

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

NOVEMBER, 2017 (NEW CONTRACT)  
Effective November 1, 2017

Optical Claims (Details by division attached)	88,935.28	
Administration Charge 4.37%	3,886.47	
GST (5%) on Administration	194.32	93,016.07
Dental Claims (details by division attached)	3,107,321.79	
Administration Charge 4.37%	135,789.96	
GST (5%) on Administration	6,789.50	
Dental claims + Admin Writeoff	0.00	3,249,901.25
Hearing Instrument Claims (details by division attached)	331,120.55	
Administration Charge 4.37%	14,469.97	
GST (5%) on Administration	723.50	346,314.02
Total Claims, Admin, Ont. Tax & GST		3,689,231.34
Interest Charged : 3.20%		
(Earned) : 3.20% - 1.5%	(2,289.17)	(2,289.17)
Total Claims & Charges		3,686,942.17
Less: Deposit Received	November 7, 2017	(5,500,000.00)
	November 27, 2017	(5,900,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0304 (See Attached)	December 6, 2017	(161,853.72)
Previous Month Deficit (Surplus) Balance @ October 31, 2017		-
Deficit (Surplus) Balance As At November 30, 2017		(7,874,911.55)
***Interest is prorated between old contract and new contract.		

**MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
 HEALTH ASSISTANCE BRANCH  
 EMPLOYEE BENEFIT PLANS  
 NOVEMBER, 2017 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	302,959.05	49,435.34	1,280,290.36
2	7,866.80	1,456.21	46,422.82
3		771.26	4,297.06
4		258.40	2,923.00
5	180.00	11,483.75	129,657.55
6	5,565.00	675.60	20,485.88
7	4,000.00	725.72	32,657.24
8	320.00	6,463.90	435,810.95
9	10,229.70	17,665.10	1,154,776.93
<b>Grand Total</b>	<b>331,120.55</b>	<b>88,935.28</b>	<b>3,107,321.79</b>



**INVOICE**

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: December 6, 2017  
Invoice Number: 17-0304

ATTENTION TO: Ms. Gloria Miller

GST Number: R877921833

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**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

**NEW CONTRACT NOVEMBER, 2017**

OPTICAL ADMIN FEE	88,935.28	X 4.37% =	\$	3,886.47	
GST ON ADMIN		X 5% =		194.32	4,080.79
DENTAL ADMIN FEE	3,107,321.79	X 4.37% =	\$	135,789.96	
GST ON ADMIN		X 5% =		6,789.50	142,579.46
HEARING INSTRUMENT ADMIN FEE	331,120.55	X 4.37% =	\$	14,469.97	
GST ON ADMIN		X 5% =		723.50	15,193.47
<b>BALANCE DUE FOR NOVEMBER 2017 ADMINISTRATION</b>				<b>\$</b>	<b>161,853.72</b>

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**DECEMBER, 2017 (NEW CONTRACT)**  
Effective November 1, 2017

Optical Claims (Details by division attached)	269,180.26	
Administration Charge 4.37%	11,763.19	
GST (5%) on Administration	<u>588.17</u>	281,531.62
 Dental Claims (details by division attached)	 4,314,183.02	
Administration Charge 4.37%	188,529.79	
GST (5%) on Administration	9,426.50	
Dental claims + Admin Writeoff	<u>0.00</u>	4,512,139.31
 Hearing Instrument Claims (details by division attached)	 637,677.34	
Administration Charge 4.37%	27,866.51	
GST (5%) on Administration	<u>1,393.34</u>	666,937.19
 Total Claims, Admin, Ont. Tax & GST		<u>5,460,608.12</u>
 Interest Charged : 3.20%		
(Earned) : 3.20% - 1.5%	<u>(11,349.67)</u>	(11,349.67)
 Total Claims & Charges		5,449,258.45
 Less: Deposit Received		
 Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0333 (See Attached)	January 5, 2018	(239,567.50)
 Previous Month Deficit (Surplus) Balance @ November 30, 2017		<u>(7,874,911.55)</u>
 Deficit (Surplus) Balance As At December 31, 2017		<u>(2,665,220.60)</u>
***Interest is prorated between old contract and new contract.		

**MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**DECEMBER, 2017 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	579,936.54	152,178.47	1,793,905.34
2	20,896.40	3,483.78	57,048.16
3	0.00	2,266.79	6,908.92
4	0.00	124.00	5,597.17
5	0.00	38,395.62	225,298.44
6	16,749.00	1,090.40	26,128.97
7	5,870.00	5,483.23	54,175.87
8	8,601.80	21,256.85	577,816.77
9	5,623.60	44,901.12	1,567,303.38
<b>Grand Total</b>	<b>637,677.34</b>	<b>269,180.26</b>	<b>4,314,183.02</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: December 6, 2017  
Invoice Number: 17-0333

ATTENTION TO: Ms. Gloria Miller

GST Number: R877921833

## FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

NEW CONTRACT DECEMBER, 2017

OPTICAL ADMIN FEE	269,180.26	X 4.37% =	\$ 11,763.19	
GST ON ADMIN		X 5% =	588.17	12,351.36
DENTAL ADMIN FEE	4,314,183.02	X 4.37% =	\$ 188,529.79	
GST ON ADMIN		X 5% =	9,426.50	197,956.29
HEARING INSTRUMENT ADMIN FEE	637,677.34	X 4.37% =	\$ 27,866.51	
GST ON ADMIN		X 5% =	1,393.34	29,259.85

BALANCE DUE FOR DECEMBER 2017 ADMINISTRATION

**\$ 239,567.50**

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**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**JANUARY, 2018 (NEW CONTRACT)  
Effective November 1, 2017**

Optical Claims (Details by division attached)	409,745.30	
Administration Charge 4.37%	17,905.88	
GST (5%) on Administration	895.30	428,546.48
Dental Claims (details by division attached)	3,573,391.72	
Administration Charge 4.37%	156,157.20	
GST (5%) on Administration	7,807.87	
Dental claims + Admin Writeoff	0.00	3,737,356.79
Hearing Instrument Claims (details by division attached)	544,509.37	
Administration Charge 4.37%	23,795.07	
GST (5%) on Administration	1,189.76	569,494.20
Total Claims, Admin, Ont. Tax & GST		4,735,397.47
Interest Charged : 3.20%		
(Earned) : 3.20% - 1.5%	(1,624.71)	(1,624.71)
Total Claims & Charges		4,733,772.76
Less: Deposit Received	January 4, 2018	(2,123,698.68)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0023 (See Attached)	February 6, 2018	(207,751.08)
Previous Month Deficit (Surplus) Balance @ December 31, 2017		(2,665,220.60)
Deficit (Surplus) Balance As At January 31, 2018		(262,897.60)

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**JANUARY, 2018 (NEW CONTRACT)**

<b>Division</b>	<b>Hearing</b>	<b>Vision</b>	<b>Dental</b>
1	524,966.57	215,529.24	1,409,635.97
2	50.00	9,303.90	40,686.45
3	0.00	3,013.34	7,382.08
4	0.00	247.20	1,838.94
5	3,980.00	50,232.54	224,046.35
6	12,000.00	2,094.99	23,998.24
7	110.00	4,470.22	29,620.03
8	2,596.00	32,956.53	447,085.64
9	806.80	91,897.34	1,389,098.02
<b>Grand Total</b>	<b>544,509.37</b>	<b>409,745.30</b>	<b>3,573,391.72</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: February 6, 2017  
Invoice Number: 18-0023

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: <u>ADMINISTRATION CHARGE FOR CHEQUES ISSUED:</u>			NEW CONTRACT	JANUARY, 2018
OPTICAL ADMIN FEE	409,745.30	X 4.37% =	\$ 17,905.88	
GST ON ADMIN		X 5% =	895.30	18,801.18
DENTAL ADMIN FEE	3,573,391.72	X 4.37% =	\$ 156,157.20	
GST ON ADMIN		X 5% =	7,807.87	163,965.07
HEARING INSTRUMENT ADMIN FEE	544,509.37	X 4.37% =	\$ 23,795.07	
GST ON ADMIN		X 5% =	1,189.76	24,984.83
BALANCE DUE FOR JANUARY 2018 ADMINISTRATION				<u>\$ 207,751.08</u>

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**FEBRUARY, 2018 (NEW CONTRACT)**  
**Effective November 1, 2017**

Optical Claims (Details by division attached)	390,555.60	
Administration Charge 4.37%	17,067.27	
GST (5%) on Administration	<u>853.36</u>	408,476.23
Dental Claims (details by division attached)	4,705,098.78	
Administration Charge 4.37%	205,612.80	
GST (5%) on Administration	10,280.63	
Dental claims + Admin Writeoff	<u>0.00</u>	4,920,992.21
Hearing Instrument Claims (details by division attached)	630,117.86	
Administration Charge 4.37%	27,536.16	
GST (5%) on Administration	<u>1,376.80</u>	659,030.82
Total Claims, Admin, Ont. Tax & GST		<u>5,988,499.26</u>
Interest Charged : 3.45%	3,042.31	
(Earned) : 3.45% - 1.5%	<u>(294.03)</u>	2,748.28
Total Claims & Charges		5,991,247.54
Less: Deposit Received	February 14, 2018	(5,500,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0049 (See Attached)	March 5, 2018	(262,727.02)
Previous Month Deficit (Surplus) Balance @ January 31, 2018		<u>(262,897.60)</u>
Deficit (Surplus) Balance As At February 28, 2018		<u>(34,377.08)</u>



**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION**  
**HEALTH ASSISTANCE BRANCH**  
**EMPLOYEE BENEFIT PLANS**  
**FEBRUARY, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	588,621.26	217,896.64	1,979,045.28
2	6,158.00	6,150.43	61,485.47
3	0.00	1,684.96	8,805.46
4	0.00	126.60	6,356.58
5	0.00	64,360.85	357,943.73
6	20,115.00	1,681.30	29,119.69
7	120.00	4,363.26	49,370.88
8	8,693.90	30,643.61	609,131.88
9	6,409.70	63,647.95	1,603,839.81
<b>Grand Total</b>	<b>630,117.86</b>	<b>390,555.60</b>	<b>4,705,098.78</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: March 6, 2018  
Invoice Number: 18-0049

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

NEW CONTRACT FEBRUARY, 2018

OPTICAL ADMIN FEE	390,555.60	X 4.37% =	\$ 17,067.27	
GST ON ADMIN		X 5% =	853.36	17,920.63
DENTAL ADMIN FEE	4,705,098.78	X 4.37% =	\$ 205,612.80	
GST ON ADMIN		X 5% =	10,280.63	215,893.43
HEARING INSTRUMENT ADMIN FEE	630,117.86	X 4.37% =	\$ 27,536.16	
GST ON ADMIN		X 5% =	1,376.80	28,912.96

BALANCE DUE FOR FEBRUARY 2018 ADMINISTRATION

\$ 262,727.02

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MARCH, 2018 (NEW CONTRACT)**  
Effective November 1, 2017

Optical Claims (Details by division attached)	462,109.93	
Administration Charge 4.37%	20,194.23	
GST (5%) on Administration	<u>1,009.69</u>	483,313.85
Dental Claims (details by division attached)	7,297,301.97	
Administration Charge 4.37%	318,892.08	
GST (5%) on Administration	15,944.57	
Dental claims + Admin Writeoff	<u>0.00</u>	7,632,138.62
Hearing Instrument Claims (details by division attached)	849,491.08	
Administration Charge 4.37%	37,122.77	
GST (5%) on Administration	<u>1,856.16</u>	888,470.01
Total Claims, Admin, Ont. Tax & GST		<u>9,003,922.48</u>
Interest Charged : 3.45%		
(Earned) : 3.45% - 1.5%	<u>(3,225.18)</u>	<u>(3,225.18)</u>
Total Claims & Charges		9,000,697.30
Less: Deposit Received	March 5, 2018	(7,500,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0085 (See Attached)	April 6, 2018	(395,019.50)
Previous Month Deficit (Surplus) Balance @ February 28, 2018		<u>(34,377.08)</u>
Deficit (Surplus) Balance As At March 31, 2018		<u>1,071,300.72</u>

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**MARCH, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	776,269.48	259,976.98	2,905,946.83
2	3,982.00	6,888.45	91,298.80
3	0.00	2,734.12	17,850.64
4	0.00	317.40	8,395.64
5	0.00	63,884.02	485,303.25
6	15,930.00	3,676.70	44,165.17
7	13,600.00	6,363.48	80,996.67
8	12,817.50	38,368.95	1,066,872.14
9	26,892.10	79,899.83	2,596,472.83
<b>Grand Total</b>	<b>849,491.08</b>	<b>462,109.93</b>	<b>7,297,301.97</b>

## INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: April 6, 2018  
Invoice Number: 18-0085

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

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**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

**NEW CONTRACT      MARCH, 2018**

OPTICAL ADMIN FEE	462,109.93	X 4.37% =	\$	20,194.23	
GST ON ADMIN		X 5% =		1,009.69	21,203.92
DENTAL ADMIN FEE	7,297,301.97	X 4.37% =	\$	318,892.08	
GST ON ADMIN		X 5% =		15,944.57	334,836.65
HEARING INSTRUMENT ADMIN FEE	849,491.08	X 4.37% =	\$	37,122.77	
GST ON ADMIN		X 5% =		1,856.16	38,978.93

**BALANCE DUE FOR MARCH 2018 ADMINISTRATION**

**\$ 395,019.50**

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

APRIL, 2018 (NEW CONTRACT)  
Effective November 1, 2017

Optical Claims (Details by division attached)	377,078.74	
Administration Charge 4.37%	16,478.34	
GST (5%) on Administration	<u>823.92</u>	394,381.00
Dental Claims (details by division attached)	4,860,632.10	
Administration Charge 4.37%	212,409.62	
GST (5%) on Administration	10,620.50	
Dental claims + Admin Writeoff	<u>0.00</u>	5,083,662.22
Hearing Instrument Claims (details by division attached)	566,231.60	
Administration Charge 4.37%	24,744.31	
GST (5%) on Administration	<u>1,237.23</u>	592,213.14
Total Claims, Admin, Ont. Tax & GST		<u>6,070,256.36</u>
Interest Charged : 3.45%		
(Earned) : 3.45% - 1.5%	<u>(4,640.02)</u>	<u>(4,640.02)</u>
Total Claims & Charges		6,065,616.34
Less: Deposit Received	April 6, 2018	(7,500,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0105 (See Attached)	May 4, 2018	(266,313.92)
Previous Month Deficit (Surplus) Balance @ March 31, 2018		<u>1,071,300.72</u>
Deficit (Surplus) Balance As At April 30, 2018		<u><u>(629,396.86)</u></u>

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**APRIL, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	542,812.80	199,834.31	1,973,351.04
2	4,130.80	6,912.18	53,471.35
3	0.00	2,292.79	10,831.61
4	0.00	370.60	2,970.30
5	0.00	51,791.84	363,558.66
6	8,390.00	2,643.11	31,951.76
7	5,995.00	4,848.09	49,330.56
8	2,218.00	33,522.23	697,909.57
9	2,685.00	74,863.59	1,677,257.25
<b>Grand Total</b>	<b>566,231.60</b>	<b>377,078.74</b>	<b>4,860,632.10</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: May 4, 2018  
Invoice Number: 18-0105

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: <u>ADMINISTRATION CHARGE FOR CHEQUES ISSUED:</u>			NEW CONTRACT	APRIL, 2018
OPTICAL ADMIN FEE	377,078.74	X 4.37% =	\$ 16,478.34	
GST ON ADMIN		X 5% =	823.92	17,302.26
DENTAL ADMIN FEE	4,860,632.10	X 4.37% =	\$ 212,409.62	
GST ON ADMIN		X 5% =	10,620.50	223,030.12
HEARING INSTRUMENT ADMIN FEE	566,231.60	X 4.37% =	\$ 24,744.31	
GST ON ADMIN		X 5% =	1,237.23	25,981.54
BALANCE DUE FOR APRIL 2018 ADMINISTRATION				<u>\$ 266,313.92</u>

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MAY, 2018 (NEW CONTRACT)**  
**Effective November 1, 2017**

Optical Claims (Details by division attached)	330,148.52	
Administration Charge 4.37%	14,427.47	
GST (5%) on Administration	<u>721.39</u>	345,297.38
 Dental Claims (details by division attached)	 4,878,869.44	
Administration Charge 4.37%	213,206.62	
GST (5%) on Administration	10,660.33	
Dental claims + Admin Writeoff	<u>0.00</u>	5,102,736.39
 Hearing Instrument Claims (details by division attached)	 549,231.70	
Administration Charge 4.37%	24,001.41	
GST (5%) on Administration	<u>1,200.06</u>	574,433.17
 Total Claims, Admin, Ont. Tax & GST		<u>6,022,466.94</u>
 Interest Charged : 3.45%		
(Earned) : 3.45% - 1.5%	<u>(4,927.43)</u>	<u>(4,927.43)</u>
 Total Claims & Charges		6,017,539.51
 Less: Deposit Received	May 7, 2018	(6,400,000.00)
 Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0129 (See Attached)	June 6, 2018	(264,217.28)
 Previous Month Deficit (Surplus) Balance @ April 30, 2018		<u>(629,396.86)</u>
 Deficit (Surplus) Balance As At May 31, 2018		<u><u>(1,276,074.63)</u></u>

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS  
  
MAY, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	513,201.85	196,436.30	2,022,166.95
2	10,206.80	6,228.40	60,795.57
3	0.00	1,608.77	11,427.56
4	0.00	0.00	817.52
5	0.00	39,445.30	344,123.80
6	4,687.60	1,814.10	35,183.06
7	3,790.00	3,730.53	51,983.62
8	5,303.80	28,015.00	696,448.23
9	12,041.65	52,870.12	1,655,923.13
<b>Grand Total</b>	<b>549,231.70</b>	<b>330,148.52</b>	<b>4,878,869.44</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: June 6, 2018  
Invoice Number: 18-0129

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

**NEW CONTRACT**

**MAY, 2018**

OPTICAL ADMIN FEE	330,148.52	X 4.37% =	\$ 14,427.47	
GST ON ADMIN		X 5% =	721.39	15,148.86
DENTAL ADMIN FEE	4,878,869.44	X 4.37% =	\$ 213,206.62	
GST ON ADMIN		X 5% =	10,660.33	223,866.95
HEARING INSTRUMENT ADMIN FEE	549,231.70	X 4.37% =	\$ 24,001.41	
GST ON ADMIN		X 5% =	1,200.06	25,201.47

**BALANCE DUE FOR MAY 2018 ADMINISTRATION**

**\$ 264,217.28**

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**JUNE, 2018 (NEW CONTRACT)**  
Effective November 1, 2017

Optical Claims (Details by division attached)	460,601.87	
Administration Charge 4.37%	20,128.29	
GST (5%) on Administration	<u>1,006.42</u>	481,736.58
Dental Claims (details by division attached)	4,890,036.28	
Administration Charge 4.37%	213,694.58	
GST (5%) on Administration	10,684.74	
Dental claims + Admin Writeoff	<u>0.00</u>	5,114,415.60
Hearing Instrument Claims (details by division attached)	759,356.15	
Administration Charge 4.37%	33,183.88	
GST (5%) on Administration	<u>1,659.20</u>	794,199.23
Total Claims, Admin, Ont. Tax & GST		<u>6,390,351.41</u>
Interest Charged : 3.45%		
(Earned) : 3.45% - 1.5%	<u>(5,005.96)</u>	<u>(5,005.96)</u>
Total Claims & Charges		6,385,345.45
Less: Deposit Received	June 8, 2018	(6,700,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0155 (See Attached)	July 6, 2018	(280,357.11)
Previous Month Deficit (Surplus) Balance @ May 31, 2018		<u>(1,276,074.63)</u>
Deficit (Surplus) Balance As At June 30, 2018		<u>(1,871,086.29)</u>

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION**  
**HEALTH ASSISTANCE BRANCH**  
**EMPLOYEE BENEFIT PLANS**  
**JUNE, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	686,932.85	267,597.68	2,071,011.94
2	9,711.00	9,215.71	60,921.08
3	0.00	3,009.90	10,227.05
4	0.00	259.30	2,033.37
5	300.00	56,903.38	348,063.77
6	39,890.80	4,696.44	34,003.60
7	7,580.00	6,975.25	45,714.16
8	3,403.00	38,807.75	670,068.12
9	11,538.50	73,136.46	1,647,993.19
<b>Grand Total</b>	<b>759,356.15</b>	<b>460,601.87</b>	<b>4,890,036.28</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: July 6, 2018  
Invoice Number: 18-0155

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: <u>ADMINISTRATION CHARGE FOR CHEQUES ISSUED:</u>		NEW CONTRACT		JUNE, 2018
OPTICAL ADMIN FEE	460,601.87	X 4.37% =	\$ 20,128.29	
GST ON ADMIN		X 5% =	1,006.42	21,134.71
DENTAL ADMIN FEE	4,890,036.28	X 4.37% =	\$ 213,694.58	
GST ON ADMIN		X 5% =	10,684.74	224,379.32
HEARING INSTRUMENT ADMIN FEE	759,356.15	X 4.37% =	\$ 33,183.88	
GST ON ADMIN		X 5% =	1,659.20	34,843.08
BALANCE DUE FOR MAY 2018 ADMINISTRATION				<u>\$ 280,357.11</u>

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**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**JULY, 2018 (NEW CONTRACT)  
Effective November 1, 2017**

Optical Claims (Details by division attached)	310,627.43	
Administration Charge 4.37%	13,574.39	
GST (5%) on Administration	<u>678.74</u>	324,880.56
 Dental Claims (details by division attached)	 4,627,680.15	
Administration Charge 4.37%	202,229.64	
GST (5%) on Administration	10,111.48	
Dental claims + Admin Writeoff	<u>0.00</u>	4,840,021.27
 Hearing Instrument Claims (details by division attached)	 527,648.13	
Administration Charge 4.37%	23,058.21	
GST (5%) on Administration	<u>1,152.92</u>	551,859.26
 Total Claims, Admin, Ont. Tax & GST		<u>5,716,761.09</u>
 Interest Charged : 3.45%		
(Earned) : 3.45% - 1.5%	<u>(5,292.14)</u>	(5,292.14)
 Total Claims & Charges		5,711,468.95
 Less: Deposit Received	July 9, 2018	(6,100,000.00)
 Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0187 (See Attached)	August 7, 2018	(250,805.38)
 Previous Month Deficit (Surplus) Balance @ June 30, 2018		<u>(1,871,086.29)</u>
 Deficit (Surplus) Balance As At July 31, 2018		<u>(2,510,422.72)</u>

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**JULY, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	486,489.33	180,566.15	1,725,826.49
2	8,600.00	4,324.67	57,308.63
3		1,589.92	12,228.90
4			568.47
5		45,014.73	278,153.16
6	8,170.00	1,931.05	28,985.16
7	5,795.00	4,512.76	31,434.22
8	3,054.60	21,455.85	699,847.25
9	15,539.20	51,232.30	1,793,327.87
<b>Grand Total</b>	<b>527,648.13</b>	<b>310,627.43</b>	<b>4,627,680.15</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: August 7, 2018  
Invoice Number: 18-0187

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: <u>ADMINISTRATION CHARGE FOR CHEQUES ISSUED:</u>		NEW CONTRACT		JULY, 2018
OPTICAL ADMIN FEE	310,627.43	X 4.37% =	\$ 13,574.39	
GST ON ADMIN		X 5% =	678.74	14,253.13
DENTAL ADMIN FEE	4,627,680.15	X 4.37% =	\$ 202,229.64	
GST ON ADMIN		X 5% =	10,111.48	212,341.12
HEARING INSTRUMENT ADMIN FEE	527,648.13	X 4.37% =	\$ 23,058.21	
GST ON ADMIN		X 5% =	1,152.92	24,211.13
BALANCE DUE FOR JULY 2018 ADMINISTRATION				<u>\$ 250,805.38</u>

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**AUGUST, 2018 (NEW CONTRACT)**  
**Effective November 1, 2017**

Optical Claims (Details by division attached)	394,761.58	
Administration Charge 4.37%	17,251.06	
GST (5%) on Administration	<u>862.60</u>	412,875.24
Dental Claims (details by division attached)	4,091,218.57	
Administration Charge 4.37%	178,786.25	
GST (5%) on Administration	8,939.31	
Dental claims + Admin Writeoff	<u>0.00</u>	4,278,944.13
Hearing Instrument Claims (details by division attached)	806,712.60	
Administration Charge 4.37%	35,253.33	
GST (5%) on Administration	<u>1,762.65</u>	843,728.58
Total Claims, Admin, Ont. Tax & GST		<u>5,535,547.95</u>
Interest Charged : 3.45%		
(Earned) : 3.45% - 1.5%	<u>(6,808.54)</u>	<u>(6,808.54)</u>
Total Claims & Charges		5,528,739.41
Less: Deposit Received	August 7, 2018	(5,700,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0241 (See Attached)	September 7, 2018	(242,855.20)
Previous Month Deficit (Surplus) Balance @ July 31, 2018		<u>(2,510,422.72)</u>
Deficit (Surplus) Balance As At August 31, 2018		<u><u>(2,924,538.51)</u></u>

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**AUGUST, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	757,740.80	225,424.07	1,562,246.42
2	16,414.80	7,924.53	49,275.40
3	.	2,508.65	7,252.98
4		118.00	1,883.74
5	3,850.00	50,526.38	253,548.35
6	7,655.00	2,853.85	21,743.44
7	11,780.00	4,797.25	36,367.54
8	2,605.00	32,394.53	607,582.39
9	6,667.00	68,214.32	1,551,318.31
<b>Grand Total</b>	<b>806,712.60</b>	<b>394,761.58</b>	<b>4,091,218.57</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: September 7, 2018  
Invoice Number: 18-0241

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: <u>ADMINISTRATION CHARGE FOR CHEQUES ISSUED:</u>			NEW CONTRACT	AUGUST, 2018
OPTICAL ADMIN FEE	394,761.58	X 4.37% =	\$ 17,251.06	
GST ON ADMIN		X 5% =	862.60	18,113.66
DENTAL ADMIN FEE	4,091,218.57	X 4.37% =	\$ 178,786.25	
GST ON ADMIN		X 5% =	8,939.31	187,725.56
HEARING INSTRUMENT ADMIN FEE	806,712.60	X 4.37% =	\$ 35,253.33	
GST ON ADMIN		X 5% =	1,762.65	37,015.98
BALANCE DUE FOR AUGUST 2018 ADMINISTRATION				<u>\$ 242,855.20</u>

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**SEPTEMBER, 2018 (NEW CONTRACT)**  
Effective November 1, 2017

Optical Claims (Details by division attached)	315,843.79	
Administration Charge 4.37%	13,802.36	
GST (5%) on Administration	690.13	330,336.28
Dental Claims (details by division attached)	6,523,357.19	
Administration Charge 4.37%	286,070.71	
GST (5%) on Administration	14,253.53	
Dental claims + Admin Writeoff	0.00	6,822,681.43
Hearing Instrument Claims (details by division attached)	533,899.80	
Administration Charge 4.37%	23,331.43	
GST (5%) on Administration	1,166.57	558,397.80
Total Claims, Admin, Ont. Tax & GST		7,711,415.51
Interest Charged : 3.70%		
(Earned) : 3.70% - 1.5%	(8,305.65)	(8,305.65)
Total Claims & Charges		7,703,109.86
Less: Deposit Received	September 10, 2018	(8,100,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0311 (See Attached)	October 4, 2018	(338,314.73)
Previous Month Deficit (Surplus) Balance @ August 31, 2018		(2,924,538.51)
Deficit (Surplus) Balance As At September 30, 2018		(3,659,743.38)

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**SEPTEMBER, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	496,349.00	168,896.72	2,518,680.39
2	13,479.00	6,935.28	80,235.90
3	0.00	2,099.88	15,203.19
4	0.00	0.00	4,594.83
5	0.00	36,069.83	356,856.70
6	3,701.00	1,520.30	43,418.21
7	4,300.00	3,560.30	56,537.02
8	3,001.10	26,419.58	1,019,434.18
9	13,069.70	70,341.90	2,428,396.77
<b>Grand Total</b>	<b>533,899.80</b>	<b>315,843.79</b>	<b>6,523,357.19</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: October 4, 2018  
Invoice Number: 18-0311

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

**NEW CONTRACT SEPTEMBER, 2018**

OPTICAL ADMIN FEE	315,843.79	X 4.37% =	\$ 13,802.36	
GST ON ADMIN		X 5% =	690.13	14,492.49
DENTAL ADMIN FEE	6,523,357.19	X 4.37% =	\$ 285,070.71	
GST ON ADMIN		X 5% =	14,253.53	299,324.24
HEARING INSTRUMENT ADMIN FEE	533,899.80	X 4.37% =	\$ 23,331.43	
GST ON ADMIN		X 5% =	1,166.57	24,498.00

**BALANCE DUE FOR SEPTEMBER 2018 ADMINISTRATION**

**\$ 338,314.73**

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**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**OCTOBER, 2018 (NEW CONTRACT)  
Effective November 1, 2017**

Optical Claims (Details by division attached)	340,350.62	
Administration Charge 4.37%	14,873.34	
GST (5%) on Administration	<u>743.68</u>	355,967.64
Dental Claims (details by division attached)	5,068,769.27	
Administration Charge 4.37%	221,505.21	
GST (5%) on Administration	11,075.28	
Dental claims + Admin Writeoff	<u>0.00</u>	5,301,349.76
Hearing Instrument Claims (details by division attached)	586,283.52	
Administration Charge 4.37%	25,620.60	
GST (5%) on Administration	<u>1,281.03</u>	613,185.15
Total Claims, Admin, Ont. Tax & GST		<u>6,270,502.55</u>
Interest Charged : 3.70%		
(Earned) : 3.70% - 1.5%	<u>(12,320.52)</u>	<u>(12,320.52)</u>
Total Claims & Charges		6,258,182.03
Less: Deposit Received	October 2, 2018	(5,700,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0396 (See Attached)	November 6, 2018	(275,099.14)
Previous Month Deficit (Surplus) Balance @ September 30, 2018		<u>(3,659,743.38)</u>
Deficit (Surplus) Balance As At October 31, 2018		<u><u>(3,376,660.49)</u></u>



**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**OCTOBER, 2018 (NEW CONTRACT)**

Division	Hearing	Vision	Dental
1	519,994.42	187,903.22	2,124,265.59
2	10,950.00	6,369.40	60,409.92
3	0.00	1,942.48	14,791.78
4	0.00	131.80	6,349.78
5	0.00	40,473.36	431,188.53
6	23,714.00	2,866.71	30,804.69
7	14,000.00	3,341.12	37,663.23
8	4,491.50	26,479.39	781,998.57
9	13,133.60	70,843.14	1,581,297.18
<b>Grand Total</b>	<b>586,283.52</b>	<b>340,350.62</b>	<b>5,068,769.27</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: November 6, 2018  
Invoice Number: 18-0396

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: <u>ADMINISTRATION CHARGE FOR CHEQUES ISSUED:</u>			NEW CONTRACT	OCTOBER, 2018
OPTICAL ADMIN FEE	340,350.62	X 4.37% =	\$ 14,873.34	
GST ON ADMIN		X 5% =	743.68	15,617.02
DENTAL ADMIN FEE	5,068,769.27	X 4.37% =	\$ 221,505.21	
GST ON ADMIN		X 5% =	11,075.28	232,580.49
HEARING INSTRUMENT ADMIN FEE	586,283.52	X 4.37% =	\$ 25,620.60	
GST ON ADMIN		X 5% =	1,281.03	26,901.63
BALANCE DUE FOR OCTOBER 2018 ADMINISTRATION				<u>\$ 275,099.14</u>

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

NOVEMBER, 2018

Optical Claims (Details by division attached)	503,848.03	
Administration Charge 4.37%	22,018.16	
GST (5%) on Administration	<u>1,100.91</u>	526,967.10
Dental Claims (details by division attached)	4,552,674.42	
Administration Charge 4.37%	198,951.87	
GST (5%) on Administration	9,947.62	
Dental claims + Admin Writeoff	<u>0.00</u>	4,761,573.91
Hearing Instrument Claims (details by division attached)	1,024,218.30	
Administration Charge 4.37%	44,758.36	
GST (5%) on Administration	<u>2,237.95</u>	1,071,214.61
Total Claims, Admin, Ont. Tax & GST		<u>6,359,755.62</u>
Interest Charged : 3.95%		
(Earned) : 3.95% - 1.5%	<u>(11,137.24)</u>	<u>(11,137.24)</u>
Total Claims & Charges		6,348,618.38
Less: Deposit Received	November 5, 2018	(5,800,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #18-0428 (See Attached)	December 6, 2018	(279,014.87)
Previous Month Deficit (Surplus) Balance @ October 31, 2018		<u>(3,376,660.49)</u>
Deficit (Surplus) Balance As At November 30, 2018		<u><u>(3,107,056.98)</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**NOVEMBER, 2018**

Division	Hearing	Vision	Dental
1	946,148.60	286,853.63	1,850,958.69
2	20,234.00	10,759.90	60,606.91
3		3,370.98	10,914.17
4		126.60	2,876.58
5		62,523.20	341,044.99
6	16,233.60	3,298.34	25,934.68
7	2,544.00	7,043.83	35,272.82
8	16,773.90	42,337.38	687,654.82
9	22,284.20	87,534.17	1,537,410.76
<b>Grand Total</b>	<b>1,024,218.30</b>	<b>503,848.03</b>	<b>4,552,674.42</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: December 6, 2018  
Invoice Number: 18-0428

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

## FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

NEW CONTRACT NOVEMBER, 2018

OPTICAL ADMIN FEE	503,848.03	X 4.37% =	\$ 22,018.16	
GST ON ADMIN		X 5% =	1,100.91	23,119.07
DENTAL ADMIN FEE	4,552,674.42	X 4.37% =	\$ 198,951.87	
GST ON ADMIN		X 5% =	9,947.62	208,899.49
HEARING INSTRUMENT ADMIN FEE	1,024,218.30	X 4.37% =	\$ 44,758.36	
GST ON ADMIN		X 5% =	2,237.95	46,996.31

BALANCE DUE FOR NOVEMBER 2018 ADMINISTRATION

\$ 279,014.87

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

DECEMBER, 2018

Optical Claims (Details by division attached)	314,379.23	
Administration Charge 4.37%	13,738.37	
GST (5%) on Administration	<u>686.92</u>	328,804.52
Dental Claims (details by division attached)	4,782,788.19	
Administration Charge 4.37%	209,007.84	
GST (5%) on Administration	10,450.38	
Dental claims + Admin Writeoff	<u>0.00</u>	5,002,246.41
Hearing Instrument Claims (details by division attached)	489,184.96	
Administration Charge 4.37%	21,377.37	
GST (5%) on Administration	<u>1,068.88</u>	511,631.21
Total Claims, Admin, Ont. Tax & GST		<u>5,842,682.14</u>
Interest Charged : 3.95%		
(Earned) : 3.95% - 1.5%	<u>(8,573.90)</u>	<u>(8,573.90)</u>
Total Claims & Charges		5,834,108.24
	December 5, 2018	(4,900,000.00)
Less: Deposit Received		
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #19-0004 (See Attached)	January 3, 2019	(256,329.76)
Previous Month Deficit (Surplus) Balance @ November 30, 2018		<u>(3,107,056.98)</u>
Deficit (Surplus) Balance As At December 31, 2018		<u>(2,429,278.50)</u>

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**DECEMBER, 2018**

Division	Hearing	Vision	Dental
1	447,336.16	176,457.25	1,985,464.07
2	10,150.00	7,804.28	72,891.36
3	0.00	1,312.29	13,535.46
4	0.00	137.20	2,074.47
5	0.00	43,968.99	297,888.34
6	20,416.80	860.00	23,372.23
7	4,000.00	2,054.25	38,245.33
8	2,650.00	30,131.97	740,229.01
9	4,632.00	51,653.00	1,609,087.92
<b>Grand Total</b>	<b>489,184.96</b>	<b>314,379.23</b>	<b>4,782,788.19</b>

## INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: January 3, 2019  
Invoice Number: 19-0004

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

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FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

NEW CONTRACT DECEMBER, 2018

OPTICAL ADMIN FEE	314,379.23	X 4.37% =	\$ 13,738.37	
GST ON ADMIN		X 5% =	686.92	14,425.29
DENTAL ADMIN FEE	4,782,788.19	X 4.37% =	\$ 209,007.84	
GST ON ADMIN		X 5% =	10,450.38	219,458.22
HEARING INSTRUMENT ADMIN FEE	489,184.96	X 4.37% =	\$ 21,377.37	
GST ON ADMIN		X 5% =	1,068.88	22,446.25

BALANCE DUE FOR DECEMBER 2018 ADMINISTRATION

\$ 256,329.76

Payable to: Pacific Blue Cross  
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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

JANUARY, 2019

Optical Claims (Details by division attached)	378,684.25	
Administration Charge 4.37%	16,548.49	
GST (5%) on Administration	827.42	396,060.16
Dental Claims (details by division attached)	4,266,987.49	
Administration Charge 4.37%	186,467.37	
GST (5%) on Administration	9,323.39	
Dental claims + Admin Writeoff	0.00	4,462,778.25
Hearing Instrument Claims (details by division attached)	816,542.44	
Administration Charge 4.37%	35,682.90	
GST (5%) on Administration	1,784.14	854,009.48
Total Claims, Admin, Ont. Tax & GST		5,712,847.89
Interest Charged : 3.95%		
(Earned) : 3.95% - 1.5%	(5,476.85)	(5,476.85)
Total Claims & Charges		5,707,371.04
	January 8, 2019	(4,300,000.00)
Less: Deposit Received		
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #19-0026 (See Attached)	February 6, 2019	(250,633.71)
Previous Month Deficit (Surplus) Balance @ December 31, 2018		(2,429,278.50)
Deficit (Surplus) Balance As At January 31, 2019		(1,272,541.17)

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**JANUARY, 2019**

Division	Hearing	Vision	Dental
1	736,838.44	217,264.85	1,995,311.77
2	13,790.00	6,707.66	70,435.67
3		2,486.33	12,245.66
4		124.00	3,771.85
5	4,000.00	46,829.79	252,301.73
6	28,260.00	2,236.50	33,235.01
7	12,110.00	3,823.37	41,047.30
8	12,568.50	32,264.26	539,790.25
9	8,975.50	66,947.49	1,318,848.25
<b>Grand Total</b>	<b>816,542.44</b>	<b>378,684.25</b>	<b>4,266,987.49</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: February 6, 2019  
Invoice Number: 19-0026

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

**JANUARY, 2019**

OPTICAL ADMIN FEE	378,684.25	X 4.37% =	\$	16,548.49	
GST ON ADMIN		X 5% =		827.42	17,375.91
DENTAL ADMIN FEE	4,266,987.49	X 4.37% =	\$	186,467.37	
GST ON ADMIN		X 5% =		9,323.39	195,790.76
HEARING INSTRUMENT ADMIN FEE	816,542.44	X 4.37% =	\$	35,682.90	
GST ON ADMIN		X 5% =		1,784.14	37,467.04

