

# **Youbou TimberLess Society Benefit Plan**

# Youbou TimberLess Society Benefit Plan

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# Youbou TimberLess Society Benefit Plan

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## 1.0 Plan Summary

This contract contains a description of the extended health care and/or dental benefits provided by Pacific Blue Cross and referred to as the Youbou TimberLess Society Benefit Plan. The benefits are underwritten by PBC Health Benefits Society, carrying on business under the registered trade name of Pacific Blue Cross (PBC) and by British Columbia Life & Casualty Company (BC Life).

This contract together with Your application and any subsequent amendments to these contracts forms the entire contract between You and Us, the underwriters. Please read it carefully and contact Us promptly with any questions.

This plan is available for individuals who are members in good standing with the Youbou TimberLess Society.

Extended health care coverage can be purchased on its own or in combination with Deluxe Dental. This contract outlines both benefits. The sections relating to the benefit coverage applied for and purchased are the sections that apply.

Throughout this contract You will find words with the first letter capitalized. These words have a specific meaning as defined in section 6.

## 2.0 Standard Extended Health Care Benefits

If a Covered Person incurs a charge for an eligible expense as described in section 2.1 to 2.7 We will pay benefits subject to the limitations and exclusions stated in this contract as follows:

### Payment of Benefits

- a) Benefits are calculated and totalled separately for each Covered person.
- b) Benefits are paid only after a \$25 Calendar year deductible is satisfied. The deductible applies to all Eligible expenses including prescription drug costs incurred in a Calendar year by all Covered persons combined.

You will NOT BE REIMBURSED for amounts withheld to satisfy a deductible.

- c) When We receive proof that a Covered person has incurred an Eligible expense after the deductible is satisfied We will reimburse You:
  - 80% of IN-PROVINCE Eligible expenses – sections 2.1 and 2.2, and
  - 100% of EMERGENCY OUT-OF-PROVINCE or OUT-OF-CANADA Eligible expenses – section 2.6.

After we have paid \$1,000 for a Covered person in a calendar year, further Eligible expenses incurred within that year by such person will be reimbursed at 100% up to the \$100,000 lifetime maximum.

### Lifetime Maximum

We will pay up to \$100,000 per Covered Person (the lifetime maximum) under extended health care benefits. This applies to costs incurred under sections 2.1, 2.2, 2.3, 2.4, 2.6 and 2.7 combined.

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## Pre-existing Conditions

Expenses incurred as a result of a Pre-existing condition are not included as Eligible expenses and consequently are not covered by this plan. A **Pre-existing condition** means an illness or medical condition which is under treatment, or has required consultation, diagnostic testing, or the professional services of a Physician at any time during the 12 months preceding the effective date of coverage under this plan.

This applies to costs incurred under sections 2.1, 2.3 and 2.6.

## Conversion from Group Plan

If You qualify for the conversion privilege, eligible expense claims for a Pre-existing medical condition under Our health plan are covered. To qualify, You must make an application within 60 days of the date on which your Blue Cross group coverage was cancelled and have been covered under your Blue Cross group plan for the same benefits (e.g. Dental and / or Extended Health) for at least six months.

### 2.1 IN-PROVINCE Eligible expenses include:

- (a) Hospital room accommodation - while confined as a patient under the treatment and care of a Physician:
  - the additional charge for semi-private or private accommodation, over and above the amount allowed by the British Columbia Hospital Program (BCHP) for normal daily public ward accommodation in a Hospital.
  - the additional charge for semi-private or private accommodation over and above the amount allowed by BCHP for normal daily public ward accommodation (but NOT the co-insurance charge of BCHP) in an extended care Unit of a Hospital.
- (b) Professional services - of the following licensed and registered Practitioners to the maximum amounts indicated, but excluding the X-rays, appliances, and tray fees. Services of a massage Practitioner require referral by a Physician:
  - physiotherapist, massage Practitioner, chiropractor, naturopath to a combined maximum benefit in any Calendar year per Covered person up to \$20 per visit up to 15 visits or \$300 per person per year.
  - podiatrist, to a maximum benefit in any calendar year of \$100 per Covered person or \$250 per family, whichever is less.

Unless otherwise indicated, items 2.1(c) to 2.1 (e) are considered Eligible expenses only when ordered by the attending Physician.

- (c) Private duty care nursing

Services of a registered nurse (RN) for an acutely ill bed patient in a hospital in the patient's province of residence, based on the schedule of fees of the Registered Nurses' Association of that province, to a maximum of 720 hours of such services in a calendar year.

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(d) Prescription Drugs

Drugs and medicines dispensed by a licensed pharmacist or a Physician in a quantity we consider reasonable:

1. Drugs and medicines which legally require a prescription from a Physician or Dentist and are eligible under the government Pharmacare plan
2. Insulin preparations, syringes and testing supplies for diabetics, and vitamin B12 for the treatment of pernicious anaemia
3. Allergy serums when administered by a Physician

But excluding the following:

4. Drugs prescribed or recommended by a Physician to be used for contraceptive or fertility purposes or to suppress an addiction
5. Drugs prescribed or recommended by a Physician to alleviate or improve sexual impotency, erectile dysfunction or other sexual deficiencies (e.g. Viagra)
6. Vitamin preparations (except vitamin B12 as included above)
7. Food and mineral replacements and supplements
8. Drugs not approved pursuant to the Food and Drug Act for sale and distribution in Canada
9. Drugs or medicines available without a prescription
10. All prescription drug charges (including dispensing fees) in excess of the financial limits established for persons age 65 or older.

