

**Summary of Health Care Plan Benefits for the
British Columbia Hotel Association Owners and Managers
as at February 1, 2010**

Health Care Plan Eligibility Requirements

HOW TO QUALIFY FOR THIS HEALTH CARE PLAN

Owner(s) of a hotel or shareholder(s) of a company which is a member of the British Columbia Hotel Association or an individual who occupies a managerial position in the operation of the member hotel and for whom the applicable monthly premium has been paid qualify for Plan membership.

All persons older than 60 years at the date of initial Plan membership are not entitled to Death Benefit, Life Insurance, Dependent Life Insurance or Accidental Death & Dismemberment coverage but are entitled to coverage for the balance of the Plan group benefits.

Death Benefit, Life Insurance, Dependent Life Insurance and Accidental Death & Dismemberment coverage is reduced by 50% once an eligible Plan member attains age 61 and no benefit will be payable upon the death of a Plan member or his/her dependents after the eligible Plan member's seventieth (70) birthday.

SINGLE PLAN MEMBERSHIP PAYMENT REQUIREMENTS

Three (3) monthly premium payments of \$130 will establish Plan coverage effective the first day of the fourth month and \$130 each month thereafter.

Immediate Plan coverage may be achieved with a single payment of \$520.

FAMILY PLAN MEMBERSHIP PAYMENT REQUIREMENTS

Three (3) monthly premium payments of \$200 will establish Plan coverage effective the first day of the fourth month and \$200 each month thereafter.

Immediate Plan coverage may be achieved with a single payment of \$800.

Note: If you wish to include a Common-Law Spouse (Including same sex spouse), on your coverage, the coverage is **NOT** automatic. You must provide the Administrator with a **NOTARIZED STATEMENT** outlining your full names, birth dates, social insurance numbers, and length of time you have resided together. This statement must be signed by at least two independent parties known to both you and your common-law spouse. Upon receipt of this notarized statement the Health Care Plan Board of Trustees will give your request its full consideration.

BENEFITS

(A) DENTAL CARE BENEFIT

Plan A (Basic) 90%, Plan B (Major) 80%, Plan C (Orthodontia) 50%

Coverage is based on the fees reflected in the Association of Dental Surgeons of BC 2010 Fee Guide for General Practitioners.

Benefit Year Maximum - \$2,100.00 per eligible plan member to a maximum of \$2,400.00 per family for Basic and/or Major dental services.

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(A) DENTAL CARE BENEFIT (con't)

Plan C (Orthodontics) Financial Limit - \$1,500 Lifetime maximum per eligible plan member for Plan C (Orthodontics). From December 16, 2009 forward Plan C Orthodontic services are payable to the Plan Participant regardless of age and Dependents who incur such expenses while under 19 years of age.

A treatment plan & supporting x-rays must be submitted to the Administrator to determine benefit eligibility prior to the treatment being performed when the treatment is expected to exceed \$400.00.

Routine check ups prophylaxis are limited to 1 per year per patient for the insured member spouse & dependents aged 19 years and older.

(B) EXTENDED HEALTH CARE (MAJOR MEDICAL) BENEFIT

100% co-insurance, No deductible.

British Columbia Fair Pharmacare Plan – Adopted May 1, 2003

This government-sponsored plan assists with the cost of prescription drugs. After satisfying an annual deductible, Fair Pharmacare pays 70% of eligible prescription drugs which may include the lowest cost alternative to the drug your doctor prescribes. Your pharmacist will advise you of the low cost alternative and you will have the choice of the low cost alternative or the higher cost brand name drug. If you select the higher priced drug, you will be required to pay the full cost and submit the claim to the Office of the Administrator for reimbursement, if you qualify.

- i. Annual BC Fair Pharmacare Deductible – assigned annually by BC Fair Pharmacare
- ii. Co-insurance Paid by BC Fair Pharmacare 70% (After you exceed the BC Fair Pharmacare Family or Individual maximum assigned annually by BC Fair Pharmacare, BC Fair Pharmacare pays at 100%)
- iii. Amount paid by your Health Care Plan - 90% of BC Fair Pharmacare Deductible - 90% of Co- insurance not paid by B.C. Fair Pharmacare.