**BALANCE DUE FOR JANUARY 2019 ADMINISTRATION**

**\$ 250,633.71**

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

FEBRUARY, 2019

Optical Claims (Details by division attached)	360,191.55	
Administration Charge 4.37%	15,740.38	
GST (5%) on Administration	<u>787.04</u>	376,718.97
Dental Claims (details by division attached)	5,410,768.97	
Administration Charge 4.37%	236,450.62	
GST (5%) on Administration	11,822.54	
Dental claims + Admin Writeoff	<u>0.00</u>	5,659,042.13
Hearing Instrument Claims (details by division attached)	504,485.85	
Administration Charge 4.37%	22,046.03	
GST (5%) on Administration	<u>1,102.30</u>	527,634.18
Total Claims, Admin, Ont. Tax & GST		<u>6,563,395.28</u>
Interest Charged : 3.95%		
(Earned) : 3.95% - 1.5%	<u>(1,868.39)</u>	<u>(1,868.39)</u>
Total Claims & Charges		6,561,526.89
	February 4, 2019	(5,000,000.00)
Less: Deposit Received		
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #19-0055 (See Attached)	March 6, 2019	(287,948.91)
Previous Month Deficit (Surplus) Balance @ January 31, 2019		<u>(1,272,541.17)</u>
Deficit (Surplus) Balance As At February 28, 2019		<u><u>1,036.81</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**FEBRUARY, 2019**

Division	Hearing	Vision	Dental
1	447,888.70	201,699.92	2,664,766.32
2	16,160.00	7,666.60	79,798.95
3		3,772.18	14,311.49
4		118.00	6,397.59
5		46,411.26	349,220.39
6	20,000.00	1,819.88	35,341.35
7	12,000.00	4,557.73	46,366.56
8	5,245.60	33,076.61	710,098.08
9	3,191.55	61,069.37	1,504,468.24
<b>Grand Total</b>	<b>504,485.85</b>	<b>360,191.55</b>	<b>5,410,768.97</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: March 6, 2019  
Invoice Number: 19-0055

ATTENTION TO: VICTORIA JONGENBURGER

GST Number: R877921833

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

FEBRUARY, 2019

OPTICAL ADMIN FEE	360,191.55	X 4.37% =	\$	15,740.38	
GST ON ADMIN		X 5% =		787.04	16,527.42
DENTAL ADMIN FEE	5,410,768.97	X 4.37% =	\$	236,450.62	
GST ON ADMIN		X 5% =		11,822.54	248,273.16
HEARING INSTRUMENT ADMIN FEE	504,485.85	X 4.37% =	\$	22,046.03	
GST ON ADMIN		X 5% =		1,102.30	23,148.33

BALANCE DUE FOR FEBRUARY 2019 ADMINISTRATION

\$ 287,948.91

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MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

MARCH, 2019

Optical Claims (Details by division attached)	371,440.77	
Administration Charge 4.37%	16,231.98	
GST (5%) on Administration	811.63	388,484.38
Dental Claims (details by division attached)	7,814,171.39	
Administration Charge 4.37%	341,479.29	
GST (5%) on Administration	17,074.00	
Dental claims + Admin Writeoff	0.00	8,172,724.68
Hearing Instrument Claims (details by division attached)	776,728.26	
Administration Charge 4.37%	33,943.05	
GST (5%) on Administration	1,697.17	812,368.48
Total Claims, Admin, Ont. Tax & GST		9,373,577.54
Interest Charged : 3.95%		
(Earned) : 3.95% - 1.5%	(7,432.74)	(7,432.74)
Total Claims & Charges		9,366,144.80
	March 4, 2019	(9,200,000.00)
Less: Deposit Received		
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #19-0095 (See Attached)	April 3, 2019	(411,237.12)
Previous Month Deficit (Surplus) Balance @ February 28, 2019		1,036.81
Deficit (Surplus) Balance As At March 31, 2019		(244,055.51)

**MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**MARCH, 2019**

Division	Hearing	Vision	Dental
1	711,890.80	208,987.69	3,501,213.73
2	8,358.00	6,880.45	114,813.14
3		3,571.39	21,271.69
4		263.80	5,924.24
5		48,016.31	476,327.32
6	32,614.00	3,131.67	44,255.23
7	3,710.00	5,326.71	59,830.50
8	10,441.96	35,497.08	1,098,520.08
9	9,713.50	59,765.67	2,492,015.46
<b>Grand Total</b>	<b>776,728.26</b>	<b>371,440.77</b>	<b>7,814,171.39</b>





## INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY  
REDUCTION  
HEALTH ASSISTANCE BRANCH

Invoice Date: April 3, 2019  
Invoice Number: 19-0095

GST Number: R877921833

ATTENTION TO: VICTORIA JONGENBURGER

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

**MARCH, 2019**

OPTICAL ADMIN FEE	371,440.77	X 4.37% =	\$	16,231.98	
GST ON ADMIN		X 5% =		811.63	17,043.61
DENTAL ADMIN FEE	7,814,171.39	X 4.37% =	\$	341,479.29	
GST ON ADMIN		X 5% =		17,074.00	358,553.29
HEARING INSTRUMENT ADMIN FEE	776,728.26	X 4.37% =	\$	33,943.05	
GST ON ADMIN		X 5% =		1,697.17	35,640.22
<b>BALANCE DUE FOR MARCH 2019 ADMINISTRATION</b>				<b>\$</b>	<b>411,237.12</b>

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

APRIL, 2016

Optical Claims (Details by division attached)	455,301.15	
Administration Charge 4.27%	19,441.35	
GST (5%) on Administration	<u>972.10</u>	475,714.60
Dental Claims (details by division attached)	4,043,918.98	
Administration Charge 4.27%	172,675.33	
GST (5%) on Administration	8,633.78	
Dental claims + Admin Writeoff	<u>0.00</u>	4,225,228.09
Hearing Instrument Claims (details by division attached)	645,725.50	
Administration Charge 4.27%	27,572.48	
GST (5%) on Administration	<u>1,378.63</u>	674,676.61
Total Claims, Admin. Ont. Tax & GST		<u>5,375,619.30</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(3,224.61)</u>	<u>(3,224.61)</u>
Total Claims & Charges		5,372,394.69
Less: Deposit Received	April 1, 2016	(6,600,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0093 (See Attached)	May 5, 2016	(230,673.67)
Previous Month Deficit (Surplus) Balance @ March 31, 2016		<u>(311,144.94)</u>
Deficit (Surplus) Balance As At April 30, 2016		<u><u>(1,769,423.92)</u></u>



MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**APRIL, 2016**

Division	Hearing	Vision	Dental
1	575,822.69	234,330.83	1,747,843.13
2	20,039.00	10,417.53	59,124.31
3	-	5,047.87	18,988.93
4	-	126.60	2,987.68
5	600.00	69,643.33	315,045.42
6	44,766.56	4,949.25	36,859.79
7	-	8,327.86	63,787.80
8	4,497.25	37,104.94	478,475.81
9	-	85,352.94	1,320,806.11
<b>Grand Total</b>	<b>645,725.50</b>	<b>455,301.15</b>	<b>4,043,918.98</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: May 5, 2016  
Invoice Number: 16-0093

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

## FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

APRIL, 2016

OPTICAL ADMIN FEE	455,301.15	X 4.27% =	\$ 19,441.35	
GST ON ADMIN		X 5% =	972.10	20,413.45
DENTAL ADMIN FEE	4,043,918.98	X 4.27% =	\$ 172,675.33	
GST ON ADMIN		X 5% =	8,633.78	181,309.11
HEARING INSTRUMENT ADMIN FEE	645,725.50	X 4.27% =	\$ 27,572.48	
GST ON ADMIN		X 5% =	1,378.63	28,951.11

BALANCE DUE FOR ADMINISTRATION

\$ 230,673.67

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**APRIL, 2017**

Optical Claims (Details by division attached)	356,621.93	
Administration Charge 4.37%	15,584.37	
Ontario Tax 8% on Claims	3.59	
Ontario Tax 8% on Admin Fee	0.16	
GST (5%) on Administration	<u>779.21</u>	372,989.26
Dental Claims (details by division attached)	6,867,617.52	
Administration Charge 4.37%	300,114.89	
GST (5%) on Administration	15,005.74	
Dental claims + Admin Writeoff	<u>0.00</u>	7,182,738.15
Hearing Instrument Claims (details by division attached)	586,067.52	
Administration Charge 4.37%	25,611.16	
GST (5%) on Administration	<u>1,280.57</u>	612,959.25
Total Claims, Admin, Ont. Tax & GST		<u>8,168,686.66</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(3,457.88)</u>	<u>(3,457.88)</u>
Total Claims & Charges		8,165,228.78
Less: Deposit Received		0.00
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0106 (See Attached) May 4, 2017		(358,379.69)
Previous Month Deficit (Surplus) Balance @ March 31, 2017		<u>(7,899,758.39)</u>
Deficit (Surplus) Balance As At APRIL 30, 2017		<u><u>(92,909.30)</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**APRIL, 2017**

Division	Hearing	Vision	Dental
1	524,575.72	187,450.07	3,288,176.12
2	16,090.00	4,330.37	112,627.27
3	-	1,721.54	23,416.75
4	-	123.20	5,823.59
5	-	52,678.25	467,881.52
6	32,360.00	1,433.35	68,516.06
7	7,866.80	7,969.82	82,853.34
8	5,175.00	29,957.58	835,197.10
9	-	70,957.75	1,983,125.77
<b>Grand Total</b>	<b>586,067.52</b>	<b>356,621.93</b>	<b>6,867,617.52</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: May 4, 2017  
Invoice Number: 17-0106

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

APRIL, 2017

OPTICAL ADMIN FEE	356,621.93	X 4.37% =	\$ 15,584.37	
GST ON ADMIN		X 5% =	779.22	
ONTARIO TAX 8% ON CLAIMS	44.83	X 8.00% =	3.59	
ONTARIO TAX 8% ON ADMIN FEES	1.96	X 8.00% =	0.16	16,367.34
DENTAL ADMIN FEE	6,867,617.52	X 4.37% =	\$ 300,114.89	
GST ON ADMIN		X 5% =	15,005.74	315,120.63
HEARING INSTRUMENT ADMIN FEE	586,067.52	X 4.37% =	\$ 25,611.16	
GST ON ADMIN		X 5% =	1,280.56	26,891.72

BALANCE DUE FOR ADMINISTRATION

**\$ 358,379.69**

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**AUGUST, 2016**

Optical Claims (Details by division attached)	313,958.51	
Administration Charge 4.27%	13,406.04	
GST (5%) on Administration	<u>670.29</u>	328,034.84
 Dental Claims (details by division attached)	 3,555,656.72	
Administration Charge 4.27%	151,826.54	
GST (5%) on Administration	7,591.34	
Dental claims + Admin Writeoff	<u>0.00</u>	3,715,074.60
 Hearing Instrument Claims (details by division attached)	 547,828.16	
Administration Charge 4.27%	23,392.26	
GST (5%) on Administration	<u>1,169.63</u>	572,390.05
 Total Claims, Admin, Ont. Tax & GST		<u>4,615,499.49</u>
 Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(1,610.73)</u>	<u>(1,610.73)</u>
 Total Claims & Charges		4,613,888.76
 Less: Deposit Received	August 2, 2016	(4,600,000.00)
 Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0195 (See Attached)	September 7, 2016	(198,056.10)
 Previous Month Deficit (Surplus) Balance @ July 31, 2016		<u>(12,328.88)</u>
 Deficit (Surplus) Balance As At August 31, 2016		<u><u>(196,496.22)</u></u>



MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**AUGUST, 2016**

Division	Hearing	Vision	Dental
1	478,617.40	164,999.15	1,517,727.42
2	16,238.70	7,635.34	48,131.70
3		4,070.30	17,451.01
4		295.80	2,779.02
5		48,785.51	303,005.05
6	22,832.68	1,626.10	19,354.60
7	19,108.00	6,859.25	61,378.48
8	11,031.38	23,122.29	413,730.84
9		56,564.77	1,172,098.60
<b>Grand Total</b>	<b>547,828.16</b>	<b>313,958.51</b>	<b>3,555,656.72</b>



INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: September 7, 2016  
Invoice Number: 16-0195

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

AUGUST, 2016

OPTICAL ADMIN FEE	313,958.51	X 4.27% =	\$ 13,406.04	
GST ON ADMIN		X 5% =	670.29	14,076.33
DENTAL ADMIN FEE	3,555,656.72	X 4.27% =	\$ 151,826.54	
GST ON ADMIN		X 5% =	7,591.34	159,417.88
HEARING INSTRUMENT ADMIN FEE	547,828.16	X 4.27% =	\$ 23,392.26	
GST ON ADMIN		X 5% =	1,169.63	24,561.89

BALANCE DUE FOR ADMINISTRATION

\$ 198,056.10

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

AUGUST, 2017 REVISED

Optical Claims (Details by division attached)	196,716.83	
Administration Charge 4.37%	8,596.54	
GST (5%) on Administration	429.83	205,743.20
Dental Claims (details by division attached)	3,821,785.39	
Administration Charge 4.37%	167,012.02	
GST (5%) on Administration	8,350.60	
Dental claims + Admin Writeoff	0.00	3,997,148.01
Hearing Instrument Claims (details by division attached)	104,460.04	
Administration Charge 4.37%	4,564.91	
GST (5%) on Administration	228.25	109,253.20
Total Claims, Admin, Ont. Tax & GST		4,312,144.41
Interest Charged : 2.95%		
(Earned) : 2.95% - 1.5%	(2,181.55)	(2,181.55)
Total Claims & Charges		4,309,962.86
Less: Deposit Received	August 3, 2017	(5,000,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0172 (See Attached)	September 1, 2017	(189,182.15)
Previous Month Deficit (Surplus) Balance @ July 31, 2017		(145,086.51)
Deficit (Surplus) Balance As At August 31, 2017		(1,024,305.80)

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: September 1, 2017  
Invoice Number: 17-0172

ATTENTION TO: Ms. Gloria Miller

GST Number: R877921833

## FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

REVISED

AUGUST, 2017

OPTICAL ADMIN FEE	196,716.83	X 4.37% =	\$ 8,596.54	
GST ON ADMIN		X 5% =	429.83	9,026.37
DENTAL ADMIN FEE	3,821,785.39	X 4.37% =	\$ 167,012.02	
GST ON ADMIN		X 5% =	8,350.60	175,362.62
HEARING INSTRUMENT ADMIN FEE	104,460.04	X 4.37% =	\$ 4,564.91	
GST ON ADMIN		X 5% =	228.25	4,793.16

BALANCE DUE FOR ADMINISTRATION

**\$ 189,182.15**

Payable to: Pacific Blue Cross  
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Vancouver BC V6B 4E1

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

DECEMBER, 2016

Optical Claims (Details by division attached)	484,847.55	
Administration Charge 4.37%	21,187.80	
GST (5%) on Administration	1,059.41	507,094.76
Dental Claims (details by division attached)	3,758,338.21	
Administration Charge 4.37%	164,239.38	
GST (5%) on Administration	8,211.99	
Dental claims + Admin Writeoff	0.00	3,930,789.58
Hearing Instrument Claims (details by division attached)	778,421.90	
Administration Charge 4.37%	34,017.03	
GST (5%) on Administration	1,700.86	814,139.79
Total Claims, Admin, Ont. Tax & GST		5,252,024.13
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	(1,601.87)	(1,601.87)
Total Claims & Charges		5,250,422.26
Less: Deposit Received	December 6, 2016	(4,400,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0002 (See Attached)	January 6, 2017	(230,416.47)
Previous Month Deficit (Surplus) Balance @ November 30, 2016		(467,972.61)
Deficit (Surplus) Balance As At December 31, 2016		152,033.18

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**DECEMBER, 2016**

Division	Hearing	Vision	Dental
1	718,898.20	262,585.37	1,786,862.59
2	16,741.20	8,694.36	60,595.91
3	-	4,770.88	16,387.04
4	-	491.00	2,580.28
5	-	72,786.48	334,666.29
6	41,555.00	5,097.31	33,968.90
7	350.00	8,387.66	56,812.60
8	877.50	36,460.60	414,336.96
9	-	85,573.89	1,052,127.64
<b>Grand Total</b>	<b>778,421.90</b>	<b>484,847.55</b>	<b>3,758,338.21</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: January 6, 2017  
Invoice Number: 17-0002

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

DECEMBER, 2016

OPTICAL ADMIN FEE	484,847.55	X 4.37% =	\$ 21,187.80	
GST ON ADMIN		X 5% =	1,059.41	22,247.21
DENTAL ADMIN FEE	3,758,338.21	X 4.37% =	\$ 164,239.38	
GST ON ADMIN		X 5% =	8,211.99	172,451.37
HEARING INSTRUMENT ADMIN FEE	778,421.90	X 4.37% =	\$ 34,017.03	
GST ON ADMIN		X 5% =	1,700.86	35,717.89

BALANCE DUE FOR ADMINISTRATION

\$ 230,416.47

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**FEBRUARY, 2017**

Optical Claims (Details by division attached)	313,005.82	
Administration Charge 4.37%	13,678.34	
GST (5%) on Administration	<u>683.95</u>	327,368.11
Dental Claims (details by division attached)	4,494,155.61	
Administration Charge 4.37%	196,394.58	
GST (5%) on Administration	9,819.75	
Dental claims + Admin Writeoff	<u>0.00</u>	4,700,369.94
Hearing Instrument Claims (details by division attached)	410,317.97	
Administration Charge 4.37%	17,930.90	
GST (5%) on Administration	<u>896.56</u>	429,145.43
Total Claims, Admin, Ont. Tax & GST		<u>5,456,883.48</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(1,581.72)</u>	<u>(1,581.72)</u>
Total Claims & Charges		5,455,301.76
Less: Deposit Received	February 3, 2017	(5,000,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0059 (See Attached)	March 6, 2017	(239,404.08)
Previous Month Deficit (Surplus) Balance @ January 31, 2017		<u>(554,526.57)</u>
Deficit (Surplus) Balance As At February 28, 2017		<u><u>(338,628.89)</u></u>



MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**FEBRUARY, 2017**

Division	Hearing	Vision	Dental
1	358,665.67	162,094.76	2,327,194.72
2	21,948.00	5,650.21	72,813.55
3	-	2,997.25	11,898.99
4	-	-	3,106.60
5	4,000.00	44,527.70	308,275.44
6	9,710.00	460.43	48,170.67
7	10,286.80	7,332.70	71,557.17
8	5,707.50	27,885.16	486,457.08
9	-	62,057.61	1,164,681.39
<b>Grand Total</b>	<b>410,317.97</b>	<b>313,005.82</b>	<b>4,494,155.61</b>



## INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: March 6, 2017  
Invoice Number: 17-0059

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

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FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

FEBRUARY, 2017

OPTICAL ADMIN FEE	313,005.82	X 4.37% =	\$ 13,678.34	
GST ON ADMIN		X 5% =	683.95	14,362.29
 DENTAL ADMIN FEE	 4,494,155.61	 X 4.37% =	 \$ 196,394.58	
GST ON ADMIN		X 5% =	9,819.75	206,214.33
 HEARING INSTRUMENT ADMIN FEE	 410,317.97	 X 4.37% =	 \$ 17,930.90	
GST ON ADMIN		X 5% =	896.56	18,827.46

BALANCE DUE FOR ADMINISTRATION

\$ 239,404.08

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**JANUARY, 2017**

Optical Claims (Details by division attached)	352,773.26	
Administration Charge 4.37%	15,416.22	
GST (5%) on Administration	<u>770.82</u>	368,960.30
Dental Claims (details by division attached)	3,601,801.39	
Administration Charge 4.37%	157,398.71	
GST (5%) on Administration	7,869.94	
Dental claims + Admin Writeoff	<u>0.00</u>	3,767,070.04
Hearing Instrument Claims (details by division attached)	441,122.54	
Administration Charge 4.37%	19,277.05	
GST (5%) on Administration	<u>963.87</u>	461,363.46
Total Claims, Admin, Ont. Tax & GST		<u>4,597,393.80</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(2,256.94)</u>	<u>(2,256.94)</u>
Total Claims & Charges		4,595,136.86
Less: Deposit Received	January 3, 2017	(5,100,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0037 (See Attached)	February 6, 2017	(201,696.61)
Previous Month Deficit (Surplus) Balance @ December 31, 2016		<u>152,033.18</u>
Deficit (Surplus) Balance As At January 31, 2017		<u><u>(554,526.57)</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**JANUARY, 2017**

Division	Hearing	Vision	Dental
1	395,010.74	173,832.90	1,898,526.90
2	15,866.80	7,125.97	66,073.27
3	-	4,527.38	14,147.23
4	-	219.11	2,555.73
5	-	49,991.41	209,701.93
6	11,890.00	2,418.60	33,969.38
7	15,790.00	6,021.89	48,959.02
8	2,565.00	30,337.57	368,364.37
9	-	78,298.43	959,503.56
<b>Grand Total</b>	<b>441,122.54</b>	<b>352,773.26</b>	<b>3,601,801.39</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: February 6, 2017  
Invoice Number: 17-0037

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

JANUARY, 2017

OPTICAL ADMIN FEE	352,773.26	X 4.37% =	\$ 15,416.22	
GST ON ADMIN		X 5% =	770.82	16,187.04
DENTAL ADMIN FEE	3,601,801.39	X 4.37% =	\$ 157,398.71	
GST ON ADMIN		X 5% =	7,869.94	165,268.65
HEARING INSTRUMENT ADMIN FEE	441,122.54	X 4.37% =	\$ 19,277.05	
GST ON ADMIN		X 5% =	963.87	20,240.92

BALANCE DUE FOR ADMINISTRATION

\$ 201,696.61

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

JULY, 2016

Optical Claims (Details by division attached)	517,146.36	
Administration Charge 4.27%	22,082.18	
GST (5%) on Administration	<u>1,104.14</u>	540,332.68
Dental Claims (details by division attached)	3,631,302.77	
Administration Charge 4.27%	155,056.64	
GST (5%) on Administration	<u>7,752.84</u>	
Dental claims + Admin Writeoff	<u>0.00</u>	3,794,112.25
Hearing Instrument Claims (details by division attached)	860,587.46	
Administration Charge 4.27%	36,747.08	
GST (5%) on Administration	<u>1,837.34</u>	899,171.88
Total Claims, Admin, Ont. Tax & GST		<u>5,233,616.81</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(2,318.64)</u>	<u>(2,318.64)</u>
Total Claims & Charges		5,231,298.17
Less: Deposit Received		
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0163 (See Attached) August 4, 2016		(224,580.22)
Previous Month Deficit (Surplus) Balance @ June 30, 2016		<u>(5,019,046.83)</u>
Deficit (Surplus) Balance As At July 31, 2016		<u><u>(12,328.88)</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**JULY, 2016**

Division	Hearing	Vision	Dental
1	772,443.76	274,785.61	1,569,693.78
2	8,180.00	10,612.54	50,520.16
3	-	5,273.07	9,339.31
4	-	312.16	5,946.54
5	-	76,648.36	302,417.09
6	47,585.00	4,380.30	26,920.42
7	31,750.00	8,027.32	58,142.35
8	628.70	36,754.33	387,147.40
9	-	100,352.67	1,221,175.72
<b>Grand Total</b>	<b>860,587.46</b>	<b>517,146.36</b>	<b>3,631,302.77</b>





MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

JULY, 2017

Optical Claims (Details by division attached)	257,812.75	
Administration Charge 4.37%	11,266.41	
GST (5%) on Administration	<u>563.34</u>	269,642.50
Dental Claims (details by division attached)	4,351,131.60	
Administration Charge 4.37%	190,144.47	
GST (5%) on Administration	9,507.24	
Dental claims + Admin Writeoff	<u>0.00</u>	4,550,783.31
Hearing Instrument Claims (details by division attached)	493,255.17	
Administration Charge 4.37%	21,555.24	
GST (5%) on Administration	<u>1,077.79</u>	515,888.20
Total Claims, Admin, Ont. Tax & GST		<u>5,336,314.01</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(1,817.48)</u>	<u>(1,817.48)</u>
Total Claims & Charges		5,334,496.53
Less: Deposit Received	July 4, 2017	(5,200,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0167 (See Attached)	August 8, 2017	(234,114.49)
Previous Month Deficit (Surplus) Balance @ June 30, 2017		<u>(45,468.55)</u>
Deficit (Surplus) Balance As At July 31, 2017		<u>(145,086.51)</u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**JULY, 2017**

Division	Hearing	Vision	Dental
1	452,382.37	148,515.24	1,996,782.00
2	3,790.00	3,604.49	60,425.60
3		2,662.22	17,363.00
4		126.60	3,946.62
5		30,565.22	298,112.79
6	19,400.00	1,768.90	35,291.59
7	2,103.60	6,082.66	59,764.03
8	15,579.20	17,776.74	510,930.06
9		46,710.68	1,368,515.91
<b>Grand Total</b>	<b>493,255.17</b>	<b>257,812.75</b>	<b>4,351,131.60</b>



## INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: August 8, 2017  
Invoice Number: 17-0167

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

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FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

JULY, 2017

OPTICAL ADMIN FEE	257,812.75	X 4.37% =	\$ 11,266.41	
GST ON ADMIN		X 5% =	563.34	11,829.75
DENTAL ADMIN FEE	4,351,131.60	X 4.37% =	\$ 190,144.47	
GST ON ADMIN		X 5% =	9,507.24	199,651.71
HEARING INSTRUMENT ADMIN FEE	493,255.17	X 4.37% =	\$ 21,555.24	
GST ON ADMIN		X 5% =	1,077.79	22,633.03

BALANCE DUE FOR ADMINISTRATION

\$ 234,114.49

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**MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**JUNE, 2016**

Optical Claims (Details by division attached)	391,237.78	
Administration Charge 4.27%	16,705.87	
GST (5%) on Administration	<u>835.30</u>	408,778.95
Dental Claims (details by division attached)	4,413,669.05	
Administration Charge 4.27%	188,463.63	
GST (5%) on Administration	9,423.19	
Dental claims + Admin Writeoff	<u>0.00</u>	4,611,555.87
Hearing Instrument Claims (details by division attached)	662,267.66	
Administration Charge 4.27%	28,278.83	
GST (5%) on Administration	<u>1,413.95</u>	691,960.44
Total Claims, Admin, Ont. Tax & GST		<u>5,712,295.26</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(2,893.76)</u>	<u>(2,893.76)</u>
Total Claims & Charges		5,709,401.50
Less: Deposit Received	June 1, 2016	(5,700,000.00)
	June 28, 2016	(5,200,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0140 (See Attached)	July 7, 2016	(245,120.77)
Previous Month Deficit (Surplus) Balance @ May 31, 2016		<u>416,672.44</u>
Deficit (Surplus) Balance As At June 30, 2016		<u><u>(5,019,046.83)</u></u>

**MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS**

**JUNE, 2016**

<b>Division</b>	<b>Hearing</b>	<b>Vision</b>	<b>Dental</b>
1	607,981.06	208,808.29	2,055,133.08
2	14,490.00	4,987.78	61,618.73
3	-	3,306.89	15,437.80
4	-	395.60	6,806.24
5	3,910.00	60,003.78	356,652.30
6	16,030.00	1,747.96	41,365.81
7	15,440.00	6,169.94	86,760.52
8	4,416.60	31,592.75	482,848.14
9	-	74,224.79	1,307,046.43
<b>Grand Total</b>	<b>662,267.66</b>	<b>391,237.78</b>	<b>4,413,669.05</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: July 7, 2016  
Invoice Number: 16-0140

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

JUNE, 2016

OPTICAL ADMIN FEE	391,237.78	X 4.27% =	\$ 16,705.87	
GST ON ADMIN		X 5% =	835.30	17,541.17
DENTAL ADMIN FEE	4,413,669.05	X 4.27% =	\$ 188,463.63	
GST ON ADMIN		X 5% =	9,423.19	197,886.82
HEARING INSTRUMENT ADMIN FEE	662,267.66	X 4.27% =	\$ 28,278.83	
GST ON ADMIN		X 5% =	1,413.95	29,692.78

**BALANCE DUE FOR ADMINISTRATION**

**\$ 245,120.77**

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

JUNE, 2017

Optical Claims (Details by division attached)	519,258.64	
Administration Charge 4.37%	22,691.59	
GST (5%) on Administration	<u>1,134.60</u>	543,084.83
Dental Claims (details by division attached)	4,843,685.71	
Administration Charge 4.37%	211,669.06	
GST (5%) on Administration	10,583.47	
Dental claims + Admin Writeoff	<u>0.00</u>	5,065,938.24
Hearing Instrument Claims (details by division attached)	816,074.40	
Administration Charge 4.37%	35,662.45	
GST (5%) on Administration	<u>1,783.15</u>	853,520.00
Total Claims, Admin, Ont. Tax & GST		<u>6,462,543.07</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(3,080.27)</u>	(3,080.27)
Total Claims & Charges		6,459,462.80
Less: Deposit Received	June 2, 2017	(5,600,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0157 (See Attached)	July 7, 2017	(283,524.32)
Previous Month Deficit (Surplus) Balance @ May 31, 2017		<u>(621,407.03)</u>
Deficit (Surplus) Balance As At June 30, 2017		<u>(45,468.55)</u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**JUNE, 2017**

Division	Hearing	Vision	Dental
1	716,650.20	293,004.44	2,325,234.95
2	24,120.00	9,734.15	72,802.90
3	-	3,508.41	21,924.47
4	-	255.80	5,619.08
5	4,076.80	64,294.11	461,427.14
6	42,100.20	2,957.53	37,007.60
7	4,076.80	7,650.22	71,555.27
8	25,050.40	44,163.59	511,984.50
9	-	93,690.39	1,336,129.80
<b>Grand Total</b>	<b>816,074.40</b>	<b>519,258.64</b>	<b>4,843,685.71</b>





# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: July 7, 2017  
Invoice Number: 17-0157

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

JUNE, 2017

OPTICAL ADMIN FEE	519,258.64	X 4.37% =	\$ 22,691.59	
GST ON ADMIN		X 5% =	1,134.60	23,826.19
DENTAL ADMIN FEE	4,843,685.71	X 4.37% =	\$ 211,669.06	
GST ON ADMIN		X 5% =	10,583.47	222,252.53
HEARING INSTRUMENT ADMIN FEE	816,074.40	X 4.37% =	\$ 35,662.45	
GST ON ADMIN		X 5% =	1,783.15	37,445.60

BALANCE DUE FOR ADMINISTRATION

\$ 283,524.32

Payable to: Pacific Blue Cross  
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Vancouver BC V6B 4E1

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MARCH, 2017**

Optical Claims (Details by division attached)	502,293.33	
Administration Charge 4.37%	21,950.21	
GST (5%) on Administration	<u>1,097.57</u>	525,341.11
Dental Claims (details by division attached)	4,838,220.51	
Administration Charge 4.37%	211,430.24	
GST (5%) on Administration	10,571.53	
Dental claims + Admin Writeoff	<u>0.00</u>	5,060,222.28
Hearing Instrument Claims (details by division attached)	600,360.80	
Administration Charge 4.37%	26,235.77	
GST (5%) on Administration	<u>1,311.78</u>	627,908.35
Total Claims, Admin, Ont. Tax & GST		<u>6,213,471.74</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(2,004.14)</u>	<u>(2,004.14)</u>
Total Claims & Charges		6,211,467.60
Less: Deposit Received	March 3, 2017	(5,800,000.00)
	March 31, 2017	(7,700,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0079 (See Attached)	April 6, 2017	(272,597.10)
Previous Month Deficit (Surplus) Balance @ February 28, 2017		<u>(338,628.89)</u>
Deficit (Surplus) Balance As At March 31, 2017		<u><u>(7,899,758.39)</u></u>



MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MARCH, 2017**

Division	Hearing	Vision	Dental
1	563,060.80	258,287.35	2,378,353.56
2	9,848.20	8,581.51	73,354.56
3	-	6,067.76	20,413.38
4	-	894.20	1,684.56
5	-	72,447.11	345,329.32
6	16,050.00	5,200.34	33,128.02
7	9,866.80	7,855.42	78,909.01
8	1,535.00	46,232.45	573,379.13
9	-	96,727.19	1,333,668.97
<b>Grand Total</b>	<b>600,360.80</b>	<b>502,293.33</b>	<b>4,838,220.51</b>



## INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: April 6, 2017  
Invoice Number: 17-0079

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

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FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

MARCH, 2017

OPTICAL ADMIN FEE	502,293.33	X 4.37% =	\$ 21,950.21	
GST ON ADMIN		X 5% =	1,097.57	23,047.78
DENTAL ADMIN FEE	4,838,220.51	X 4.37% =	\$ 211,430.24	
GST ON ADMIN		X 5% =	10,571.53	222,001.77
HEARING INSTRUMENT ADMIN FEE	600,360.80	X 4.37% =	\$ 26,235.77	
GST ON ADMIN		X 5% =	1,311.78	27,547.55

BALANCE DUE FOR ADMINISTRATION

\$ 272,597.10

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MAY, 2016**

Optical Claims (Details by division attached)	373,737.32	
Administration Charge 4.27%	15,958.56	
GST (5%) on Administration	797.93	390,493.81
	<hr/>	
Dental Claims (details by division attached)	6,124,178.95	
Administration Charge 4.27%	261,502.46	
GST (5%) on Administration	13,075.17	
Dental claims + Admin Writeoff	0.00	6,398,756.58
	<hr/>	
Hearing Instrument Claims (details by division attached)	790,441.56	
Administration Charge 4.27%	33,751.86	
GST (5%) on Administration	1,687.61	825,881.03
	<hr/>	
Total Claims, Admin, Ont. Tax & GST		<hr/> 7,615,131.42
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	(2,261.47)	(2,261.47)
	<hr/>	
Total Claims & Charges		7,612,869.95
Less: Deposit Received	May 2, 2016	(5,100,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0107 (See Attached)	June 6, 2016	(326,773.59)
Previous Month Deficit (Surplus) Balance @ April 30, 2016		<hr/> (1,769,423.92)
Deficit (Surplus) Balance As At May 31, 2016		<hr/> <hr/> 416,672.44

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MAY, 2016**

Division	Hearing	Vision	Dental
1	730,096.76	194,293.96	2,807,347.35
2	15,975.80	6,799.38	98,368.36
3	-	4,354.64	32,911.95
4	-	571.26	8,083.73
5	-	55,954.16	516,828.02
6	29,031.00	2,171.60	52,277.98
7	11,438.00	8,176.07	95,948.61
8	3,900.00	30,691.22	707,925.29
9	-	70,725.03	1,804,487.66
<b>Grand Total</b>	<b>790,441.56</b>	<b>373,737.32</b>	<b>6,124,178.95</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: June 6, 2016  
Invoice Number: 16-0107

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

MAY, 2016

OPTICAL ADMIN FEE	373,737.32	X 4.27% =	\$ 15,958.56	
GST ON ADMIN		X 5% =	797.93	16,756.49
DENTAL ADMIN FEE	6,124,178.95	X 4.27% =	\$ 261,502.46	
GST ON ADMIN		X 5% =	13,075.17	274,577.63
HEARING INSTRUMENT ADMIN FEE	790,441.56	X 4.27% =	\$ 33,751.86	
GST ON ADMIN		X 5% =	1,687.61	35,439.47

BALANCE DUE FOR ADMINISTRATION

\$ 326,773.59

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MAY, 2017**

Optical Claims (Details by division attached)	353,825.23	
Administration Charge 4.37%	15,462.16	
Ontario Tax 8% on Claims Adjustment	(3.59)	
Ontario Tax 8% on Admin Fee Adjustment	(0.16)	
GST (5%) on Administration	<u>773.09</u>	370,056.73
Dental Claims (details by division attached)	4,398,069.47	
Administration Charge 4.37%	192,195.63	
GST (5%) on Administration	9,609.79	
Dental claims + Admin Writeoff	<u>0.00</u>	4,599,874.89
Hearing Instrument Claims (details by division attached)	522,893.54	
Administration Charge 4.37%	22,850.43	
GST (5%) on Administration	<u>1,142.53</u>	546,886.50
Total Claims, Admin, Ont. Tax & GST		<u>5,516,818.12</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(3,285.97)</u>	<u>(3,285.97)</u>
Total Claims & Charges		5,513,532.15
Less: Deposit Received	May 1, 2017	(5,800,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0141 (See Attached)	June 6, 2017	(242,029.88)
Previous Month Deficit (Surplus) Balance @ April 30, 2017		<u>(92,909.30)</u>
Deficit (Surplus) Balance As At May 31, 2017		<u><u>(621,407.03)</u></u>



MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**MAY, 2017**

Division	Hearing	Vision	Dental
1	457,319.54	192,625.73	2,103,069.53
2	27,480.00	5,392.83	68,359.09
3	-	4,274.24	7,316.28
4	-	191.20	2,339.96
5	-	53,989.39	311,273.79
6	19,998.00	1,884.15	39,549.05
7	17,990.00	4,287.28	61,055.94
8	106.00	30,499.87	547,053.30
9	-	60,680.54	1,258,052.53
<b>Grand Total</b>	<b>522,893.54</b>	<b>353,825.23</b>	<b>4,398,069.47</b>



## INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: June 6, 2017  
Invoice Number: 17-0141

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

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FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

MAY, 2017

OPTICAL ADMIN FEE	353,825.23	X 4.37% =	\$ 15,462.16	
GST ON ADMIN		X 5% =	773.09	
ONTARIO TAX 8% ON CLAIMS	(44.83)	X 8.00% =	(3.59)	
ONTARIO TAX 8% ON ADMIN FEES	(1.96)	X 8.00% =	(0.16)	16,231.50
DENTAL ADMIN FEE	4,398,069.47	X 4.37% =	\$ 192,195.63	
GST ON ADMIN		X 5% =	9,609.79	201,805.42
HEARING INSTRUMENT ADMIN FEE	522,893.54	X 4.37% =	\$ 22,850.43	
GST ON ADMIN		X 5% =	1,142.53	23,992.96

BALANCE DUE FOR ADMINISTRATION

\$ 242,029.88

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**NOVEMBER, 2016**

Optical Claims (Details by division attached)	407,017.32	
Administration Charge 4.37%	17,786.66	
GST (5%) on Administration	<u>889.36</u>	425,693.34
Dental Claims (details by division attached)	3,622,598.66	
Administration Charge 4.37%	158,307.57	
GST (5%) on Administration	7,915.37	
Dental claims + Admin Writeoff	<u>0.00</u>	3,788,821.60
Hearing Instrument Claims (details by division attached)	617,131.29	
Administration Charge 4.37%	26,968.63	
GST (5%) on Administration	<u>1,348.47</u>	645,448.39
Total Claims, Admin, Ont. Tax & GST		<u>4,859,963.33</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(2,689.48)</u>	<u>(2,689.48)</u>
Total Claims & Charges		4,857,273.85
Less: Deposit Received	November 2, 2016	(4,600,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0278 (See Attached)	December 6, 2016	(213,216.06)
Previous Month Deficit (Surplus) Balance @ October 31, 2016		<u>(512,030.40)</u>
Deficit (Surplus) Balance As At November 30, 2016		<u><u>(467,972.61)</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**NOVEMBER, 2016**