The maximum amount payable for prescription drugs for a Covered person age 65 years or older is limited to \$1,000 per person per calendar year. This limit does not apply to Covered persons under 65 years of age.

(e) Emergency Medical Services

In an IN-PROVINCE EMERGENCY, charges for licensed ambulance service to and from the nearest Hospital equipped to provide the type of care essential to the patient. Air transport will be covered only when time is critical and, because of the distance to the nearest Hospital, ground or boat transport would aggravate the patient's condition. Transportation from one Hospital to another will be covered, in an Emergency only, when the original Hospital has inadequate facilities. Charges for an attendant will be covered when determined as medically necessary by the attending Physician.

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(f) Medical Services and Supplies

The following Eligible expenses require a written diagnosis from the attending Physician, substantiating the necessity for the service or supply:

- (1) Charges for oxygen, oxygen masks, tanks and regulators, blood, blood plasma and blood banking.
- (2) Charges for rigid support braces and permanent prostheses (artificial limbs, eyes, and mastectomy forms). We will reimburse a Covered person once only for each of these items where they have been covered under more than one Pacific Blue Cross Personal Plan. If one of these items was previously reimbursed under a PBC Personal Plan, a second such item will not be covered under this contract. The only exception is where a child has outgrown a prosthesis. Repairs for all such items are not covered.
- (3) Essential ostomy and ileostomy supplies for ostomy patients, paraplegics and quadriplegics.
- (4) Wigs or hairpieces when required as a result of medical treatment or Injury to a lifetime maximum benefit of \$500 per Covered person.
- (5a) Charges for the purchase of a wheelchair (to a maximum of \$5,000), hospital bed (manual type), iron lung, respirator or cardiac screener for the management of a long-term disability. Reimbursement will be based on standard equipment purchased from a medical supplier.

We will reimburse a Covered person once only for wheelchairs and hospital beds where they have been covered under more than one Pacific Blue Cross Personal Plan i.e. if one of these items was previously reimbursed, a second such item will not be covered under this Contract (even where reimbursement for a previous wheelchair was less than \$5,000).

We will not pay for the repair of equipment.

Supporting documentation and Our prior approval is required before making the purchase.

- (5b) Charges for the rental of a wheelchair, hospital bed (manual type) iron lung, respirator or cardiac screener for the management of a short-term disability. Reimbursement will be made monthly based on monthly rental charges for standard equipment and will in no case exceed the total purchase price for similar equipment.
- (6) Hearing aids (excluding batteries, recharging devices or other such accessories) to a maximum of \$500 in a five Calendar year period. Replacements will be covered only when the hearing aid cannot be satisfactorily repaired.
- (7) Charges for crutches, splints, casts and trusses. Finger splints, foot splints and elastic wrist splints are NOT covered.

## 2.2 Vision Care

The policy covers charges for corrective lenses, frames, contact lenses and eye examinations when prescribed by a Physician or optometrist. The maximum amount payable per Covered person in a 24 consecutive month period is:

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- 1) \$150 for corrective lenses, frames or contact lenses
- 2) \$50 for eye examinations that are not covered by the Medical Services Plan of BC

We will not reimburse You for vision care expenses incurred during Your first 12 months of continuous coverage.

Eligible vision care expenses are reimbursed at 80% once the deductible has been satisfied. These expenses are subject to the general exclusions and limitations.

## 2.3 Hospital Daily Cash

When We receive proof that a Covered person has been confined for a continuous period in a Hospital under the active treatment and care of a Physician, We will pay \$40 per day per adult under 65 years of age and \$20 per day per Child and adult 65 years or older from the 4<sup>th</sup> day of hospitalization.

This benefit is subject to all of the following limitations:

- a) Hospital "Daily Cash" benefits are subject to the general exclusions and limitations of section 4.
- b) We will pay to a maximum of 365 days for any one continuous period of Hospital confinement.
- c) We will not pay for hospitalization for a Covered person after they reach age 70 or for treatment of a pre-existing condition.
- d) Benefits for a period of hospitalization related in whole or in part to pregnancy will commence on the 8th day of hospitalization.
- e) Successive periods of hospitalization will be considered as one period of hospitalization unless at least 4 weeks have passed since the last hospitalization and the later period is due to causes wholly different from those of the prior period.
- f) There is a lifetime financial limit of \$15,000 for this benefit.

## 2.4 Final Expense

When We receive proof that a Covered person has died from an accidental injury, We will pay the actual funeral expenses incurred up to a maximum of \$3,000:

- to Your designated beneficiary (see section 2.5 (a) for definition), if You die.
- to You, if a Covered person other than You dies.

The benefit is also payable in the event of death from any cause, other than those excluded in section 4 and provided the deceased has been covered under this plan for 24 continuous months.

Refer to section 7 for details on how to make a claim.

## 2.5 Accidental Death and Dismemberment (AD&D)

- (a) When We receive proof that a Covered person has sustained accidental Injury which results in a loss specified in the Table of Losses and Benefit Amounts

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(see section 2.5 (d)), We will pay the amount specified for such loss provided it occurs within 365 days of the date of the accident causing the injury.

**Beneficiary** means the person named by You in Your application to receive death benefits if You die. You may name a new beneficiary by filing a written request with Us. If no beneficiary survives You, We will pay to Your estate.