****All members are required to register with the BC Fair Pharmacare Program and secure confirmation of their BC Fair Pharmacare deductible and provide a copy of their "Confirmation of BC Fair Pharmacare Deductible" to the Administrator before the Trustees will be in a position to consider a claim for prescription receipts****

Paramedical services of the following health care practitioners up to the maximum specified below are covered by this Plan, commencing with the thirteenth (13th) visit:

Chiropractor - \$200 per person to a maximum of \$500 per family per calendar year.

Massage Therapist - \$200 per person to a maximum of \$500 per family per calendar year. **(Massage Therapy visits require a referral by a medical doctor, a copy of the referral must be submit with the claim)**

Podiatrist - \$200 per person to a maximum of \$500 per family per calendar year.

Acupuncturist - \$200 per person to a maximum of \$500 per family per calendar year **(Acupuncturist visits are eligible commencing with the first visit provided you have been referred by a physician and only if the acupuncturist is a registered practitioner, a copy of the referral must be provided)**

Physiotherapist - \$200 per person to a maximum of \$500 per family per calendar year. **(Physiotherapist visits are eligible commencing with the first visit provided you have been referred by a physician and you submit a copy of your physician referral for the physiotherapy treatment).**

Naturopath - \$200 per person to a maximum of \$500 per family per calendar year (visit costs only, no tests, no vitamins, etc. **(Naturopath visits are eligible commencing with first visit).**

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Orthopaedic supplies:

- Custom made Orthotic insole/insert prescribed by a medical doctor
- Orthopaedic shoes prescribed by a medical doctor are covered at 50% (Off-the-shelf orthopaedic shoes are not covered and casting charges are not covered)
- Orthopaedic shoes prescribed by a medical doctor attached to a brace.
- the plan will reimburse the eligible member and dependent for 1 pair of orthotics every 24 months to a maximum of \$400

Hearing aids for eligible plan members and their eligible dependents, with a minimum of 12 consecutive months of Health Care Plan eligibility on or after August 1, 1999 (providing NO form of hearing aid for either ear was worn prior to becoming eligible for coverage under this plan) purchased on the written recommendation of a doctor certified as an otolaryngologist.

- subject to a maximum of \$750 during any continuous five (5) year period, such maximum inclusive of charges for repair or replacement.

When to submit your claims to the Office of the Administrator for payment:

You should submit your prescription drug receipts or other claims receipts to the Office of the Administrator for payment once your receipts total a minimum of \$50.00. Payment of receipts totalling less than \$50.00 will be made in the first three (3) months following the end of the calendar year.

Maximum Lifetime Benefit - \$25,000.00 single, \$50,000.00 family.

(C) VISION CARE BENEFIT (Lenses Only)

- \$100.00 single vision lenses or contacts.
- \$120.00 bifocal lenses or contacts.
- \$140.00 trifocal lenses or contacts.
- Adults age 19 and over may claim for lenses every 24 months provided their prescription has changed and children age 18 and under may claim for lenses every 12 months provided their prescription has changed.
- When submitting your claim you must submit the **ORIGINAL RECEIPT** reflecting a breakdown between the cost of the lenses and the cost of the frames, and also a copy of the optical prescription.
- Replacement of lost, stolen or broken glasses or contacts is not covered by the Plan.

(D) DEATH BENEFIT - \$10,000.00

(E) LIFE INSURANCE - \$15,000.00

- To qualify for Life Insurance member must be under the age of 61 at original date of eligibility.
- No benefit will be payable upon the death of a participant after their seventieth (70th) birthday.

(F) ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

- Principal Sum \$25,000.00
- Plan members age 60 years and younger will be eligible for \$25,000.00 Life Insurance and \$25,000.00 Accidental Death and Dismemberment coverage until their 61st birthday at which time the Life Insurance and Accidental Death and Dismemberment benefits will be reduced by fifty (50%) percent to \$12,500.00 Life Insurance and \$12,500.00 Accidental Death and Dismemberment coverage.
- No benefit will be payable upon the death of a participant after their seventieth (70th) birthday.

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(G) DEPENDENT LIFE INSURANCE - Spouse \$1,000.00, Child \$500.00

- No benefit will be payable upon the death of a spouse after the eligible plan members seventieth (70th) birthday.

(H) MEDICAL SERVICES PLAN OF BC

- Members already covered under the Medical Services Plan of B.C. through their spouse or family need not take out duplicate M.S.P. of B.C. coverage. This is a taxable benefit.

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