Division	Hearing	Vision	Dental
1	568,964.64	219,656.46	1,717,087.89
2	3,790.00	7,276.93	58,988.63
3		4,506.19	14,240.03
4		(5.50)	6,712.75
5	4,000.00	55,040.62	333,445.03
6	16,283.60	4,063.78	30,019.01
7	11,910.00	7,329.42	60,613.30
8	12,183.05	34,545.99	424,223.55
9		74,603.43	977,268.47
<b>Grand Total</b>	<b>617,131.29</b>	<b>407,017.32</b>	<b>3,622,598.66</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: December 6, 2016  
Invoice Number: 16-0278

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

NOVEMBER, 2016

OPTICAL ADMIN FEE	407,017.32	X 4.37% =	\$ 17,786.66	
GST ON ADMIN		X 5% =	889.36	18,676.02
DENTAL ADMIN FEE	3,622,598.66	X 4.37% =	\$ 158,307.57	
GST ON ADMIN		X 5% =	7,915.37	166,222.94
HEARING INSTRUMENT ADMIN FEE	617,131.29	X 4.37% =	\$ 26,968.63	
GST ON ADMIN		X 5% =	1,348.47	28,317.10

**BALANCE DUE FOR ADMINISTRATION**

**\$ 213,216.06**

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**OCTOBER, 2016**

Optical Claims (Details by division attached)	474,474.90	
Administration Charge 4.27%	20,260.08	
GST (5%) on Administration	<u>1,013.00</u>	495,747.98
 Dental Claims (details by division attached)	 5,468,458.91	
Administration Charge 4.27%	233,503.20	
GST (5%) on Administration	11,675.18	
Dental claims + Admin Writeoff	<u>0.00</u>	5,713,637.29
 Hearing Instrument Claims (details by division attached)	 568,963.21	
Administration Charge 4.27%	24,294.74	
GST (5%) on Administration	<u>1,214.75</u>	594,472.70
 Total Claims, Admin, Ont. Tax & GST		<u>6,803,857.97</u>
 Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(3,602.90)</u>	<u>(3,602.90)</u>
 Total Claims & Charges		6,800,255.07
 Less: Deposit Received		
 Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0261 (See Attached)	November 4, 2016	(291,960.95)
 Previous Month Deficit (Surplus) Balance @ September 30, 2016		<u>(7,020,324.52)</u>
 Deficit (Surplus) Balance As At October 31, 2016		<u><u>(512,030.40)</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**OCTOBER, 2016**

Division	Hearing	Vision	Dental
1	524,148.66	247,489.56	2,543,072.25
2	11,794.00	7,889.66	95,200.27
3	-	3,916.12	24,726.79
4	-	782.40	5,303.49
5	-	61,656.72	512,989.57
6	11,982.40	3,318.16	50,498.08
7	11,754.00	8,848.63	84,383.54
8	9,284.15	39,848.07	618,791.85
9	-	100,725.58	1,533,493.07
<b>Grand Total</b>	<b>568,963.21</b>	<b>474,474.90</b>	<b>5,468,458.91</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: November 4, 2016  
Invoice Number: 16-0261

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

OCTOBER, 2016

OPTICAL ADMIN FEE	474,474.90	X 4.27% =	\$ 20,260.08	
GST ON ADMIN		X 5% =	1,013.00	21,273.08

DENTAL ADMIN FEE	5,468,458.91	X 4.27% =	\$ 233,503.20	
GST ON ADMIN		X 5% =	11,675.18	245,178.38

HEARING INSTRUMENT ADMIN FEE	568,963.21	X 4.27% =	\$ 24,294.74	
GST ON ADMIN		X 5% =	1,214.75	25,509.49

BALANCE DUE FOR ADMINISTRATION

\$ 291,960.95

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

OCTOBER, 2017

Optical Claims (Details by division attached)	573,929.38	
Administration Charge 4.37%	25,080.70	
GST (5%) on Administration	<u>1,254.05</u>	600,264.13
Dental Claims (details by division attached)	5,410,380.48	
Administration Charge 4.37%	236,433.64	
GST (5%) on Administration	11,821.70	
Ontario Tax 8% on Claims	11.60	
Ontario Tax 8% on Admin Fee	0.51	
Dental claims + Admin Writeoff	<u>0.00</u>	5,658,647.93
Hearing Instrument Claims (details by division attached)	440,694.50	
Administration Charge 4.37%	19,258.35	
GST (5%) on Administration	<u>962.92</u>	460,915.77
Total Claims, Admin, Ont. Tax & GST		<u>6,719,827.83</u>
Interest Charged : 3.20%		
(Earned) : 3.20% - 1.5%	<u>(2,864.17)</u>	<u>(2,864.17)</u>
Total Claims & Charges		6,716,963.66
Less: Deposit Received	October 2, 2017	(5,000,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0221 (See Attached)	November 6, 2017	(294,823.47)
Previous Month Deficit (Surplus) Balance @ September 30, 2017		<u>73,144.11</u>
Deficit (Surplus) Balance As At October 31, 2017		<u><u>1,495,284.30</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**OCTOBER, 2017**

Division	Hearing	Vision	Dental
1	418,180.60	306,616.76	2,290,648.04
2	4,306.00	9,893.96	82,622.34
3	0.00	4,726.97	22,050.92
4	110.00	0.00	3,720.46
5	0.00	69,319.33	444,176.15
6	2,935.00	2,446.63	40,992.31
7	10,360.00	8,255.34	58,296.67
8	2,920.10	43,364.84	705,892.99
9	1,882.80	129,305.55	1,761,980.60
<b>Grand Total</b>	<b>440,694.50</b>	<b>573,929.38</b>	<b>5,410,380.48</b>

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: November 6, 2017  
Invoice Number: 17-0221

ATTENTION TO: Ms. Gloria Miller

GST Number: R877921833

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

OCTOBER, 2017

OPTICAL ADMIN FEE	573,929.38	X 4.37% =	\$ 25,080.70	
GST ON ADMIN		X 5% =	1,254.05	26,334.75
DENTAL ADMIN FEE	5,410,380.48	X 4.37% =	\$ 236,433.64	
GST ON ADMIN		X 5% =	11,821.70	
ONTARIO TAX ON CLAIMS	145.04	X 8.00% =	11.60	
ONTARIO TAX ON ADMIN FEES	6.34	X 8.00% =	0.51	\$ 248,267.45
HEARING INSTRUMENT ADMIN FEE	440,694.50	X 4.37% =	\$ 19,258.35	
GST ON ADMIN		X 5% =	962.92	20,221.27

BALANCE DUE FOR ADMINISTRATION

\$ 294,823.47

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**SEPTEMBER, 2016**

Optical Claims (Details by division attached)	382,298.85	
Administration Charge 4.27%	16,324.15	
GST (5%) on Administration	<u>816.26</u>	399,439.26
Dental Claims (details by division attached)	3,338,077.42	
Administration Charge 4.27%	142,535.89	
GST (5%) on Administration	7,126.81	
Dental claims + Admin Writeoff	<u>0.00</u>	3,487,740.12
Hearing Instrument Claims (details by division attached)	758,149.04	
Administration Charge 4.27%	32,372.97	
GST (5%) on Administration	<u>1,618.67</u>	792,140.68
Total Claims, Admin, Ont. Tax & GST		<u>4,679,320.06</u>
Interest Charged : 2.70%		
(Earned) : 2.70% - 1.5%	<u>(2,353.61)</u>	<u>(2,353.61)</u>
Total Claims & Charges		4,676,966.45
Less: Deposit Received	September 1, 2016	(5,000,000.00)
	September 30, 2016	(6,300,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #16-0231 (See Attached)	October 6, 2016	(200,794.75)
Previous Month Deficit (Surplus) Balance @ August 31, 2016		<u>(196,496.22)</u>
Deficit (Surplus) Balance As At September 30, 2016		<u><u>(7,020,324.52)</u></u>

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**SEPTEMBER, 2016**

Division	Hearing	Vision	Dental
1	685,201.29	186,191.63	1,492,606.95
2	17,192.25	7,949.61	41,375.18
3		2,458.22	8,802.91
4		263.70	2,767.29
5		49,988.09	237,052.49
6	30,245.00	3,667.62	30,336.89
7	19,520.00	7,361.73	41,635.73
8	5,990.50	32,916.08	387,864.40
9		91,502.17	1,095,635.58
<b>Grand Total</b>	<b>758,149.04</b>	<b>382,298.85</b>	<b>3,338,077.42</b>



# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: October 6, 2016  
Invoice Number: 16-0231

GST Number: R877921833

ATTENTION TO: Ms. Gloria Miller

FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:

SEPTEMBER, 2016

OPTICAL ADMIN FEE	382,298.85	X 4.27% =	\$ 16,324.15	
GST ON ADMIN		X 5% =	816.26	17,140.41
DENTAL ADMIN FEE	3,338,077.42	X 4.27% =	\$ 142,535.89	
GST ON ADMIN		X 5% =	7,126.81	149,662.70
HEARING INSTRUMENT ADMIN FEE	758,149.04	X 4.27% =	\$ 32,372.97	
GST ON ADMIN		X 5% =	1,618.67	33,991.64

BALANCE DUE FOR ADMINISTRATION

\$ 200,794.75

Payable to: Pacific Blue Cross  
PO Box 7000  
Vancouver BC V6B 4E1

Attention to: PBC CASHIERS, Policy 13139  
Return a copy of this invoice with your payment.  
Thank you.

[pac.bluecross.ca](http://pac.bluecross.ca)

Save time. Claim online.



Find out how at [caresnet.ca](http://caresnet.ca).

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MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

SEPTEMBER, 2017

Optical Claims (Details by division attached)	350,831.84	
Administration Charge 4.37%	15,331.36	
GST (5%) on Administration	766.57	366,929.77
	<hr/>	
Dental Claims (details by division attached)	6,212,058.95	
Administration Charge 4.37%	271,466.98	
GST (5%) on Administration	13,573.37	
Dental claims + Admin Writeoff	0.00	6,497,099.30
	<hr/>	
Hearing Instrument Claims (details by division attached)	537,287.62	
Administration Charge 4.37%	23,479.49	
GST (5%) on Administration	1,173.96	561,941.07
	<hr/>	
Total Claims, Admin, Ont. Tax & GST		<hr/> 7,425,970.14
Interest Charged : 3.20%		
(Earned) : 3.20% - 1.5%	(2,728.50)	(2,728.50)
	<hr/>	
Total Claims & Charges		7,423,241.64
Less: Deposit Received	September 6, 2017	(6,000,000.00)
Less: Claims, Admin & Adjustment Payment Outstanding At Month-End		
Administration Charge Invoice #17-0193 (See Attached)	October 5, 2017	(325,791.73)
Previous Month Deficit (Surplus) Balance @ August 31, 2017		<hr/> (1,024,305.80)
Deficit (Surplus) Balance As At September 30, 2017		<hr/> <hr/> 73,144.11

# INVOICE

MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL  
INNOVATION  
HEALTH ASSISTANCE BRANCH

Invoice Date: October 5, 2017  
Invoice Number: 17-0193

ATTENTION TO: Ms. Gloria Miller

GST Number: R877921833

**FOR: ADMINISTRATION CHARGE FOR CHEQUES ISSUED:**

**SEPTEMBER, 2017**

OPTICAL ADMIN FEE	350,831.84	X 4.37% =	\$ 15,331.36	
GST ON ADMIN		X 5% =	766.57	16,097.93
DENTAL ADMIN FEE	6,212,058.95	X 4.37% =	\$ 271,466.98	
GST ON ADMIN		X 5% =	13,573.37	285,040.35
HEARING INSTRUMENT ADMIN FEE	537,287.62	X 4.37% =	\$ 23,479.49	
GST ON ADMIN		X 5% =	1,173.96	24,653.45
<b>BALANCE DUE FOR ADMINISTRATION</b>			<b>\$ 325,791.73</b>	
<b>REVISED AUGUST 2017 BALANCE DUE</b>				<b>189,182.15</b>
<b>AUGUST 2017 BALANCE PAID ON SEPTEMBER 27, 2017</b>				<b>(189,182.19)</b>
<b>ADJUSTED BALANCE DUE FOR ADMINISTRATION</b>			<b>\$ 325,791.69</b>	

Payable to: Pacific Blue Cross  
PO Box 7000  
Vancouver BC V6B 4E1

Attention to: PBC CASHIERS, Policy 13139

Return a copy of this invoice with your payment.  
Thank you.

**pac.bluecross.ca**

Save time. Claim online.



Find out how at [caresnet.ca](http://caresnet.ca).



MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION  
HEALTH ASSISTANCE BRANCH  
EMPLOYEE BENEFIT PLANS

**SEPTEMBER, 2017**

Division	Hearing	Vision	Dental
1	491,459.62	196,531.75	2,735,458.76
2	11,638.00	4,402.75	84,769.07
3	-	2,834.65	16,383.50
4	-	249.80	5,862.09
5	-	34,753.84	374,471.94
6	27,900.00	3,193.42	42,017.33
7	3,980.00	4,581.65	72,928.45
8	2,310.00	30,947.04	781,712.96
9	-	73,336.94	2,098,454.85
<b>Grand Total</b>	<b>537,287.62</b>	<b>350,831.84</b>	<b>6,212,058.95</b>

**CLAIMS ADMINISTRATION SERVICES AGREEMENT  
(OPTICAL, DENTAL AND RELATED PROGRAMS)  
MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE**

Contract # SPSC46072080306

THIS AGREEMENT is made the 31st day of October, 2007

BETWEEN:

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA**, represented by the MINISTER OF EMPLOYMENT AND INCOME ASSISTANCE

**Fax # (250) 356-8261**

(the "Province", "we", "us", or "our" as applicable)

OF THE FIRST PART

AND:

**PBC Health Benefits Society DBA PACIFIC BLUE CROSS**

**Fax # (604) 419-2163**

(the "Contractor", "you, or "your" as applicable)

OF THE SECOND PART

**WHEREAS:**

- A. We issued the Request for Proposals to procure the Services;
- B. You submitted your Proposal to us to provide the Services;
- C. The Parties wish to enter into this Agreement for you to carry out the Services on the terms and conditions set out in this Agreement.

**THEREFORE**, in consideration of the mutual promises made below, the Parties agree as follows:

## Article 1 DEFINITIONS AND INTERPRETATION

1.1 In this Agreement, and the attached Schedules, unless the context otherwise requires, the following definitions will apply:

- (a) **"Annual Maximum"** means the maximum amount we are obligated to pay you for Fees and Expenses for any Fiscal Year during the Term and any Extension to the Term made pursuant to paragraph 2.3, as further described in the attached Schedule B;
- (b) **"Assistance"** means assistance provided by the Ministry under sections 4 and 5 of the *Employment and Assistance Act*, S.B.C. 2002, c. 40, as may be amended from time to time, or sections 5 and 6 of the *Employment and Assistance Act for Persons with Disabilities Act*, S.B.C. 2002, c. 41, as may be amended from time to time;
- (c) **"attached"** means attached to this Agreement when used in relation to a Schedule or Appendix;
- (d) **"Business Continuation Plan"** means a comprehensive plan that describes how you would recover your operations and continue to provide Services after the occurrence of an event that disrupts your operations, and addresses loss of information, loss of access to information and facilities and loss of Employees resulting from the event;
- (e) **"Certified Criminal Record Check"** means a criminal record check for an individual obtained from the Royal Canadian Mounted Police through a check of the individual's fingerprints;
- (f) **"Claim"** means a request by a Service Provider for payment for a dental and an optical service provided to a Client as outlined in the Client Categories Document (Appendix 5), the Dental Fee Schedule (Appendix 1), Denturist Fee Schedule (Appendix 3) and Optical Fee Schedule (Appendix 2);
- (g) **"Client"** means an individual in receipt of Assistance who receives Services from you;
- (h) **"Client Category"** means a grouping by eligibility criteria under which Clients may receive Assistance;
- (i) **"Confidential Information"** has the meaning given to it in paragraph 9.1;
- (j) **"Contract Manager (Ministry)"** means the person designated by the Ministry to manage our rights and obligations under this Agreement;
- (k) **"Contract Manager (Contractor)"** means the person designated by you to manage your rights and obligations under this Agreement;
- (l) **"Contract Maximum"** means the maximum amount we are obligated to pay you for Fees and Expenses during the Term, as further described in the attached Schedule B;

- (m) **"Conviction"** has the meaning given to that term in section 1 of the *Criminal Records Review Act*, R.S.B.C. 1996, c. 86;
- (n) **"Corporate Supply Arrangement (CSA)"** means an arrangement with a vendor chosen through a competitive process to supply goods or services that are routinely required by the Province or other public sector organizations at pre-arranged prices;
- (o) **"Dental and Optical Supplements"** mean supplements provided to Clients by the Ministry under sections 67.1 to 72 of the *Employment and Assistance Regulation*, B.C. Reg. 263/2002, or sections 62.1 to 65 of the *Employment and Assistance for Persons with Disabilities Regulation*, B.C. Reg. 265/2002;
- (p) **"Disclosure of Criminal Record Information Form"** means a form used by a Local Police Agency by which an individual requests that the Local Police Agency disclose criminal record or criminal history information about the individual;
- (q) **"Dispute"** has the meaning given to it in paragraph 12.1;
- (r) **"Enrolment File"** means a file that contains Client data used to update the Contractor database and to determine eligibility for Dental and Optical Supplements;
- (s) **"Employee"** means any person that is your employee, consultant, officer, director, agent or Subcontractor, or an employee, consultant, officer, director or agent of a Subcontractor;
- (t) **"Event of Default"** has the meaning given to that term in paragraph 13.1;
- (u) **"Expenses"** means any out of pocket costs you incur to provide the Services, as further described in the attached Schedule B;
- (v) **"Extension"** has the meaning given that term in paragraph 2.3;
- (w) **"FAA"** means the *Financial Administration Act*, R.S.B.C. 1996, c.138;
- (x) **"Fees"** means the amount of money we are obligated to pay you for providing the Services, as further described in the attached Schedule B;
- (y) **"Fiscal Year"** means the 12 month period from April 1 of a calendar year to March 31 of the next calendar year, inclusive of both dates;
- (z) **"Force Majeure Event"** has the meaning given that term in paragraph 15.1;
- (aa) **"Includes"** and **"including"** are not intended to be limiting;
- (bb) **"Incorporated Material"** has the meaning given to that term in paragraph 8.1;
- (cc) **"Information Systems"** means information storage and data processing systems that house information associated with the Services, including information technology systems and associated administrative systems,

processing platforms, telecommunications facilities, applications, databases and backup media;

- (dd) **"Local Police Agency"** means a municipal police department or a Royal Canadian Mounted Police detachment responsible for policing in a municipality;
- (ee) **"Material"** means the Produced Material and the Received Material collectively;
- (ff) **"Minister"** means the minister of Employment and Income Assistance or the minister responsible for any other ministry of the Province that may subsequently have the mandate to provide Assistance;
- (gg) **"Ministry"** means the Ministry of Employment and Income Assistance or other ministry of the Province that may subsequently have the mandate to provide Assistance;
- (hh) **"Medical Services Only"** or **"MSO"** means a person eligible for health supplements under section 67 (1) (b), (c) or (d) of the *Employment and Assistance Regulation*, B.C. Reg. 263/2002, or section 62 (1) (c) (ii) or (iii), (f) or (g) of the *Employment and Assistance for Persons with Disabilities Regulation*, B.C. Reg. 265/2002, or as determined by the Minister;
- (ii) **"Outstanding Charge"** has the meaning given to that term in section 1 of the *Criminal Records Review Act*, R.S.B.C. 1996, c. 86;
- (ji) **"the Parties"** means you and us;
- (kk) **"a Party"** means either you or us;
- (ll) **"Performance Standards"** means standards you are obligated to meet in providing the Services, as further described in the attached Schedule A;
- (mm) **"Produced Material"** has the meaning given to the term in paragraph 8.1;
- (nn) **"Proposal"** means any document or other information you submitted to us in response to the Request for Proposals;
- (oo) **"Province Mark"** means any of our trade-marks, official marks, business names, trade names, domain names, trading styles, logos, or other distinguishing marks, whether registered or unregistered;
- (pp) **"Person with Disabilities"** or **"PWD"** has the meaning given to the term "person with disabilities" in section 2 of the *Employment and Assistance Act for Persons with Disabilities Act*, S.B.C. 2002, c. 41, as may be amended from time to time;
- (qq) **"Received Material"** has the meaning given to that term in paragraph 8.1;
- (rr) **"Records"** has the meaning given to that term in paragraph 7.2;
- (ss) **"Relevant Offence"** has the meaning given to that term in section 1 of the *Criminal Records Review Act*, R.S.B.C. 1996, c. 86;

- (tt) **"Request for Proposals"** means Request for Proposals Number MEIA-HAB-RFPCARS respecting the Services, issued by the Ministry dated June 19, 2007;
- (uu) **"Rolling Deposit"** means funds paid by us to you in trust that you may use for the sole purpose of paying valid Claims, as further described in the attached Schedule B;
- (vv) **"Services"** means the services you provide under this Agreement, as described in the attached Schedule A;
- (ww) **"Service Provider"** means any optician, optometrist, dentist, denturist or other professional providing dental or optical services to a Client for which the Ministry may provide a Dental and Optical Supplement;
- (xx) **"Services Team"** means the Employees providing the Services;
- (yy) **"Shortfall"** means any Rolling Deposit funds unaccounted for by the Contractor;
- (zz) **"Subcontractor"** means a person approved by us, that you retain under a subcontract to provide Services as described in Schedule C;
- (aaa) **"Term"** has the meaning given that term in paragraph 2.2;
- (bbb) **"Verification File"** means a file that contains data for Clients eligible for Dental and Optical Supplements; and
- (ccc) **"WCB"** means the British Columbia Workers Compensation Board, or WorkSafeBC.

- 1.2 In this Agreement, unless the context otherwise requires, references to articles, paragraphs or subparagraphs by number or letter are to articles, paragraphs or subparagraphs of this Agreement.

## **Article 2 APPOINTMENT, TERM AND EXTENSION**

- 2.1 You must provide the Services in accordance with this Agreement, regardless of the date the Parties execute or deliver this Agreement.
- 2.2 You must provide the Services within the Annual Maximums and Contract Maximum during the five (5) year period that commences **November 1, 2007** and ends **October 31, 2012** (the "Term") and any Extension of the Term made pursuant to paragraph 2.3, unless this Agreement terminates sooner pursuant to Article 13.
- 2.3 We may extend the Term by one (1) extension of five (5) years in length, expiring on **October 31, 2017** (the "Extension").
- 2.4 If we wish to extend the Term by the Extension, we will provide you with written notice on or before **December 31, 2011**.

- 2.5 If we extend the Term by the Extension, unless the Parties otherwise agree in writing, the terms and conditions of this Agreement in effect as at the end of the Term will apply during the Extension except the Fees and Expenses.
- 2.6 We give you no assurances, expressed or implied that we will wish to extend this Agreement beyond the Term. You acknowledge and agree that you have arranged or will arrange your business affairs on the assumption that this Agreement will terminate at the end of the Term.
- 2.7 Any Extension of the Term pursuant to paragraph 2.3 does not prevent us from exercising our rights to terminate this Agreement pursuant to subparagraph 13.2 (f) or paragraph 13.3 or your right to terminate this Agreement pursuant to 13.8.

### **Article 3 PAYMENT**

- 3.1 If you comply with this Agreement and complete the Services to our satisfaction, we must pay you, in accordance with Schedule B:
- (a) the applicable Fees; and
  - (b) any Expenses that, in our opinion, are reasonable and necessary, and for which you have original receipts acceptable to us.
- 3.2 Notwithstanding paragraph 3.1, we are not obligated to pay you:
- (a) for any Fiscal Year, more than the Annual Maximum for Fees and Expenses; and
  - (b) for the Term, more than the Contract Maximum for Fees and Expenses.
- 3.3 We will monitor all payments we make to you under this Agreement and we will advise you when we have paid you 75% of an Annual Maximum or the Contract Maximum. If we pay you 75% of an Annual Maximum or the Contract Maximum the Parties will then complete a forecast of Services for the remainder of the Fiscal Year or Term, as applicable, and determine if an Annual Maximum or Contract Maximum should be revised. If the Parties determine that an Annual Maximum or Contract Maximum should be revised, the Parties will in good faith negotiate terms to modify this Agreement.
- 3.4 In order to obtain payment of any Claims Paid, Fees or Expenses under this Agreement, you must submit to us a written statement (includes status of Rolling Deposit and valid Claims paid) of account in a form satisfactory to us and in accordance with the attached Schedule B.

- 3.5 We may withhold from any payment due to you pursuant to paragraph 3.1, an amount sufficient to indemnify us against any liens or other third party claims that have arisen or could arise in connection with your provision of the Services.
- 3.6 Our obligation to pay money to you under this Agreement is subject to the FAA, which makes that obligation subject to an appropriation being available in our Fiscal Year during which payment becomes due and to Treasury Board, as that term is defined in the FAA, not having controlled or limited expenditure under that appropriation.
- 3.7 Unless otherwise specified in this Agreement, all references to money are to Canadian dollars.
- 3.8 We certify to you that the Services purchased under this Agreement are for our use and are being purchased by us with Crown funds and are therefore not subject to the Goods and Services Tax.
- 3.9 If you are not resident in Canada, we may be required by law to withhold income tax from the Fees and then to remit that tax to the Receiver General of Canada on your behalf.
- 3.10 You must apply for, and immediately on receipt, remit to us any available refund, rebate or remission of federal or provincial tax or duty that we pay you for or agree to pay you for under this Agreement.
- 3.11 The Fees described in Schedule B are fixed for the Term and will be negotiated for the Extension, if applicable. We are not obligated under this Agreement to pay you any additional monies to compensate you for any increase in any cost that you may incur during the Term and the Extension, if applicable, including wages, salary or any other remuneration for any Employee.

#### **Article 4 CONTRACTOR'S REPRESENTATIONS AND WARRANTIES**

- 4.1 You represent and warrant to us that on the execution of this Agreement and at all times during the Term and the Extension, if applicable:
- (a) you have the power and capacity to enter into this Agreement and to observe, perform and comply with the terms of this Agreement;
  - (b) if you are a corporation, society, limited partnership or limited liability partnership, that you,
    - (i) are duly organized and validly existing under the laws of British Columbia,
    - (ii) are in good standing, and



- (iii) have authorized the signatory or signatories who sign this Agreement on your behalf to enter it on your behalf and to execute it on your behalf without affixing your common seal;
- (c) this Agreement constitutes a legally binding obligation on you that is enforceable against you in accordance with its terms and conditions;
- (d) save and except for information provided by us and which is incorporated into your documents, all information, statements, documents and reports furnished or submitted by you to us in connection with this Agreement, including the Proposal, are true and correct to the best of your knowledge;
- (e) you have no knowledge of any fact that materially adversely affects or, so far as you can foresee, might materially adversely affect your properties, assets, condition (financial or otherwise), business or operations or your ability to fulfill your obligations under this Agreement;
- (f) your observance and performance of the terms and conditions of this Agreement will not constitute a breach by you of or a default by you under
  - (i) any statute, regulation or bylaw of Canada, British Columbia or any regional or municipal government, applicable to or binding on you,
  - (ii) your constating documents, or
  - (iii) any contract or agreement to which you are a party;
- (g) you are not a party to and have no knowledge of any legal claims against you that would materially affect your undertaking or financial condition;
- (h) you have filed all tax, corporate information and other returns required to be filed by the laws of British Columbia and Canada and have complied with all workers compensation legislation and other similar legislation to which you may be subject and have paid all taxes, fees and assessments calculated to be due by you pursuant to those laws as of the date of this Agreement;
- (i) you are not in breach of any statute, regulation or bylaw applicable to you or your operations;
- (j) you or your Subcontractors, as applicable, hold all permits, licenses, consents and authorizations issued by any federal, provincial, regional or municipal government, or an agency of any of them, that are necessary in connection with your operations;
- (k) you have no knowledge of any untrue or incorrect representation or assurance, whether verbal or written, given by or on behalf of you or your directors or officers to us in connection with your Proposal or this Agreement;

- (l) you will have in place and available sufficient trained staff, facilities, materials, appropriate equipment and agreements with Subcontractors to enable you to fully perform your obligations under this Agreement; and
  - (m) you will have in place all the necessary arrangements and licenses with third parties to ensure you can fully perform your obligations under this Agreement.
- 4.2 All statements contained in your Proposal and in any certificate or other document delivered by or on behalf of you to us with respect to this Agreement or in connection with any of the transactions contemplated by this Agreement are deemed your representations and warranties under this Agreement.
- 4.3 All your representations, warranties, covenants and agreements made in or under this Agreement are material and it is deemed that we have relied on them, notwithstanding any prior or subsequent investigation by us.
- 4.4 The provisions of paragraphs 4.1, 4.2 and 4.3 will continue in full force and effect notwithstanding the fulfillment by you of any or all of your obligations under this Agreement or the payment by us to you of any or all of the Fees that we become liable to pay to you under this Agreement.

## **Article 5 CONTRACTOR'S COVENANTS**

### **5.1 You must:**

- (a) unless the Parties otherwise agree in writing, supply and pay for at your own expense, all labour, knowledge, expertise, materials, facilities, approvals, licenses any other charges or costs necessary or advisable to provide the Services, including the license under paragraph 8.6; and
- (b) comply with all applicable federal, provincial, regional district and municipal laws;
- (c) without limiting the generality of subparagraph (b), in accordance with the *Workers Compensation Act*, R.S.B.C. 1996, c. 492,
  - (i) be registered with WCB,
  - (ii) ensure that all Subcontractors are registered with WCB,
  - (iii) maintain WCB coverage for the Term and the Extension, if applicable,
  - (iv) ensure that all Subcontractors maintain WCB coverage for the period they provide Services, and
  - (v) submit to the Province a WCB clearance letter indicating that you and all Subcontractors have paid all required WCB assessments, prior to receiving any payment under this Agreement;

- (d) without limiting the generality of subparagraph (b), comply with the *Income Tax Act* (Canada); and
- (e) ensure that all Employees on the Services Team are competent to perform the Services and are adequately trained, instructed and supervised.

5.2 Unless otherwise specified in this Agreement, you must perform the Services to a standard of care, skill, and diligence maintained by persons providing, on a commercial basis, services similar to the Services.

## **Article 6      RELATIONSHIP**

- 6.1 You are an independent contractor and not our employee, agent, or partner.
- 6.2 You must not do anything that would result in any person considering any Employee to be our employee.
- 6.3 You must not commit or purport to commit us to pay any money unless specifically authorized by this Agreement.
- 6.4 We may from time to time give you instructions, in writing or otherwise, that we consider necessary as to your performance of the Services. You must comply with those instructions but, unless otherwise specified in this Agreement, you may determine the manner in which you carry out the instructions.

## **Article 7      RECORDS**

- 7.1 On our request, you must fully inform us of all work that you or any Subcontractor have done or will do in connection with providing the Services.
- 7.2 In connection with providing the Services, you must maintain in form and content and for a period satisfactory to us, any:
  - (a) invoices and supporting documentation received from any Subcontractor;
  - (b) books of account, invoices, receipts, and vouchers for any Expenses;
  - (c) information, including Client personal information, we require you to provide to us under this Agreement; and
  - (d) other supporting documentation, or information, including Client personal information you produce or receive related to the Services,
 (collectively, the "Records").

## **Article 8 MATERIALS**

- 8.1 You must permit us free access at all reasonable times and with reasonable notice, to inspect, copy or audit, using those procedures as we in our sole discretion may choose, all Records, data, reports, documents and other material, whether complete or not, that, as a result of this Agreement, are:
- (a) produced by you or a Subcontractor for us during the Term (the "Produced Material"), which includes any material in existence prior to the start of the Term or developed independently of this Agreement, and that is incorporated or embedded in the Produced Material by you or a Subcontractor (the "Incorporated Material"), or
  - (b) received by you or a Subcontractor from us or any other person (the "Received Material").
- 8.2 For the purposes of this Agreement, the Material does not include techniques, know-how or general knowledge of matters.
- 8.3 We exclusively own all property rights in the Material that are not intellectual property rights.
- 8.4 We exclusively own all intellectual property rights, including copyright, in
- (a) Received Material that you receive from us, and
  - (b) Produced Material, other than any Incorporated Material.
- 8.5 On our request, you must deliver to us, documents satisfactory to us waiving in our favour any moral rights that you or any Employee may have in the Produced Material, and confirming the vesting in us of the copyright in the Produced Material, other than any Incorporated Material.
- 8.6 On any Incorporated Material being embedded or incorporated in the Produced Material, you grant us a non-exclusive, perpetual, irrevocable, royalty-free, worldwide licence to use, reproduce, modify and distribute that Incorporated Material for our internal business purposes to the extent it remains embedded or incorporated in the Produced Material.

## **Article 9 CONFIDENTIALITY AND ACCESS**

- 9.1 You must treat as confidential, all information in the Material and any other information you or a Subcontractor access or obtain verbally, electronically or otherwise as a result of this Agreement (collectively the "Confidential Information") and not permit its disclosure without our prior written consent except:

- (a) as required to perform your obligations under this Agreement or to comply with applicable law;
  - (b) if it is information that is generally known to the public other than as result of a breach of this Agreement; or
  - (c) if it is information in any Incorporated Material.
- 9.2 You must comply with the Privacy Protection Schedule attached as Schedule E.
- 9.3 You must:
  - (a) make reasonable security arrangements to protect the Confidential Information from unauthorized access, collection, use, disclosure or disposal;
  - (b) comply with the Security Schedule, attached as Schedule F; and
  - (c) ensure that every Employee executes a confidentiality agreement or undertaking of confidentiality, in a form designated by us, which may be the form attached as Schedule G, regarding the use, publication or disclosure of the Confidential Information.
- 9.4 If you receive a request for access to any of the Confidential Information from a person other than us, and this Agreement does not require or authorize you to provide that access, you must advise the person to make the request to us.
- 9.5 You must deliver any Confidential Information to us immediately on our request and at our expense.
- 9.6 If we require you to retain any Confidential Information beyond the Term, and the Extension, if applicable, or the date this Agreement terminates, if we terminate this Agreement early pursuant to subparagraph 13.2 (f) or paragraph 13.3, we will pay you your reasonable costs to store the Confidential Information.
- 9.7 If, in accordance with the attached Schedules A or E, we direct you to destroy any Confidential Information you must:
  - (a) do so at your own expense; and
  - (b) ensure that the Confidential Information is destroyed by shredding conducted by a person with whom we have an ongoing Corporate Supply Arrangement to destroy government records.

- 9.8 You must permit us free access at all reasonable times and with reasonable notice, to audit, using those procedures as we in our sole discretion may choose, your compliance with the attached Schedules E and F.

#### **Article 10 ASSIGNMENT AND SUBCONTRACTING**

- 10.1 You must not assign any of your rights under this Agreement without our prior written consent.
- 10.2 You must not subcontract any of your obligations under this Agreement without our prior written consent.
- 10.3 We have approved as Subcontractors, the persons listed in the attached Schedule C.
- 10.4 No subcontract you enter, whether we consent to it or not, relieves you from any obligation under this Agreement.
- 10.5 You must ensure that every Subcontractor fully complies with this Agreement and all attached Schedules, in performing any subcontracted obligation.
- 10.6 Every contract between you and a Subcontractor to provide any portion of the Services must include a term that obligates the Subcontractor to comply fully with this Agreement and all attached Schedules in performing any subcontracted Services.
- 10.7 We reserve the right to review the terms and conditions of any contract between you and any Subcontractor to determine to our satisfaction that you comply with paragraph 10.6.

#### **Article 11 PERFORMANCE STANDARDS**

- 11.1 You must provide the Services to our satisfaction and in accordance with the attached Schedule A, including maintaining any Performance Standards.
- 11.2 If you fail to provide the Services to our satisfaction, or in accordance with the attached Schedule A:
- (a) we will first discuss with you, your non-performance and the nature of our concerns; and
  - (b) if discussion pursuant to subparagraph (a) does not resolve the matter, the Parties will resolve the matter pursuant to Article 12.
- 11.3 Nothing in this Article 11 prevents us from exercising our discretion to terminate this Agreement pursuant to paragraph 13.2 (f) in the event that your failure to

provide the Services in accordance with the attached Schedule A constitutes an Event of Default.

## **Article 12 ESCALATION AND DISPUTE RESOLUTION**

12.1 If a difference, concern or dispute between the Parties arises out of or in connection with this Agreement or in respect of any defined legal relationship associated with this Agreement or derived from this Agreement (the "Dispute"), the Parties agree to resolve the Dispute using the following process:

- (a) the Parties will promptly hold a meeting and in any event no later than 20 business days after the Dispute arises (unless a delay is agreed to in writing) that individuals from each Party with decision-making authority regarding the Dispute will attend and attempt in good faith to negotiate a resolution of the Dispute;
- (b) if, within thirty (30) days after the meeting described in subparagraph (a), or such further period the Parties agree to in writing, the Parties do not succeed in negotiating a resolution of the Dispute, the Parties will:
  - (i) seek the assistance of a neutral and mutually acceptable mediator, who the Parties will jointly select and appoint, or
  - (ii) if the Parties agree in writing, resolve the Dispute by arbitration pursuant to subparagraph (f);
- (c) if the Parties cannot agree on mediator as described in clause (b)(i), the Parties will resolve the Dispute pursuant to subparagraph (f);
- (d) if the Parties appoint a mediator pursuant to clause (b)(i), the Parties agree to participate in good faith in a mediation session that must occur within thirty (30) days after the appointment of the mediator, or such further period the Parties agree to in writing;
- (e) the Parties agree to conduct any mediation in accordance with the Mediation Rules of the British Columbia Mediator Roster Society;
- (f) unless the Parties otherwise agree, any Dispute that the Parties do not resolve by negotiation or mediation pursuant to subparagraphs (a) to (e), the Parties will refer for final resolution by arbitration pursuant to the *Commercial Arbitration Act*, R.S.B.C. 1996, c. 55; and
- (g) the Parties agree that the decision of an arbitrator will be final and binding and will not be subject to appeal to any court on a question of fact, law or mixed fact and law.