(b) This benefit is subject to the following limitations:

- 1) The maximum amount payable, the "Principal Sum," is:
  - \$25,000 for You,
  - 50% or \$12,500 for Your Spouse, if no Dependent Children,
  - 40% or \$10,000 for Your Spouse with Dependent Children,
  - 10% or \$2,500 for each Dependent Child,
  - 15% or \$3,750 for each Dependent Child, if no Spouse.
- 2) We will pay only one of the amounts listed in the Table of Losses and Benefit Amounts; the largest specified, when more than one Injury is sustained by any one Covered person as a result of any one accident. Any benefit payable for loss of use will be paid only if such loss is permanent, total, irrecoverable, and is continuous for 365 days from the date of the accident.
- 3) No benefit is payable to a Covered person if the loss occurs after the person has attained age 70.

(c) The following exclusions apply:

No benefit is payable for any loss resulting directly or indirectly or in any manner or degree associated with any of the following:

- making or attempting to make an aerial flight as a pilot or member of the aircraft crew, or as one having any duties in connection with such flight, or if such flight is made for the purpose of instruction, training or testing, or any intentional descent from an aircraft in flight;
- riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from, or being struck by or being involved in a forced or crash landing, with or from any aircraft owned, operated or leased by a Covered person or his or her employer;
- intoxication with a blood alcohol level of .08% or higher, or under the influence of any narcotics unless administered on the advice of a Physician;
- suicide or any attempted suicide while sane or insane;
- intentionally self-inflicted Injury;
- full-time active service in the armed forces of any country; and/or
- declared or undeclared war or any act of war, hijacking or terrorism, or participation in a riot, insurrection, or civil commotion

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(d) Table of Losses and Benefit Amounts (Includes Loss of Use)

Except where indicated the Principal Sum will be paid for the loss of:

Life		The Principal Sum
Both Hands or Feet		The Principal Sum
One Hand and One Foot		The Principal Sum
Entire Sight of Both Eyes		The Principal Sum
One Hand and the Entire Sight of One Eye		The Principal Sum
One Foot and the Entire Sight of One Eye		The Principal Sum
Speech and Hearing		The Principal Sum
One Arm or One Leg	Three Quarters of	The Principal Sum
One Hand or One Foot	Two Thirds of	The Principal Sum
Entire sight of One Eye	Two Thirds of	The Principal Sum
Speech or Hearing	One Half of	The Principal Sum
Thumb and index finger of Same Hand	One Third of	The Principal Sum
Hearing in One Ear	One Sixth of	The Principal Sum
Quadriplegia (complete paralysis of both upper and lower limbs)		The Principal Sum
Paraplegia (complete paralysis of both lower limbs)		The Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)		The Principal Sum

Loss, as used above, with reference to:

- hand or foot means complete severance at or above the wrist or ankle joint, but below the elbow or knee joint
- arm or leg means complete severance at or above the elbow or knee joint
- thumb and index finger means complete severance at or above the metacarpophalangeal joint
- hearing means the total and irrecoverable loss of hearing
- quadriplegia, paraplegia and hemiplegia means the permanent and irrecoverable paralysis of such limbs.

(e) To make a claim, request a claim form from Our BC Life Claims Department within 30 days of any loss described above (telephone 604 419-8040).

Within 90 days of any loss described above, send the completed claim to Us along with any proof of claim We have requested.

Failure to give notice or proof of claim within the time prescribed will not invalidate the claim if the notice or proof is given as soon as reasonably possible. However, no payment will be made on any claim submitted later than one year from the date of the loss.

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## 2.6 Emergency Out-Of-Province or Out-Of-Canada Benefit Coverage

### a) Eligible Emergency Benefits

While temporarily outside British Columbia, benefits are payable for the following Eligible expenses incurred IN AN ACUTE EMERGENCY ONLY and WHEN ORDERED BY THE ATTENDING PHYSICIAN.

- 1) The Hospital room charge and charges for services and supplies if a Covered person is confined as a patient or treated in a Hospital.  
  
If reasonably possible, We should be notified within five days of the patient's admission to Hospital. When the patient's condition has stabilized, We, in consultation with the attending Physician, reserve the right to transfer the patient to another Hospital or return the patient to his or her province of residence.  
  
Refusal to comply with Our transfer request will end Our liability. We are not responsible for the immediate availability of care, treatment or surgery on return to the province of residence.
- 2) Services of a Physician and laboratory and x-ray services.
- 3) Prescription drugs in sufficient quantity to alleviate an Acute medical condition.
- 4) Local ambulance services when immediate transportation is required to the nearest Hospital equipped to provide the treatment essential to the patient.
- 5) Air ambulance from the original Hospital to the Hospital of Our choice, up to \$1,000.
- 6) Other eligible Emergency services and/or supplies that would be covered inside British Columbia.

Non-Emergency continuing care, testing, treatment or surgery, and amounts covered by the Medical Services Plan of British Columbia or any other benefits carrier or Insurance Company are NOT covered.

The exchange rate on foreign currency is based on the date the Eligible expense was incurred.

### b) Emergency Travel Assistance (Medi-Assist)

We will provide **assistance only**, as listed below, through Medi-Assist for emergencies while a Covered person is travelling.

Toll-free numbers give 24-hour access seven days of the week to the Medi-Assist world-wide network. Multilingual co-ordinators provide help in:

- 1) Locating the nearest appropriate medical care.
- 2) Obtaining consultative and advisory services (including second medical and surgical opinions and review of appropriateness, quality and costs of hospitalization and outpatient procedures) from medical advisors under agreement with Medi-Assist.

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- 3) Investigating, arranging and co-ordinating medical evacuations and related transportation needs.
- 4) Investigating, arranging and co-ordinating the repatriation of remains.
- 5) Replacing lost passports, locating qualified legal assistance and local interpreters and other incidental aid required by a Covered person in distress.

