

we know you.

INSURANCE **for doctors**

we're for you.

Health Benefits Trust Fund (HBTF) health and dental plan

Comprehensive protection designed especially
for Doctors of BC members

canada **life**™

**doctors
of bc**

Better. Together.

WHY DO I NEED HEALTH AND DENTAL INSURANCE?

While many of your health care costs are covered through BC MSP there are some routine expenses such as prescription drugs, dental visits, and visits to massage therapists and other practitioners that are not covered.

In addition, unexpected expenses can arise from an illness or accident, such as homecare, medical equipment, or expensive medications, which can add up quickly.

Doctors of BC has designed a health and dental insurance program that provides comprehensive coverage to our members and their families (and full-time staff, if applicable – see page 6). We know the majority of physicians are self-employed so we have designed the plan to be your health insurance for life – there is no expiry!

If you're incorporated, there are features to enhance your insurance plan, by adding the Cost-Plus feature, a tax-efficient structure that turns personal health care expenses (that may not be covered through insurance) into tax-deductible corporate expenses.

Trust the Health Benefits Trust Fund (HBTF) health and dental plan to provide you the peace of mind that you won't have to shoulder your medical expenses alone.

WHO IS ELIGIBLE?

You are eligible to participate in the HBTF health and dental plan if you are:

1. under age 65 at time of enrollment, and
2. a member of Doctors of BC or the Yukon Medical Association (YMA)

When can I enroll in this plan without proof of health?

You are eligible to enroll in the HBTF health and dental plan without proof of good health if you apply:

1. within 90 days of becoming a member of Doctors of BC for the first time; or
2. within 90 days of completing residency or fellowship training

Have full-time employees?

See the page 6 for information on eligibility and coverage for your employees.

WHO IS COVERED?

Definition of eligible dependents

An eligible dependent means:

- your legal or common-law spouse, or
- your unmarried children under age 22, or under age 25 if they are a full-time student

WHY CHOOSE DOCTORS OF BC:

- *group discounted rates*
- *drug formulary used is most generous in the industry*
- *coverage can last for life*
- *easy online claims system*
- *can extend coverage to employees (if applicable)*

WHAT IS COVERED?

Expense	Reimbursement level	Maximum coverage available
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Extended health care coverage

Deductible \$50 Single/\$100 Family per calendar year

Prescription drugs	80%	Unlimited
Dispense fee	100%	Dispensing fee cap - \$8.00
Fertility drugs	80%	\$2,400 lifetime
Private hospital room	80%	
Hearing aids	80%	\$1,000 every 4 calendar years
Insulin infusion pumps	80%	\$3,500 every 5 calendar years
CPAP	80%	\$2,000 every 5 years
Orthopedic shoes (custom-made/fitted)	80%	2 pairs each calendar year
Foot orthotics (custom-made)	80%	\$500 every 3 calendar years
Blood-glucose monitoring machines	80%	\$700 lifetime
Continuous glucose monitoring machines and flash glucose monitoring machines	80%	\$4,000 combined each calendar year
Vision care exams – dependents under 18	80%	\$80 every 12 months
Vision care exams – all others	80%	\$80 every 24 months



Paramedical expenses

Paramedical expenses:

Acupuncture, chiropractor, massage therapist, naturopath, osteopath, physiotherapist, podiatrist, occupational therapist

80%

\$500 each calendar year with a combined maximum of \$1000 each calendar year
Each visit will be subject to the reasonable and customary maximum suggested by each provincial paramedical association

Other practitioners:

Psychologist, social workers, registered clinical counsellors in BC and registered professional counsellors

80%

\$1,000 each calendar year

Speech therapists

80%

\$1,000 each calendar year



Dental care

Deductible \$50 Single/\$100 Family per calendar year

Basic services:

Annual check-up, cleanings, fillings, scaling, polishing, root planning, diagnostic, select extractions, endodontics, periodontics

80%

\$2,000 per person per calendar year for basic and major expenses combined

Major restorative:

Dentures, crowns, bridgework

60%

Orthodontic treatment

50%

\$2,000 lifetime for dependent children under age 19



Emergency out-of-country travel medical care

Trip length limit		60 days
Number of trips per year		Unlimited
Medical emergency	100%	\$3,000,000 lifetime
Out-of-country non-emergency care	100%	\$50,000 lifetime



COST-PLUS FEATURE

The HBTF plan is a comprehensive insurance plan but there are some expenses that aren't fully covered by the insurance, such as annual deductibles, co-insurance, orthodontics, dental implants, eyeglasses and contact lenses.

For our incorporated physicians, there is an option to enhance the core insurance plan with the Cost-Plus feature. For a full list of eligible expenses you can submit through Cost-Plus, see Canada Revenue Agency's [Income Tax Folio S1-F1-C1, Medical Expense Tax Credit](#).

Using Cost-Plus is a tax-efficient way to cover large expenses through a corporate tax-deductible expense, rather than using personal after-tax dollars. By using your corporation to fund these expenses, you typically pay 30-40% less than when you pay personally.*

The cost-plus option has no additional fees to set up and there are no annual maintenance costs – the admin fees are only charged when you make a claim.