### **Article 13    DEFAULT, REMEDIES, SUSPENSION AND TERMINATION**

13.1 Notwithstanding any other provision of this Agreement, any of the following events will constitute an "Event of Default" by you, whether that event is voluntary, involuntary or results from the operation of law or any judgment or order of any court or administrative or government body:

- (a) you fail to provide the Services to our satisfaction;
- (b) you fail to observe, perform or comply with any material provision of this Agreement that you are obligated to observe, perform or comply with;
- (c) any representation or warranty made by you and contained in the Proposal or this Agreement is materially untrue or incorrect;
- (d) any information, statement, document, certificate or report furnished or submitted by or on behalf of you to us under or as a result of the Proposal or this Agreement is materially untrue or incorrect;
- (e) an order is made, a resolution is passed or a petition is filed, for you to be liquidated or wound up;
- (f) a change occurs with respect to any one or more of your assets, condition (financial or otherwise), business, or operations that, in our opinion, materially adversely affects your ability to fulfill any of your obligations under this Agreement;
- (g) you become insolvent, commit an act of bankruptcy, make an assignment for the benefit of your creditors or otherwise acknowledge your insolvency;
- (h) a bankruptcy petition is filed or presented against you, or you make a proposal under the *Bankruptcy and Insolvency Act*, R.S.C., 1985, c. B-3;
- (i) a receiver or receiver-manager is appointed of any of your property;
- (j) you permit any sum that you do not dispute to be due by you to remain unpaid after legal proceedings have been commenced to enforce its payment;
- (k) you cease, in our opinion, to carry on business or operations as a going concern;
- (l) any action is taken to enforce any security interest, charge or encumbrance granted, created or issued by you that materially affects your ability to carry on business or operations as a going concern; or



- (m) you fail to notify us, with particulars that any of events (a) to (l) has occurred or is occurring.

13.2 On the occurrence of any Event of Default by you, we may, at our option, immediately, or at any later time, elect to do any one or more of the following:

- (a) suspend, while the Event of Default continues, payment of any amount that is due or that becomes due to you for Fees or Expenses pursuant to paragraph 3.1 and the attached Schedule B;
- (b) pursue any remedy available to us at law or in equity;
- (c) require that you remedy the Event of Default within a time period we specify;
- (d) pursue a resolution pursuant to Article 12;
- (e) waive the Event of Default; and
- (f) terminate this Agreement by giving written notice of termination to you, subject to the expiration of any time period specified by a notice delivered pursuant to subparagraph (c).

13.3 Notwithstanding any other provision of this Agreement, we may terminate this Agreement at any time and for any reason by giving you at least ninety (90) days written notice, or any shorter notice and in any other manner that is mutually agreed between the Parties.

13.4 If we terminate this Agreement pursuant to subparagraph 13.2 (f) or paragraph 13.3, we will pay you any Fees or Expenses, you are entitled to receive pursuant to subparagraph 3.1 and the attached Schedule B for Services you provide before termination and then be under no further obligation to you.

13.5 At our request, you will, to the extent that you are reasonably capable of doing so, provide any reasonable assistance we require to ensure the orderly transition of the provision of the Services by a party other than you:

- (a) for the thirty (30) days prior to end of the Term, or the Extension, if applicable, at our expense; or
- (b) if we terminate this Agreement pursuant to subparagraph 13.2 (f) or paragraph 13.3, for the period set out in the applicable notice prior to the termination of this Agreement, at our expense; and

- (c) for up to an additional sixty (60) days after the end of the Term, the Extension, or early termination of this Agreement, as applicable, for a fee to be agreed between the Parties and payable by us to you at the end of the additional days.
- 13.6. You are entitled to suspend providing Services to us if:
  - (a) we fail to deliver a Rolling Deposit to you within thirty (30) calendar days from the day it is due; or
  - (b) you return a Rolling Deposit balance to us at our request.
- 13.7. You must cease any suspension of Services you commence pursuant to subparagraph 13.6 (a) or (b), immediately on our payment of the Rolling Deposit that is due, or, immediately on our repayment of the Rolling Deposit balance that you returned, respectively.
- 13.8. You are entitled to terminate this Agreement on ninety (90) calendar days written notice to us, if we fail to pay an invoice for Fees and Expenses within sixty (60) calendar days after we receive the invoice from you.

#### **Article 14 INSURANCE AND INDEMNITY**

- 14.1 You must maintain and pay for insurance on the terms, including form, amounts, and deductibles, outlined in the attached Schedule D, as those terms may change from time to time in accordance with our directions.
- 14.2 You must indemnify and save harmless us and our employees and agents from any losses, claims, damages, actions, causes of action, costs and expenses that we or any of our employees or agents may sustain, incur, suffer or be put to at any time, either before or after this Agreement ends, which are based on, arise out of or occur, directly or indirectly, by reason of, any act or omission by you or any Employee.

#### **Article 15 FORCE MAJEURE EVENTS**

- 15.1 The occurrence of an event or circumstance beyond the reasonable control of a Party that interferes with, delays or prevents performance of the obligations of a Party, provided that the non-performing Party is without fault in causing or failing to prevent such occurrence, and such occurrence cannot be circumvented through the use of reasonable alternative sources, work around plans or other similar means (including, with respect to you, your Business Continuation Plan) is a "Force Majeure Event".

15.2 Subject to paragraph 15.1, a Force Majeure Event includes the following:

- (a) explosions, fires, floods, earthquakes, catastrophic weather conditions or other elements of nature or Acts of God;
- (b) strike or lockout;
- (c) epidemics;
- (d) acts of war (declared or undeclared), acts of terrorism, insurrection, riots, civil disorders, rebellion or sabotage;
- (e) failures or fluctuations in electrical power or telecommunication services or other similar public utilities; and
- (f) other events that the Parties expressly agree in writing as constituting a Force Majeure Event.

15.3 Lack of money, financing or credit will not be and will not be deemed to be a Force Majeure Event.

15.4 Notwithstanding any other provision in this Agreement to the contrary, neither Party will be deemed in default of any obligation under this Agreement because of a Force Majeure Event.

15.5 If a Force Majeure Event occurs or is likely to occur, the Party directly affected will notify the other Party forthwith and will use its best efforts to remove, curtail or contain the result(s) of the Force Majeure Event and to resume, with the least possible delay, compliance with its obligations under this Agreement.

## **Article 16 PUBLIC ANNOUNCEMENTS AND USE OF PROVINCE MARKS**

16.1 You will:

- (a) cooperate with us and at our request, assist us in developing a communications strategy and making public announcements regarding the Services and this Agreement;
- (b) make no public comment about the Services or this Agreement, without first consulting with us and obtaining our approval;
- (c) not use the name of, any photograph or other image of, or any personal information about, any Client in any material you produce and distribute to the public for any purpose, without first obtaining the written consent of the Client and providing us with a copy of that consent;

- (d) prominently display in any materials you produce and distribute to the public that publicize or promote the Services, an acknowledgment that you provide the Services for us, the form, content and location of which is subject to our approval;
  - (e) incorporate a Province Mark of our choice in any acknowledgment described in subparagraph (d); and
  - (f) not use any Province Mark in any capacity or for any purpose other than those set out in subparagraph (e).
- 16.2 Forthwith after the execution of this Agreement, we will provide you with the Province Mark that you must use as described in paragraph 16.1.
- 16.3 From time to time during the Term and the Extension, if applicable, we, in our sole discretion, may provide you with a replacement Province Mark that you must use as described in paragraph 16.1.
- 16.4 We will consult with you before making any public comment about the Services that references your name.
- 16.5 You will grant us during the Term and Extension, if applicable, of this Agreement the non-exclusive right to use and display all trade-marks and other trade-names, commercial symbols, copyright and logos owned or licensed by you, provided that we inform you in advance of such use and you give your written approval.

## **Article 17 CONFLICT OF INTEREST**

- 17.1 You must not provide any service to any person in circumstances that, in our opinion, could give rise to a conflict of interest between your duties to that person and your duties to us under this Agreement.

## **Article 18 CRIMINAL RECORDS CHECK**

- 18.1 You must obtain a criminal record or criminal history check for any Employee:
- (a) that as a result of this Agreement has direct contact with any Client;
  - (b) with access to Information Systems; or
  - (c) for whom we in our sole discretion, require you to obtain a criminal record or criminal history check,

forthwith at the start of the Term or the start of the Employee's engagement, as applicable and thereafter annually, or less frequently at our written direction, by submitting, at your expense, to the appropriate Local Police Agency, a completed and properly executed Disclosure of Criminal Record Information Form for the Employee.

- 18.2 We may exempt you from the requirement in paragraph 18.1 for any Employee, if you have on record for the Employee, the results of a criminal record or criminal history check obtained in the twelve (12) months immediately before the start of the Term or the start of the Employee's engagement, as applicable.
- 18.3 If the information provided by a Local Police Agency in any criminal record or criminal history check described in paragraph 18.1, discloses that any Employee has or may have a criminal record, you must obtain, at your expense, a Certified Criminal Record Check for the Employee.
- 18.4 Based on the results for any Employee, of a criminal record or criminal history check described in paragraph 18.1, or a Certified Criminal Record Check described in paragraph 18.3, you must determine whether the Employee represents an unacceptable risk to Clients or Information Systems security, as applicable.
- 18.5 If you determine pursuant to paragraph 18.4 that an Employee represents an unacceptable risk to Clients or Information Systems security, you must remove the Employee from the Services Team, or deny the Employee access to Information Systems, as applicable.
- 18.6 You must provide to us forthwith, any Employee's criminal record or criminal history check described in paragraph 18.1 and Certified Criminal Record Check described in paragraph 18.3, if applicable:
  - (a) on our request; or
  - (b) on your receipt of the criminal record or criminal history check or the Certified Criminal Record Check if,
    - (i) the criminal record or criminal history check or the Certified Criminal Record Check is for an Employee described in subparagraph 18.1 (a) and discloses an Outstanding Charge relating to a Relevant Offence, or a Conviction for a Relevant Offence, or
    - (ii) the criminal record or criminal history check or the Certified Criminal Record Check is for an Employee described in subparagraph 18.1 (b) and discloses an Outstanding Charge relating to, or a Conviction for an offence under any provision in Parts II, II.1, IV, VI, IX, X, XI, XII, XII.2 or XIII of the *Criminal Code*, R.S.C. 1985, c. C-46, as may be amended from time to time, or any predecessor provision.

18.7 Based on any Employee's criminal record or criminal history check or Certified Criminal Record Check, we may, in our sole discretion, request that you remove the Employee from the Services Team, or deny the Employee access to Information Systems, as applicable.

18.8 If you:

- (a) fail to obtain for an Employee,
  - (i) a criminal record or criminal history check pursuant to paragraph 18.1, or
  - (ii) a Certified Criminal Record Check pursuant to paragraph 18.3; or
- (b) fail provide to us an Employee's criminal record or criminal history check or Certified Criminal Record Check pursuant to paragraph 18.6,

we may, in our sole discretion, request that you remove the Employee from the Services Team, or deny the Employee access to Information Systems, as applicable.

18.9 You must remove an Employee from the Services Team, or deny an Employee access to Information Systems, as applicable, within fifteen (15) working days from receiving a request from us pursuant to paragraphs 18.7 or 18.8.

## **Article 19 NOTICES**

19.1 Any notice contemplated by this Agreement, to be effective, must be in writing and either:

- (a) sent by fax to the addressee's fax number specified in this Agreement;
- (b) delivered by hand to the addressee's address specified in this Agreement; or
- (c) mailed by prepaid registered mail to the addressee's address specified in this Agreement.

19.2 Any notice mailed in accordance with subparagraph 19.1 (c) is deemed to be received 96 hours after mailing.

19.3 A Party may, from time to time, give notice to the other Party of a substitute address or fax number.

19.4 You will provide any notice to us pursuant to paragraph 19.1 to the attention of the Contract Manager (Ministry).

- 19.5 We will provide any notice to you pursuant to paragraph 19.1 to the attention of the Contract Manager (Contractor).

## **Article 20 ENTIRE AGREEMENT**

- 20.1 This Agreement and any modification of it constitute the entire agreement between the Parties as to performance of the Services.
- 20.2 No modification of this Agreement is effective unless it is in writing and signed by the Parties.
- 20.3 The attached Schedules and Appendices are part of this Agreement.
- 20.4 If there is a conflict between a provision in an attached Schedule or Appendix and any other provision of this Agreement, the provision in the attached Schedule or Appendix is inoperative to the extent of the conflict unless it states that it operates despite a conflicting provision of this Agreement.

## **Article 21 CHANGE MANAGEMENT**

- 21.1 During the Term, we may request that you provide services in addition to the Services, such as claims administration for other health supplements available to Clients under the *Employment and Assistance Regulation*, B.C. Reg. 263/2002, or the *Employment and Assistance for Persons with Disabilities Regulation*, B.C. Reg. 265/2002. If we make such a request the change management provisions set out in paragraph 21.2 will apply.
- 21.2 The Parties will manage any changes under this Agreement using the following process:
- (a) On a quarterly or more frequent basis, either Party may identify issues that the Party wishes to review with the other Party; and
  - (b) For issues that the Parties agree require review, the Contractor and Ministry Contract Manager may develop solutions (may have associated costs) to be implemented in a timely manner that must be mutually acceptable to both Parties. These solutions will only be implemented upon appropriate approvals by each Party to the Agreement.

## **Article 22 GENERAL**

- 22.1 We must make available to you all information in our possession that we consider pertinent to your performance of the Services.

- 22.2 This Agreement is governed by and will be construed in accordance with the laws of British Columbia.
- 22.3 Time is of the essence in this Agreement.
- 22.4 A waiver by us of any term of this Agreement or of any breach by you of this Agreement is effective only if it is in writing and signed by us and is not a waiver of any other term or any other breach.
- 22.5 This Agreement is binding on us and our assigns and on you, your successors and permitted assigns.
- 22.6 This Agreement does not operate as a permit, license, approval or other statutory authority that you may be required to obtain from us or from any of our agencies in order to provide the Services. Nothing in this Agreement will be construed as interfering with the exercise by us or our agencies of any statutory power or duty.
- 22.7 A reference to a statute in this Agreement, whether or not that statute is defined, means a statute of the Province of British Columbia, unless otherwise stated, and includes all amendments to it, the regulations under it and any enactment passed to replace it.
- 22.8 Your obligations under the terms of this Agreement continue in force indefinitely, even after this Agreement ends or we terminate it pursuant to subparagraph 13.2 (f) or paragraph 13.3.
- 22.9 Our obligations under the terms of this Agreement continue in force indefinitely, even after this Agreement ends or you terminate it pursuant to paragraph 13.8.
- 22.10 Subject to Article 13, our obligations pursuant to Article 3 continue in force indefinitely, even after this Agreement ends or we terminate it pursuant to subparagraph 13.2 (f) or paragraph 13.3.
- 22.11 Each Party may enter this Agreement by each signing a separate copy of this Agreement (including a photocopy or faxed copy) and delivering it to the other Party by fax.



IN WITNESS WHEREOF, the Parties have executed this Agreement on the respective dates set out below.

SIGNED on behalf of the Province by a duly  
authorized representative of the Minister of  
Employment and Income Assistance on the 31  
day of October 2007, in the presence of:

[witness signature]

1009 21 Paseo Place

[witness name]

Victoria BC V9C 3V2

[witness address]

Breanna Lester

[witness address]

[signature]

Laurie Dungan

[name]

Executive Director

[title]

Provincial Services Branch

SIGNED on behalf of the Contractor by a duly  
authorized representative on the 31<sup>st</sup> day of  
October 2007, in the presence of:

[witness signature]

Jody Wiese

[witness name]

PO Box 7000

[witness address]

Vancouver, BC V6B 4E1

[witness address]

[witness signature]

Diana Ellis

[witness name]

PO Box 7000

[witness address]

Vancouver, BC V6B 4E1

[witness address]

[signature]

JOHN CAMPBELL

[name]

SVP Financial Services

[title]

[signature]

Catherine Boivie

[name]

SVP, IT

[title]

## SCHEDULE A

### SERVICES

The scope of Services is defined in this schedule and includes confirmation of Client eligibility to Service Providers; administration of Claims for Dental and Optical Supplements; related reporting; communications; and records management.

Refer to the following attachments to this Agreement

- Appendix 1 – Dental Fee Schedule
- Appendix 2 – Optical Fee Schedule
- Appendix 3 – Denturist Fee Schedule
- Appendix 4 – Eligibility File Layout
- Appendix 5 – Client Categories Document
- Appendix 6 – Ministry's Contractor Records Guidelines

Program services may be affected by changes to legislation, regulations, policy and internal Ministry procedures from time to time.

#### **Program Service and Coverage**

The **Optical Program and Healthy Kids Program** provides the following services to eligible Clients as outlined in the Optical Fee Schedule attached as Appendix 2:

- routine eye examinations every 24 months by optometrists and ophthalmologists to persons, between the ages of 19 and 64, only if coverage is not available under the Medical Services Plan (MSP);
- optical supplements (basic eyewear and repairs; pre-authorized eyewear and repairs);
- replacement prescription eyeglasses every 3 years for adults, unless a change in the prescription; and
- replacement prescription eyeglasses every 12 months for children;

The **Dental Program and Healthy Kids Program** provides the following services to eligible Clients as outlined in the Dental Fee Schedule attached as Appendix 1:

- emergency dental services;
- crown and bridge services;
- basic dental services;
- dental treatment for children and persons with disabilities who require dental treatment under general anesthetic in hospital, or in accredited private facilities;
- denture supplements for persons eligible for basic dental coverage;
- complete dentures (single or full);
- orthodontia; and
- basic dental services for children under the Healthy Kids Program.

## **Section 1 - CLAIMS ADMINISTRATION:**

The Contractor will:

- a) Administer the receipt, review and payment of Claims under the Optical, Dental and Healthy Kids Programs ensuring completeness and eligibility;
- b) Assess Client eligibility in accordance with the criteria set out by the Ministry;
- c) Assess pre authorization requests (i.e. crown and bridge services) using a qualified professional registered with the British Columbia Dental Association;
- d) Collect, maintain and secure of all information relating to Claims;
- e) Provide data collection services and collect the following information for all Claims received:
  - i. Client Personal Health Number;
  - ii. Client Name (surname and given name or initials);
  - iii. Practitioner identifier;
  - iv. Date of Service;
  - v. Identification of service provided and fee code;
  - vi. Date claim received;
  - vii. Date of payment;
  - viii. Amount billed; and
  - ix. Amount of payment.
- f) Provide statements to Service Providers with an explanation of Claims status;
- g) Provide timely payments of valid Claims to Service Providers;
- h) Provide toll free telephone services, between the hours of 8:00am to 4:30pm (PST), Monday through Friday (excluding statutory holidays, Easter Monday and Christmas Eve) for Ministry and Service Provider inquiries confirming Client eligibility;
- i) Interpret Client history and ability to provide a response to Service Provider enquiries;
- j) Validate the enrolment data monthly, ensuring accuracy of eligibility information;
- k) Pre-screen all Claims to ensure the appropriate documentation accompanies the claim (e.g. Service Provider/supplier's authorized signature);
- l) Authorize, approve and set up Service Providers and suppliers (e.g. dentists, optical stores, etc.) as business partners before Claims can be paid;
- m) Use a positive enrolment in the claims adjudication system. (i.e. The patient must exist on the system before Claims can be paid.) Each Ministry client is linked to the rules associated with the specific plan benefits s/he is entitled to receive in accordance with the eligibility information received daily from the Ministry;
- n) Match the information submitted on the Claim form to the Service Provider/supplier, patient and plan benefit information stored in the database. Routine Claims are automatically approved by the system. Exceptions and complex Claims are analyzed and approved or rejected by examiners;
- o) Track eligibility inquiries from the Ministry and Service Providers by electronically providing the time, date, comments, state of the Clients' eligibility and plan usage amounts relating to the inquiries;

- p) Perform periodic quality assurance reviews to ensure that Claims are paid accurately. Payments in excess of set dollar limits will be reviewed and released by a Contractor Team Leader or Manager, depending on amount;
- q) Conduct monthly quality assurance audits of randomly selected Claims for all Contractor business and any errors are brought to management's attention for review and correction;
- r) Ensure that costs are billed to the correct group in a timely and accurate manner and store the plan accounting and billing information in the GMA system;
- s) Verify monthly reporting/billing for all reports and review and reconcile them to ensure they balance;
- t) Provide Claims reporting information via tools which may change from time to time;
- u) Ensure adequate training needs of Ministry staff are met as users of the system and business processes. The Contractor will provide initial user training pertaining to your WebCRS and plan inquiry system (i.e. "training the trainers");
- v) Develop and send provider communications; and
- w) Utilize the following processes to communicate effectively with Service Providers:
  - i. The Word of Mouth dental newsletter;
  - ii. Ad hoc bulletins or cheque inserts;
  - iii. Distribution of specific Ministry produced program brochures, fee guide supplements and bulletins;
  - iv. Produce provider reference guides and brochures for specific provider groups; and
  - v. Working relationships with many provider associations and colleges.

## **Section 2 - INFORMATION SERVICES AND REPORTING:**

The Contractor will:

- a) Provide Client history to Health Assistance Branch and Health Reconsideration Branch regarding denial of Claims and requests for reconsideration purposes;
- b) Provide information to the Ministry regarding cases of suspected fraud;
- c) Provide Service Provider access to Client eligibility information;
- d) Provide Ministry access to Client and Service Provider information;
- e) Provide on-going communication and training when necessary regarding Contractor's procedures for Ministry staff and to Service Providers accessing Client information;
- f) Distribute Ministry produced program brochures, fee guide supplements and bulletins to Service Providers;
- g) Report on quarterly and annual performance activities;
- h) Provide the Ministry with the collected information in regularly scheduled Client and supplier transaction reports in excel compatible format, report to web or pdf;
- i) Provide ad hoc reports which may be requested on an as needed basis in excel compatible format, report to web or pdf;

- j) Provide the following reports;
  - i. **Annual Reports**
    - 1. Fiscal year rollup of Dental and Optical Supplements expenditures by Client Category as described in the attached Appendix 5; and
    - 2. Calendar year report for children over annual limit and those that reached maximum limit while undergoing treatment under sedation.
  - ii. **Quarterly Reports**
    - 1. Rollup of Dental and Optical Supplements expenditures by Client category;
    - 2. Client category enrolment report; and
    - 3. Quality Control Report that will identify every failure to meet a performance standard identified in the Quality Control Plan, the reason(s) for each failure and all steps taken to resolve each failure.
  - iii. **Monthly Reports**
    - 1. Dental and Optical Supplements expenditures by Client category;
    - 2. Detailed breakdown of Ministry Clients served in the Dental and Optical Supplements programs;
    - 3. Report showing all cases where emergency dental funds have been used when basic dental funds are still available;
    - 4. Discrepancy report between Contractor information and Ministry information explaining the discrepancies;
    - 5. Vision detail claims summary by Client category; and
    - 6. Dental detail claims summary by Client category.
- k) As of October 27, 2007 provide the Ministry with access to Claims history including all paid, partially paid and unpaid Claims are available via the plan inquiry system;
- l) Provide the Ministry with Client history regarding the denial of Claims and requests for reconsideration purposes;
- m) Monitor and review cases of suspected fraud by reviewing Client's information available via plan inquiry system and information related to Service Provider inquiries. The Contractor will provide this information as well as copies of Claims and correspondence, on a request basis;
- n) Provide required information from our provider files on a request basis;
- o) Provide on-going communication and training as necessary regarding our procedures for Ministry staff and to Service Providers;
- p) Distribute Ministry produced program brochures, fee guide supplements and bulletins to Service Providers on request as a service provided at cost;
- q) Confirm collection of the required data as indicated for all Claims received; and
- r) Provide simple ad hoc report requests within 3 business days, however, more complex requests will require additional time to analyze, develop and deliver. Timelines will be as agreed by prior arrangement between the Parties Contract Managers.

### **Section 3 - BUSINESS CONTINUATION**

The Contractor will:

- a) Maintain a business continuation plan ("BCP") and disaster recovery services in the event of an emergency or disruption to existing services which includes an 1) Introduction, 2) Disaster Recovery Team Structure, 3) Workflow - Event Occurrence, 4) Workflow - Recovery, 5) Recovery Background and Pre-planning, and 6) Forms, Templates and Event Logs;
- b) Work with the Ministry Chief Risk Officer or designate to address Ministry requirements into the Contractor BCP. The Ministry Chief Risk Officer understands that the Plan contains proprietary and confidential information on the Contractor processes and procedures as well as personal contact information of their key employees and will treat the information under the provisions of the Provinces FOIPP; and
- c) Maintain a contract with a supplier for Disaster Recovery Services with an alternative data centre site within Canada with mainframe, server and network connectivity. The Contractor will conduct a semi-annual test by restoring their key information systems in the suppliers' facility in Canada. In addition, the Contractor will contract for a mobile work area recovery facility. Evidence will be provided yearly to the Ministry to demonstrate these services are in place and available.

### **Section 4 - PERFORMANCE STANDARDS**

The Contractor will:

- a) Create and establish a process or procedure to review or audit the performance standards the Services are to adhere to. The process or procedure will be provided 2 months after the Agreement is signed and the Contractor will provide evidence to the Ministry on a yearly basis against the performance standards levels;
- b) Meet the following Ministry performance standards;
  - 1. Claims processed and paid to Service Providers within 30 calendar days of receipt of a completed Claim;
  - 2. Dedicated telephone lines available 98% of the time to respond to inquiries from Service Providers and the Ministry during the hours of 8:00am to 4:30pm (PST);
  - 3. Response to telephone enquiries from the Ministry or Service Providers within 1 business day of receipt of a telephone enquiry;
  - 4. Response to e-mail enquiries from the Ministry within 2 business days of receipt of an e-mail enquiry;
  - 5. Accuracy of Service Provider payments 98% of the time;
  - 6. When destroying the government's records the Contractor will use a vendor approved by the government through a Corporate Supply Arrangement (CSA) 100% of the time. The Ministry will provide the Contractor a letter indicating that the Contractor is eligible for the CSA pricing for this Agreement;

7. Simple Ad hoc reports provided within 3 business days unless prior arrangement approved. Complex reports to be delivered as per pre-arranged timelines between the Parties Contract Managers; and
  8. 24/7 access other than dedicated telephone lines to Client information by Ministry staff 95% of the time.
- c) Monitor Claims turnaround times on a daily basis, and will add additional resources if there is a backlog situation, in order to ensure completed claims are processed within 30 calendar days of receipt. If additional information is required before the Claim can be processed, we will measure the turnaround time based on the date we are in receipt of all required information;
  - d) Measure accuracy by reviewing a sample of Claims paid by the internal audit department. If errors are found, corrective action will be taken. If a Claim has been paid in error, we credit your invoice, and a decision is made as to recovery for the overpayment;
  - e) Ensure that the plan inquiry server and recovery processes to meet 24/7 availability 95% of the time; and
  - f) Monitor and measure performance standards, and provide quarterly and annual Service Performance Reports demonstrating quality assurance to the standards.

## **Section 5 – GENERAL**

- a) The Contractor will maintain financial viability to perform the services and provide evidence on a yearly basis to demonstrate that the Contractor is financially viable. The Contractor will provide a copy of their annual report;
- b) The Ministry may enter the premises used by the Contractor upon reasonable notice and during normal working hours in order to verify the performance of the services;
- c) The Contractor will assist the Ministry in the verification of work performed by the Contractor;
- d) The Contractor will meet with the Ministry on an annual basis or upon request to review the overall performance of the Contractor in meeting the needs of the Ministry;
- e) Contract Manager (Contractor) and Contract Manager (Ministry) will communicate every two weeks regarding overall administration and operation of the Agreement requirements;
- f) The Contractor will use the Contract Manager (Contractor) as the primary contact for service delivery issues raised. The Contract Manager (Contractor) is available to meet in Victoria every other week and on request, and by email and telephone at any time and will meet annually or on request to review the Contractors overall Agreement performance; and
- g) The Contractor will undertake an annual Risk Assessment review in consultation with the Ministry Chief Risk Officer in relation to Ministry Agreement risks.

## **Section 6 - PRIVACY & RECORDS MANAGEMENT**

The Contractor will:

- a) Maintain records and return any material to the Province in accordance with standard Ministry instructions regarding Contractor records in effect at the time of return as outlined in the Records Management Guidelines for Contractors (Appendix 6). Instructions may include but not be limited to labelling and maintaining Client and program files during the term of the Agreement in an order specified by the Ministry; and boxing, labelling, listing box contents and preparing boxes securely for shipment to the Ministry upon termination of the Agreement, or if files have been shredded according to the Ministry Guidelines all existing electronic files created during the contract should be printed off and included in the file. Once the information is verified, the Contractor is required to dispose of any electronic information they may have, meaning complete obliteration beyond any possible reconstruction of the data.
  1. **Dental supplement Client paper files** are required to be kept on site six months and then sent to offsite storage. In preparation for semi active storage claims/pre-authorizations are boxed by either Document Reference Number or alphabetical order. The Contractor will follow Checklist C-1 in Appendix 6 "From Contractor Directly to Off-Site Storage" except the Contractor can use either Document Reference Number or alphabetical order. The Client files must be arranged by calendar year, by a reference number, or alphabetically by the Client's surname if no reference number. Dental records will be kept for 16 years in total (this includes the 6 months on site and then 15 years 6 months in semi active storage).
  2. **Optical supplement Client paper files** are required to be kept on site six months and then sent to offsite storage. In preparation for semi active storage claims/pre-authorizations are boxed by either Document Reference Number or alphabetical order. The Contractor will follow Checklist C-1 in Appendix 6 "From Contractor Directly to Off-Site Storage" except the Contractor can use either Document Reference Number or alphabetical order. The Client files must be arranged by calendar year, by a reference number, or alphabetically by the Client's surname if no reference number. Optical records will be kept for 7 years in total (this includes the 6 months on site and then 6 years 6 months in semi active storage)
- b) As directed in the 'Privacy Protection Schedule in Schedule E, the Contractor will retain personal information until directed by the Province in writing to dispose of it. At minimum, the Contractor will ensure that information is destroyed in a secure manner that is acceptable to the Ministry to ensure that personal information cannot be reconstructed. Evidence will be provided to the Ministry which ensures that the government standard has been met;
- c) Be responsible for delivering hard copy and electronic records to the Ministry upon request within five working days, in order that the Ministry can meet its obligations



- under the Freedom of Information and Protection of Privacy Act to respond to access requests;
- d) Ensure their Chief Privacy Officer be responsible for privacy protection and compliance with applicable privacy legislation (FOIPPA, PIPA, PIPEDA); and
  - e) Utilize their existing privacy and security practices for quality assurance and for compliance with evolving privacy requirements. These policies include:
    1. Ensuring that all personal information (electronic and hard copy) is kept in a secure environment with controlled access;
    2. Safeguards for data protection to prevent Ministry personal information from blending with other information for other Contractor business;
    3. Transferring all Ministry files to the Ministry via a secure file transfer protocol (SFTP) solution;
    4. Documented security procedures concerning general organizational security, workstation security and security incident reporting;
    5. Having all Contractor employees sign an Oath of Confidentiality as a requirement of employment working within this Agreement;
    6. Enhanced criminal records check for all employees with access to the personal information of Ministry clients;
    7. Having a Code of Conduct, which all employees are required to read and are tested on annually for comprehension;
    8. Providing a detailed privacy practices & procedures manual for all employees to review and reference. These privacy practices are based on the generally accepted privacy principles for the use, collection, disclosure, and retention of personal information as set out in FOIPPA and PIPA;
    9. Encouraging good privacy practices through comprehensive training and ongoing education of employees. This is enhanced by a corporate culture that promotes and rewards compliance with privacy and security;
    10. Providing the Ministry with the Contractors privacy policy.

The Parties will review this Section on or before May 31, 2008.

### **Section 7 - INFORMATION TECHNOLOGY:**

- a) The Ministry and Contractor will transmit encrypted program data (Dental, Optical and Healthy Kids) to each Party using SFTP (Secure File Transfer Protocol) or over the government's private network (SpanBC);
- b) The Contractor will define, implement, and manage the tool(s), processes, and/or infrastructure necessary to facilitate the secure delivery of Services under this Agreement, and is responsible for ensuring that the confidentiality, integrity, and availability of program data is maintained while the data is within the custody of the Contractor;
- c) Data Transfers – the Ministry will: ensure enrolment files are transferred daily; ensure that verification files are transferred monthly and all data transferred will be encrypted and is transferred using SFTP;

- d) The Ministry MAC (Ministry Application Coordinator) is the contact for all technical issues related to the interface and the Contractor will follow the protocol for dealing with systems issues;
- e) The Contractor will ensure all Ministry files will be transferred to and from the Ministry via a secure file transfer protocol (SFTP) solution;
- f) The Contractor will add additional security on both ends of the communication channel by digitally signing and encrypting the files transferred;
- g) The Contractor will work with the Ministry and continue with the successful proof-of-concept as part of the Ministry transition project. Confirm the Contractor can encrypt/decrypt using the same cryptographic algorithms supported by the Entrust software. In addition, the Contractor will be certifying its digital certificate (used in the encryption process) with an external Certificate Authority;
- h) The Contractor will provide the Ministry access to Optical and Dental Information via plan inquiry system, our secure, online system, by entering the client's PHN. Information is organized by our group number, which relates to a Ministry client category. If a Client has belonged to more than one client category, there will one tab of information for each group number and the ability to toggle between information by groups. For each group, the Ministry will be able to inquire as to what benefits are covered and how much has been claimed and is remaining for each benefit with a financial or frequency limit. Detailed Client claims history including the product or service claimed, amount claimed and amount paid, date of purchase or service, and date paid is available. For Claims that have been partially paid or declined in full, an explanation is provided. For Dental Claims, the name of the Service Provider for each Claim is indicated; and
- i) The Contractor will make WebCRS® available to the Ministry on a self-service basis to access information and trends as regards enrolment, as well as Optical and Dental Claims in the aggregate.

## **Section 8 - ENVIRONMENTAL IMPACT**

The Contractor will:

- a) Assist the Province in meeting the Province's objective to reduce B.C.'s greenhouse gases in an attempt to be carbon neutral by 2010 and further assist the Province in meeting the Province's objective to reduce greenhouse gases by at least 33 per cent below current levels by 2020;
- b) With information from the Ministry establish their Carbon Footprint by December 31, 2008 and present the information to the Ministry;
- c) Develop actions and/or activities to be implemented within the Contractor's business by December 31, 2008 to assist the Province in meeting B.C.'s greenhouse gases targets;
- d) Implement and monitor the actions and/or activities to reduce B.C.'s greenhouse gases; and
- e) Report yearly on the actions and/or activities or as requested by us.

## SCHEDULE B

### ROLLING DEPOSIT, FEES and/or EXPENSES

The Agreement will have an Annual Maximum of \$2 Million with a total Agreement Contract Maximum of \$10.5 Million. The Rolling Deposit and all paid Claims are not included in any Annual Maximum or Contract Maximum. The Rolling Deposit and any paid Claims do not form part of Fees and Expenses.

The Fees and/or Expenses will be payable to the Contractor as follows:

1. For services as described in Schedule A, the Contractor will charge the Ministry a Fee as follows.
  - a. For the period October 1, 2007 to October 31, 2008, the Fee will be 3.85% of paid Claim amounts.
  - b. For subsequent one year periods beginning November 1 and ending October 31, the Fee will be calculated as follows with 30 days notice by the Contractor:
    - o  $A \times (1 + B) = C$
    - o  $C \times (1 - D) \times E \times (1 + F) = G$
    - o  $G / C = H$

Where:

A = Total amount of Claims paid in the current year.

B = Projected cost increases – the Contractor will estimate the percent by which amount of paid Claims will increase in the next year compared to the current year, based on program changes, changes to fee schedules in Appendices 1, 2 & 3 (including changes or increases to fees, dollar maximums, frequency maximums, and allowable procedures), and utilization trends. The Contractor will share this calculation with the Ministry.

C = Projected amount of paid Claims for next year.

D = Projected percent increase of paid Claims as a result of increases to fees in fee schedules in Appendices 1, 2 & 3. The Contractor will calculate this figure by simulating past Claims experience using the prices in new fee schedules. If a new fee schedule has not been implemented in the current year, D will equal 0. The Contractor will share this calculation with the Ministry.

E = Fee for the current period. The Fee is a percentage of paid Claims in effect for prior period.

F = the Annual Average Index increase of the Vancouver CPI for the period of July 1 to June 30 of the current year.

G = Projected annual fees – the total amount of Fees the Contractor expects to receive for the next period, after removing increases to projected paid Claim amounts as a result of increases to fees in fee schedules in Appendices 1, 2, & 3.

H = Adjusted fee – the percentage of paid Claim amounts for the next year the Contractor will charge the Ministry as its Fee. As a result of the calculation, the Fee is adjusted (reduced) to remove the impact of projected increases in paid Claim amounts solely as a result of increases to fees in fee schedules in Appendices 1, 2 & 3.

### **Section 1 Expenses for other related services**

- a) The all inclusive hourly rate for developing and preparing ad hoc reports is \$100 per hour, guaranteed for the Term of the Agreement.
- b) The Contractor will distribute Ministry produced material at a cost estimated by the Contractor.
- c) The fee for mail outs is specific to the requirements, and includes any material costs (e.g. envelopes), costs for stock and printing of material, if required, costs for labour (sorting, stuffing, labeling, metering), postage and courier expenses, and any miscellaneous costs (including any services of Contractor staff).
- d) The process for ad hoc services/reports or change requests is as follows:
- e) The Contract Manager (Ministry) will contact the Contract Manager (Contractor) to request a quote for additional services in writing. For simple requests the Contractor will provide a fixed fee estimate in 5 business days subject to requirements confirmation by the Ministry. If the request is more complex, the Contract Manager (Contractor) will provide a timeline and estimated cost to develop the fixed fee quote for the Ministry's approval.

### **Section 2 Rolling Deposit**

The Ministry will

- a) replenish the Rolling Deposit to Contractor at the first business day of each month to be deposited in a segregated account "in trust". The initial amount will be \$4.2 Million and subsequent Rolling Deposit amounts may increase, decrease or remain the same dependent upon the funds remaining in the segregated account "in trust" after valid Service Provider obligations have been met;
- b) be obligated to pay valid Claims by Service Providers even if the Rolling Deposit is at a zero or deficit balance;

- c) replenish the Rolling Deposit to the Contractor prior to the first business day of a calendar month on receiving notification from the Contractor that the Rolling Deposit balance is below \$500,000.00 or the amount projected as required to cover the Contractor's next scheduled Claims payment run;
- d) charge the Contractor interest at prime (average monthly interest rate established by Canadian Chartered Banks) on Rolling Deposit Shortfalls until such time as the Shortfall is replenished to its previous amount prior to the Shortfall occurring.

The Contractor will:

- a) provide a written statement of account to the Ministry as per paragraph 3.4 by e-mail on the fifth business day of the calendar month for the previous calendar month's paid Claims and the applicable Fees and Expenses;
- b) ensure the Rolling Deposit is held in a segregated account "in trust" for the Ministry;
- c) ensure the sole purpose of the Rolling Deposit is to pay (in arrears/after the fact) valid Claims by Service Providers who have provided services to Clients;
- d) protect the Rolling Deposit from any claim or use (i.e. third party claims and/or fraudulent means) that may result in the Rolling Deposit not being used for paying Service Providers for services rendered;
- e) ensure that all withdrawals/debits against the Rolling Deposit are valid and can be audited;
- f) be responsible for any Shortfall in the Rolling Deposit outside its intended purpose;
- g) advise the Ministry by e-mail or facsimile upon the Contractor knowing there is a Shortfall in the Rolling Deposit;
- h) replenish the Shortfall within 5 business days or sooner and send confirmation of the deposit to the Ministry by e-mail or facsimile;
- i) return the balance of the Rolling Deposit upon request and/or at the end of the Term of this Agreement after 5 business days after valid Service Provider obligations have been met. The Contractor may suspend Services in accordance with paragraph 13.6;
- j) take reasonable steps to monitor the Rolling Deposit balance so it does not fall below \$500,000.00 or place the Ministry into a deficit position in which the Ministry will be charged interest and to advise the Ministry when this occurs; and
- k) charge interest at prime (average monthly interest rate established by Canadian Chartered Banks) plus 0.5% on deficit balances and credit interest at prime less 2.0% on surplus balances.