Medi-Assist will monitor medical treatment and other services rendered and provide Us with status reports as frequently as We require to control claim costs within the terms of this plan.

## 2.7 Exclusions

In addition to the items listed under General Exclusions (section 4) and items excluded under other sections of this plan, all of the following items are NOT Eligible expenses:

- a) Cataract lenses, dentures and treatment or examinations for the prescription or fitting of any of these.
- b) Remedies prescribed by a naturopath, HCG injections, X-rays, orthopedic shoes, elastic stockings, brassieres, foot orthotics, arch supports, air humidifiers and purifiers, transcutaneous nerve or muscle stimulators, glucometers, services of Victorian Order of Nurses or graduate or licensed practical nurses, religious or spiritual healers, occupational therapy, services and supplies for cosmetic purposes, rest cures, delivery and mailing or handling charges, interest or late payment charges, non-sharable or capital costs levied by local hospitals.
- c) Air fresheners, cushions, diapers, incontinence pads, drying hangers, gloves, invalid rings, scissors, sheepskins, sitz baths, topical deodorants, gauze bandages and gels.
- d) Transportation charges incurred for elective treatment or diagnostic procedures or for health examinations of any kind.
- e) Out-of-province expenses incurred for non-Emergency surgery or diagnostic procedures, elective treatment, continuing care or follow-up treatment or complications related to any of these.
- f) Out-of-province expenses incurred due to therapeutic abortion, childbirth or complications related to pregnancy occurring within two months of the expected termination date of pregnancy.
- g) Professional services of Physicians inside British Columbia or any person who renders a professional health service except as expressly provided in this contract.
- h) Expenses incurred due to a Pre-existing condition.
- i) Any other item or service not specifically included as a benefit.

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## 3.0 Deluxe Dental

This section of the contract applies only if you have applied for and been accepted for Dental coverage under the Youbou TimberLess Society Benefit Plan.

If You are covered for Deluxe Dental benefit We will pay up to a maximum of \$750 per Covered person per Calendar year from the effective date of coverage for all services combined.

When We receive proof that a Covered person has incurred an Eligible expense, We will reimburse:

- 80% of Eligible expenses incurred.

Benefits are calculated and totalled separately for each Covered person. Payments will be made to You, unless You assign payment to Your Dentist.

This benefit is subject to the following limitations:

- 1) We will not pay for dental services provided during the waiting period.
- 2) We will pay according to the applicable Pacific Blue Cross fee schedule for Dentists (general practitioners), Dental specialists and Denturists. This schedule lists eligible dental services, financial limits, treatment frequencies, and fees in effect on the date the dental services are performed. Your Dentist/Denturist will have a copy of this fee schedule. Any fees in excess of the fee schedule are Your responsibility.
- 3) We will pay up to 10% over the Pacific Blue Cross fee schedule amount for services provided by a dental specialist, or the current specialist fee guide, whichever is lower.
- 4) If these procedures are not listed in the current Pacific Blue Cross fee schedule, they are limited to the amounts listed in the current Association of Dental Surgeons of BC Fee Guide.

You should discuss Your dental needs with Your Dentist / Denturist before You have work done.

Eligible expenses include the following basic services when performed by a Dentist.

### ***Diagnostic Services***

#### **Clinical Oral Examination**

01201\* Standard oral examination of new patient

01202\* Standard oral examination

01204\* Specific oral examination - examination and evaluation of a special situation in a localized area

01205\* Emergency oral examination

\* 01201 & 01202 These procedures are limited to a combined maximum of two per covered person per calendar year.

\*\* 01204 & 01205 These procedures are limited to a combined maximum of four per covered person per calendar year.

Specific or emergency exam will be covered if standard exam was not performed within preceding 60 days.

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## **X-rays**

X-rays will be limited to the dollar equivalent of one complete series per covered person per year.

02111	Single film	02112	Two films
02113	Three films	02114	Four films
02115	Five films	02116	Six films
02117	Seven films	02118	Eight films
02119	Nine films	02120	Ten films
02121	Eleven films	02122	Twelve films
02123	Thirteen films		
02601	Panoramic (limited to once per covered person in a five year period)		
02101	Complete series, pedodontic (limited to once per covered person in a three year period)		
02102	Complete series (limited to once per covered person in a three year period)		

## **Preventive Services**

**Dental** (limited to two Units per covered person per calendar year)

### **Polishing**

11101	One Unit of time	11107	One-half Unit of time
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### **Topical Fluoride Treatment**

12101	Topical fluoride (limited to two per Covered person per calendar year)
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**Pit and Fissure Sealants** (limited to once every two years on the same tooth)

13401	Single tooth	13409	Each additional tooth in same quadrant
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## Restorative Services

Eligible expenses include the following services to restore tooth surfaces broken down as a result of decay. X-rays must be available on request. Restorations for vertical dimension and/or restoring occlusion are not eligible.

The maximum fee allowance is five surfaces per tooth or the dollar equivalent in a two-year period.

## Amalgam Restorations

### Primary Teeth

21111	One surface	21112	Two surfaces
21113	Three surfaces	21114	Four surfaces
21115	Five surfaces (maximum per tooth)		

### Permanent Anterior and Bicuspid

21211	One surface	21212	Two surfaces
21213	Three surfaces	21214	Four surfaces
21215	Five surfaces (maximum per tooth)		

### Permanent Molars

21221	One surface	21222	Two surfaces
21223	Three surfaces	21224	Four surfaces
21225	Five surfaces (maximum per tooth)		
21401	Retentive pin		
21402	Retentive pin, plus 1 additional pin		
21403	Retentive pin, plus 2 additional pins		
21404	Retentive pin, plus 3 additional pins		

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**Tooth Coloured Restorations** - on permanent anterior and bicuspid teeth only. (Tooth coloured restorations on primary and molar teeth will be paid at the amalgam equivalent.)