* Example for a physician with a personal income of \$150,000/year: to fund a \$4000 orthodontic expense personally, the physician is in the 43% personal income tax bracket and would need to draw \$7017.54 in pre-tax income from the corporation. Conversely, by using cost-plus, the corporation would only need \$4280 to fund this expense = a savings of 39%! Based on 2019 British Columbia combined personal income tax rates.

COST-PLUS

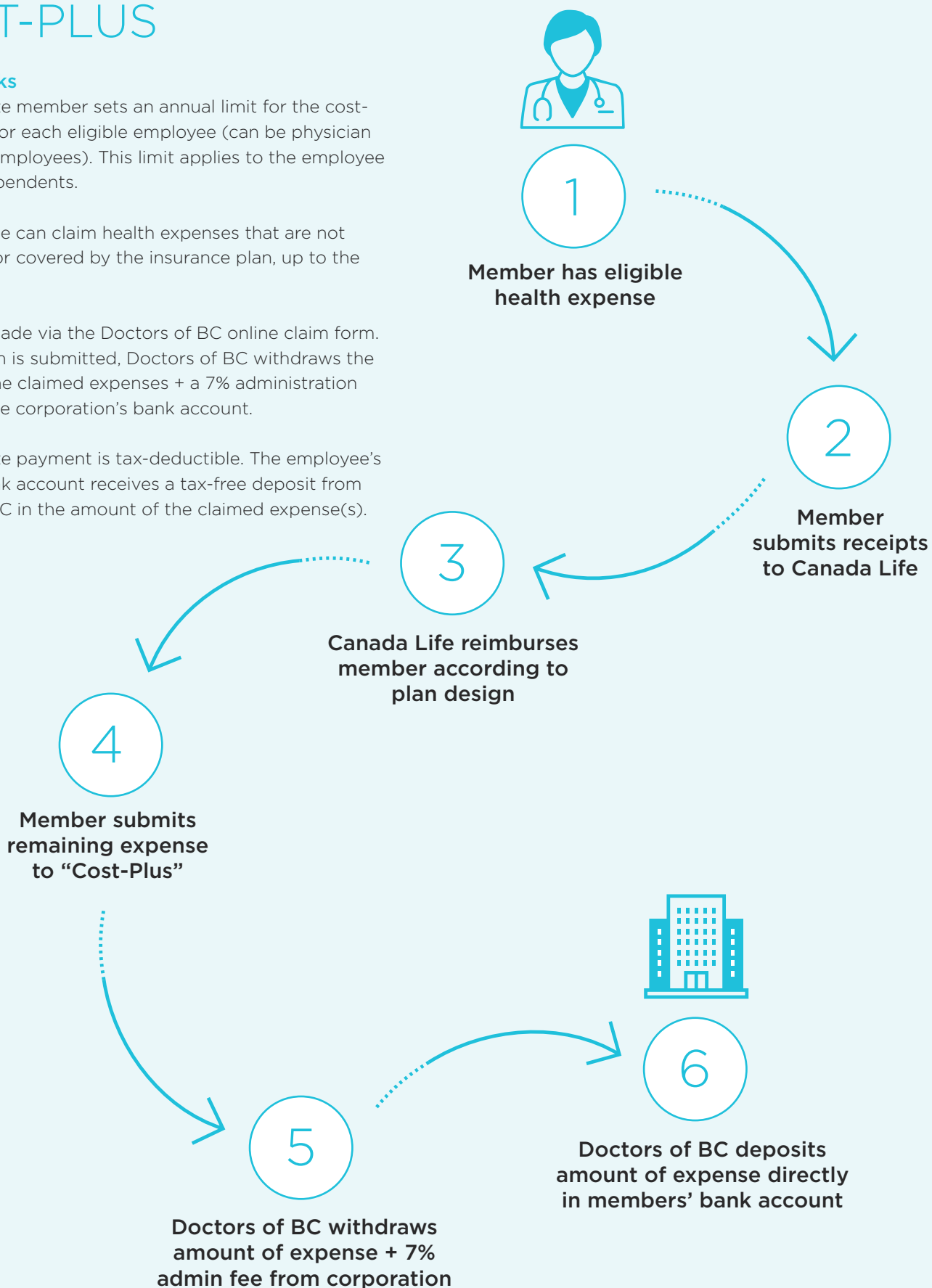
How it works

The corporate member sets an annual limit for the cost-plus option for each eligible employee (can be physician or full-time employees). This limit applies to the employee and their dependents.

The employee can claim health expenses that are not reimbursed or covered by the insurance plan, up to the annual limit.

Claims are made via the Doctors of BC online claim form. When a claim is submitted, Doctors of BC withdraws the amount of the claimed expenses + a 7% administration fee** from the corporation's bank account.

The corporate payment is tax-deductible. The employee's personal bank account receives a tax-free deposit from Doctors of BC in the amount of the claimed expense(s).



** Administration fee is charged per claim. Minimum admin fee of \$25, maximum admin fee of \$250.



CAN MY EMPLOYEES BE COVERED?