**SCHEDULE C**  
**APPROVED SUBCONTRACTORS**

1.	Dr. Andrew S. Kay Inc.
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**SCHEDULE D****INSURANCE**

1. You must, without limiting your obligation or liabilities and at your own expense, purchase and maintain throughout the Term, the following insurances with insurers licensed in Canada:
  - (a) Commercial General Liability in an amount not less than \$2,000,000 inclusive per occurrence against bodily injury, personal injury and property damage and including liability assumed under the Agreement and this insurance must
    - (i) be endorsed to provide the Province with 30 days advance written notice of cancellation or material change, and
    - (ii) include a cross liability clause;
  - (b) "all risk" property insurance against physical loss or damage, including the perils of Earthquake and Flood, which will cover business contents, and will include electronic data processing equipment and media, to full replacement cost value. Such policy of insurance will contain a waiver of subrogation against the Province;
  - (c) extra expense insurance which will insure expenses necessarily incurred by the Contractor to continue normal office operations which are interrupted as a result of an insured property loss; and
  - (d) a Fidelity Bond, in the amount of \$1,000,000 per claim, protecting the Contractor and the Province, by way of a "third party endorsement", from all claims arising out of any dishonest or fraudulent act that results in the loss of money, securities or other property of the Province. Coverage provided by this Fidelity Bond shall apply to any or all persons used or employed by the Contractor in providing the Services.
2. All insurance described in paragraph 1 of this Schedule must:
  - (a) be primary; and
  - (b) not require the sharing of any loss by any insurer of the Province.
3. You must provide us when we request it:
  - (a) evidence in the form of a completed Province of British Columbia Certificate of Insurance of all required insurance; or
  - (b) certified copies of required policies.

## SCHEDULE E

### PRIVACY PROTECTION SCHEDULE

#### Definitions

1. In this Schedule,
  - (a) "**access**" means disclosure by the provision of access;
  - (b) "**Act**" means the *Freedom of Information and Protection of Privacy Act* (British Columbia), as amended from time to time;
  - (c) "**contact information**" means information to enable an individual at a place of business to be contacted and includes the name, position name or title, business telephone number, business address, business email or business fax number of the individual; and
  - (d) "**personal information**" means recorded information about an identifiable individual, other than contact information, collected or created by the Contractor as a result of the Agreement or any previous agreement between the Province and the Contractor dealing with the same subject matter as the Agreement, but excluding any such information that, if this Schedule did not apply to it, would not be under the "control of a public body" within the meaning of the Act.

#### Purpose

2. The purpose of this Schedule is to:
  - (a) enable the Province to comply with its statutory obligations under the Act with respect to personal information; and
  - (b) ensure that, as a service provider, the Contractor is aware of and complies with its statutory obligations under the Act with respect to personal information.

#### Collection of personal information

3. Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor may only collect or create personal information that is necessary for the performance of the Contractor's obligations, or the exercise of the Contractor's rights, under the Agreement.
4. Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor must collect personal information directly from the individual the information is about.
5. Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor must tell an individual from whom the Contractor collects personal information:
  - (a) the purpose for collecting it;
  - (b) the legal authority for collecting it; and
  - (c) the title, business address and business telephone number of the person designated by the Province to answer questions about the Contractor's collection of personal information.

#### Accuracy of personal information

6. The Contractor must make every reasonable effort to ensure the accuracy and completeness of any personal information to be used by the Contractor or the Province to make a decision that directly affects the individual the information is about.

#### Requests for access to personal information

7. If the Contractor receives a request for access to personal information from a person other than the Province, the Contractor must promptly advise the person to make the request to the Province unless the Agreement expressly requires the Contractor to provide such access and, if the Province has advised the Contractor of the name or title and contact information of an official of the Province to whom such requests are to be made, the Contractor must also promptly provide that official's name or title and contact information to the person making the request.



### **Correction of personal information**

8. Within 5 business days of receiving a written direction from the Province to correct or annotate any personal information, the Contractor must annotate or correct the information in accordance with the direction.
9. When issuing a written direction under section 8, the Province must advise the Contractor of the date the correction request to which the direction relates was received by the Province in order that the Contractor may comply with section 10.
10. Within 5 business days of correcting or annotating any personal information under section 8, the Contractor must provide the corrected or annotated information to any party to whom, within one year prior to the date the correction request was made to the Province, the Contractor disclosed the information being corrected or annotated.
11. If the Contractor receives a request for correction of personal information from a person other than the Province, the Contractor must promptly advise the person to make the request to the Province and, if the Province has advised the Contractor of the name or title and contact information of an official of the Province to whom such requests are to be made, the Contractor must also promptly provide that official's name or title and contact information to the person making the request.

### **Protection of personal information**

12. The Contractor must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal, including any expressly set out in the Agreement.

### **Storage and access to personal information**

13. Unless the Province otherwise directs in writing, the Contractor must not store personal information outside Canada or permit access to personal information from outside Canada.

### **Retention of personal information**

14. Unless the Agreement otherwise specifies, the Contractor must retain personal information until directed by the Province in writing to dispose of it or deliver it as specified in the direction.

### **Use of personal information**

15. Unless the Province otherwise directs in writing, the Contractor may only use personal information if that use is:
  - (a) for the performance of the Contractor's obligations, or the exercise of the Contractor's rights, under the Agreement; and
  - (b) in accordance with section 13.

### **Disclosure of personal information**

16. Unless the Province otherwise directs in writing, the Contractor may only disclose personal information inside Canada to any person other than the Province if the disclosure is for the performance of the Contractor's obligations, or the exercise of the Contractor's rights, under the Agreement.
17. Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor must not disclose personal information outside Canada.

### **Inspection of personal information**

18. In addition to any other rights of inspection the Province may have under the Agreement or under statute, the Province may, at any reasonable time and on reasonable notice to the Contractor, enter on the Contractor's premises to inspect any personal information in the possession of the Contractor or any of the Contractor's information management policies or practices relevant to its management

of personal information or its compliance with this Schedule and the Contractor must permit, and provide reasonable assistance to, any such inspection.

#### **Compliance with the Act and directions**

19. The Contractor must in relation to personal information comply with:
  - (a) the requirements of the Act applicable to the Contractor as a service provider, including any applicable order of the commissioner under the Act; and
  - (b) any direction given by the Province under this Schedule.
20. The Contractor acknowledges that it is familiar with the requirements of the Act governing personal information that are applicable to it as a service provider.

#### **Notice of non-compliance**

21. If for any reason the Contractor does not comply, or anticipates that it will be unable to comply, with a provision in this Schedule in any respect, the Contractor must promptly notify the Province of the particulars of the non-compliance or anticipated non-compliance and what steps it proposes to take to address, or prevent recurrence of, the non-compliance or anticipated non-compliance.

#### **Termination of Agreement**

22. In addition to any other rights of termination which the Province may have under the Agreement or otherwise at law, the Province may, subject to any provisions in the Agreement establishing mandatory cure periods for defaults by the Contractor, terminate the Agreement by giving written notice of such termination to the Contractor, upon any failure of the Contractor to comply with this Schedule in a material respect.

#### **Interpretation**

23. In this Schedule, references to sections by number are to sections of this Schedule unless otherwise specified in this Schedule.
24. Any reference to the "Contractor" in this Schedule includes any Subcontractor or agent retained by the Contractor to perform obligations under the Agreement and the Contractor must ensure that any such Subcontractors and agents comply with this Schedule.
25. The obligations of the Contractor in this Schedule will survive the termination of the Agreement.
26. If a provision of the Agreement (including any direction given by the Province under this Schedule) conflicts with a requirement of the Act or an applicable order of the commissioner under the Act, the conflicting provision of the Agreement (or direction) will be inoperative to the extent of the conflict.
27. The Contractor must comply with the provisions of this Schedule despite any conflicting provision of the Agreement or, subject to section 28, the law of any jurisdiction outside Canada.
28. Nothing in this Schedule requires the Contractor to contravene the law of any jurisdiction outside of Canada unless such contravention is required to comply with the Act.

## SCHEDULE F

### SECURITY

#### Definitions

1. In this Schedule,
  - (a) "**Act**" has the meaning given to it in Schedule E attached to the Agreement;
  - (b) "**Authenticated**" means having verified an individual's identity using appropriate security measures, including user identification number and password;
  - (c) "**Authorized**" means having the permission of the Contractor or the Province to provide the Services on a need to know or need to access basis;
  - (d) "**Personal Information**" has the meaning given to it in Schedule E attached to the Agreement;
  - (e) "**Security Clearance Check**" means a criminal record or criminal history check conducted as described in Article 18 of the Agreement; and
  - (f) "**Site**" means a location where Confidential Information resides or is stored.

#### Privacy Protection

2. The Contractor agrees to maintain security standards with respect to Confidential Information that are consistent with the Province's privacy policies and the Act, including strict control of access to and confidentiality of Confidential Information.

#### Security of Information

3. The Contractor acknowledges that providing the Services involves the collection, use, storage and transmission of Confidential Information, and that the security, availability, integrity and confidentiality of the Confidential Information are paramount to the Province.
4. The Contractor agrees to meet or exceed the Province's security requirements as set out in the Agreement and, as may be amended from time to time.

#### Adherence to Provincial Security Standards

5. The Contractor agrees to maintain security standards consistent with security policies, standards, guidelines and practices of the Province, including those outlined in the Province's:
  - (a) Core Policy and Procedures Manual <http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/CPMtoc.htm>
  - (b) ), as may be amended from time to time, particularly sections 12 and 15; and
  - (c) Information Security Policy (ISP) (<http://www.cio.gov.bc.ca/prgs/InformationSecurityPolicy.pdf>), as may be amended from time to time.

#### Security Communication and Compliance Monitoring

6. The Contractor will familiarize itself with, and communicate to and monitor for compliance by all Employees providing Services, all of the security requirements issued by the Province as detailed in this Schedule, Schedule E to the Agreement and Article 9 of the Agreement.

#### Security Clearances

7. The Province requires the Contractor to ensure that any Employee with access to Information Systems undergoes a Security Clearance Check.
8. The Contractor will have procedures in place during the Term and as applicable, the Extension, to issue access to Information Systems and Confidential Information, to properly Authorized Employees and promptly revoke such access in the event of a security concern or if an Employee ceases to provide Services.

#### System Access

9. The Contractor will:

- (a) limit access to any systems or facilities used to provide the Services to Authorized Employees only; and
- (b) partition any processing platforms or telecommunications facilities that are used to provide Services and are shared with any other customer or client of the Contractor, or any subcontractor of the Contractor, in such a way to allow only Authorized Employees to access Confidential Information and Services configurations.

#### **Data Access**

- 10. The Contractor will have procedures in place to ensure that access to Confidential Information transiting data networks of the Contractor or any Subcontractor or resident on hardware systems owned or maintained by the Contractor or any Subcontractor is limited to Authenticated and Authorized Employees.
- 11. The Contractor will have procedures in place to insure that Confidential Information is not addressable from networks owned or operated by the Contractor or any Subcontractor or downstream network connections from those networks except by Authenticated and Authorized Employees.
- 12. All Confidential Information will be removed from Contractor and Subcontractor systems and facilities upon the expiry or sooner termination of the Agreement unless there is a written agreement made between the Contractor and the Province to maintain the Confidential Information, which will include a timeframe for its removal.

#### **Physical Access**

- 13. The Contractor will ensure that equipment and telecommunications facilities used to provide the Services are secured by an electronic card access system, combination lock, lock and key, or equivalents.
- 14. The Contractor will maintain logs of all accesses to any Site, and have a procedure in place by which access audit reports are made readily available to the Province.

#### **Security of Data Transit and Storage**

- 15. The Contractor will ensure that any Confidential Information that transits or is stored on the Province's equipment or systems or equipment such as servers or systems not owned by the Province will be secure at all times and encrypted using industry standards of encryption when transported on an unsecured network.
- 16. The Contractor will ensure that passwords are encrypted at all times.

#### **Monitoring of Data and Telephone Calls**

- 17. The Contractor will:
  - (a) use its best efforts to ensure the security of all data and telephone calls related to the Services;
  - (b) restrict data and telephone call monitoring to Authorized Employees who have passed a Security Clearance and who are performing network maintenance activities only;
  - (c) ensure that any information obtained by monitoring is not stored at, used by or disclosed to third parties; and
  - (d) have policies in place that prohibit Employees from using or disclosing any sensitive information obtained by monitoring.

#### **Security Records and Reporting**

- 18. The Contractor agrees that:
  - (a) the Province will be given immediate notification of any actual or suspected security breaches or violations;
  - (b) the Province will have complete and open access to security records for a period of 7 years to enable investigations of security related incidents; and

- (c) security records are subject to privacy legislation and will not be disclosed to or accessed by anyone who is not Authorized.

**Network Acceptable Use**

- 19. The Contractor will not route traffic not associated with the Services on the Province's networks or use unauthorized attachments of cables, modems, wireless or other communication equipment on any portion of the Province's networks.
- 20. The Contractor will have policies and procedures in place that prohibit any Employee from unauthorized use of the Province's networks as described in paragraph 19 above.

**Fraud and Inappropriate Use**

- 21. The Contractor will support the Province's investigation of suspicious events relating to access to, or collection, use, disclosure or disposal of Confidential Information.

## SCHEDULE G

### CONFIDENTIALITY AGREEMENT/ UNDERTAKING OF CONFIDENTIALITY

\_\_\_\_\_ (the "Contractor") executed a services agreement dated \_\_\_\_\_ (the "Agreement") with Her Majesty the Queen in right of the Province of British Columbia, as represented by the Minister of Employment and Income Assistance (the "Province") to provide services to the Ministry of Employment and Income Assistance. As a result of the Agreement, the Contractor, or the Contractor's employees or subcontractors, may produce or receive from the Province or another person, accounting records, findings, software, data, code, designs, plans, specifications, drawings, working papers, reports, documents and other material (the "Material").

I, \_\_\_\_\_ [print name], am an employee / a subcontractor of the Contractor / of \_\_\_\_\_, a subcontractor of the Contractor [*strike out words not applicable*]. For good and valuable consideration, the receipt and sufficiency of which I acknowledge, I undertake and agree as follows.

1. I will treat as confidential and will not, without the prior written consent of the Province use, publish, disclose or permit to be used, published or disclosed, the Material and other information that comes to my knowledge, or is supplied to or obtained by me as a result of the Agreement (collectively, the "Confidential Information"), except:
  - (a) insofar as the Confidential Information to be used, published, or disclosed is general public knowledge or was in my possession prior to the date of the Agreement;
  - (b) insofar as the Confidential Information to be used, published or disclosed is provided by a third party who waives any requirement that it be held confidential; and
  - (c) as such use, publication or disclosure is required by law.
2. I agree that the Contractor or the Province, on written notice to me, may end my access to the Confidential Information if I do not adhere to the provisions contained in this Undertaking of Confidentiality.
3. On the end of my access to the Confidential Information, or on written request and direction by the Contractor or the Province, I agree to return to the Contractor or the Province, as applicable, within a reasonable time, all Confidential Information in my possession.

Executed at \_\_\_\_\_, BC, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNED AND DELIVERED BY \_\_\_\_\_ )  
 \_\_\_\_\_ in the presence of: )

\_\_\_\_\_)  
 \_\_\_\_\_)  
 \_\_\_\_\_)

\_\_\_\_\_  
 [Witness signature]

\_\_\_\_\_  
 [Employee signature]

[Witness name]

[Employee name]

## MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE

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Part C - Preamble - Emergency Dental and Denture Supplements - Dentist pages i - ii

The *Preamble - Emergency Dental and Denture Supplements - Dentist* provides details on the Ministry's Emergency Dental and Denture Supplements and information on how to confirm eligibility and obtain payment for services rendered.

Part D - Schedule of Fee Allowances - Emergency Dental - Dentist pages 1 - 12

The *Schedule of Fee Allowances - Emergency Dental - Dentist* lists the eligible services and fees associated with the Ministry's Emergency Dental and Denture Supplements. It contains the rules, frequency and financial limits associated with each service.

Part E - Preamble - Crown and Bridgework Supplement pages i - iii

The *Preamble - Crown and Bridgework Supplement* provides details on the Ministry's Crown and Bridgework Supplement and information on how to confirm eligibility, request pre-authorization and obtain payment for services rendered.

Part F - Schedule of Fee Allowances - Crown and Bridgework page 1

The *Schedule of Fee Allowance - Crown and Bridgework* lists the eligible services and fees associated with the Ministry's Crown and Bridgework Supplement. It contains the rules, frequency and financial limits associated with each service.



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### **Part A - Preamble - Dental Supplements - Dentist**

The overall intent of the Ministry of Employment and Income Assistance (MEIA or Ministry) Dental Supplements is to provide coverage for basic dental services to eligible Employment and Assistance and Employment and Assistance for Persons with Disabilities clients. The attached *Schedule of Fee Allowances - Dentist* outlines the eligible services and fees associated with the Ministry's Dental Supplements and the provision of basic dental services. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a denturist.

The following information provides details on the Ministry's Dental Supplements, how to confirm eligibility and obtain payment for services rendered.

### **Eligibility for Dental Supplements**

It is important to note that not all MEIA clients are entitled to basic dental services through the Ministry's Dental Supplements. To ensure active coverage is in place, eligibility must be confirmed for all clients prior to proceeding with any treatment. Procedures for confirming eligibility for your patients are outlined on page (v) under the Eligibility Information section.

#### **Adults**

Those adult clients who are eligible for coverage under MEIA Dental Supplements have maximum entitlements as follows:

#### **Client Category**

#### **2 year limit**

**(2 year period beginning on January 1<sup>st</sup> of every odd numbered year)**

Persons with Disabilities (PWD) designation \$1000

Persons with Persistent Multiple Barriers (PPMB) status  
\$1000

Persons over 65 who have retained eligibility for Dental Supplements  
\$1000

Spouse of person with PWD designation \$1000

#### **Children**

Dependent children (under 19 years of age) of clients in receipt of income assistance, disability assistance or children under the Child in the Home of a Relative (CIHR) program are eligible for a \$700 limit each calendar year.

#### **Healthy Kids**

Dependent children (under 19 years of age) whose parent(s) receive premium assistance through the Medical Services Plan (MSP) are eligible for dental supplements through the Healthy Kids program. Children covered under the Healthy Kids program have a \$700 limit each calendar year.

January 1, 2007 ii

### **Emergency Dental and Denture Supplements**

For MEIA clients and their dependent children who are not eligible for the previously noted annual or 2-year limits or those who have exhausted their limit, some short-term assistance may be available through Emergency Dental and Denture Supplements. Children covered under the Healthy Kids program are also eligible for Emergency Dental and Denture Supplements. Emergency Dental allows for treatment of an eligible person who needs immediate attention to relieve pain, or to control infection or bleeding or if a person's health or welfare is otherwise immediately jeopardized.

Specific and comprehensive information regarding allowable emergency services along with their associated fees, rules and restrictions and billing information can be found under Part C - *Preamble - Emergency Dental and Denture Supplements* and Part D - *Schedule of Fee Allowances - Emergency Dental - Dentist*. Emergency services must be billed on a separate claim form.

### **Denture Policy**

#### **Initial Placement – Complete Denture(s)**

All Ministry clients, including those with Emergency Supplement coverage only, are eligible for a single complete denture (upper or lower), or complete dentures if the dentures are required as a result of extractions for the relief of pain resulting in full clearance of the arch/arches. This clearance must have taken place in the preceding six months. If extractions were completed in the hospital, a comment must be noted on the claim form that indicates date and place of surgery. To ensure active coverage is in place, eligibility must be confirmed for all clients prior to proceeding with any treatment. Procedures for confirming eligibility for your patients are outlined on page (v) under the Eligibility Information section.

The number of extractions required is not limited, but the extractions must result in full clearance and either be completed using the patient's basic dental limit or meet the criteria under the Emergency Dental and Denture Supplements. Refer to the *Schedule of Fee Allowances - Emergency Dental - Dentist* for detailed information.

The denture fee items are restricted to 51101, 51102, 51301 and 51302.

For those clients that have either an annual or 2-year limit, funds still available within that limit will be utilized to pay for the denture(s) with the remaining balance for the denture(s) paid over limit.

**Note:** Coverage for dentures is normally limited to once per arch every five years, however, payment of a **partial** denture within the past five years will not preclude provision of a complete denture as a result of full clearance. Conversely, partial dentures should not be used as provisional or temporary appliances.

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### **Denture Policy, continued**

#### **Initial Placement – Partial Denture(s) in excess of the basic dental limit**

It is important to note that not all Ministry clients qualify for partial dentures. Eligibility for this service must be confirmed prior to beginning treatment. See the Eligibility Information section on page (v).

For eligible clients, partial dentures will be considered in excess of their limit, if all of the following conditions apply:

1. At least one extraction is required for relief of pain and the extraction has been done in the preceding six months,
2. The extraction(s) must result in 3 or more adjacent/contiguous missing teeth on the same arch, and
3. The Ministry has not paid for a denture on the same arch within the past five years.

Fee items will be restricted to the 52000 series outlined in the *Schedule of Fee Allowances - Dentist*. No cast dentures will be covered in excess of the client's limit. Funds still available within the client's limit will be utilized first with the remaining balance for denture(s) paid over limit. It is expected that the patient's basic treatment (extractions, filling, etc.) will have been accomplished within the confines of the client's limit unless treatment qualifies under the Emergency Dental and Dentures Supplements criteria. Refer to the *Schedule of Fee Allowances - Emergency Dental - Dentist* for detailed information. There is no ability to approve extractions, fillings, etc. over the client's limit or outside the Emergency Dental and Denture Supplements.

**Replacement Dentures (partial or complete) in excess of the basic dental limit**

It is important to note that not all Ministry clients qualify for replacement dentures. Eligible clients must have 2 years continuous Ministry coverage. Eligibility for this service must be confirmed prior to beginning treatment. See the Eligibility Information section on page (v).

The Ministry will pay for denture(s) only once every five years. Note: an exception to this would be if the current denture(s) was a partial and the replacement denture(s) is complete in conjunction with full clearance of teeth (see above under Initial Placement – Complete Dentures).

Fee items will be restricted to the 51100 series for complete dentures and 52000 for partial dentures outlined in the *Schedule of Fee Allowances - Dentist*. No cast dentures will be covered in excess of the client's limit. Funds still available within the client's limit will be utilized first with the remaining balance for denture(s) paid over limit.

Relines, Rebases and other denture related treatment

No other denture treatment will be considered over the client's limit as urgent needs can be met through either the Emergency Dental and Denture Supplements or within the client's limit.

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#### **General Anaesthetic (GA) and IV sedation in Dental Office**

Limited coverage for GA/IV sedation in office is available under fee code 92444 (previous code used was 92215). Refer to the detailed information and restrictions noted under fee code 92444 in the *Schedule of Fee Allowances – Dentist*. Eligibility for this service must be confirmed prior to treatment. See the Eligibility Information section on page (v).

#### **General Anaesthetic (GA) and IV Sedation in a Private Facility**

The Ministry does not cover GA and IV sedation facility fees. Effective April 2003, the management of all private facility fees was transferred to the Provincial Health Services Authority (PHSA) Children's and Women's Health Centre (CWHC). For specific information on coverage of facility fees, contact CWHC at 1-604-875-2345.

#### **Access to Additional \$500 of Basic Dental Services When Treatment is Completed in an Accredited Private Facility Or Hospital**

If your client is found eligible and dental treatment is performed under GA/IV sedation in hospital through the Medical Services Plan (MSP) or in an accredited facility through the above noted agency, access to an additional \$500 of basic dental treatment is available. You must ensure you have noted on your claim form that treatment was performed under GA or IV sedation in an accredited private facility or hospital. The name of the private facility or hospital is also required.

The additional \$500 over the client's limit is a once yearly supplement but can be utilized over multiple GA/IV sedation appointments should more than one appointment be necessary. An example would be if a child has a GA and uses up the \$700 annual limit plus \$100 of the additional limit and then a second GA is necessary, the patient would have access to the remaining \$400.

**Note:** The eligible dental services will be paid at rates in accordance with the *Schedule of Fee Allowances – Dentist*. All rules, frequency and financial limits associated with each service still apply. There is no provision to exceed time and financial limited services (i.e.: 2 year filling limits). The additional \$500 of basic dental services is not available when treatment is done in office.

#### **Crown and Bridge Supplement**

Specific and comprehensive information regarding allowable services along with their associated fees, rules and restrictions and billing information can be found under Part E - Preamble - Crown and Bridgework Supplement and Part F - Schedule of Fee

*Allowances - Crown and Bridgework.*

### **Orthodontic Supplement**

Refer to the Ministry of Employment and Income Assistance Orthodontic Supplement information package for detailed information on this supplement.

code  
change

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### **Eligibility Information**

**Eligibility must be confirmed for all clients**, including those covered by the Emergency Dental and Denture Supplement. We recommend you request picture identification in addition to their Personal Health Number (PHN) from new patients. You must confirm that there are sufficient funds available within your patient's limit to pay for scheduled services and previous dental history should be checked for timelimited procedures. Treatment involving more than one practitioner or a specialist should be coordinated to ensure sufficient funds are available for all services planned. To ensure that your patient has active Ministry sponsored coverage and to determine the level of this coverage, eligibility must be confirmed immediately prior to providing service, as coverage can change from month to month.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780 All other Communities: 1-800-665-1297**

If Ministry clients have questions, they should be referred to their local Ministry office. Parents of children covered through the Healthy Kids dental program should be referred to the Healthy Kids information line at 1-866-866-0800.

### **Payment Process**

Claims must be submitted on a standard dental claim form and sent to:

**Pacific Blue Cross**

**PO Box 65339**

**Vancouver, BC**

**V5N 5P3**

Claims under the Ministry's Dental Supplements will be paid in accordance with the *Schedule of Fee Allowances - Dentist* and these fees represent the maximum amount the Ministry can pay for the services billed.

Certified specialists, including oral surgeons may receive an additional 10% on services billed. Refer to page 23 of the *Schedule of Fee Allowances - Dental - Dentist*

Treatment completed under the Emergency Dental and Dentures Supplements must be submitted on a separate claim form and will be paid in accordance with the *Schedule of Fee Allowances - Emergency Dental - Dentist*.

Claim forms containing both treatment performed within the patient's dental limit and emergency services cannot be adjudicated and payment will be refused. Refer to Part C - *Preamble - Emergency Dental and Denture Supplements - Dentist* and Part D - *Schedule of Fee Allowances - Emergency Dental - Dentist* for detailed information.

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### **Payment Process, continued**

To facilitate payment, it is essential that the submitted claim form be completed as accurately and thoroughly as possible using the client's name and PHN. Where a claim form is correctly completed and the service provided is an eligible service covered by the Ministry, payment can be expected within 45 days of receipt of the claim. Rebilling within 45 days may not only hold up payment of the original claim, but will also delay the processing of subsequent claims.

**Note:** Claims requiring review by the Ministry's dental consultant may take longer to process.

All claims are processed on a "first come, first served" basis therefore timely submission is encouraged. Claims must be submitted within one year of the date of service. No payment will be made on any claim received later than one year from the date of service. If there is an error on your billing, subsequent claims may jeopardize the payment of your rebilling.

The dentist must bill the actual procedure(s) rendered. An alternative fee item number should not be substituted. All claims must be submitted under the payment number of the dentist performing the service(s). Claims, resubmissions and adjustment requests must bear the dentist's signature. This confirms the work was completed and accurately billed. The dentist remains solely responsible for all claims submitted.

Where payment of a claim has been adjusted or refused, your remittance statement will include an explanation code.

**Note:** Oral and dental surgery performed in hospital is to be billed to the Medical Services Plan of British Columbia. The agency's address is:

Medical Services Plan  
PO Box 9480  
Victoria, BC  
V8W 9E7

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**MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE**

**Schedule of Fee Allowances – Dentist**

**Effective January 1, 2007**

**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**DIAGNOSTIC SERVICES**

**Note:**

**CLINICAL ORAL EXAMINATIONS (by Dentist)**

All examinations in any combination are limited to two per calendar year and 60 days must elapse between exams with the exception of fee items

01204/01205 - Specific or Emergency Oral Examinations and

01601 - Examination and Diagnosis, Surgical by Oral Surgeon.

A complete examination will not be paid for any patient more than once in any three-year period. In addition, fee items 01101 to 01103 are limited to once per patient per lifetime to any one practitioner and are billable for a new patient only, previous emergency or specific examinations (fee items 01204 and 01205) excepted.

01101 Complete Examination and Diagnosis on Primary Dentition –

Recording history, charting, treatment planning and case presentation.

To include:

a) History, detailed medical and dental

b) Clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, recession, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests where necessary and any other pertinent factors

40.13

01102

**Note:**

Complete Examination and Diagnosis on Mixed Dentition –

Recording history, charting, treatment planning and case presentation.

To include:

a) Extended examination as described above under fee item 01101

b) Eruption sequence, tooth size, jaw size assessment

Fee items 01101 and 01102 are to be utilized for a new patient only with significant clinical problems, either abnormal craniofacial growth and development (e.g., cleft palate), or a medically compromised patient (e.g., hemophilia) or unusual dental disease such as amelogenesis imperfecta, dentinogenesis imperfecta, and abnormal periodontal conditions. **Excessive decay alone does not constitute a significant clinical problem as noted above.** Nature of significant clinical problem must be indicated on claim.

56.15

01103

Complete Examination and Diagnosis on Permanent Dentition –

Recording history, charting, treatment planning and case presentation.

To include:

a) History, detailed medical and dental

b) Clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, recession, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests where necessary and any other pertinent factors.

58.74

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

01201

**Note:**

**Standard Oral Examination of New Patient –**

Examination with mirror and explorer of hard and soft tissues including checking and recording of occlusions and appliances but not including specific tests.

Fee item 01201 will only be paid if the practitioner has not seen the patient before; previous emergency or specific examinations (fee items 01204 and 01205) excepted.

24.35

**01202 Previous Patient (recall) Oral Examination –**

Re-examination of a patient who is attending on a regular basis as described under 01201.

17.40

01204

**Specific Oral Examination –**

(not included in the two per year exam limit)

Examination, evaluation, diagnosis and recording of a specific situation.

21.75

01205

**Note:**

**Emergency Oral Examination –**

(not included in the two per year exam limit)

Examination and diagnosis for the investigation of discomfort and/or infection in a localized area.

Multiple billings of fee items 01204/01205 will be subject to review by the Ministry.

21.75

01601

**Note:**

**Examination and Diagnosis, Surgical by Oral Surgeon**

(not included in the two per year exam limit)

To include:

a) History, Medical and Dental

b) Clinical examination as above, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.

Billing of fee item 01601 is limited to Certified Oral Surgeons only. Fee items 01204/01205 should be used for subsequent examinations of same patient and/or where examination does not include components outlined above. The additional 10% specialist fee does not apply to fee item 01601.

64.61

01701

**Note:**

**Edentulous Examination and Diagnosis –**

Detailed medical and dental history (including prosthetic history), visual and digital examination of the oral structures, head and neck (including TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands, and lymph nodes.

Fee item 01701 is limited to one in a five-year period.

39.37

**01702 Specific Edentulous Examination, Note and Record –**

Visual and digital examination of the oral structures, head and neck, including T.M.J., lips, oral mucosa, tongue, oral pharynx, salivary glands, and lymph nodes.

18.53

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)****Note:****RADIOGRAPHS**

All radiographs will be limited to \$54.71 per patient per calendar year. A complete series, fee items 02101 or 02102 or thirteen films, fee item 02123, will be paid only once every 3 years.

Complete Full Mouth Series (including bitewings)

02101 Pedodontic minimum 12 films 50.52

02102 Adult minimum 13 films 54.71

**Intraoral – Periapical**

02111 Single Film 9.95

02112 Two Films 13.59

02113 Three Films 17.31

02114 Four Films 21.04

02115 Five Films 24.76

02116 Six Films 28.44

02117 Seven Films 32.12

02118 Eight Films 35.88

02119 Nine Films 39.52

02120 Ten Films 43.31

02121 Eleven Films 47.11

02122 Twelve Films 50.90

02123 Thirteen Films 54.71

**Intraoral – Occlusal**

02131 Single Film 13.92

02132 Two Films 19.47

02133 Three Films 25.89

**Intraoral – Bitewing**

02141 Single Film 9.95

02142 Two Films 13.59

02143 Three Films 17.31

02144 Four Films 21.04

**Extraoral**

02201 Single Film 24.14

02202 Two Films 35.33

02203 Three Films 46.53

02501

Temporomandibular joint film one film = 2 views

Single film

25.32

02502 Two films 42.02

02601

**Note:**

Panoramic Film

Fee item 02601 is limited to once in a two-year period.

38.76

**Cephalometric Films**

02701 Single Film 25.80

02702 Two Films 42.54

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)****TEST AND LABORATORY EXAMINATIONS****Biopsy**

04311 Soft Tissue – by Puncture 54.53

04312 Soft Tissue – by Incision 88.11

04322 Hard Tissue – by Incision 176.38



**Note:**

Pulp vitality test

Limited to 1 unit per quadrant in a six-month period. Tooth number required on claim.

04501 One unit 45.88

04507 ½ unit 22.91

DIAGNOSTIC MODELS (Including interpretation and laboratory costs)

**Note:** Diagnostic models will be limited to once every three years.

Not billable up to 90 days prior to space maintainers, occlusal guards or prosthetic appliances being fabricated.

04911 Casts, diagnostic, unmounted, trimmed 43.29

**PREVENTIVE SERVICES**

Polishing - The removal of stain and plaque with the use of rubber cups, brushes or air polishers. Polishing should also consist of interproximal flossing and a recall review of oral hygiene procedures and techniques.

**Note:** The Ministry will pay a maximum of two polishing procedures per person in a calendar year. A minimum of 60 days must elapse between preventive (exam, polishing) visits. For patients with half of their natural dentition, i.e., edentulous on one arch, fee 11101 will be paid at one-half of the listed fee.

11101 Polishing 24.03

**Note:**

Scaling

Fee item numbers 11111 to 11119, 43421 to 43429, and 42111 in total will be limited to a dollar maximum of \$266.04 per patient per calendar year.

11111 Scaling – one unit 22.17

11112 Scaling – two units 44.34

11113 Scaling – three units 66.51

11114 Scaling – four units 88.68

11115 Scaling – five units 110.85

11116 Scaling – six units 133.02

11117 Scaling – ½ unit 11.08

11119 Scaling – each additional unit over six 22.17

**Note:**

Topical Fluoride Treatment

The application of topical fluoride is paid only for children under 19 years of age. A maximum of two fluoride treatments will be covered for children per calendar year.

12101 Topical Fluoride Treatment 9.39

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)****Note:**

Pit and Fissure Sealants

Sealants will be paid once per tooth per lifetime on permanent caries-free occlusal surfaces on bicuspid and molars for children under 15 years of age. If an occlusal restoration is necessary within one year of a sealant, the fee for the sealant will be deducted from the restoration charge if performed by the same practitioner.

13401 Single tooth 15.45

13409 Each additional tooth in same quadrant 8.58

**Note:**

Appliances, periodontal (bruxing or occlusal guard).

Fees 14611 and 14612 are inclusive of the cost of study models and patients are limited to one guard (either 14611 or 14612) in any five-year period.

Patients that have upper and/or lower complete dentures are not eligible for these fee items.

14611 Maxillary 244.35

**14612 Mandibular 244.35**

Space Maintenance (including design, models, fabrication and insertion)

**Note:** Space maintainers will only be paid in cases when used to maintain space where a deciduous tooth has been lost prematurely and the appliance is used to retain space pending the normal eruption of the subsequent permanent tooth. It is not billable when used to obtain more space or maintain space when no permanent tooth eruption is expected.

Limited to 1 unilateral space maintainer per quadrant OR 1 bilateral space maintainer per arch per 12 months.

15101

**Note:**

Unilateral - Band Type – Fixed

Indicate number of extracted tooth.

138.36

15103

**Note:**

Bilateral - Band Type – Fixed (soldered lingual arch)

Arch number required.

201.47

15601

**Note:**

Adjustment and/or Recementation of Space Maintainers

Arch code required. Fee item 15601 will not be paid to the practitioner who seated the appliance within 6 months of insertion.

32.69

15603

**Note:**

Repair of Space Maintainers

Arch code required. Fee item 15603 includes recementation and is limited to a maximum of \$65.38 per year.

32.69

**Note:**

16201

Disking of Primary Teeth (interproximal)

Tooth numbers required. Maximum one unit per date of service to a maximum of 2 units per calendar year. Limited to primary dentition.

Disking, per unit

30.99

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

Occlusal Adjustment/Equilibration

May require several sessions and is not to be used by the dentist responsible for the delivery and post-insertion care of:

1. single restorations (20000 Restorative code series) at the same appointment;

2. removable prostheses (50000 Removable Prosthodontics codes series) by the same dentist for a period of six months.

Services billed under fees 16511 to 16519 will be limited to a dollar maximum of \$385.14 per patient per calendar year. Indicate tooth numbers on claim.

16511 One unit 48.14

16512 Two units 96.28

16513 Three units 144.42

16514 Four units 192.57

16517 ½ unit 24.07

16519 Each additional units over four 48.14

## **RESTORATIVE SERVICES**

### **Note:**

#### **Treatment of Dental Caries**

Removal of carious lesion or existing restoration and placement of sedative/protective dressing. Includes local anaesthetic and pulp protection. Tooth number required. Fee items 20111/20119 will not be paid subsequent to root canal therapy or in conjunction with a restoration, an open and drain (Fee 39201/39202), pulp-capping (Fee 20141), pulpotomy (Fee 32231/32222/32231/32232) or pulpectomy (Fee 32321/32322).

20111 Treatment of Dental Caries - First tooth 57.20

20119 Each additional tooth in same quadrant

28.56

#### **Pulp Capping**

Performed at the same appointment as the permanent restoration, to include placement of Ca(OH)<sub>2</sub>. This base material procedure is to be used where pulp exposure is evident. It is not to be used where decay removal is slightly below ideal preparation depths. This service is not eligible when performed in conjunction with an open and drain (Fee 39201/39202), treatment of dental caries (Fee 20111/20119), pulpotomy (Fee 32221/32222/32231/32232) or pulpectomy (Fee 32321/32322).