Permanent anteriors, non-acid etch

23101	One surface	23102	Two surfaces
23103	Three surfaces	23104	Four surfaces
23105	Five surfaces (maximum per tooth)		

Permanent anteriors, acid etch/bond

23111	One surface	23112	Two surfaces
23113	Three surfaces	23114	Four surfaces
23115	Five surfaces (maximum per tooth)		

Permanent bicuspid, non-acid etch

23211	One surface	23212	Two surfaces
23213	Three surfaces	23214	Four surfaces
23215	Five surfaces (maximum per tooth)		

**Restorative Services (Cont.)**

Permanent bicuspid, acid etch/bond

23311	One surface	23312	Two surfaces
23313	Three surfaces	23314	Four surfaces
23315	Five surfaces (maximum per tooth)		

**Metal Prefabricated Restorations** (stainless steel crowns) - limited to one per tooth in a five year period

22201	Primary anterior	22211	Primary posterior
22301	Permanent anterior	22311	Permanent posterior

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## **Periodontal Cleaning**

Fee items 42111, 11111 to 11117 and 43421 to 43429, are limited to a combined total of 4 Units per calendar year.

42111            Gingival Curettage - removal of soft tissue comprising the pocket wall

### **Scaling**

- removal of subgingival mineralized deposits

1111	One Unit	1112	Two Units
1113	Three Units	1114	Four Units
1115	Five Units	1116	Six Units
1117	One half Unit		

**Root Planing** - definitive form of scaling to smooth roughened root surfaces where there is substantial loss of attachment.

43421	One Unit	43422	Two Units
43423	Three Units	43424	Four Units
43425	Five Units	43426	Six Units
43427	One-half Unit	43429	Each additional Unit over six

## **Endodontics**

### **Emergency Endodontics Procedures** (as separate procedures)

Limited to one per emergency situation

39201	Open & drain (anterior & bicuspids)
39202	Open & drain (molars)
39211	Open & drain (anterior & bicuspids) opening through artificial crown
39212	Open & drain (molars) opening through artificial crown
75112	Incision of soft tissue (abscess)

### **Pulp Capping** (limitation of one per tooth per lifetime)

20141	With final restoration (direct)
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## Pulpotomy

32221	Permanent anterior and bicuspid teeth
32222	Molar teeth
32231	Primary dentition
32232	With final restoration

## Root Canal Therapy

Limited to one per tooth per lifetime. Fee also includes procedural and/or diagnostic X-rays, vitality test, opening and drain, restoration of one-surface access opening. Payment for primary teeth will made under fee item 32331.

### Conservative Root Canal Therapy

33111	One canal	33121	Two canals
33131	Three canals	33141	Four or more canals

### Pulpectomy (as a separate Emergency procedure)

The fee for completed root canal therapy is reduced by the fee charged for the open and drain, or emergency pulpectomy, whichever is provided.

### Pulpectomy, permanent teeth/retained primary teeth

32311	One canal	32312	Two canals
32313	Three canals	32314	Four or more canals

### Pulpectomy, primary teeth

32321	Anterior teeth	32322	Posterior teeth
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## **Endodontics (Cont.)**

Apexification (induced apical formation - permanent teeth only)

33601	Apexification 1 canal (1st visit including pulpectomy)
33602	Apexification 2 canals (1st visit including pulpectomy)
33603	Apexification 3 canals (1st visit including pulpectomy)
33604	Apexification 4 canals (1st visit including pulpectomy)
33611	Insertion of dentogenic media per visit 1 canal
33612	Insertion of dentogenic media per visit 2 canals
33613	Insertion of dentogenic media per visit 3 canals
33614	Insertion of dentogenic media per visit 4 canals

## **Periapical Services**

Apicoectomy/apical curettage

34111	Upper anterior - one root	34121	Upper bicuspid - one root
34122	Upper bicuspid - two roots	34131	Upper molar - one root
34132	Upper molar - two roots	34141	Lower anterior - one root
34151	Lower bicuspid - one root	34161	Lower molar - one root
34162	Lower molar - two roots		

Apicoectomy/apical curettage

34211	Upper anterior - one canal	34221	Upper bicuspid - one canal
34222	Upper bicuspid - two canals	34231	Upper molar - one canal
34232	Upper molar - two canals	34241	Lower anterior - one canal
34242	Lower anterior - two canals	34251	Lower bicuspid - one canal
34261	Lower molar - one canal	34262	Lower molar - two canals
34421	Hemisection - upper bicuspid	34422	Hemisection - upper molar
34423	Hemisection - lower molar		

Amputations (includes recontouring tooth and firca)

34411	Amputation of one root
34412	Amputation of two roots

Preformation/Resorptive Defect(s) Pulp Chamber or Root Repair

34511	Non-surgical per tooth
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## ***Prosthetic Services***

54201 Minor denture adjustments - per Unit (limited to four Units per covered person per calendar year)

**Removals & Recementation** - limited to two Units of removal and two Units of recementation per covered person per calendar year

66211 Removal of inlays, crowns, bridges - one Unit  
66212 Removal of inlays, crowns, bridges - two units  
66301 Recementation of inlays, crowns, bridges - one Unit  
66302 Recementation of inlays, crowns, bridges - two Units

**Repairs** - limited to once per tooth per lifetime

If these procedures are not listed in the current Pacific Blue Cross Fee Schedule, they are limited to the amounts listed in the current British Columbia Federation of Dental Societies Fee Guide.

