, and Marriage and Family Therapist <i>Effective November 15, 2025. This new benefit is part of a special two year joint pilot project co- sponsored by the JCBT and CBA. These benefits are for Employees only.</i> | \$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 | \$500 per person every 24 months combined maximum, includes laser eye surgery Effective October 1, 2026 | \$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 |



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|----------------------------|---|--|---|-----------------------------------|
| 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 |