20141 Direct pulp capping – in conjunction with final restoration

19.34

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### **FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

### **Note:**

#### **AMALGAM RESTORATIONS**

Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

#### **Amalgam – Primary teeth**

##### **Non-bonded**

21111 One surface 53.72

21112 Two surfaces 64.49

21113 Three surfaces 69.50

21114 Four surfaces 73.79

21115 Five surfaces (maximum) 98.47

##### **Bonded**

21121 One surface 63.60

21122 Two surfaces 74.44

21123 Three surfaces 79.29

21124 Four surfaces 83.34

21125 Five surfaces (maximum) 108.34

#### **Amalgam – Permanent teeth**

##### **Non-bonded - Anterior and Bicuspid Teeth**

21211 One surface 57.20

21212 Two surfaces 72.90

21213 Three surfaces 86.09

21214 Four surfaces 101.06

21215 Five surfaces (maximum) 118.29

##### **Non-bonded - Molars**

21221 One surface 64.16

21222 Two surfaces 86.09

21223 Three surfaces 98.87

21224 Four surfaces 125.17

21225 Five surfaces (maximum) 143.21  
 Bonded - Anterior and Bicuspid Teeth  
 21231 One surface 66.99  
 21232 Two surfaces 82.69  
 21233 Three surfaces 95.65  
 21234 Four surfaces 114.16  
 21235 Five surfaces (maximum) 127.92  
 Bonded - Molars  
 21241 One surface 74.03  
 21242 Two surfaces 95.80  
 21243 Three surfaces 108.82  
 21244 Four surfaces 134.63  
 21245 Five surfaces (maximum) 152.92

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

**Retentive Pins**

Pins are only paid in conjunction with an amalgam or tooth coloured restoration to a maximum of four pins per tooth in a two-year period.

21401 One pin 18.04  
 21402 Two pins 25.00  
 21403 Three pins 31.72  
 21404  
 Four pins (maximum) 38.35

**Note:**

**FULL COVERAGE PRE-FABRICATED RESTORATIONS**

Limited to one per tooth in a two-year period. No further restorations on the same tooth will be paid within 2 years of placement of a stainless steel or plastic pre-fabricated crown. If a pre-fabricated crown is placed within 2 years of a restoration, the fee for the restoration will be deducted from the pre-fabricated crown charge.

22201 Stainless steel crown (primary anterior) 119.10  
 22211 Stainless steel crown (primary posterior) 119.10  
 22301 Stainless steel crown (permanent anterior) 119.10  
 22311 Stainless steel crown (permanent posterior) 119.10  
 22401 Plastic pre-fabricated crown (primary anterior) 119.10  
 22501 Plastic pre-fabricated crown (permanent anterior) 135.52

**TOOTH COLOURED RESTORATIONS**

**Note:** Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

**Tooth Coloured - Permanent Teeth**

**Non-bonded - Anterior**

23101 One surface 65.16  
 23102 Two surfaces 74.64  
 23103 Three surfaces 92.54  
 23104 Four surfaces 113.55  
 23105 Five surfaces (maximum) 137.21

**Bonded - Anterior**

23111 One surface 75.47  
 23112 Two surfaces 90.56  
 23113 Three surfaces 114.46  
 23114 Four surfaces 141.99

23115 Five surfaces (maximum) 171.65

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

Tooth Coloured – Permanent Teeth, continued

Non-bonded - Bicuspid

23211 One surface 60.91

23212 Two surfaces 76.38

23213 Three surfaces 89.73

23214 Four surfaces 107.56

23215 Five surfaces (maximum) 130.54

Non-bonded - Molars

23221 One surface 65.31

23222 Two surfaces 87.15

23223 Three surfaces 103.23

23224 Four surfaces 125.84

23225 Five surfaces (maximum) 156.18

Bonded - Bicuspid

23311 One surface 87.91

23312 Two surfaces 122.65

23313 Three surfaces 144.04

23314 Four surfaces 177.11

23315 Five surfaces (maximum) 203.58

Bonded - Molars

23321 One surface 94.21

23322 Two surfaces 144.04

23323 Three surfaces 174.08

23324 Four surfaces 209.19

23325 Five surfaces (maximum) 243.18

Tooth Coloured – Primary Teeth

Non-bonded - Anterior

23401 One surface 60.22

23402 Two surfaces 81.46

23403 Three surfaces 85.56

23404 Four surfaces 97.62

23405 Five surfaces (maximum) 110.97

Bonded - Anterior

23411 One surface 69.63

23412 Two surfaces 88.21

23413 Three surfaces 98.30

23414 Four surfaces 112.33

23415 Five surfaces (maximum) 127.50

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

Tooth Coloured – Primary Teeth, continued

Non-bonded - Molars

23501 One surface 54.23

23502 Two surfaces 76.68

23503 Three surfaces 87.08

23504 Four surfaces 99.29

23505 Five surfaces (maximum) 112.41

Bonded - Molars

23511 One surface 78.43

23512 Two surfaces 111.12

23513 Three surfaces 128.95

23514 Four surfaces 153.98

23515 Five surfaces 179.08

**Note:****Posts**

Limited to once per tooth in a 5 year period.

25731 Prefabricated, Retentive - 1 post 94.66

25732 Prefabricated, Retentive - 2 posts same tooth

151.78

29101

**Note:**

Recementation of crowns or bridge abutments 1 unit

Fee item 29101 is limited to 1 unit per tooth, per year. Tooth number required.

41.95

**ENDODONTICS****TREATMENT OF PULP CHAMBER (excluding final restoration)****Note:**

Pulpotomy, Permanent teeth (as a separate emergency procedure)

Limited to once per tooth per lifetime and cannot be billed in conjunction with open and drain, pulp capping, treatment of dental caries, pulpectomy or RCT.

32221 Anterior and bicusps 66.44

32222 Molars 66.44

Pulpotomy, Primary teeth

32231 As a separate procedure 48.62

32232 Concurrent with restorations (but excluding final restoration) 41.57

**Note:**

Pulpectomy

Limited to primary teeth only and payable once per tooth per lifetime.

32321 Anterior tooth 88.14

32322 Posterior tooth

139.49

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)****Note:****ROOT CANAL THERAPY**

Paid once per tooth per lifetime on permanent teeth or retained primary teeth ONLY. Where there is no permanent successor, the dentist must indicate on claim that tooth is a retained primary tooth. The listed fee includes any procedural radiographs, vitality test and open and drain. Post-operative radiographs may be requested to support claims for two canals on permanent cuspid or anterior teeth.

33111 One canal 254.17

33121 Two canals 330.93

33131 Three canals 469.13

33141 Four or more canals 521.77

**Note:**

Apexification (induced apical closure)

Paid on permanent teeth only once per tooth per lifetime and to include biomechanical preparation and placement of dentogenic media.

33601 Apexification one canal (first visit including pulpectomy) 83.21

33602 Apexification two canals (first visit including pulpectomy) 117.34

33603 Apexification three canals (first visit including pulpectomy) 154.51

33604 Apexification four canals (first visit including pulpectomy)

159.66

**Note:** Re-insertion of dentogenic media will be paid on permanent teeth only to a maximum of three times per tooth per lifetime.

33611 Re-Insertion of dentogenic media per visit one canal 27.76

33612 Re-Insertion of dentogenic media per visit two canals 38.84

33613 Re-Insertion of dentogenic media per visit three canals 55.52

33614 Re-Insertion of dentogenic media per visit four canals 62.58

**PERIAPICAL SERVICES**

**Note:**

Apicoectomy – Separate procedure with curettage

An apicoectomy performed on the same day as root canal therapy on the same tooth will be paid at one-half of the listed fee. If an apicoectomy and a surgical excision of a cyst are performed on the same date of service, the cyst removal is paid at 100% of the listed fee and the apicoectomy is paid at 50%.

**Maxillary Anterior**

34111 One root 218.37

34112 Two roots

259.33

**Maxillary Bicuspid**

34121 One root 223.45

34122 Two roots 271.16

34123 Three roots 311.06

**Maxillary Molar**

34131 One root 259.10

34132 Two roots 306.36

34133 Three roots 350.73

34134 Four or more roots 395.03

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

Apicoectomy, continued

**Mandibular Anterior**

34141 One root 223.45

34142 Two root or more roots

267.90

**Mandibular Bicuspid**

34151 One root 223.45

34152 Two roots 267.90

34153 Three or more roots

312.27

**Mandibular Molar**

34161 One root 259.10

34162 Two roots 306.36

34163 Three roots 350.73

34164 Four or more roots 395.03

Retrofilling performed in conjunction with Apical Surgery

**Maxillary Anterior**

34211 One canal 38.84

34212 Two canals 77.52

**Maxillary Bicuspid**

34221 One canal 40.43

34222 Two canals 85.63

34223 Three canals 124.24

34224 Four or more canals

163.08

**Maxillary Molar**

34231 One canal 40.43

34232 Two canals 85.63

34233 Three canals 124.24

34234 Four or more canals

163.08

**Mandibular Anterior**

34241 One canal 40.43  
34242 Two or more canals  
85.63  
Mandibular Bicuspid  
34251 One canal 40.43  
34252 Two canals 85.63  
34253 Three canals 124.24  
34254 Four canals  
163.08

Mandibular Molar  
34261 One canal 40.43  
34262 Two canals 85.63  
34263 Three canals 124.24  
34264 Four or more canals  
163.08

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

Amputations (include recontouring tooth and furca)  
Root amputations performed at the same time as root canal therapy and/or  
apicoectomy will be paid at one-half of the listed fee.

34411 Amputation of one root 193.11  
34412 Amputation of two roots  
231.72

**Note:**

Hemisection  
Hemisections performed at the same time as root canal therapy and/or  
apicoectomy will be paid at one-half of the listed fee.

34422 Maxillary molar 109.45  
34423 Mandibular molar  
104.29

**Note:**

Open and Drain (Separate Emergency Procedure)  
Limited to once per tooth per lifetime. Tooth number required. If this  
procedure is followed within 60 days by Root Canal Therapy (RCT), the fee  
for the open and drain will be deducted. Following an open and drain, a  
permanent restoration on a posterior tooth will not be paid without evidence of  
intervening RCT. If open and drain (Fee 39201/39202) and intraoral incision  
and drainage of abscess (Fee 75112) are performed on the same day, fee  
75112 will be paid at one-half of the listed fee.

39201 Anterior and Bicuspids 46.04  
39202 Molars  
46.04

**PERIODONTAL SERVICES**

**Note:**

Oral Manifestations, Oral Mucosal Disorders  
Mucocutaneous disorders and diseases of localized mucosal conditions, for  
example: lichen planus, aphthous stomatitis, benign mucous membrane  
pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without  
dysplasia, neoplasms, hairy leukoplakia, polyps, verrucae, or fibroma.  
Fee items 41211 to 41213 in total will be limited to a dollar maximum of  
\$359.20 per patient per calendar year. Indicate diagnosis on claim form.

41211 One unit 44.90  
41212 Two units 89.81  
41213 Three units  
134.71



**Note:****Periodontal Surgery**

Fee item numbers 11111 to 11117, 43421 to 43429, and 42111 in total will be limited to a dollar maximum of \$266.04 per patient per calendar year.

Tooth numbers and area treated are required in order to process claims for fee item 42111. When an entire sextant is not involved, the fee will be adjusted according to the number of teeth treated.

**42111 Surgical curettage, to include Definitive Root Planing**

Per sextant

Per anterior tooth

Per posterior tooth

146.85

24.48

29.37

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)****Periodontal Surgery, continued**

**Note:** Fee item numbers 42201, 42311 and 42411 are limited to once per sextant in a five-year period. Tooth numbers and area treated must be noted on claim.

When an entire sextant is not involved, the fee will be adjusted according to the number of teeth treated.

**42201 Periodontal Surgical, Gingivoplasty**

Per sextant

Per anterior tooth

Per posterior tooth

146.85

24.48

29.37

**42311 Periodontal Surgical, Gingivectomy**

The procedure by which gingival deformities are reshaped and reduced to create normal and functional forms, when the pocket is uncomplicated by extension into the underlying bone.

Per sextant

Per anterior tooth

Per posterior tooth

146.85

24.48

29.37

**42411****Periodontal Surgery, Flap Approach****Flap Approach with Osteoplasty/Ostectomy**

Per sextant

Per anterior tooth

Per posterior tooth

615.30

102.55

123.06

**Periodontal Splinting or Ligation****43231****Note:**

Wire Ligation Per joint

Fee item 43231 is limited to a maximum 4 joints per year

62.20

**Root Planing, Periodontal**

**Note:** Fee item numbers 11111 to 11117, 43421 to 43429, and 42111 in total will be limited to a dollar maximum of \$266.04 per patient per calendar year.

43421 Root planing – one unit 22.17  
43422 Root planing – two units 44.34  
43423 Root planing – three units 66.51  
43424 Root planing – four units 88.68  
43425 Root planing – five units 110.85  
43426 Root planing – six units 133.02  
43427 Root planing – ½ unit 11.08  
43429 Root planing – each additional unit over six  
22.17

Refer to page 4 for Scaling – fee items 11111 – 11119.

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**PROSTHODONTICS - REMOVABLE**

**Note:** Dentures are an eligible item once every five years. The replacement of dentures within five years of original insertion will normally not be paid by the Ministry. Refer to Denture Policy. Lab fees are included in the listed fee unless otherwise indicated. Arch code required.

**COMPLETE DENTURES**

Includes:

- Impressions
- initial and final jaw relation records
- try-in evaluation and check records
- insertion
- adjustments (includes 6 months post-insertion care)

51101 Complete Maxillary Denture 659.90

51102 Complete Mandibular Denture  
684.93

**IMMEDIATE COMPLETE DENTURES**

Also includes:

- six month post-insertion care, including all tissue conditioners but does not include hard/permanent relines.

51301 Immediate Complete Maxillary Denture 684.93

51302 Immediate Complete Mandibular Denture  
712.23

**PARTIAL DENTURES**

Includes:

- diagnostic models, analysis and design
- tooth preparation and master impression
- bite registration, mold selection and shade
- try-in
- insertion and occlusal equilibration
- adjustments – (up to 6 months post-insertion)

**Note:**

These services are not billable if to be followed by fixed prosthetic replacements. Temporary or provisional appliances are not covered.

Partial dentures, Acrylic

Acrylic base, with or without clasps

52101 Maxillary 277.61

52102 Mandibular

Acrylic partial with Resilient Retainer  
281.40

52201 Maxillary 580.25

52202 Mandibular

Acrylic partial with metal wrought/cast clasps and/or rests  
642.45

52301 Maxillary 410.21

52302 Mandibular  
Acrylic partial with metal wrought palatal/lingual bar and clasps and/or rests  
424.76

52401 Maxillary 455.10

52402 Mandibular

485.44

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

Partial dentures, Cast

Free End, Cast Frame/Connector with clasps and rests

53101 Maxillary 800.22

53102 Mandibular

Tooth Borne, Cast Frame/Connector with clasps and rests

800.22

53201 Maxillary 744.85

53202 Mandibular

744.85

**Note:**

Minor denture adjustments

Limited to one unit per arch, per date of service to a maximum of 2 units per arch in a calendar year. Arch code required. These items are not payable within six months of insertion of prostheses.

54201 One unit 36.18

54202 Two units

72.40

**Note:**

Denture Repairs/Additions

Fees paid for denture repairs and additions are based on the listed dentist fee plus total lab fee charged. The total fee must be billed as one amount (dentist fee plus lab fee) and lab slips must be sent with claim. Arch code required. Multiple billings for repairs to dentures are subject to review by the Ministry.

Complete Denture

Not Requiring an Impression

55101 Maxillary 46.50 + L

55102 Mandibular

46.50 + L

Impression Required

55201 Maxillary 91.48 + L

55202 Mandibular

91.48 + L

Partial Denture

Not Requiring an Impression

55301 Maxillary 46.50 + L

55302 Mandibular

46.50 + L

Impression Required

55401 Maxillary 91.48 + L

55402 Mandibular

91.48 + L

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

Denture Relines and Rebases

Relines and rebases are limited to a combined maximum of once per arch in a two-year period and are not billable within the six-month post-insertion

period of the dentures. Lab fees included. Arch code required.

**Relines**

56211 Reline maxillary complete denture (direct) 108.39

56212 Reline mandibular complete denture (direct) 108.39

56221 Reline maxillary partial denture (direct) 72.29

56222 Reline mandibular partial denture (direct)

72.29

56231 Reline maxillary complete denture (processed) 212.38

56232 Reline mandibular complete denture (processed) 229.07

56241 Reline maxillary partial denture (processed) 172.94

56242 Reline mandibular partial denture (processed) 186.59

56251 Reline maxillary complete denture (processed), functional impression  
requiring 3 appointments

264.72

56252 Reline mandibular complete denture (processed), functional impression  
requiring 3 appointments

284.44

56261 Reline maxillary partial denture (processed),  
functional impression requiring 3 appointments

236.65

56262 Reline mandibular partial denture (processed)  
functional impression requiring 3 appointments

**Rebases**

246.51

56311 Rebase maxillary complete denture 232.86

56312 Rebase mandibular complete denture 250.31

56321 Rebase maxillary removable partial denture 191.76

56322 Rebase mandibular removable partial denture  
210.86

**Note:**

Tissue Conditioning

Fee item numbers 56511, 56512, 56521 and 56522 are billable twice per arch  
per year only before a reline or the fabrication of a replacement denture.

They are not billable during 6 months post-insertion period. Arch code  
required.

56511 Maxillary complete denture – per appointment 54.31

56512 Mandibular complete denture – per appointment 54.31

56521 Maxillary partial denture – per appointment 54.31

56522 Mandibular partial denture – per appointment  
54.31

**Miscellaneous Denture Services**

56601 Resilient liner in new, relined or rebased denture(s) – arch code required. 54.31

59601

**Note:**

Examination and Diagnosis, Prosthetic by Prescribing Dentist

Post-insertion examination of the partial prosthesis made and inserted by a  
denturist. Evaluation of fit of framework, acrylic saddle area(s) and occlusion.

Limited to one per partial denture in a five-year period.

22.68

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

**ORAL SURGERY**

When multiple surgical procedures are performed on one quadrant on the  
same date of service, the most expensive procedure will be paid at 100% and  
the lesser procedures will be paid at 50%, with the exception of multiple

extractions in the same quadrant. Surgical services include the necessary local anaesthetic, removal of excess gingival tissue, suturing and all routine post-operative care. Pre-operative radiograph(s) may be requested to support claims for the extraction of impacted teeth.

**EXTRACTIONS (REMOVALS)**

**Erupted teeth**

**Uncomplicated**

71101 Single tooth 69.02

71109 Each additional tooth in same quadrant  
45.59

**Complicated (surgical approach)**

Extraction, erupted tooth, requiring surgical flap and/or sectioning of tooth

71201 Single tooth 130.27

71209 Each additional tooth in same quadrant  
85.98

Extraction, erupted tooth, requiring elevation of a flap, removal of bone AND section of tooth for removal of tooth

71211 Single Tooth 201.55

71219 Each additional tooth in same quadrant  
133.03

**Impacted teeth (Unerupted)**

Extraction, impacted tooth, soft tissue coverage requiring incision of overlying soft tissue and removal of tooth

72111 Single tooth 130.27

72119 Each additional tooth in same quadrant  
85.98

Extraction, impacted tooth involving tissue and/or bone coverage requiring incision of overlying soft tissue, elevation of a flap and EITHER removal of bone and tooth OR sectioning and removal of tooth (Partial Bone Covered).

72211 Single tooth 150.25

72219 Each additional tooth in same quadrant  
99.17

Extraction, impacted tooth involving tissue and bone coverage requiring incision of overlying soft tissue, elevation of flap, removal of bone AND sectioning of tooth for removal (Complete Bone Covered).

72221 Single tooth 209.96

72229 Each additional tooth in same quadrant  
138.58

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

Extractions (removals), Residuals Roots

Residual root removal is paid on a per tooth basis, not per root and are paid once per tooth per lifetime. Residual root removal will not be paid to the same practitioner who performed the original extraction within 90 days of the extraction.

**Residual root – Erupted**

72311 First tooth 63.84

72319 Each additional tooth, same quadrant  
42.15

**Residual root - Soft Tissue Coverage**

72321 First Tooth 124.76

72329 Each additional tooth in same quadrant  
88.84

**Residual root - Bone Tissue Coverage**

72331 First Tooth 143.78

72339 Each additional tooth in same quadrant

94.91

Surgical Exposure of Teeth

72511 Surgical Exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)

124.20

72521 Surgical Exposure, complex, hard tissue coverage

183.27

72611 Transplantation of erupted tooth (including splinting)

307.62

**Note:**

72711

Enucleation, Surgical

Extraction of associated primary tooth included in fee.

Unerrupted Tooth and Follicle first tooth

124.20

72719 each additional tooth, same quadrant 99.21

Alveolar or Gingival Reconstruction

**Note:**

73111

Alveoplasty - Bone remodeling of ridge with soft tissue revisions

Fee item 73111 will only be paid when two or more extractions are done in the same sextant. Fee paid for fee items 73111 and 73121 is based on the number of teeth or tooth areas treated. This information must be indicated on the claim.

Alveoplasty with multiple extractions per sextant

per anterior tooth

per posterior tooth

65.38

10.90

13.08

73121

Edentulous, not in conjunction with extractions

Alveoplasty, edentulous per sextant

per anterior tooth area

per posterior tooth area

79.53

13.26

15.91

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

Excision of Bone

73152 Excision of Torus Palatinus

224.44

73153

73154

Excision of Torus Mandibularis

Unilateral

Bilateral

142.32

231.00

73222 Excision of Vestibular Hyperplasia

140.55

73223 Surgical shaving of papillary hyperplasia of the palate

140.55

73224

**Note:**

Excision of pericoronal gingiva for retained teeth  
 Fee item 73224 is not covered if done for crown lengthening.

33.50

73231 Excision of hyperplastic tissue per sextant

per anterior tooth

per posterior tooth

144.87

24.15

28.97

73421 Vestibuloplasty - sulcus deepening and ridge reconstruction per sextant

255.16

**Note:**

Surgical Excision

Claims for fee item numbers 74111, 74112, 74121, 74122, 74611, 74612, 74631 and 74632 must be accompanied by a pathology report and fee paid is inclusive of any associated extraction(s). The fee paid is based on the size of the lesion NOT length of the incision. If an apicoectomy and a surgical excision of a cyst are performed on the same date of service, the cyst removal is paid at 100% and the apicoectomy is paid at 50%.

74111 Resection of benign tumor of soft tissue 1 cm and under 179.30

74112 1 - 2 cm

349.21

74121 Resection of benign tumor of bone tissue 1 cm and under 177.11

74122 1 - 2 cm 347.10

74611

Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic requiring prior removal of bony tissue and subsequent suture(s)

1 cm and under

215.87

74612 1 - 2 cm

380.77

74631 Excision of Cyst 1 cm and under 186.42

74632 1 - 2 cm

349.21

75112

**Note:**

Intraoral incision and drainage of abscess

Fee item 75112 is limited to once per tooth per lifetime. Tooth number required. If open and drain (Fee 39201/39202) or RCT and intraoral incision and drainage of abscess are performed on the same day, fee 75112 will be paid at one-half of the listed fee. Not billable in conjunction with an extraction.

47.25

75211 Extraoral incision and drainage of abscess (superficial)

86.90

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

75301

Surgical incision for removal of foreign bodies

(does not include wire or bar splints)

Removal, from skin or subcutaneous alveolar tissue

82.12

75302 Removal of reaction-producing foreign bodies

82.12

Fractures and Dislocations

76201 Simple fracture of the mandible (closed reduction) 373.16

76301 Simple fracture of the maxilla (closed reduction) 404.35  
 76911 Fracture of Alveolus including debridement and necessary extractions  
 310.13  
 76941  
 76949  
 Replantation of an avulsed tooth (including splinting)  
 Replantation, first tooth  
 Each additional tooth  
 221.29  
 84.09  
**Note:**  
 Repositioning of Traumatically Displaced Teeth  
 Limited to permanent anterior teeth only, including repositioning, repair and  
 splinting. Maximum 3 units will be paid per tooth.  
 76951 One unit 38.27  
 76952 Two unit 76.54  
 76959 Each additional unit over two  
 38.27  
 76961  
 Repair of Uncomplicated Lacerations, Intraoral or Extraoral  
 2 cm or less  
 84.15  
 76962 2 – 4 cm 115.70  
 76963  
 over 5 cm 138.76  
**Note:**  
 77801  
 Frenectomy  
 Fee items 77801 and 77802 are limited to three per arch per lifetime and  
 must be billed with an arch code.  
 Upper  
 146.29  
 77802 Lower  
 146.29  
 78102  
 Temporomandibular Joint  
 Management of TMJ dislocation, closed reduction, uncomplicated  
 98.06  
 78601 Management of TMJ by injection with anti-inflammatory drugs  
 98.76  
 79101 Dilation of salivary duct  
 34.82  
 79111 Sialolithotomy of salivary duct (anterior 1/3 of canal)  
 93.69  
 Antral Surgery  
 79311 Immediate recovery of a dental root or foreign body from the antrum  
 (associated with and at the same time as extraction)  
 83.90  
 79331 Oro-antral fistula closure with buccal flap (same session)  
 178.57  
 79341 Oro-antral fistula closure with buccal flap (subsequent session) 187.14  
 January 1, 2007 22  
**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**  
 79601  
**Note:**  
 Post-operative complications



Post-operative complications, subsequent to initial post surgical treatment. Post-operative complications will be paid only if performed 4 or more days after surgery and not after 30 days post surgery. This fee item is limited to three services per patient per quadrant per lifetime and is inclusive of the examination fee.

33.50

**MISCELLANEOUS**

92444

**Note:**

General Anaesthetic and Intravenous sedation (in office)  
per hour or portion thereof

Treatment start and finish times must accompany your claim. Pre and postoperative observation periods are not included.

GA or IV sedation (in office) will only be considered for coverage for children under 19 years of age where necessary for the safe performance of dental treatment; and children and adults with severe mental or physical disabilities that prevents a dentist from providing necessary dental treatment without the administration of an anaesthetic or sedation.

50.57

Professional Consultations

93111

**Note:**

Consultation, with Member of the Profession (by dentist other than practitioner providing treatment)

Includes the practitioner's examination fee but does not include such diagnostic items as pulp vitality tests, radiographs or study models. This fee is only to be used by a practitioner other than the practitioner providing treatment and a referral must be noted on the claim card.

30.58

93320

**Note:**

Pre-Anaesthetic Work-up Fee

Administrative preparation for physically and/or mentally challenged adult (18 years of age and older) patients requiring dental treatment under General Anaesthetic or IV sedation in a hospital or an accredited private GA facility. To include consultation with physicians, group home administrators or care workers.

This fee will only be paid in conjunction with treatment performed in hospital or an accredited private GA facility and must be billed at the same time as the dental treatment. Name of facility must be noted on claim form. This item will not be paid in conjunction with fee item 92444 – GA or IV sedation (in office).

40.02

Professional Visits

94102 Emergency Visit – House Call

When one must immediately leave home, office or hospital.

44.60

94301

**Note:**

Hospital (Institutional) Visit

Fee item 94301 is billable only when treating a patient who resides in a hospital or institutional facility. It is not billable if the patient is admitted to the hospital specifically for the purpose of dental services. A practitioner is restricted to billing a maximum of one visit per day regardless of the number of patients attended, or institutions visited. The name and address of the institution must be noted on the claim.

39.37

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### **Specialist Referrals**

Certified specialists, including oral surgeons may receive an additional 10% on services billed from the *Schedule of Fee Allowances – Dentist*. The Ministry contractor must have a record of the specialty on their billing system and the referring practitioner must be indicated on the claim form. If either of these is missing, the claim will be refused or reduced. If the referring practitioner is a Medical Doctor, please indicate this clearly on the claim form. As fee item 01601 – Examination and Diagnosis, Surgical by Oral Surgeon is restricted for use by Oral Surgeons only the additional 10% will not be applied to this fee item.

### **Unit of Time**

One unit of time = 15 minutes.

Procedures billed on a per unit basis must reflect the predominant service done during the unit, or half unit of time.

### **Supernumerary Teeth**

To identify where the tooth is located, use the following tooth numbers when submitting a claim for services performed on supernumerary teeth. Also indicate the tooth numbers in the area around the supernumerary tooth on the claim form.

### **Quadrant Supernumerary tooth #**

Quadrant # 1 19

Quadrant # 2 29

Quadrant # 3 39

Quadrant # 4 49

### **Services Per Sextant**

When an entire sextant is not involved, the fee will be adjusted according to the number of teeth treated. When more than one sextant is billed, each should be on a separate claim line. This also applies if only one or two teeth are involved. In this instance, indicate the specific tooth numbers. See example below.

Procedure

Code

Description of

Service

Tooth/Sextant

Code

Total Fee

42311 Gingivectomy 05 146.85

42311 Gingivectomy Anterior 11 24.48

42311 Gingivectomy Posterior 47 29.37

Or

42311 Gingivectomy Anterior 31, 32, 33 73.44

**Note: All frequency limitations in this schedule also include services performed by a denturist.**

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**Part C - Preamble - Emergency Dental and Denture Supplements - Dentist**

Emergency Dental and Denture Supplements is available for all eligible Ministry of Employment and Income Assistance (MEIA or Ministry) clients, including those who do not have annual or 2-year limits under the Ministry's Dental Supplements or those who have exhausted their limit. Children covered under the Healthy Kids program are also eligible for Emergency Dental and Denture Supplements. Emergency Dental allows for treatment of an eligible person who needs immediate attention to relieve pain, or to control infection or bleeding or if a person's health or welfare is otherwise immediately jeopardized.

The attached *Schedule of Fee Allowances – Emergency Dental – Dentist* outlines the allowable services and fees associated with the Ministry's Emergency Dental and Denture Supplements. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a denturist.

Each emergency visit is restricted to the procedures and limitations outlined in this schedule (i.e., two restorations for pain relief per visit). Services outside this schedule (i.e., dentures, root canal treatment, restorations in excess of the 2 year maximum) will not be covered and any work beyond the immediate relief of pain will not be considered. Frequency of emergencies (i.e., individual patients with multiple visits) and treatment provided will be monitored by the Ministry. Where concerns arise, Ministry staff will address these issues with the dentist.

The following information provides details on how to confirm eligibility and obtain payment for services rendered.

**Eligibility Information**

**Eligibility must be confirmed for all clients**, including those covered by the Emergency Dental and Denture Supplement. We recommend you request picture identification in addition to their Personal Health Number (PHN) from new patients. You must confirm that there is active coverage and previous dental history should be checked for time-limited procedures. Treatment involving more than one practitioner or a specialist should be coordinated to ensure no duplicated services are planned. To ensure that your patient has active Ministry sponsored coverage and to determine the level of this coverage, eligibility must be confirmed immediately prior to providing service,

as coverage can change from month to month.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780 All other Communities: 1-800-665-1297**

If Ministry clients have questions, they should be referred to their local Ministry office. Parents of children covered through the Healthy Kids dental program should be referred to the Healthy Kids information line at 1-866-866-0800.

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**Payment Process**

Claims must be submitted on a standard dental claim form and sent to:

**Pacific Blue Cross**

**PO Box 65339**

**Vancouver, BC**

**V5N 5P3**

Claims under the Ministry's Dental Supplements will be paid in accordance with the *Schedule of Fee Allowances – Emergency Dental - Dentist* and these fees represent the maximum amount the Ministry can pay for the services billed.

Certified specialists, including oral surgeons may receive an additional 10% on services billed. Refer to page 12 of the *Schedule of Fee Allowances – Emergency Dental – Dentist*.

Claims for any treatment completed under the Emergency Dental and Dentures Supplements must be submitted on a separate claim form and you must clearly indicate that the services were provided for the immediate relief of pain or as an emergency. Claim forms containing both treatment performed within the patient's dental limit and emergency services cannot be adjudicated and payment will be refused.

To facilitate payment, it is essential that the submitted claim form be completed as accurately and thoroughly as possible using the client's name and PHN. Where a claim form is correctly completed and the service provided is an eligible service covered by the Ministry, payment can be expected within 45 days of receipt of the claim. Rebilling within 45 days may not only hold up payment of the original claim, but will also delay the processing of subsequent claims.

**Note:** Claims requiring review by the Ministry's dental consultant may take longer to process.

All claims are processed on a "first come, first served" basis therefore timely submission is encouraged. Claims must be submitted within one year of the date of service. No payment will be made on any claim received later than one year from the date of service. If there is an error on your billing, subsequent claims may jeopardize the payment of your rebilling.

The dentist must bill the actual procedure(s) rendered. An alternative fee item number should not be substituted. All claims must be submitted under the payment number of the dentist performing the service(s). Claims, resubmissions and adjustment requests must bear the dentist's signature. This confirms the work was completed and accurately billed. The dentist remains solely responsible for all claims submitted.

Where payment of a claim has been adjusted or refused, your remittance statement will include an explanation code.

**Note:** Oral surgery performed in hospital is to be billed to the Medical Services Plan.

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**MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE**  
**Schedule of Fee Allowances – Emergency Dental – Dentist**  
**Effective January 1, 2007**

**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**DIAGNOSTIC SERVICES**

**ORAL EXAMINATIONS (by dentist)**

01204

Specific Oral Examination

(not included in the two per year exam limit)

Examination, evaluation, diagnosis and recording of a specific situation.

21.75

01205

**Note:**

Emergency Oral Examination

(not included in the two per year exam limit)

Examination and diagnosis for the investigation of discomfort and/or infection in a localized area.

Multiple billings of fee items 01204/01205 will be subject to review by the Ministry.

21.75

**RADIOGRAPHS**

**Note:** Maximum 2 intraoral films per emergency visit

02111

Intraoral – Periapical

Single film 9.95

02112 Two films 13.59

02141

Intraoral – Bitewing

Single film 9.95

02142 Two films 13.59

02601

**Note:**

Extraoral

Panoramic Film

Fee item 02601 is limited to once every two years.

38.76

**Note:**

**SCALING**

Only one unit of either scaling (fee item 11111) or root planing (fee item 43421) will be paid per emergency visit.

11111 Scaling – one unit 22.17

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**RESTORATIVE SERVICES**

**Note: MAXIMUM TWO TEETH MAY BE TREATED PER EMERGENCY VISIT.**

All items in this section must be billed with a tooth number

**Note:**

Treatment of Dental Caries

Removal of carious lesion or existing restoration and placement of sedative/protective dressing. Includes local anaesthetic and pulp protection.

Fee items 20111/20119 will not be paid subsequent to root canal therapy or in conjunction with a restoration, an open and drain, pulp-capping, pulpotomy or pulpectomy.

20111 Treatment of Dental Caries – first tooth 57.20

20119 Each additional tooth in same quadrant 28.56

**Note:**

**Pulp Capping**

Performed at the same appointment as the permanent restoration, to include placement of Ca(OH)<sub>2</sub>. This base material procedure is to be used where pulp exposure is evident. It is not to be used where decay removal is slightly below ideal preparation depths. This service is not eligible when performed in conjunction with an open and drain, treatment of dental caries, pulpotomy or pulpectomy.

20141 Direct pulp capping – in conjunction with final restoration 19.34

**RESTORATIONS**

**Note:**

**AMALGAM RESTORATIONS**

Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

**Amalgam – Primary teeth**

**Non-bonded**

21111 One surface 53.72

21112 Two surfaces 64.49

21113 Three surfaces 69.50

21114 Four surfaces 73.79

21115 Five surfaces (maximum) 98.47

**Bonded**

21121 One surface 63.60

21122 Two surfaces 74.44

21123 Three surfaces 79.29

21124 Four surfaces 83.34

21125 Five surfaces (maximum) 108.34

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Amalgam – Permanent teeth**

**Non-bonded - Anterior and Bicuspid Teeth**

21211 One surface 57.20

21212 Two surfaces 72.90

21213 Three surfaces 86.09

21214 Four surfaces 101.06

21215 Five surfaces (maximum) 118.29

**Non-bonded - Molars**

21221 One surface 64.16

21222 Two surfaces 86.09

21223 Three surfaces 98.87

21224 Four surfaces 125.17

21225 Five surfaces (maximum) 143.21

**Bonded - Anterior and Bicuspid Teeth**

21231 One surface 66.99

21232 Two surfaces 82.69

21233 Three surfaces 95.65

21234 Four surfaces 114.16

21235 Five surfaces (maximum) 127.92

**Bonded - Molars**

21241 One surface 74.03

21242 Two surfaces 95.80

21243 Three surfaces 108.82

21244 Four surfaces 134.63  
21245 Five surfaces (maximum) 152.92

**Note:**

**Retentive Pins**

Pins are only paid in conjunction with an amalgam or tooth coloured restoration to a maximum of four pins per tooth in a two-year period.

21401 One pin 18.04  
21402 Two pins 25.00  
21403 Three pins 31.72  
21404 Four pins (maximum) 38.35

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

**Full Coverage Pre-fabricated Restorations**

Limited to one per tooth in a two-year period. No further restorations on the same tooth will be paid within 2 years of placement of a stainless steel or plastic pre-fabricated crown. If a pre-fabricated crown is placed within 2 years of a restoration, the fee for the restoration will be deducted from the pre-fabricated crown charge.

22201 Stainless steel crown (primary anterior) 119.10  
22211 Stainless steel crown (primary posterior) 119.10  
22301 Stainless steel crown (permanent anterior) 119.10  
22311 Stainless steel crown (permanent posterior) 119.10  
22401 Plastic Pre-fabricated crown (primary anterior) 119.10  
22501 Plastic Pre-fabricated crown (permanent anterior) 135.52

**Note:**

**TOOTH COLOURED RESTORATIONS**

Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

**Tooth Coloured – Permanent teeth**

**Non-bonded - Anterior**

23101 One surface 65.16  
23102 Two surfaces 74.64  
23103 Three surfaces 92.54  
23104 Four surfaces 113.55  
23105 Five surfaces (maximum) 137.21

**Bonded - Anterior**

23111 One surface 75.47  
23112 Two surfaces 90.56  
23113 Three surfaces 114.46  
23114 Four surfaces 141.99  
23115 Five surfaces (maximum) 171.65

**Non-bonded - Bicuspids**

23211 One surface 60.91  
23212 Two surfaces 76.38  
23213 Three surfaces 89.73  
23214 Four surfaces 107.56  
23215 Five surfaces (maximum) 130.54

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Tooth Coloured – Permanent teeth, continued**

**Non-bonded - Molars**

23221 One surface 65.31

23222 Two surfaces 87.15  
23223 Three surfaces 103.23  
23224 Four surfaces 125.84  
23225 Five surfaces (maximum) 156.18

**Bonded - Bicuspids**

23311 One surface 87.91  
23312 Two surfaces 122.65  
23313 Three surfaces 144.04  
23314 Four surfaces 177.11  
23315 Five surfaces (maximum) 203.58

**Bonded - Molars**

23321 One surface 94.21  
23322 Two surfaces 144.04  
23323 Three surfaces 174.08  
23324 Four surfaces 209.19  
23325 Five surfaces (maximum) 243.18

**Tooth Coloured - Primary teeth**

**Non-bonded - Anterior**

23401 One surface 60.22  
23402 Two surfaces 81.46  
23403 Three surfaces 85.56  
23404 Four surfaces 97.62  
23405 Five surfaces (maximum) 110.97

**Bonded - Anterior**

23411 One surface 69.63  
23412 Two surfaces 88.21  
23413 Three surfaces 98.30  
23414 Four surfaces 112.33  
23415 Five surfaces (maximum) 127.50

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Tooth Coloured - Primary teeth, continued**

**Non-bonded - Molars**

23501 One surface 54.23  
23502 Two surfaces 76.68  
23503 Three surfaces 87.08  
23504 Four surfaces 99.29  
23505 Five surfaces (maximum) 112.41

**Bonded - Molars**

23511 One surface 78.43  
23512 Two surfaces 111.12  
23513 Three surfaces 128.95  
23514 Four surfaces 153.98  
23515 Five surfaces 179.08

**Note:**

**Retentive Post**

Limited to once per tooth in a five-year period and only paid in conjunction with a restoration.