66711 Repairs to a fixed bridge (porcelain, ceramic, plastic or composite) - first tooth  
66719 Repairs to a fixed bridge (porcelain, ceramic, plastic or composite) - each additional tooth  
27711 Repairs to inlays, onlays or crowns (plastic)  
27721 Repairs to inlays, onlays or crowns (porcelain or ceramic)

## **Denture Repairs/Additions**

All denture repairs/additions require a description of the type of repair and the total lab fee charged in the description of service column on the claim form. The total amount charged (dentist fee and lab fee) must be billed as one amount.

55101 Upper complete denture, not requiring an impression  
55102 Lower complete denture, not requiring an impression  
55201 Upper complete denture, requiring an impression  
55202 Lower complete denture, requiring an impression  
55301 Upper partial denture, not requiring an impression  
55302 Lower partial denture, not requiring an impression  
55401 Upper partial denture, requiring an impression  
55402 Lower partial denture, requiring an impression

# Youbou TimberLess Society Benefit Plan

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## **Denture Rebasing or Relining Complete or Partial Dentures**

Relines are limited to once per denture every two years.

56211	Reline complete upper denture
56212	Reline complete lower denture
56221	Reline partial upper denture
56222	Reline partial lower denture
56231	Reline (upper) involving lab work
56232	Reline (lower) involving lab work
56241	Partial reline (upper) involving lab work
56242	Partial reline (lower) involving lab work
56251	Reline complete upper denture processed functional impression requiring 3 appointments
56252	Reline complete lower denture processed functional impression requiring 3 appointments
56261	Reline partial upper denture processed functional impression requiring 3 appointments
56262	Reline partial lower denture processed functional impression requiring 3 appointments
56311	Rebase upper complete denture
56312	Rebase lower complete denture
56321	Rebase upper removable partial denture
56322	Rebase lower removable partial denture
56511	Tissue conditioning - per appointment (upper)
56512	Tissue conditioning - per appointment (lower)

## ***Denture Services - Performed by a Denturist***

00012	Processed reline, per denture
00014	Repair simple fracture
00015	Replace first tooth (new tooth)
00016	Replace each additional tooth (new)
00017	Replace first tooth (existing tooth)
00018	Major repair, requiring an impression
00019	Repair multiple fracture
00023	Tissue conditioning (upper or lower)
00024	Tissue conditioning (both upper and lower)
00026	Adjustment to denture or consultation
00029	Processed soft liner

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## **Oral Surgery**

Extractions of erupted teeth, including necessary suturing and routine post-operative treatment.

71101	Single tooth
71109	Each additional tooth in same quadrant

## **Emergency Treatment**

If, while temporarily outside British Columbia You require EMERGENCY dental care, You are entitled to the services of a Dentist and will be reimbursed up to the amount that this Plan would have paid had the services been rendered in BC an itemized statements must be provided with all such claims.

## **Dental Benefit Exclusions**

In NO EVENT will Eligible expenses include:

- 1) Procedures performed for congenital malformations or for purely cosmetic reasons.
- 2) Charges for broken appointments, oral hygiene or nutritional instruction, or completion of forms.
- 3) Charges for drugs, pantographic tracings, osseous or tissue grafts, procedures related to myofunctional therapy, implants and/or services performed in conjunction with implants.
- 4) Services and supplies rendered for a full mouth reconstruction for a vertical dimension correction, or for correction of a temporomandibular joint dysfunction (jaw structure).
- 5) Inlays, onlays, crowns, bridgework, partial and complete dentures, periodontal services and surgical procedures except items specifically included as Eligible expenses.
- 6) Orthodontics.
- 7) Incomplete, unsuccessful or temporary procedures.
- 8) Recent duplication of services by the same or different Dentists or Denturists.
- 9) Any extra procedure which would normally be included in the basic service performed.

See Section 4 of this Contract for General Exclusions which apply to all Benefits.

## **4.0 General Exclusions and Limitations**

We will not pay any benefits:

- a) To the extent that You and Your Dependents are entitled to or have received reimbursement (see Section 6 Co-ordination of Benefits):
  - under another group or individual benefit plan or insurance policy, or
  - due to the legal liability of any other party.

# Youbou TimberLess Society Benefit Plan

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- b) Where expenses result directly or indirectly from, or in any way associated with, any of the following:
- intentional self-injury, war, whether declared or undeclared, or any act of war, or participation in a riot, insurrection or civil commotion or acts of terrorism;
  - active duty in the military forces of any nation or international organization, or in any civilian non combatant Unit which serves with such forces in combat;
  - a direct or indirect attempt at, or commission of, an indictable offence under the Criminal Code of Canada or similar law of any other country;
  - any injury, illness, or condition for which care is provided or hereafter may be provided without cost or at nominal charges by public authorities or by a tax-supported agency, including preventive treatment and services available under any Workers' Compensation Act or similar plan; and/or
  - injury arising from participation in professional sports.

The above general exclusions apply to all benefits. Additional exclusions are included in each Benefit category (see sections 2 and 3).

## 5.0 Definitions

As used in this Contract:

**Acute** defines a condition attended with symptoms of some severity and coming speedily to a crisis.

**Calendar year** means a year commencing January 1 and ending December 31.

**Child** or **Children** means a person living with You, to whom You or Your spouse are a natural parent or legal parent or legal ward (but not a foster parent), and who is single and depends on You or Your spouse for financial support. Unless physically or mentally handicapped, such a person is not eligible for coverage under this Contract upon attaining the age of 21.