Eligibility

Medical office staff are eligible to enroll in the plan if they are:

- employed by a medical office that is currently participating in the Plan, and
- under the age of 65 at the time of enrollment in the plan, and
- actively working for the office/medical practice at least 20 hours per week

New employees must enroll within three months of the employment date. If new staff members have alternative health and dental coverage in place, they may waive their participation in the health and dental coverage on the HBTF Enrollment Form, however, staff members must enroll in the Life, AD&D and LTD benefits.

Proof of good health will be required if applying 90 days after the enrollment date (late applicant), or if applying for Long Term Disability coverage greater than \$1,000.

When does the coverage become effective?

Extended health and dental coverage for new employees of an office already participating in the HBTF Benefits Plan becomes effective on the first day of the month coincident with or immediately following three months of continuous employment at 20 hours or more per week.

Participation requirements for office enrollment

Typically all full-time staff must be enrolled in the HBTF plan. Minimum participation requirements apply and are based on the size of the office. Please contact a Doctors of BC administrator for more details.

What is covered?

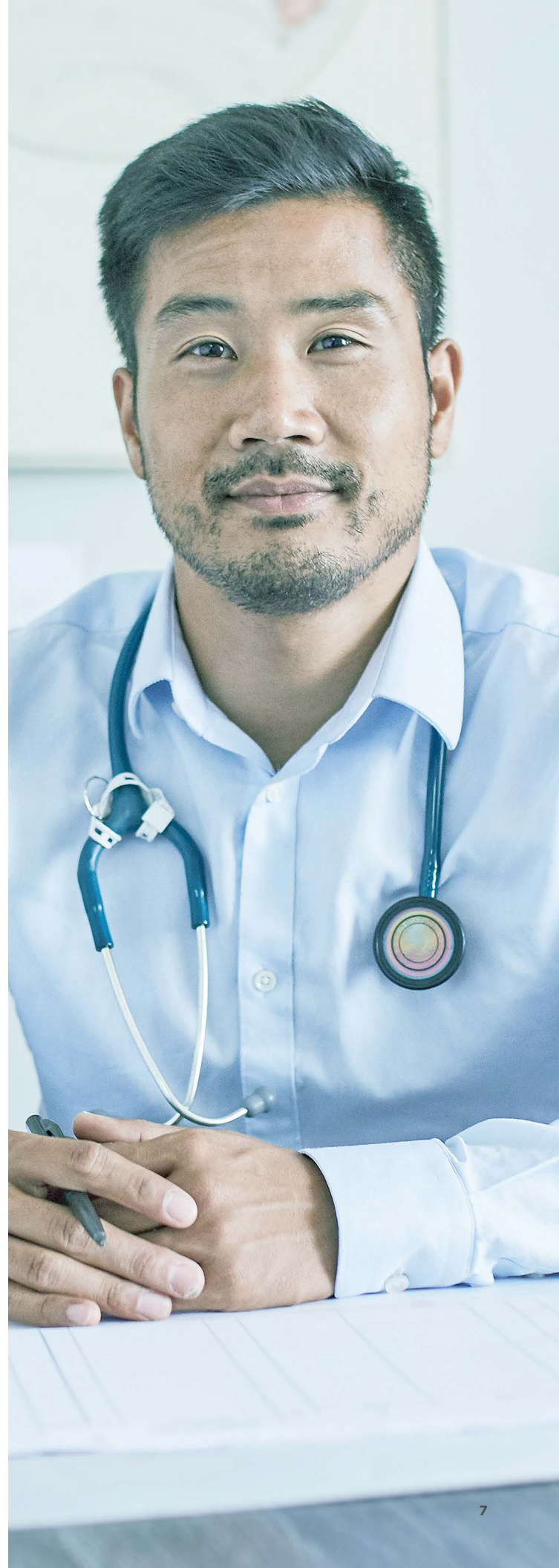
Medical office staff and their dependents are eligible for the same health and dental benefits as physicians (see benefit summary on page 3). In addition, staff are enrolled in the following benefits: life insurance, accidental death & dismemberment, and long-term disability insurance.

Life insurance	\$20,000 OR \$50,000
Accidental death & dismemberment (AD&D)	\$20,000 OR \$50,000
Long term disability (LTD)	\$1000/month (no proof of health required) OR \$1200, \$1500, \$2000, or \$2500 (proof of health required)

TO HELP PROTECT YOUR FINANCIAL FUTURE AND YOUR ASSETS

Doctors of BC offers and administers a comprehensive array of insurance products that includes:

- INCOMEprotect™ Disability Insurance
- Physicians' Disability Insurance (PDI) Plan
- Professional Expense Insurance
- Life Insurance
- Accidental Death and Dismemberment Insurance
- Critical Illness Insurance



Information and application forms for all Doctors of BC insurance plans may be found at doctorsofbc.ca/insurance.

To contact a Doctors of BC Insurance Administrator, or to book an appointment with a non-commissioned Insurance Advisor:

Tel: **604 638 2908**

Toll Free: **1 800 665 2662 ext 2908**



Email: insurance@doctorsofbc.ca



This brochure provides the highlights and not the details of the HBTF health and dental plan. INCOME**protect**™ is a trademark of the Association of Doctors of BC.