25731 Prefabricated, Retentive - 1 post 94.66

29101 Recementation of crowns or bridge abutments 1 unit 41.95

**Note:** Fee item 29101 is limited to 1 unit per tooth, per year. Tooth number required.

**ENDODONTICS**

**TREATMENT OF PULP CHAMBER (excluding final restoration)**

**Note:**

Pulpotomy, Permanent teeth (as a separate emergency procedure)



**MAXIMUM TWO TEETH MAY BE TREATED PER EMERGENCY VISIT.**

Limited to once per tooth per lifetime and cannot be billed in conjunction with open and drain, pulp capping, treatment of dental caries, pulpectomy or RCT.

32221 Anterior and bicuspids 66.44

32222 Molars 66.44

Pulpotomy, Primary teeth

32231 As a separate procedure 48.62

32232 Concurrent with restorations (but excluding final restoration) 41.57

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

Open and Drain (Separate Emergency Procedure)

**MAXIMUM OF TWO TEETH MAY BE TREATED PER EMERGENCY VISIT.**

Open and Drain is limited to once per tooth per lifetime. Tooth number required. Following an open and drain, a permanent restoration on a posterior tooth will not be paid without evidence of intervening root canal treatment. If open and drain and intraoral incision and drainage of abscess (fee item 75112) are performed on the same day, fee 75112 will be paid at one-half of the listed fee.

39201 Anterior and Bicuspids 46.04

39202 Molars 46.04

**PERIODONTAL SERVICES**

**Note:**

Oral Manifestations, Oral Mucosal Disorders

Mucocutaneous disorders and diseases of localized mucosal conditions, for example: lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysplasia, neoplasms, hairy leukoplakia, polyps, verrucae, or fibroma.

Maximum two units per emergency visit. Indicate diagnosis on claim form.

41211 One unit 44.90

41212 Two units 89.81

**Note:**

Root Planing

Only 1 unit of either scaling (fee item 11111) or root planing (fee item 43411) will be paid per emergency visit.

43421 Root Planing – one unit 22.17

**PROSTHODONTICS**

54201

**Note:**

Minor denture adjustments 1 unit

Limited to two units per arch per calendar year and not more than one unit per arch per date of service/emergency visit. Adjustments are not payable within six months of insertion of prosthesis.

36.18

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

Denture Repairs/Additions

Fees paid for denture repairs and additions are based on the listed dentist fee plus total lab fee charged. The total fee must be billed as one amount (dentist fee plus lab fee) and lab slips must be sent with claim. Arch code required. Multiple billings for repairs to dentures are subject to review by the Ministry. Only repairs without impression are covered. Repairs with impression are not an eligible item under Emergency Dental. Multiple

billings for repairs to dentures are subject to review by the Ministry.

**Complete Denture**

Not Requiring an Impression

55101 Maxillary 46.50 + L

55102 Mandibular 46.50 + L

**Partial Denture**

Not Requiring an impression

55301 Maxillary 46.50 + L

55302 Mandibular 46.50 + L

**Note:**

**Denture Relining**

Relines are limited to once per arch in a two-year period and are not billable within the six-month post-insertion period of the denture(s). Only direct relines will be covered. A lab-processed reline is not an eligible item under Emergency Dental. Arch code required.

56211 Reline maxillary complete denture (direct) 108.39

56212 Reline mandibular complete denture (direct) 108.39

56221 Reline maxillary partial denture (direct) 72.29

56222 Reline mandibular partial denture (direct) 72.29

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

**ORAL SURGERY**

If multiple extractions or full clearance of an arch or arches is required, this may be completed in one or more appointments as warranted. When multiple surgical procedures are performed in one quadrant on the same date of service, the most expensive procedure will be paid at 100% and the lesser procedures will be paid at 50%, with the exception of multiple extractions in the same quadrant. Surgical services include the necessary local anaesthetic, removal of excess gingival tissue, suturing and all routine post-operative care. Pre-operative radiograph(s) may be requested to support claims for the extraction of impacted teeth.

**EXTRACTIONS (REMOVALS)**

Erupted teeth

Uncomplicated

71101 Single tooth 69.02

71109 Each additional tooth in same quadrant 45.59

Complicated (surgical approach)

Extraction, erupted tooth, requiring surgical flap and/or sectioning of tooth

71201 Single tooth 130.27

71209 Each additional tooth in same quadrant 85.98

Extraction, erupted tooth requiring elevation of a flap, removal of bone and section of tooth for removal of tooth

71211 Single tooth 201.55

71219 Each additional tooth in same quadrant 133.03

Impacted teeth (Unerrupted)

Extraction, impacted tooth, soft tissue coverage requiring incision of overlying soft tissue and removal of tooth

72111 Single tooth 130.27

72119 Each additional tooth in same quadrant 85.98

Extraction, impacted tooth involving tissue and/or bone coverage requiring incision of overlying soft tissue, elevation of flap and EITHER removal of bone and tooth OR sectioning and removal of tooth (Partial Bone Covered)

72211 Single tooth 150.25

72219 Each additional tooth in same quadrant 99.17

Extraction, impacted tooth involving tissue and bone coverage requiring

incision of overlying soft tissue, elevation of flap, removal of bone AND sectioning of tooth for removal (Complete Bone Covered)

72221 Single tooth 209.96

72229 Each additional tooth in same quadrant 138.58

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**Note:**

Extractions (removals), Residuals Roots

Residual root removal is paid on a per tooth basis, not per root and is paid once per tooth per lifetime. Residual root removal will not be paid to the same practitioner who performed the original extraction within 90 days of the extraction.

Residual root - Erupted

72311 First tooth 63.84

72319 Each additional tooth, same quadrant 42.15

Residual root - Soft Tissue Coverage

72321 First Tooth 124.76

72329 Each additional tooth in same quadrant 88.84

Residual root - Bone Tissue Coverage

72331 First Tooth 143.78

72339 Each additional tooth in same quadrant 94.91

**Note:**

73111

73121

Alveoplasty - Bone remodeling of ridge with soft tissue revisions

Fee item 73111 will only be paid when two or more extractions are done in the same sextant. Fee paid for fee items 73111 and 73121 is based on the number of teeth or tooth areas treated. This information must be indicated on the claim.

Alveoplasty with multiple extractions per sextant

per anterior tooth

per posterior tooth

Alveoplasty, edentulous per sextant

per anterior tooth area

per posterior tooth area

65.38

10.90

13.08

79.53

13.26

15.91

**Note:**

Surgical Excision

Claims for fee item numbers 74111, 74112, 74121, 74122, 74611, 74612, 74631 and 74632 must be accompanied by a pathology report and fee paid is inclusive of any associated extraction(s). The fee paid is based on the size of the lesion NOT length of the incision.

74111 Resection of benign tumor of soft tissue 1 cm and under 179.30

74112 1 - 2 cm 349.21

74121 Resection of benign tumor of bone tissue 1 cm and under 177.11

74122 1 - 2 cm 347.10

74611

Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic requiring prior removal of bony tissue and subsequent suture(s)

1 cm and under

215.87

74612 1 – 2 cm 380.77

74631 Excision of Cyst 1 cm and under 186.42

74632 1 - 2 cm 349.21

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

75112

**Note:**

Intraoral Incision and Drainage of Abscess

Fee item 75112 is limited to once per tooth per lifetime. Tooth number is required. If open and drain or RCT and intraoral incision and drainage of abscess (fee item 75112) are performed on the same day, fee 75112 will be paid at one-half of the listed fee. Not billable in conjunction with an extraction.

47.25

75211 Extraoral Incision and Drainage of Abscess (superficial) 86.90

Fractures and Dislocations

76201 Simple fracture of the mandible (closed reduction) 373.16

76301 Simple fracture of the maxilla (closed reduction) 373.16

76911 Fracture of Alveolus including debridement and necessary extractions 310.13

76941

76949

Replantation of an avulsed tooth (including splinting)

Replantation, first tooth

Each additional tooth

221.29

84.09

**Note:**

Repositioning of Traumatically Displaced Teeth

Limited to permanent anterior teeth only, including repositioning, repair and splinting. Maximum 3 units will be paid per tooth.

76951 One unit 38.27

76952 Two unit 76.54

76959 Each additional unit over two 38.27

Antral Surgery

79311 Immediate recovery of a dental root or foreign body from the antrum (associated with and at the same time as extraction) 83.90

79331 Oro-antral fistula closure with buccal flap (same session) 178.57

79341 Oro-antral fistula closure with buccal flap (subsequent session) 187.14

79601

**Note:**

Post-operative complications

Post-operative complications, subsequent to initial post surgical treatment.

Post-operative complications will be paid only if performed 4 or more days after surgery and not after 30 days post surgery. This fee item is limited to three services per patient per quadrant per lifetime and is inclusive of the examination fee.

33.50

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**MISCELLANEOUS**

92444

**Note:**

General Anaesthetic and Intravenous sedation (in office)

per hour or portion thereof

Treatment start and finish times must accompany your claim. Pre and postoperative observation periods are not included.

GA or IV sedation (in office) will only be considered for coverage for children under 19 years of age where necessary for the safe performance of dental treatment; and children and adults with severe mental or physical disabilities that prevents a dentist from providing necessary dental treatment without the administration of an anaesthetic or sedation.

50.57

### **Specialist Referrals**

Certified specialists, including oral surgeons, may receive an additional 10% on services billed from the *MHR Schedule of Fee Allowances – Emergency Dental - Dentist*. The Ministry must have a record of the specialty on their billing system and the referring practitioner must be indicated on the claim form. If either of these is missing, the claim will be refused or reduced. If the referring practitioner is a Medical Doctor, please indicate this clearly on the claim form.

### **Unit of Time**

One unit of time = 15 minutes.

Procedures billed on a per unit basis must reflect the predominant service done during the unit, or half unit of time.

### **Supernumerary Teeth**

Use tooth numbers 19, 29, 39 or 49 when submitting a claim for services performed on supernumerary teeth. Indicate the tooth numbers of the area around the supernumerary tooth in the description of service column on the claim form.

### **Quadrant Supernumerary**

#### **tooth #**

Quadrant #1 19

Quadrant #2 29

Quadrant #3 39

Quadrant #4 49

**Note: All frequency limitations in this schedule also include services performed by a denturist.**

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**Part E - Preamble - Crown and Bridgework Supplement**

The overall intent of the Ministry of Employment and Income Assistance (MEIA or Ministry) Dental Supplements is to provide coverage for basic dental services to eligible Employment and Assistance and Employment and Assistance for Persons with Disabilities clients.

**Eligibility for Crown and Bridgework Supplement**

The ministry recognizes that in some exceptional circumstances the appropriate treatment

for a compromised tooth is a crown or bridgework. An exception to the general policy of providing a conservative dental restoration or removable prosthetic may be considered if the individual has Persons with Disabilities (PWD) designation or meets the Persons with

Persistent Multiple Barriers (PPMB) criteria with the ministry and the ministry is of the opinion that the person has a dental condition that cannot be corrected through the provision of basic dental services because:

(a) the dental condition precludes the provision of the restorative services set out under the Restorative Services section of the *Ministry of Employment and Income Assistance Schedule of Fee Allowances – Dentist*, and

(b) one or more of the following circumstances exist:

- i. the dental condition precludes the use of a removable prosthetic;
- ii. the person has a physical impairment that makes it impossible for him or her to place a removable prosthetic;
- iii. the person has an allergic reaction or other intolerance to the composition or materials used in a removable prosthetic;
- iv. the person has a mental condition that makes it impossible for him or her to assume responsibility for a removable prosthetic.

It is important to note that when a case presents an option of effective remedial treatment

by the use of either:

- an amalgam, composite or prefabricated restoration or a removable prosthetic, or
- a crown or bridgework,

the restoration or removable prosthetic must be used.

In all instances the affected tooth or teeth must have functional occlusion and must be periodontally sound with a good, long-term prognosis.

**General Information:**

Porcelain-Fused-to-Metal (PFM) crowns/bridges will not be approved for tooth numbers 6,

7 and 8. Only full cast metal (gold) crowns/bridges will be covered for molar teeth. It is important to note that if a PFM crown or bridge is placed on molar teeth, the ministry will not pay the equivalent fee to a gold crown or bridge. All crown and bridgework services (crowns, fixed bridge restoration and buildups/cores) are limited to once every five years from the original insertion date.

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**General Information continued:**

Treatment plan approval must be obtained in writing through the Ministry dental contractor, prior to treatment. Only treatment outlined in the *Schedule of Fee Allowances - Crown and Bridgework* will be considered for coverage under this program. A ministry contracted dental consultant reviews the requests for crown and bridgework.

**Procedures for Confirming Eligibility:**

As not all ministry clients are eligible for the Crown and Bridgework Supplement and coverage can change from month to month, eligibility must be confirmed prior to requesting treatment approval and again immediately prior to commencing with treatment to ensure the approval is still valid.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780 All other Communities: 1-800-665-1297**

**Procedures for Requesting Preauthorization:**

A request for preauthorization for a crown or bridge must be submitted in writing to Pacific Blue Cross (PBC) outlining the proposed treatment plan on a standard dental claim form marked "FOR PREAUTHORIZATION." When submitting a request, it is essential that PBC be provided with all relevant information to support the request. Applications for this type of work must include the following:

- crown and/or bridge treatment plan including tooth number(s) and fee codes;
- current, mounted periapical radiograph(s) of the tooth or teeth involved and bitewing or panorex radiograph(s) showing the remaining dentition;\*
- a list of client's missing dentition and existing removal prostheses;
- a clinical explanation as to necessity; (i.e., why the client's needs cannot be met under the Restorative Services section in the *Schedule of Fee Allowances - Dentist*); and
- relevant information regarding the client's medical condition(s) that would support the need for a crown or bridge.

\*When the patient cannot tolerate a radiograph, a photograph and full explanation is required.

Failure to provide any of the above-noted information will result in the treatment plan being returned and unnecessary delays in the adjudication of the request.

The treatment plan and accompanying documentation should be sent to:

**Pacific Blue Cross**

**P.O. Box 65339**

**Vancouver, BC**

**V5N 5P3**

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**Procedures for Requesting Preauthorization continued:**

Once a decision has been reached on the requested dental treatment, the dental office will receive written notification. Treatment should not begin until the dental office has received the decision in writing from PBC and the patient's eligibility is confirmed. If treatment is provided prior to approval or if the patient's coverage has cancelled, payment will be denied.

Approvals are valid for one year from date of approval and only if eligibility requirements have been met at the time the services are provided. The dentist who received approval must provide the treatment. If circumstances change and the approved treatment is to be completed by another dentist, Pacific Blue Cross must be contacted to amend the approval before treatment is started.

**Payment Process:**

When the approved treatment has been completed, claims must be submitted on a standard dental claim form to:

**Pacific Blue Cross**

**P.O. Box 65339**

**Vancouver, BC**

**V5N 5P3**

Treatment that is approved under the Ministry Crown and Bridgework Supplement

will be paid in excess of the patient's basic dental limit and in accordance with the rates outlined in the *Schedule of Fee Allowances – Crown and Bridgework* and, where applicable, are inclusive of lab fees. No lab slips are required. These fees represent the maximum amount the Ministry can pay for the services billed. All other dental treatment must be completed either within the patient's basic dental limit or in accordance with the Emergency Dental and Denture Supplements.



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**MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE**

**Schedule of Fee Allowances - Crown and Bridgework**

**Effective January 1, 2007**

**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**CROWNS**

Note: Limited to one per tooth in a five-year period. Only full cast metal crowns will be considered on tooth numbers 6, 7 and 8.

27301 Crown, Full Cast Metal \*539.90

27211 Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base \*624.20

27213 Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, with Porcelain Margin

\*624.20

**BRIDGES**

Note: Limited to one per tooth in a five-year period. Only full cast metal retainers and pontics will be considered on tooth numbers 6, 7 and 8.

Retainers:

67211 Porcelain/Ceramic/Polymer Glass, Fused to Metal Base \*623.30

67301 Full, Metal Cast \*562.81

Pontics:

62101 Cast Metal \*313.75

62501 Porcelain/Ceramic/Polymer Glass, Fused to Metal Base \*372.75

**CORES**

Note: Limited to one per tooth in a five-year period.

21301 Non-Bonded Amalgam Core, in conjunction with Crown 80.70

21302 Bonded Amalgam Core, in conjunction with Crown 90.41

23601 Non-Bonded Composite Core, in Conjunction with Crown 90.56

23602 Bonded Composite Core, in Conjunction with Crown 90.56

\*Denotes Lab fee(s) included

# MHR Fee Guide to Basic Optical Services for Opticians

(MINUS CYLINDER FORM)

ITEM CODE	ITEM DESCRIPTION	ITEM FEES	ITEM CODE	ITEM DESCRIPTION	ITEM FEES
101	NEW FRAMES ONLY, Including dispensing	\$39.39		<b>Add on Bifocal/Trifocal per lens</b>	
201	Minor repair with parts (e.g., nose pads)	\$10.20	340	8.25 to 16D. (add code to 331/421)	\$10.00
202	Major with parts (e.g., temple joints)	\$15.30	341	Above 16D. (add code to 331/421)	\$15.00
			342	Cylinders to 3	\$4.90
	<b>COMPLETE:LENSES/ FRAMES/CASE</b> (hardening included)		343	Cylinders 3.25 to 6	\$8.40
	<b>Singlevision</b>		344	Cylinders above 6	\$10.00
301	4D. or less	\$83.00		<b>Add on Single /Bifocal/Trifocal Per Lens</b>	
302	4.25-8D.	\$90.00	350	Prisms up to 5.00	\$4.00
	<b>Add on Singlevision Per lens</b>		351	Prisms over 5.00	\$7.00
320	8.25 to 16D. (add code to 302/402)	\$9.00		<b>COMPLETE: CLIENT'S FRAME WITH LENSES/ CASE (hardening included)</b>	
321	Above 16D. (add code to 302/402)	\$14.00		<b>Singlevision</b>	
322	Cylinders to 3	\$2.60	401	4D. or less	\$52.00
323	Cylinders 3.25 to 6	\$6.90	402	4.25-8D.	\$59.00
324	Cylinders above 6	\$10.00	403	Single Vision to 4D (one lens)	\$21.20
	<b>Bifocal</b> (flat top/round segment)		404	Single Vision over 4D (one lens)	\$24.70
330	4D. or less	\$126.00		<b>Bifocal</b> (flat top/round segment only)	
331	4.25-8D.	\$135.00	420	4D. or less	\$94.00
	<b>Trifocal</b>		421	4.25-8D.	\$103.00
	<b>Add to Bifocal Fee</b>		422	Bifocal to 4D (one lens)	\$42.60
332		\$24.25	423	Bifocal over 4D (one lens)	\$47.00

# MHR Fee Guide to Basic Optical Services for Optometrists

(MINUS CYLINDER FORM)

ITEM CODE	ITEM DESCRIPTION	ITEM FEES	ITEM CODE	ITEM DESCRIPTION	ITEM FEES
<b>FRAMES</b>			<b>Bifocal (flat top/round Segment)</b>		
101	NEW FAMES ONLY, Including dispensing	\$43.26	330	4 D.or less	\$135.00
			331	4.25-8D.	\$144.00
<b>REPAIRS ONLY</b>			<b>Add on Bifocal per lens</b>		
201	Minor with parts (screws, nose pads)	\$10.00	340	8.25 to 16D. (add code to 331/421)	\$10.00
202	Major with parts (temple joints)	\$15.00	341	Above 16D. (add code to 331/421)	\$15.00
<b>COMPLETE:LENSES/ FRAMES/CASE (hardening included)</b>			342	Cylinders to 3	\$4.90 \$8.40
<b>Singlevision</b>			343	Cylinders 3.25 to 6	
301	4D. or less	\$89.00	344	Cylinders above 6	\$10.00
302	4.25-8D.	\$97.00	<b>Add on Single /Bifocal Per Lens</b>		
<b>Add on Singlevision Per lens</b>			350	Prisms up to 5.00	\$4.00
320	8.25 to 16D. (add code to 302/402)	\$9.00	351	Prisms over 5.00	\$7.00
321	Above 16D. (add code to 302/402)	\$14.00	<b>COMPLETE: CLIENT'S FRAME WITH LENSES/ CASE (hardening included)</b>		
322	Cylinders to 3	\$2.60	<b>Singlevision</b>		
323	Cylinders 3.25 to 6	\$6.90	401	4D. or less	\$55.00
324	Cylinders above 6	\$10.00	402	4.25-8D.	\$63.00
			<b>Bifocal (flat top/round segment only)</b>		
			420	4D. or less	\$101.00
			421	4.25-8D.	\$110.00

January 1, 2007

**MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE**

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The *Preamble - Dental Supplements - Denturist* provides details on the Ministry's Dental Supplements and information on how to confirm eligibility and obtain payment for services rendered.

Part B - Schedule of Fee Allowances - Denturist pages 1 - 5

The *Schedule of Fee Allowances - Denturist* lists the eligible services and fees associated with the Ministry's Dental Supplements and the provision of basic dental services. It contains the rules, frequency and financial limits associated with each service.

Part C - Preamble - Emergency Dental and Denture Supplements - Denturist pages i - ii

The *Preamble - Emergency Dental and Denture Supplements - Denturist* provides details on the Ministry's Emergency Dental and Denture Supplements and information on how to confirm eligibility and obtain payment for services rendered.

Part D - Schedule of Fee Allowances - Emergency Dental - Denturist pages 1 - 2

The *Schedule of Fee Allowances - Emergency Dental - Denturist* lists the eligible services and fees associated with the Ministry's Emergency Dental and Denture Supplements. It contains the rules, frequency and financial limits associated with each service.

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### **Part A - Preamble - Dental Supplements - Denturist**

The overall intent of the Ministry of Employment and Income Assistance (MEIA or Ministry) Dental Supplements is to provide coverage for basic dental services to eligible Employment and Assistance and Employment and Assistance for Persons with Disabilities clients. The attached *Schedule of Fee Allowances - Denturist* outlines the eligible services and fees associated with the Ministry's Dental Supplements and the provision of basic dental services. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a dentist.

The following information provides details on the Ministry's Dental Supplements, how to confirm eligibility and obtain payment for services rendered.

### **Eligibility for Dental Supplements**

It is important to note that not all MEIA clients are entitled to basic dental services through the Ministry's Dental Supplements. To ensure active coverage is in place, eligibility must be confirmed for all clients prior to proceeding with any treatment. Procedures for confirming eligibility for your patients are outlined on page (iv) under the Eligibility Information section.

#### **Adults**

Those adult clients who are eligible for coverage under MEIA Dental Supplements have maximum entitlements as follows:

#### **Client Category**

#### **2 year limit**

**(2 year period beginning on January 1<sup>st</sup> of every odd numbered year)**

Persons with Disabilities (PWD) designation \$1000

Persons with Persistent Multiple Barriers (PPMB) status

\$1000

Persons over 65 who have retained eligibility for Dental Supplements

\$1000

Spouse of person with PWD designation \$1000

#### **Children**

Dependent children (under 19 years of age) of clients in receipt of income assistance, disability assistance or children under the Child in the Home of a Relative (CIHR) program are eligible for a \$700 limit each calendar year.

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#### **Healthy Kids**

Dependent children (under 19 years of age) whose parent(s) receive premium assistance through the Medical Services Plan (MSP) are eligible for dental supplements through the Healthy Kids program. Children covered under the Healthy Kids program have a \$700 limit each calendar year.

### **Emergency Dental and Denture Supplements**

For MEIA clients and their dependent children who are not eligible for the previously noted annual or 2-year limits or those who have exhausted their limit, some short-term assistance may be available through Emergency Dental and Denture Supplements. Children covered under the Healthy Kids program are also eligible for Emergency Dental and Denture Supplements. Emergency Dental allows for treatment of an eligible person who needs immediate attention to relieve pain, or to control infection or bleeding or if a person's health or welfare is otherwise immediately jeopardized.

Specific and comprehensive information regarding allowable emergency services along with their associated fees, rules and restrictions and billing information can be found under Part C - *Preamble - Emergency Dental and Denture Supplements – Denturist* and Part D - *Schedule of Fee Allowances – Emergency Dental – Denturist*. Emergency services must be billed on a separate claim form.

### **Denture Policy**

#### **Initial Placement – Complete Denture(s)**

All Ministry clients, including those with Emergency Supplement coverage only, are eligible for a single complete denture (upper or lower), or complete dentures if the dentures are required as a result of extractions for the relief of pain resulting in full clearance of the arch/arches. This clearance must have taken place in the preceding six months. If extractions were completed in the hospital, a comment must be noted on the claim form that indicates date and place of surgery. To ensure active coverage is in place, eligibility must be confirmed for all clients prior to proceeding with any treatment. Procedures for confirming eligibility for your patients are outlined on page (iv) under the Eligibility Information section.

The denture fee items are restricted to 31310, 31311, 31320, 31321, 31330 and 31331. For those clients that have either an annual or 2-year limit, funds still available within that limit will be utilized to pay for the denture(s) with the remaining balance for the denture(s) paid over limit.

**Note:** Coverage for dentures is normally limited to once per arch every five years, however, payment of a **partial** denture within the past five years will not preclude provision of a complete denture as a result of full clearance. Conversely, partial dentures should not be used as provisional or temporary appliances.

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### **Denture Policy continued**

#### **Initial Placement – Partial Denture(s) in excess of the basic dental limit**

It is important to note that not all Ministry clients qualify for partial dentures. Eligibility for this service must be confirmed prior to beginning treatment. See the Eligibility Information section on page (iv).

For eligible clients, partial dentures will be considered in excess of their limit, if all of the following conditions apply:

1. At least one extraction is required for relief of pain and the extraction has been done in the preceding six months,
2. The extraction(s) must result in 3 or more adjacent/contiguous missing teeth on the same arch, and
3. The Ministry has not paid for a denture on the same arch within the past five years.

Fee items will be restricted to fee codes 41610, 41612, 41620, 41622 as outlined in the *MEIA Schedule of Fee Allowances - Denturist*. No cast dentures will be covered in excess of the client's limit.

Funds still available within the client's limit will be utilized first with the remaining balance for denture(s) paid over limit. It is expected that the patient's basic dental treatment (extractions, filling, etc.) will have been accomplished by the patient's dentist within the confines of the client's limit or under Emergency Dental and Dentures Supplements.

#### **Replacement Dentures (partial or complete) in excess of the basic dental limit**

It is important to note that not all Ministry clients qualify for replacement dentures. Eligible clients must have 2 years continuous Ministry coverage. Eligibility for this service must be confirmed prior to beginning treatment. See the Eligibility Information section on page (iv).

The Ministry will pay for denture(s) only once every five years. Note: an exception to this would be if the current denture(s) was a partial and the replacement denture(s) is

complete in conjunction with full clearance of teeth (see above under Initial Placement – Complete Dentures).

Fee items will be restricted to fee codes 31310, 31320 and 31330 for complete dentures and 41610, 41612, 41620, 41622 for partial dentures outlined in the *Schedule of Fee Allowances - Denturist*. No cast dentures will be covered in excess of the client's limit. Funds still available within the client's limit will be utilized first with the remaining balance for denture(s) paid over limit.

Relines, Rebases and other denture related treatment

No other denture treatment will be considered over the client's limit as urgent needs can be met through either the Emergency Dental and Denture Supplements or within the client's limit.

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### **Eligibility Information**

**Eligibility must be confirmed for all clients**, including those covered by the Emergency Dental and Denture Supplement. We recommend you request picture identification in addition to their Personal Health Number (PHN) from new patients. You must confirm that there are sufficient funds available within your patient's limit to pay for scheduled services and previous dental history should be checked for timelimited procedures. Treatment involving more than one practitioner or a specialist should be coordinated to ensure sufficient funds are available for all services planned. To ensure that your patient has active Ministry sponsored coverage and to determine the level of this coverage, eligibility must be confirmed immediately prior to providing service, as coverage can change from month to month.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780 All other Communities: 1-800-665-1297**

If Ministry clients have questions, they should be referred to their local Ministry office. Parents of children covered through the Healthy Kids dental program should be referred to the Healthy Kids information line at 1-866-866-0800.

### **Payment Process**

Claims must be submitted on a standard dental claim form and sent to:

**Pacific Blue Cross**

**PO Box 65339**

**Vancouver, BC**

**V5N 5P3**

Claims under the Ministry's Dental Supplements will be paid in accordance with the *Schedule of Fee Allowances - Denturist* and these fees represent the maximum amount the Ministry can pay for the services billed.

Treatment completed under the Emergency Dental and Dentures Supplements must be submitted on a separate claim form and will be paid in accordance with the *Schedule of Fee Allowances Emergency Dental – Denturist*.

Claim forms containing both treatment performed within the patient's dental limit and emergency services cannot be adjudicated and payment will be refused. Refer to Part C - *Preamble - Emergency Dental and Denture Supplements – Denturist* and Part D - *Schedule of Fee Allowances – Emergency Dental – Denturist* for detailed information.

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### **Payment Process continued**

To facilitate payment, it is essential that the submitted claim form be completed as accurately and thoroughly as possible using the client's name and PHN. Where a claim form is correctly completed and the service provided is an eligible service covered by the Ministry, payment can be expected within 45 days of receipt of the claim. Rebilling

within 45 days may not only hold up payment of the original claim, but will also delay the processing of subsequent claims.

**Note:** Claims requiring review by the Ministry's dental consultant may take longer to process.

All claims are processed on a "first come, first served" basis therefore timely submission is encouraged. Claims must be submitted within one year of the date of service. No payment will be made on any claim received later than one year from the date of service. If there is an error on your billing, subsequent claims may jeopardize the payment of your rebilling.

The dentist must bill the actual procedure(s) rendered. An alternative fee item number should not be substituted. All claims must be submitted under the payment number of the dentist performing the service(s). Claims, resubmissions and adjustment requests must bear the dentist's signature. This confirms the work was completed and accurately billed. The dentist remains solely responsible for all claims submitted. Where payment of a claim has been adjusted or refused, your remittance statement will include an explanation code.



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**MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE**

**Schedule of Fee Allowances – Denturist**

**Effective January 1, 2007**

**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**EXAMINATIONS**

30030 New Patient Exam

24.00

**Note:**

Limited to once per patient per denturist. All new patient examinations must include a detailed prosthetic history including visual and digital examination of the oral structures, TMJ, lips, oral mucosa and tongue. Only those practitioners who have successfully completed the oral pathology requirement may bill 30030.

Specific Exam – examination and evaluation of a specific condition in a localized area.

30102 Complete Denture 16.00

40102

40105

**Note:**

Partial Denture

Recall Exam (Annual)

Limited to once per patient per calendar year.

16.00

19.00

**COMPLETE DENTURES**

**Note:** Dentures are an eligible item once every five years. The replacement of dentures within five years of original insertion will normally not be paid by the Ministry. Refer to Denture Policy. Any lab costs are included in the stated fee. Arch code required.

Complete denture fees include:

- Impressions, initial and final jaw relation records
- Try-in; evaluation
- Records check
- Insertion
- Adjustments and 6 months post-insertion care including tissue conditioning

31310 Complete Maxillary Denture 529.00

31311

**Note:**

Immediate Complete Maxillary Denture

Denturists without Oral Pathology must wait 21 days prior to provision of service.

541.00

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

31320 Complete Mandibular Denture 529.00

31321

Immediate Complete Mandibular Denture

541.00

31330

Complete Maxillary and Mandibular Dentures 1021.00

31331

**Note:**

Immediate Complete Maxillary and Mandibular Dentures

Denturists without Oral Pathology must wait 21 days prior to provision of any immediate dentures.

1033.00

#### RELINES AND REBASES – COMPLETE DENTURES

**Note:** Relines and rebases are limited to a combined maximum of once per arch in a two-year period and are not billable within the six-month post-insertion period. Any lab costs are included in the stated fee.

Processed Reline – Complete Denture

32110 Maxillary 160.00

32120 Mandibular 160.00

Direct Reline – Complete Denture

32210 Maxillary 72.00

32220 Mandibular

72.00

Processed Rebase – Complete Denture

33110 Maxillary 184.00

33120 Mandibular

184.00

**Note:**

#### REPAIRS – COMPLETE DENTURES

The noted lab fees are for use only when external lab costs are incurred.

The amounts listed are the maximum that will be paid. Should the lab fee be less for a specific procedure, this should be reflected in the amount billed. Lab slips must be available upon request.

Repair without Impression – Complete Denture

36110 Maxillary 35.00 + L(37.00) = 72.00

36120 Mandibular

35.00 + L(37.00) = 72.00

Repair with Impression – Complete Denture

36210 Maxillary 50.00 + L(42.00) = 92.00

36220 Mandibular

50.00 + L(42.00) = 92.00

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#### FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)

#### TISSUE CONDITIONING – COMPLETE DENTURES

**Note:** Fee items 37110 and 37120 are billable twice per arch per year only before a reline/rebase or the fabrication of a replacement denture.

Arch code required.

37110 Maxillary 39.20

37120 Mandibular 39.20

#### ADJUSTMENTS – COMPLETE DENTURES

**Note:** Adjustments (fee items 38110 and 38120) are limited to one per arch per date of service to a total of two per arch in a calendar year. Adjustments are not payable during the 6-month post-insertion period or within one week of repairs with or without impression. Arch code required.

38110 Maxillary 20.00

38120 Mandibular 20.00

#### PARTIAL DENTURES

**Note:** Partial dentures are an eligible item once every five years. Any lab costs are included in the stated fee. Arch code required.

Temporary or provisional appliances are not covered.

Partial denture fees include:

- Diagnostic models, analysis and suggested design
- Proposed tooth preparation, selection and master impression
- Bite-registration, mold selection and shade
- Try-in

- Insertion and occlusal equilibration
- Adjustments and 6 months post-insertion care
- Patient referral back to prescribing dentist for post-insertion examination of prosthetic

Cast Frame

Free End, Cast Frame

41114 Maxillary 653.00

41124 Mandibular

653.00

Tooth Borne, Cast Frame

41254 Maxillary 615.00

41264 Mandibular

615.00

Acrylic Base

41610 Maxillary- Acrylic Base with Clasps 376.00

41620 Mandibular - Acrylic Base with Clasps

380.00

41612 Maxillary - Acrylic Based without Clasps 345.60

41622 Mandibular - Acrylic Base without Clasps 372.80

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**RELINES AND REBASES – PARTIAL DENTURES**

**Note:** Relines and rebases are limited to a combined maximum of once per arch in a two-year period and are not billable within the six-month post-insertion period. Any lab costs are included in the stated fee.

Processed Reline – Partial Denture

42110 Maxillary 156.80

42120 Mandibular

156.80

Direct Reline – Partial Denture

42210 Maxillary 68.80

42220 Mandibular 68.80

Processed Rebase – Partial Denture

43110 Maxillary 161.60

43120 Mandibular

172.00

**Note:**

**REPAIRS AND ADDITIONS – PARTIAL DENTURES**

The noted lab fees are for use only when external lab costs are

incurred. The amounts listed are the maximum that will be paid.

Should the lab fee be less for a specific procedure, this should be

reflected in the amount billed. Lab slips must be available upon request.

Repair without Impression – Partial Denture

46110 Maxillary 35.00 + L(37.00) = 72.00

46120 Mandibular

35.00 + L(37.00) = 72.00

Repair with Impression – Partial Denture

46210 Maxillary 50.00 + L(42.00) = 92.00

46220

46310

46320

Mandibular

Additions – Teeth/Clasps – Partial Denture

Maxillary

Mandibular

50.00 + L(42.00) = 92.00

53.00 + L(45.00) = 98.00

53.00 + L(45.00) = 98.00

**TISSUE CONDITIONING – PARTIAL DENTURE**

**Note:**

Fee items 47110 and 47120 are billable twice per arch per year only before a reline/rebase or the fabrication of a replacement denture.

Arch code required.

47110 Maxillary 39.20

47120 Mandibular

39.20

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**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

**ADJUSTMENTS – PARTIAL DENTURES**

**Note:** Adjustments (fee items 48110 and 48120) are limited to one per arch per date of service to a total of two per arch in a calendar year. Adjustments are not payable during the 6-month post-insertion period or within one week of repairs with or without impression. Arch code required.

48110 Maxillary 20.00

48120 Mandibular 20.00

70020 Home and Institutional Visit 25.60

**Note:** Fee item 70020 is billable only when treating a patient who resides in a hospital or institutional facility. The name and address of the institution must be noted on the claim form. It is not billable if the patient is admitted to the hospital specifically for the purpose of dental services. Limited to two per patient per calendar year. This fee may be billed only once per institution per day, regardless of the number of patients seen.

73000 Processed Soft Liner 104.00

**Note:** Fee item 73000 will only be considered when done in conjunction with fabrication of new complete or partial dentures or reline/rebase of complete or partial dentures.

73050 Name and Date of Production Insertion per denture 20.00

**Note:** Fee item 73050 is limited to one per upper and one per lower prosthesis in a five year period for persons 65 years of age and older and persons in institutional care.

**Note:** All frequency limitations in this schedule also include services performed by a dentist.

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**Part C - Preamble - Emergency Dental and Denture Supplements - Denturist**

Emergency Dental and Denture Supplements is available for all eligible Ministry of Employment and Income Assistance (MEIA or Ministry) clients, including those who do not have annual or 2-year limits under the Ministry's Dental Supplements or those who have exhausted their limit. Children covered under the Healthy Kids program are also eligible for Emergency Dental and Denture Supplements. Emergency Dental allows for treatment of an eligible person who needs immediate attention to relieve pain, or to control infection or bleeding or if a person's health or welfare is otherwise immediately jeopardized.

The attached *Schedule of Fee Allowances – Emergency Dental – Denturist* outlines the allowable services and fees associated with the Ministry's Emergency Dental and Denture Supplements. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a dentist. Each emergency visit is restricted to the procedures and limitations outlined in this schedule. Services outside this schedule (i.e., dentures, processed relines and rebases, exceeding time-limited procedures, etc.) will not be covered and any work beyond the immediate relief of pain will not be considered.

Frequency of emergencies (i.e., individual patients with multiple visits) and treatment provided will be monitored by the Ministry. Where concerns arise, Ministry staff will address these issues with the denturist.

The following information provides details on how to confirm eligibility and obtain payment for services rendered.