**Covered person** means You or Your spouse or child, who meet and continue to meet all the conditions of eligibility contained herein, and to whom we have agreed to provide coverage under this Contract.

**Customary charge** means the usual and Reasonable charge for providing a service or supply, which does not exceed the general level of charges made by providers in the Area where the charge is incurred, for conditions comparable in severity and nature to the condition being treated. **Reasonable** means justifiable, considering the special circumstances of the case. **Area** means a geographical locality (e.g. a city) from which a statistically meaningful sample of charges for a specific service or item can be obtained.

**Dentist** means a doctor of dentistry duly qualified and licensed to practice dentistry in the Area where the services are provided and acting within the scope of that license, but excludes a person residing with or related to a covered person.

**Denturist** means a Denturist or dental mechanic duly qualified and licensed to perform services in the Area where they are rendered, but excludes a person residing with or related to a Covered person.

**Dependent** means Spouse or child.

# Youbou TimberLess Society Benefit Plan

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**Eligible expense** means a charge for any service and/or supply included in Your Contract as a benefit, to the extent that:

- it is, in Our assessment, a Customary charge medically necessary for health care and maintenance, and
- it is ordered or referred by a Physician or Dentist, unless otherwise specified in the benefit description, and
- it is not a cost normally paid or provided by any Government plan, or any other Provider of health coverage, and
- it is incurred by a Covered person. An expense is "incurred" on the date the service is provided or the supply is received.

It does not include:

- any payment to a pharmacy or a practitioner (demanded or received by balanced billing, extra billing or extra charging) which represents an amount in excess of the schedule of costs prescribed by the Government plan.

**Emergency** means a sudden unexpected occurrence of an Acute condition demanding immediate medical attention.

**Government plan** means a plan, program or arrangement, under the administrative control or regulatory power of any Canadian government (federal or provincial), which provides coverage or reimbursement for basic medical and hospital services and/or supplies (this includes MSP and Pharmacare).

**Hospital** means an acute care institution which:

- provides primarily for the diagnosis and short-term treatments of patients for a wide range of diseases or injuries, where services are not restricted to a specific age group or sex, and
- may or may not have a group of beds or rooms or a separate wing or building to which patients requiring extended care are admitted, and if located in Canada, is not operated for profit, and has a staff of one or more physicians available at all times and continuously provides 24-hour nursing services by registered nurses (RNs), and
- is not primarily a health spa, hospice, rest home, clinic, rehabilitation, convalescent or chronic care hospital or home, nursing home, or similar establishment, nor other than incidentally a place for treatment of substance abusers.

**Injury** means bodily Injury to a Covered person, caused by an accident occurring while the injured person is covered under this Contract, resulting solely and directly from external, violent and accidental means and independent of all other causes.

**Physician** means a person who is duly qualified and licensed to practice medicine or surgery, or both, in the Area where the services are provided and is acting within the scope of that license, but excludes a person residing with or related to a Covered person.

**Practitioner** means a person who is currently licensed, certified or registered to practice a profession by the appropriate licensing, certification or registration authority of the jurisdiction where the care or services are provided or, where no such authority exists, has a certificate of competency from the professional body which establishes standards of competence and conduct for the profession, and who is acting within the scope of that license. This definition excludes any person residing with or related to a Covered person.

**Provider** means a person, group or other entity providing a service or supply included in this Contract as a benefit.

# Youbou TimberLess Society Benefit Plan

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**Pre-existing condition** means an illness or medical condition which is under treatment, or has required consultation, diagnostic testing or the professional services of a physician at any time during the 12 months preceding the effective date of coverage under this Contract.

**Spouse** means a person to whom You are legally married, or with whom You have been living in a publicly acknowledged common-law relationship for at least 12 continuous months.

**We, Us and Our** means Pacific Blue Cross and British Columbia Life & Casualty Company.

**You and Your** means the person who holds this Contract.

## 6.0 General Terms and Conditions

### Rates

The amount of payment required for the first 12 months of coverage is shown on the rate sheet which is included with Your application. We will notify You in writing of any change in rates at least 31 days prior to the renewal date of this Contract. Payment is due in advance on:

- the renewal date, if You elect to pay annually in one lump sum, or
- the first day of each month, if payment is made by pre-authorized payment.

You may terminate this Contract on the first day of any month after it has been in force for a minimum of three months, by providing Us with advance written notification. You will receive a refund for each full month of unused coverage for which You have prepaid, less an administration charge.

### Note:

We want You to be completely happy with Your membership and the coverage described in this Contract.

If You are not satisfied with the coverage and notify Us to terminate Your membership within 30 days of the effective date of this plan, We will make a full refund of any premiums paid provided there have been no claims paid under this plan.

### Persons Eligible for Coverage

This Plan is available for individuals who are members in good standing with the Youbou TimberLess Society. To be eligible for coverage You and Your Dependents must be actively enrolled with the Medical Services Plan of BC and be entitled to benefits under the BC Hospital Programs and BC Pharmacare.

### Effective Date of Coverage

- a) Coverage will commence for all persons named on Your application form on the effective date of this plan.
- b) If after the effective date of this plan You apply for a Dependent to be covered, coverage for this person, once approved by Us, will commence on the first of the month following the date We receive and approve Your application and receive the additional premium.

Note: We will NOT provide coverage or pay benefits for a registered bed patient who is hospitalized on the effective date of coverage under this plan. If You are confined to a Hospital or any health care facility on the date that coverage is to become effective, We will postpone Your coverage until the first of the month following Your complete and final discharge.

# **Youbou TimberLess Society Benefit Plan**

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## **Termination of Coverage**

- (a) This Contract will terminate automatically on the date payment required to keep it in force is due but is not paid in full.
- (b) Coverage for a Covered person will terminate:
  - when We have paid the maximum benefit amount payable under this contract to or for the person;
  - upon the death of the person; or
  - upon cancellation as a member in good standing with the Youbou TimberLess Society.
- (c) Coverage for a Dependent will also terminate on the earliest of the following:
  - the date a Child attains the age of 21, unless physically or mentally handicapped;
  - the date a Child marries or enters into a common-law relationship;
  - the date a Child obtains employment and is no longer dependent on You or Your Spouse for financial support;
  - the date he or she is no longer dependent on You or Your spouse for financial support; or
  - the date you lose, or your membership with the Youbou TimberLess Society is cancelled.

## **Co-ordination of Benefits/Right to Recover Damages**

- a) If You or any of Your Dependents have coverage under any other plan which provides similar benefits, payment will be co-ordinated between the plans to the extent that payment received from all plans will not exceed 100% of the eligible claim.
- b) If the other plan does not contain a provision for co-ordination, the benefits payable under such other plan must be determined first. If the other plan has a co-ordination of benefits provision, we will comply with the Canadian Life and Health Insurance Association guidelines in effect on the date the expense was incurred.
- c) The benefits payable under a plan which covers the person other than as a Dependent will be determined before the benefits of a plan which covers the person as a Dependent.

When claiming benefits under this plan You will provide any information We require to implement this provision. We may (with Your consent) provide or obtain from any other organization or person any information necessary to implement the terms of this provision.

## **Other General Conditions**

- a) All money payable under this plan will be in Canadian currency.
- b) We will not pay interest on any benefits.
- c) You may not assign Your benefits or interest in this plan without Our consent.

# **Youbou TimberLess Society Benefit Plan**

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- d) Any information relating to You or Your Dependents in Our possession will remain confidential and will not be disclosed to anyone without You or Your Dependent's express consent, except that it may be disclosed:
- in statistical form without revealing individual names;
  - where reasonably necessary, to determine eligibility for a benefit, or to protect Our interests against criminal activity, fraud and misrepresentation in connection with benefits payable under this contract;
  - where required by law;
  - to the appropriate governing body of the medical, pharmaceutical or dental professions; and/or
  - to another benefit carrier when co-ordinating benefit payments.
- e) If You or Your Dependent suffers damage from the malpractice or negligence of any person, Practitioner or Provider, You must make Your claim, if any, against such person and not against us. You agree to waive any claim against Us and to indemnify and save Us harmless from any such claim that may be made against Us.
- f) We reserve the right at all times and from time to time to create, adopt, amend, alter or revise Our administrative policies. Our administrative policies whether in writing or not are used to define and create benefit plans and to determine the administration and adjudication of claims.
- g) We may amend this policy with 31 days written notice to You.
- h) We shall consider any document mailed to You through Canada Post as received by You on the fourth calendar day following the posting.

## **7.0 Claims Procedures**

### Submission of Claims

(a) When to Claim

- Submit a claim within 90 days of the date You incur an Eligible expense.
- We will accept claims received after 90 days provided there is Reasonable cause for the delay. However, We will not accept a dental claim received more than one year from the completion date of service. Likewise, an AD&D claim must be submitted within one year from the date of loss. Claims for all other benefits must be received no later than December 31st of the Calendar year following the year in which the expense is incurred.

(b) Limitation of Action

No action may be brought against Us for any claim unless brought within one year from the date the cause of legal action arose.

(c) Submitting Your Claim

# Youbou TimberLess Society Benefit Plan

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## Extended Health Care Claims:

- Request a claim form from your Plan Administrator or our Extended Health Care Department at Pacific Blue Cross.
- Complete the claim form in full (instructions are provided on the back of the form) and sign it.
- Attach receipts for all Eligible expenses.
- Send the completed claim to Us.

## Dental Claims:

- Have Your Dentist complete and sign a claim form detailing the services rendered (the Dentist will provide the form).
- You may assign payment directly to Your Dentist by signing the appropriate box on the claim form. If You do not assign benefits to Your Dentist, We will make payment to You.
- A separate claim must be completed for each Covered person who has received dental services which are Eligible expenses.
- Send the completed claim to Us. Be sure to include the name of the Dentist; the name of the person receiving the dental care and their date of birth; the group number, social insurance and Dependent numbers (this information is on Your Dental ID card); Your complete home address and postal code.

(d) Additional Information

We may request additional information or proof to support Your claim. This will be at Your own expense. We may refuse Your claim if the information You provide is insufficient for Us to fully assess the claim.

Note: We do not make payments for amounts less than \$1.

For Claim Service please call the following departments on weekdays, except public holidays, between 8:00 a.m. and 4:30 p.m.:	
Extended Health Care Benefits: 604 419-2600	Dental Benefits: 604 419-2300

## Claim Inquiries

Extended Health Care Benefits 604-419-2600  
Dental Benefits 604-419-2300

## Administration

Pacific Blue Cross  
PO Box 7000  
Vancouver BC  
V6B 4E1

Telephone:	604-419-2200	Toll Free outside Greater Vancouver:	1-800-USE-BLUE 1-800-873-2583
Fax:	604-419-2199	E-mail:	Inhealth@pac.bluecross.ca

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