**Eligibility Information**

**Eligibility must be confirmed for all clients**, including those covered by the Emergency Dental and Denture Supplement. We recommend you request picture identification in addition to their Personal Health Number (PHN) from new patients. You must confirm that there is active coverage and previous dental history should be checked for time-limited procedures. Treatment involving more than one practitioner or a specialist should be coordinated to ensure no duplicated services are planned. To ensure that your patient has active Ministry sponsored coverage and to determine the level of this coverage, eligibility must be confirmed immediately prior to providing service, as coverage can change from month to month.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780 All other Communities: 1-800-665-1297**

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If Ministry clients have questions, they should be referred to their local Ministry office. Parents of children covered through the Healthy Kids dental program should be referred to the Healthy Kids information line at 1-866-866-0800.

**Payment Process**

Claims must be submitted on a standard dental claim form and sent to:

**Pacific Blue Cross**

**PO Box 65339**

**Vancouver, BC**

**V5N 5P3**

Claims under the Ministry's Dental Supplements will be paid in accordance with the *Schedule of Fee Allowances – Emergency Dental - Denturist* and these fees represent the maximum amount the Ministry can pay for the services billed.

Claims for any treatment completed under the Emergency Dental and Dentures Supplements must be submitted on a separate claim form and you must clearly indicate

that the services were provided for the immediate relief of pain or as an emergency. Claim forms containing both treatment performed within the patient's dental limit and emergency services cannot be adjudicated and payment will be refused.

To facilitate payment, it is essential that the submitted claim form be completed as accurately and thoroughly as possible using the client's name and PHN. Where a claim form is correctly completed and the service provided is an eligible service covered by the Ministry, payment can be expected within 45 days of receipt of the claim. Rebilling within 45 days may not only hold up payment of the original claim, but will also delay the processing of subsequent claims.

**Note:** Claims requiring review by the Ministry's dental consultant may take longer to process.

All claims are processed on a "first come, first served" basis therefore timely submission is encouraged. Claims must be submitted within one year of the date of service. No payment will be made on any claim received later than one year from the date of service. If there is an error on your billing, subsequent claims may jeopardize the payment of your rebilling.

The dentist must bill the actual procedure(s) rendered. An alternative fee item number should not be substituted. All claims must be submitted under the payment number of the dentist performing the service(s). Claims, resubmissions and adjustment requests must bear the dentist's signature. This confirms the work was completed and accurately billed. The dentist remains solely responsible for all claims submitted.

Where payment of a claim has been adjusted or refused, your remittance statement will include an explanation code.

January 1, 2007 1

**MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE**  
**Schedule of Fee Allowances – Emergency Dental - Denturist**  
**Effective January 1, 2007**

**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

Specific Examinations – Examination and evaluation of a specific condition in a localized area.

30102 Complete Denture 16.00

40102

Partial Denture 16.00

Direct Reline – Complete Denture

**Note:** Relines are limited to once per arch in a two-year period and are not billable within the six-month post insertion period.

32210 Maxillary 72.00

32220 Mandibular

72.00

Repair without Impression – Complete Denture

**Note:** The noted lab fees are for use only when external lab costs are incurred. The amounts listed are the maximum that will be paid.

Should the lab fee be less for a specific procedure, this should be reflected in the amount billed. Lab slips must be available upon request.

36110 Maxillary 35.00 +L(37.00) = 72.00

36120 Mandibular

35.00 +L(37.00) = 72.00

Direct Reline – Partial Denture

**Note:** Relines are limited to once per arch in a two-year period and are not billable within the six-month post insertion period.

42210 Maxillary 68.80

42220 Mandibular

68.80

Repair without Impression – Partial Denture

**Note:** The noted lab fees are for use only when external lab costs are incurred. The amounts listed are the maximum that will be paid.

Should the lab fee be less for a specific procedure, this should be reflected in the amount billed. Lab slips must be available upon request.

46110 Maxillary 35.00 +L(37.00) = 72.00

46120 Mandibular 35.00 +L(37.00) = 72.00

January 1, 2007 2

**FEE NO. FEE DESCRIPTION FEE AMOUNT (\$)**

Adjustment to Denture

**Note:** Adjustments are limited to one per arch per date of service to a total of two per arch in a calendar year. Adjustments are not payable during the 6-month post insertion period or within one week of repairs with or without impression.

38110 Complete Maxillary 20.00

38120 Complete Mandibular 20.00

48110 Partial Maxillary 20.00

48120 Partial Mandibular 20.00

**Note:** All frequency limitations in this schedule also include services performed by a dentist.

Appendix 4

## Eligibility File Layout

### **Record Layout**

The first character of each record will identify the record type. The three major record types (header, detail and trailer) have different record layouts. In the record layouts that follow, fields are marked as required ("R") or optional ("O").

#### **i. Header Record**

The first record in the file must be the header record. It is identified by "H" in the first field.

Field	Type	Length	R/O	Comments
Record Type	Alpha	1	R	"H" – header
Header Id	Alpha	20	R	"MHR PBC ENROLMENT"
Run Date	Num	8	R	YYYYMMDD – the date these changes were applied to the MHR database
Filler	Alpha	121	R	Blank

#### **ii. Detail Record**

There may be any number of detail records. They are identified by "D" in the first field.

Field	Type	Length	R/O	Comments
Record Type	Alpha	1	R	"D" – detail
Transaction Code	Alpha	1	R	"O" – open coverage "U" – update "C" – close coverage
Person Id	Num	8	R	
Personal Health Number	Num	10	R	
GA File Id	Alpha	10	R	AAAAAAAAAA
HS File Id	Alpha	10	O	AAAAAAAAAA
SIN	Num	9	O	Zero
Surname	Alpha	25	R	
Given Names	Alpha	20	R	
Birth Date	Num	8	R	YYYYMMDD
Sex Code	Alpha	1	R	M/F
DB1-PMB Indicator	Alpha	1	R	Y/N
DB2-PWD Indicator	Alpha	1	R	Y/N
DB1-DB2 Change Date	Num	8	O	YYYYMMDD – effective date of a disability status change
Waiting Period Indicator	Alpha	1	R	Blank
Hardship Indicator	Alpha	1	R	Y/N/A
MSO Indicator	Alpha	1	R	Y/N
Spouse DB1-PMB Indicator	Alpha	1	O	Y/N
Spouse DB2-PWD Indicator	Alpha	1	O	Y/N
Dependent Child Indicator	Alpha	1	R	Y/N
Single Parent Indicator	Alpha	1	R	Blank
Enhanced Senior Lvl2 Indicator	Alpha	1	R	Blank
Enhanced Senior Lvl1 Indicator	Alpha	1	R	Blank
Dental Effective Date	Num	8	O	YYYYMMDD – coverage start date
Dental Termination Date	Num	8	O	YYYYMMDD – coverage end date
GIS/FSA indicator	Alpha	1	O	Y/N
Filler	Alpha	11	R	Blank



### III. Trailer Record

The last record in the file must be the trailer record. It is identified by "T" in the first field.

Field	Type	Length	R/O	Comments
Record Type	Alpha	1	R	"T" – trailer
Trailer Id	Alpha	20	R	"MHR PBC ENROLMENT"
Detail Record Count	Num	7	R	The number of detail records in the file
Filler	Alpha	122	R	Blank

### Field Descriptions

The Record Type field is common to all record layouts. The descriptions of all other fields are organized by record type. Numeric fields may be omitted by filling them with zeros; alphanumeric fields may be omitted by filling them with blanks.

#### iv. Record Type

This required field is common to every record in the file. It specifies one of the three record types:

- "H" – header
- "D" – detail
- "T" – trailer

#### v. Header Record

##### 1. Header Id

This field must contain the constant "MEIA PBC ENROLMENT".

##### 2. Run Date

This field must contain the date on which the changes were applied to the MHR database. This date will be used to determine the effective date of any enrolment status changes.

#### vi. Detail Record

There may be any number of detail records.

##### 1. Transaction Code

This field must contain one of:

- "O" – open coverage
- "U" – update
- "C" – close coverage

##### 2. Person Id

This field must be non-zero. The value must appear on only one detail record in the file.

##### 3. PHN

This field must be non-zero. The last digit is a check digit that must satisfy MSP's mod-11 check digit algorithm (i.e. this must be a valid PHN).

##### 4. GA File Id

The first two characters of this field must be alphabetic; the last eight characters must be numeric.

##### 5. HS File Id

This field should be omitted unless either the DB2-PWD field is "Y", in which case it is required. If present, the first two characters of this field must be alphabetic; the last eight characters must be numeric.

##### 6. SIN

This field must be zero.

#### **7. Surname**

The field contains the client's surname and must not be blank.

#### **8. Given Names**

This field contains the client's given names and/or initials and must not be blank. It should be a series of words each separated from the previous word by a single blank. The first word will be stored as the client's first name. The set of characters after the first blank will be stored as the client's middle name.

#### **9. Birth Date**

This field is the client's birth date and must be a valid date less than or equal to the run date supplied in the header record.

#### **10. Sex Code**

This field must be one of:

"M" – male

"F" – female

#### **11. DB1-PMB Indicator**

This field should be either "Y" or "N".

#### **12. DB2-PWD Indicator**

This field should be either "Y" or "N".

#### **13. DB1-DB2 Change Date**

This field is the date on which the disability status indicated by the previous two fields is to become effective. It should be omitted unless the disability status has been changed.

#### **14. Waiting Period Indicator**

This field must be blank. It no longer plays any role in determining the coverage status.

#### **15. Hardship Indicator**

The value "A" should be used to identify recipients of Hardship Assistance who also have Hardship Code "A" on file.

#### **16. MSO Indicator**

This field should be either "Y" or "N".

#### **17. Spouse DB1-PMB Indicator**

This field should be "Y" or "N". It must be omitted (blank) if the client is not married and in that case, the Spouse DB2-PWD indicator must also be blank.

#### **18. Spouse DB2-PWD Indicator**

This field should be "Y" or "N". It must be omitted (blank) if the client is not married and in that case, the Spouse DB1-PMB indicator must also be blank.

#### **19. Dependent Child Indicator**

This field should be either "Y" or "N".

#### **20. Single Parent Indicator**

This field must be blank. It no longer plays any role in determining the coverage status.

#### **21. Enhanced Senior Lvl2 Indicator**

This field must be blank. It no longer plays any role in determining the coverage status.

#### **22. Enhanced Senior Lvl1 Indicator**

This field must be blank. It no longer plays any role in determining the coverage status.

#### **23. Dental Effective Date**

This field provides the effective date of new coverage. It is required only for transaction code "O"; it should be omitted (zero) for other transaction codes. When present, it should be equal to the run date supplied in the header record.

#### **24. Dental Termination Date**

This field provides the termination date of new coverage. It is required only for transaction code "C"; it should be omitted (zero) for other transaction codes. When present, it should be the last day of the current calendar month (e.g. if Run Date is 2002/11/20, then the Termination Date must be 2002/11/30).

#### **25. GSA/FSA Indicator (Income 17 or 18)**

This field is either "Y" or "N". It indicates whether the client is receiving Income code 17 or 18. However, if the MSO Indicator is "Y" or Hardship Indicator is "Y" or "A", then the Income Code 17 18 indicator should be blank.

This field indicates whether or not the recipient of Income Assistance is also in receipt of a Guaranteed Income Supplement (GIS) or a Federal Spouse's Allowance (FSA). The field must be blank unless the Hardship Indicator and the MSO Indicator are both "N", otherwise it must be either "Y" or "N".

#### **26. Filler**

This field is always left blank for future use.

### **vii. Trailer Record**

#### **1. Trailer Id**

This field must contain the constant "MHR PBC ENROLMENT".

#### **2. Detail Record Count**

This field must contain the number of detail records in the file.

**Client Categories and eligible services:**

as of August 7, 2007

"Spouse", "dependent", and "dependent child" have the same meaning as in EA and EAPWD legislation.

"Recipient" includes spouses, unless otherwise noted. Both the person whose name is on the file, and their spouse, are recipients.

PWD means person with disabilities, which has the same meaning as in the EAPWD legislation.

PPMB means person with persistent multiple barriers, which has the same meaning as in the EA legislation. In cases where a person with PPMB designation is in receipt of Hardship Assistance, (as opposed to Income Assistance), they fall into categories H or I, as applicable. Hardship overrides PPMB designation.

MSO means Medical Services Only and refers to persons who are eligible for health supplements under EA regulation 67 or EAPWD regulation 62, and any other persons designated MSO by the Minister.

Disability assistance, Hardship Assistance, and Income Assistance have the same meaning as in the EAPWD and EA legislation. These terms are not interchangeable.

Hardship code A refers to persons who do not meet Canadian residency requirements as outlined in legislation: (a) a Canadian citizen; (b) authorized under an enactment of Canada to take up permanent residence in Canada, or (c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee.

"In pay" or "in receipt of" or "recipient", when used with the terms Income Assistance, Disability Assistance, or Hardship Assistance, means the person has been issued an assistance cheque for the current calendar month.

**Categories**

A: Adult Recipient of Disability Assistance.

B: Adult PWD recipient of Hardship Assistance, and their spouse, except those with Hardship code A on file.

C: Adult PWD recipient of Hardship Assistance, and their spouse, with Hardship code A on file.

D: Adult Recipient of Income Assistance, if no person on file is designated PPMB.

E: Adult PPMB recipient of Income Assistance.

F: Spouse of PPMB recipient of Income Assistance (E)

H: Adult Recipient of Hardship Assistance, except those with Hardship code A on file, if no person on the file is PWD.

I: Adult Recipient of Hardship Assistance, with Hardship code A on file, if no person on file is PWD.

P: Dependent child of a person in receipt of Income Assistance or Disability Assistance, or on MSO file.

Q: Dependent child of a person in receipt of Hardship Assistance, except if code A is on file.

R: Dependent child of a person in receipt of Hardship Assistance, if code A is on file.

S: Child in the Home of a Relative

T: Adult recipients of PWD designation (includes PWD Spouse), on file designated MSO

V: Adult recipients of PPMB designation (includes PPMB Spouse) on file designated MSO

W: Child covered under the Healthy Kids program

Y: Adult recipient on file (includes spouse) designated MSO if no person on file is PWD or PPMB

### Eligibility Tables

#### Optical

Service	Eligible Persons	Limitations
Eye exam every 24 months	A, B, D, E, F, H, T, V	-Ages 19-64 only - Only if coverage not available under MSP
Optical Supplements (basic eyewear and repairs; pre-authorized eyewear and repairs)	A, B, D, E, F, H, P, Q, S, T, V, W, Y	- Y: only if age 65 or over - replacement glasses: annually for children, every three years for adults, unless meets regulation for change in refractive status

#### Dental

Service	Eligible Persons	Limitations
Basic dental services of \$700 per calendar year	P, S, W, Q	
Basic dental services of \$1000 for every two-year period beginning Jan 1, 2003.	A, E, F, T, V, Y	Y – only if age 65 and over
Emergency dental services for relief of pain, including work on dentures for relief of pain	ALL categories of clients	Y – only if age 65 and over A, E, F, T, V, Y – only once basic \$1000 has been used up P, Q, S, W – only once basic \$700 has been used up
Emergency general anaesthetic (GA) and Intravenous Sedation (IV) in an office.	A, B, P, Q, S, T, W, R	Adults only if designated PWD A, T, – only once basic \$1000 has been used up P, Q, S, W – only once basic \$700 has been used up.

		Must be under 19 or have a severe mental or physical disability as per fee item #92444 in Dental Supplement
Regular General anaesthetic and Intravenous sedation in an office	A, T, P, S, W	Adults only if designated PWD. Must be under 19 or have a severe mental or physical disability as per fee item #92444 in Dental Supplement
Additional \$500 of Basic Dental Services for treatments received in an Accredited Private Facility or Hospital while under GA/IV sedation	A, T, P, S, W	Adults only if designated PWD. Must be under 19 or have a severe mental or physical disability as per fee item #92444 in Dental Supplement
Crown and Bridgework	A, E, T, F	Persons designated PWD or PPMB and their spouses. Only if the person does not receive a federal spouse's allowance or Guaranteed Income Supplement (Income codes 17/18)
Orthodontic	A, T, P, S	A: Persons who are PWD only, not non-PWD spouses
Dentures as part of basic dental care, including replacement dentures and relining	A, E, F, T, V, P, Q, S, W, Y	Only within the basic coverage limit. Y – only if age 65 or over
Initial (not replacement) dentures	D	Only if the person has had tooth extractions in past 6 months due to pain and as result needs full upper or lower denture, or both
Emergency Denture repairs and relining for relief of pain	ALL categories of clients	Y – only if age 65 and over A, E, F, T, V, Y – only once basic \$1000 has been used up P, Q, S, W – only once basic \$700 has been used up

### **Client Categories and eligible services:**

as of August 7, 2007

"Spouse", "dependent", and "dependent child" have the same meaning as in EA and EAPWD legislation.

"Recipient" includes spouses, unless otherwise noted. Both the person whose name is on the file, and their spouse, are recipients.

PWD means person with disabilities, which has the same meaning as in the EAPWD legislation.

PPMB means person with persistent multiple barriers, which has the same meaning as in the EA legislation. In cases where a person with PPMB designation is in receipt of Hardship Assistance, (as opposed to Income Assistance), they fall into categories H or I, as applicable. Hardship overrides PPMB designation.

MSO means Medical Services Only and refers to persons who are eligible for health supplements under EA regulation 67 or EAPWD regulation 62, and any other persons designated MSO by the Minister.

Disability assistance, Hardship Assistance, and Income Assistance have the same meaning as in the EAPWD and EA legislation. These terms are not interchangeable.

Hardship code A refers to persons who do not meet Canadian residency requirements as outlined in legislation: (a) a Canadian citizen; (b) authorized under an enactment of Canada to take up permanent residence in Canada, or (c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee.

"In pay" or "in receipt of" or "recipient", when used with the terms Income Assistance, Disability Assistance, or Hardship Assistance, means the person has been issued an assistance cheque for the current calendar month.

### **Categories**

A: Adult Recipient of Disability Assistance.

B: Adult PWD recipient of Hardship Assistance, and their spouse, except those with Hardship code A on file.

C: Adult PWD recipient of Hardship Assistance, and their spouse, with Hardship code A on file.

D: Adult Recipient of Income Assistance, if no person on file is designated PPMB.

E: Adult PPMB recipient of Income Assistance.

F: Spouse of PPMB recipient of Income Assistance (E)

H: Adult Recipient of Hardship Assistance, except those with Hardship code A on file, if no person on the file is PWD.

I: Adult Recipient of Hardship Assistance, with Hardship code A on file, if no person on file is PWD.

P: Dependent child of a person in receipt of Income Assistance or Disability Assistance, or on MSO file.

Q: Dependent child of a person in receipt of Hardship Assistance, except if code A is on file.

R: Dependent child of a person in receipt of Hardship Assistance, if code A is on file.

S: Child in the Home of a Relative

T: Adult recipients of PWD designation (includes PWD Spouse), on file designated MSO

V: Adult recipients of PPMB designation (includes PPMB Spouse) on file designated MSO

W: Child covered under the Healthy Kids program

Y: Adult recipient on file (includes spouse) designated MSO if no person on file is PWD or PPMB

### Eligibility Tables

#### Optical

Service	Eligible Persons	Limitations
Eye exam every 24 months	A, B, D, E, F, H, T, V	-Ages 19-64 only - Only if coverage not available under MSP
Optical Supplements (basic eyewear and repairs; pre-authorized eyewear and repairs)	A, B, D, E, F, H, P, Q, S, T, V, W, Y	- Y: only if age 65 or over - replacement glasses: annually for children, every three years for adults, unless meets regulation for change in refractive status

#### Dental

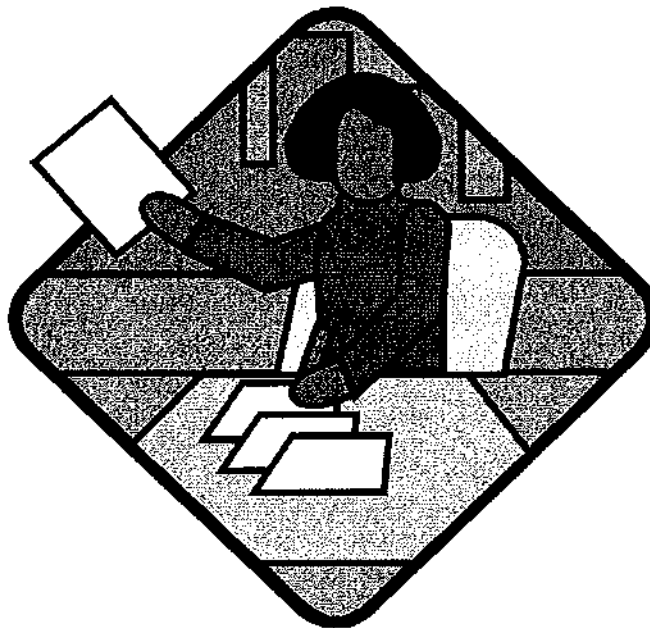
Service	Eligible Persons	Limitations
Basic dental services of \$700 per calendar year	P, S, W, Q	
Basic dental services of \$1000 for every two-year period beginning Jan 1, 2003.	A, E, F, T, V, Y	Y – only if age 65 and over
Emergency dental services for relief of pain, including work on dentures for relief of pain	ALL categories of clients	Y – only if age 65 and over A, E, F, T, V, Y – only once basic \$1000 has been used up P, Q, S, W – only once basic \$700 has been used up
Emergency general anaesthetic (GA) and Intravenous Sedation (IV) in an office.	A, B, P, Q, S, T, W, R	Adults only if designated PWD A, T, – only once basic \$1000 has been used up P, Q, S, W – only once basic \$700 has been used up.



		Must be under 19 or have a severe mental or physical disability as per fee item #92444 in Dental Supplement
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Additional \$500 of Basic Dental Services for treatments received in an Accredited Private Facility or Hospital while under GA/IV sedation	A, T, P, S, W	Adults only if designated PWD. Must be under 19 or have a severe mental or physical disability as per fee item #92444 in Dental Supplement
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Orthodontic	A, T, P, S	A: Persons who are PWD only, not non-PWD spouses
Dentures as part of basic dental care, including replacement dentures and relining	A, E, F, T, V, P, Q, S, W, Y	Only within the basic coverage limit. Y – only if age 65 or over
Initial (not replacement) dentures	D	Only if the person has had tooth extractions in past 6 months due to pain and as result needs full upper or lower denture, or both
Emergency Denture repairs and relining for relief of pain	ALL categories of clients	Y – only if age 65 and over A, E, F, T, V, Y – only once basic \$1000 has been used up P, Q, S, W – only once basic \$700 has been used up



# Records Management Guidelines for Contractors



# CONTRACTOR INSTRUCTIONS

## A. INTRODUCTION

As outlined in your contract with the Ministry of Employment and Income Assistance, specifically section 7 "Information Management" and the Privacy Protection Schedule (PPS), there are records management responsibilities that you are required to comply with. Included in this contractor's instruction document are guidelines to assist you in achieving the required results.

### 1. Records Management Terms

**Record** – Is defined in the Freedom of Information and Protection of Privacy Act (the Act) and includes documents, letters, vouchers, papers or any other thing on which information is stored or recorded by any means whether graphic, electronic, mechanical or otherwise. Email and voice mail is also included under the Act as "records".

**Materials** – Any and all findings, data, specifications, drawings, working papers, reports, surveys, spread sheets, evaluations, documents, databases and Material, (both printed and electronic, including but not limited to, hard disk or diskettes), whether complete or not, that are produced, received, or otherwise acquired by the Contractor or any subcontractor as a result of the contract (collectively, the "Material") is the exclusive property of the Province.

**Contractor Administrative Records** – includes records such as the contracted agencies personnel records, heating bills, phone bills, etc.

**Custody** - means having physical possession of the record

**Control** - means having the power or authority to manage, restrict, regulate or administer the use or disclosure of the record

**Personal Information** –FOIPPA defines this as means recorded information about an **identifiable** individual (e.g. name, S.I.N., birth-date, gender, employment or financial information, etc.).

**Transitory Records** - means records that have temporary usefulness and are only required for the completion of a routine action, or the preparation of another record. They are:

- not an integral part of an administrative or operational records series
- not filed regularly with standard records or filing systems
- not required to meet statutory obligations or to sustain administrative or operational functions

### **Confidentiality**

Confidentiality is the limitation/restriction on the distribution/disclosure of information.

## Privacy

Privacy is a right given to individuals under FOIPPA to have their personal information protected from unauthorized collection, access, use, disclosure and disposal.

Note: the terms "contract" and "agreement" mean the same thing when used in this document.

## 2. Acronyms

<b>ACC</b>	Area Contract Coordinator
<b>ARCS</b>	Administrative Records Classification System
<b>CONTRACTOR</b>	An individual or business providing services to or on behalf of the ministry
<b>CY</b>	Calendar Year
<b>DDA</b>	Document Disposal Act
<b>DE</b>	Destruction
<b>FD</b>	Final Disposition
<b>FOIPPA</b>	Freedom of Information and Protection of Privacy Act
<b>FR</b>	Full Retention
<b>FY</b>	Fiscal Year
<b>IPRS</b>	Information, Privacy & Records Services (Victoria)
<b>MRO</b>	Ministry Records Officer
<b>NA</b>	Not Applicable
<b>NON-OPR</b>	Non-Office of Primary Responsibility
<b>OFS</b>	Off-Site Storage
<b>OPR</b>	Office has Primary Responsibility of Records
<b>ORCS</b>	Operational Records Classification System
<b>PIB</b>	Personal Information Bank
<b>PUR</b>	Public Use Record
<b>RC</b>	Records Custodian (Field Office)
<b>RDA</b>	Records Destruction Application
<b>RFS</b>	Records and Forms Services (Information, Privacy, and Records Services)
<b>RRFC</b>	Regional Records & Forms Coordinator (Regional Office)
<b>SA</b>	Semi-Active
<b>SO</b>	Superseded or Obsolete
<b>SR</b>	Selective-Retention
<b>TR</b>	Transitory Records
<b>VR</b>	Vital Records

## B. GUIDELINES

### 1. Ownership

All records in the custody of the Ministry or over which the Ministry exercises control are considered to be the property of the BC Provincial Government and such records are

subject to the access and privacy provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA Act)* and are subject to the *Document Disposal Act (DDA)*. Typically, there are two types of records involving contractors, which are affected by these Acts:

Records in the custody/control of the ministry (e.g. proposals, bids, contracts, invoices);  
and  
Records under the control of the ministry which may be in the ministry's custody or in the contractor's custody (e.g. records created or collected during performance of the contract).

The Ministry does not have custody or control over the administrative records of the contracted agency (e.g. contracted agencies personnel records, heating bills, phone bills etc.). The Ministry control of records pertains only to those records that were created and/or collected in direct relationship to the services being contracted. (E.g. client files, program delivery records, publications, etc.) The contract for services may specify records that the contractor will be required to create and maintain.

The following are examples of the types of records/information (paper and/or electronic) that might be in the custody of the Contractor for the term of the contract but which would be under the Province's control:

- client evaluations;
- client assessments;
- client applications and other forms provided by the Province;
- client training plans;
- client referral information;
- information on benefits (financial and service) supplied to the client(s);
- client class and/or session attendance lists;
- project and/or contract evaluation records/information;
- training packages/information newly developed under the terms of the contract and/or as an element of the services being contracted;
- all forms whether created by the Province or by the contractor for the purpose of client intake, assessment or tracking;
- client tracking tools whether paper or electronic, including the procedural guidelines related to development or revision of these tools.; and
- All electronic data created during the course of the contract that relates to the contract.

## **2. Security**

As described in the Contract i.e. Section 7 (Information Management) and specifically the Privacy Protection Schedule, Contractors have an obligation under Section 30 of the FOIPPA. That section states "The head of a public body must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal." This obligation extends to the contractors through the terms of the contract.

Reasonable security includes,

- storing records containing personal information in locked storage rooms, locked filing cabinets or desk drawers,;
- controls over distribution of keys or lock combinations;
- locating computers or work stations in secure areas;
- ensuring personal information is not left unattended in unsecured areas while being worked on, during transit or while in interim storage;
- maintaining access controls on computer systems,;
- incorporating user security levels in file check-out procedures;
- limiting access to records containing personal information to authorized personnel; and
- ensuring no personal information relating to MEIA clients is retained in any form after the conclusion of the contract.

For further details see the PPS and the "Contractors Guide to the Privacy Protection Schedule."

### **3. Contract File Maintenance and Standards**

Client records should be grouped into individual case files and arranged either numerically by program number (i.e. JP#, TFJ#, etc.) or alphabetically within each program. Or, if the client information exists only on "class lists" then such lists might be arranged by the dates the classes were delivered, or by the subject title of the class.

Records may be kept alphabetically if, for example, no program number exists. From a privacy perspective it is preferred to store files containing personal information in such a way as to prevent easy recognition of individual clients from unauthorized people.

#### **Physical file requirement for paper files:**

- letter size folders (to be provided by contractor)
- all documents affixed within the folder with a two-prong file-backer
- all documents in the file should include a date if known; documents arranged chronologically with the most recent at the top
- file should not exceed 1 inch in thickness; open multiple volumes as needed and mark appropriately

### **4. Annual Transfer of Records**

At least once per year (contract anniversary date) all files closed during that year must be returned to the ministry. The ministry staff in each area office responsible for records management will help with receiving all of the applicable records and will confirm receipt of all records.

The following are the requirements for returning contracted information/material:

- Records (information and material) must be returned in reasonable order and by secure means. The contractor is responsible for boxing and listing the records in an acceptable fashion (logical order) as part of their duties associated with the contract. (if not included in contract Ministry will provide boxes)
- The contractor is also responsible for ensuring that the closed client files are complete. This would include all information about a client in the possession of the

contractor. All existing electronic files created during the contract should be printed off and included in the file. Once the information is verified, contractors are required to dispose of any electronic information they may have, meaning complete obliteration beyond any possible reconstruction of the data.

- Contractors must not keep any personal information belonging or relating to clients collected and/or created under the terms of the contract, beyond the terms of the contract other than which they require for financial audit purposes.

#### **5. Contract File Closure**

At the termination of the contract, the ministry staff in each area office responsible for records management will help with receiving all of the applicable records and material supplied to, created or obtained by the contractor as a result of the contract with the Province. Ministry staff will confirm the receipt of the records from the contractor.

The following are the requirements for returning contracted information/material:

- All information or material supplied to, created or obtained by the contractor, or any sub-contractor, in the course of the contract, must be returned to the Province.
- Records (information and material) must be returned in reasonable order and by secure means. The contractor is responsible for boxing and listing the records in an acceptable fashion (logical order) as part of their duties associated with the contract. (if not included in contract Ministry will provide boxes)
- The contractor is also responsible for ensuring that the client files are complete. This would include all information about a client in the possession of the contractor. All existing electronic files created during the contract should be printed off and included in the file. Once the information is verified, contractors are required to dispose of any electronic information they may have, meaning complete obliteration beyond any possible reconstruction of the data.
- Contractors must not keep any personal information belonging or relating to clients collected and/or created under the terms of the contract, beyond the terms of the contract other than which they require for financial audit purposes.

#### **6. The Process for submitting records back to the Ministry is as follows:**

Refer to the attached list of activities and checklist C-1 and C-2.

### **CHECKLIST C-1**

#### **From Contractor Directly to Off-Site Storage**

CHECK	DATE	ACTION
<input type="checkbox"/>		Contractor requests the number of box (es) required from ministry contact person, for the purpose of sending Client File Records to off site

		storage (assume 1 file standard file cabinet drawer equals 2 to 2.5 boxes depending on how tightly they are filed in the cabinet).
<input type="checkbox"/>		Contractor fills the box (es) with Client File Records in alphabetical order and numbers the boxes in chronological order starting at 1 (one).
<input type="checkbox"/>		Contractor completes a Box Content List for each box including the full name, file open date, and file closed date of each client – all dates must be listed as year, day, month in the YYYY MMM DD format (e.g. 2002 Jan 31).
<input type="checkbox"/>		Contractor sends the Box Content List(s) to ministry contact person for review and request for Off-Site Storage. Contractor maintains a copy for their records.
<input type="checkbox"/>		Contractor will receive two types of labels. The <b>Box Label</b> (includes the accession # and Box #) is to be applied to the end of each box. The <b>Address Label</b> (includes the off-site storage address) is to be applied to the top of each box.
<input type="checkbox"/>		Contractor includes a copy of the Box Content List in each box (for example, Box Content List for Box 1 placed inside Box 1 / Box Content List for Box 6 placed inside Box 6, etc.).
<input type="checkbox"/>		Contractor tapes the box (es) closed.
<input type="checkbox"/>		Contractor notifies ministry contact person when the box (es) are complete. Ministry contact person will contact the courier to arrange pick up.
<input type="checkbox"/>		Contractor receives waybill completion instructions, via fax, from ministry contact person.
<input type="checkbox"/>		Contractor completes the waybill when the courier arrives to pick up the box (es).



## CHECKLIST C-2

### From Contractors to Ministry Office Then to Offsite

CHECK	DATE	<b><i>ACTION</i></b>
<input type="checkbox"/>		Contractor requests the number of box (es) required from ministry contact person for the purpose of returning Client File Records to the Ministry (assume 1 file standard file cabinet drawer equals 2 to 2.5 boxes depending on how tightly they are filed in the cabinet).
<input type="checkbox"/>		Contractor fills the box (es) with Client File Records in alphabetical order and numbers the boxes in chronological order starting at 1 (one). NOTE: Use pencil ONLY on boxes.
<input type="checkbox"/>		Contractor completes a Box Content List for each box including the full name, file open date, and file closed date of each client – all dates must be listed as year, day, month in the YYYY MMM DD format (e.g. 2002 Jan 31).
<input type="checkbox"/>		Contractor sends the Box Content List(s) to ministry contact person for review. Contractor maintains a copy for their records.
<input type="checkbox"/>		Ministry contact person will contact the Contractor approving the transfer of the box (es) and confirming the address of where the box (es) are to be sent.
<input type="checkbox"/>		Contractor attaches a copy of the Box Content List to the inside of each box (for example, Box Content List for Box 1 placed inside Box 1 / Box Content List for Box 6 placed inside Box 6, etc.).
<input type="checkbox"/>		Contractor tapes the box (es) closed.
<input type="checkbox"/>		Contractor arranges for courier to pick up and deliver the box (es).

## APPENDIX BOX CONTENT LIST

<i>To Be Completed by Ministry Office ONLY:</i>	<i>To Be Completed by Contractor:</i>
<b>Accession #:</b>	<b>Contractor Name:</b>
<b>Application #:</b>	
<b>File Type:</b>	

[illegible]

# GENERAL SERVICE AGREEMENT



<i>For Administrative Purposes Only</i>	
<p>Ministry Contract No.: sca46070190043</p> <p>Requisition No.: _____</p> <p>Solicitation No.(if applicable): _____</p> <p>Commodity Code: _____</p> <p><b>Contractor Information</b></p> <p>Supplier Name: PBC Health Benefits Society DBA Pacific Blue Cross</p> <p>Supplier No.: 087633-003</p> <p>Telephone No.: 604-209-7946</p> <p>E-mail Address: MKlein@pac.bluecross.ca</p> <p>Website: <a href="https://www.pac.bluecross.ca">https://www.pac.bluecross.ca</a></p>	<p><b>Financial Information</b></p> <p>Client: 031</p> <p>Responsibility Centre: 46T03</p> <p>Service Line: Multiple</p> <p>STOB: 8025</p> <p>Project: 4600000</p> <p><b>Template version: July 31, 2017</b></p>

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**SCHEDULE A – SERVICES**

**SCHEDULE B – FEES AND EXPENSES**

**SCHEDULE C – APPROVED SUBCONTRACTOR(S)**

**SCHEDULE D – INSURANCE**

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**SCHEDULE G – SECURITY SCHEDULE**

- Appendix 1 – Dental Supplement, Dentist and Hygienist Fee Schedule
- Appendix 2 – Dental Supplement, Denturist Fee Schedule
- Appendix 3 – Orthodontic Supplements
- Appendix 4 - Client Categories and Eligible Services effective September 1, 2017
- Appendix 5 – Hearing Instrument Schedule
- Appendix 6 – Alternative Hearing Assistance Supplement
- Appendix 7 – Optical Fee Schedule
- Appendix 8 – Performance Standards

THIS AGREEMENT is dated for reference the 1<sup>st</sup> day of November, 2017.

BETWEEN:

PBC Health Benefits Society, DBA Pacific Blue Cross (the "Contractor") with the following specified address and fax number:  
4250 Canada Way, PO Box 7000  
Vancouver, BC V6B 4E1  
Email: [MKlein@pac.bluecross.ca](mailto:MKlein@pac.bluecross.ca)

AND:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA, as represented by the Minister of Social Development and Poverty Reduction (the "Province") with the following specified address and fax number:  
108 Richards Street  
Nanaimo, BC V9R 2S8  
[SDSI.OperationsSupportDOHContract@gov.bc.ca](mailto:SDSI.OperationsSupportDOHContract@gov.bc.ca)

The Province wishes to retain the Contractor to provide the services specified in Schedule A and, in consideration for the remuneration set out in Schedule B, the Contractor has agreed to provide those services, on the terms and conditions set out in this Agreement.

As a result, the Province and the Contractor agree as follows:

## 1 DEFINITIONS

### General

1.1 In this Agreement, unless the context otherwise requires:

- (a) "Business Day" means a day, other than a Saturday or Sunday, on which Provincial government offices are open for normal business in British Columbia;
- (b) "Assistance" means assistance provided by the Ministry under sections 4 and 5 of the Employment and Assistance Act, [SBC 2002], c. 40, as may be amended from time to time, or sections 5 and 6 of the Employment and Assistance Act for Persons with Disabilities Act, [SBC 2002], c. 41, as may be amended from time to time;
- (c) "Business Continuation Plan" means a comprehensive plan that describes how you would recover your operations and continue to provide Services after the occurrence of an event that disrupts your operations, and addresses loss of information, loss of access to information and facilities and loss of Employees resulting from the event;
- (d) "Claim" means a request by a Service Provider or other Province approved supplier or third party (which in the case of the Alternative hearing Assistance Supplement may be the Client) for payment for service provided to a Client as outlined in the Client Categories and Eligible Services effective September 1, 2017 (Appendix 4), the Dental Supplement, Dentist and Hygienist Fee Schedule (Appendix 1), Dental Supplement, Denturist Fee Schedule (Appendix 2), Orthodontic Supplement (Appendix 3), Hearing Instrument Schedule (Appendix 5), and Alternative Hearing Assistance Supplement (Appendix 6), or Optical Fee Schedule (Appendix 7);
- (e) "Client" means an individual in receipt of Assistance or enrolled in the Healthy Kids program for whom a Claim is submitted under this Agreement;



- (f) "Client Category" means a grouping by eligibility criteria under which Clients may receive Assistance as set out in Appendices 1 through to 7;
- (g) "Contract Manager (Province)" means the person designated by the Province to manage our rights and obligations under this Agreement;
- (h) "Contract Manager (Contractor)" means the person designated by you to manage your rights and obligations under this Agreement;
- (i) "Health Supplements" mean supplements provided to Clients by the Province under Division 5, sections 67 to 72, 77.02 and 77.03 of the Employment and Assistance Regulation, B.C. Reg. 145/2015,, or Division 4 – Health Supplements, sections 62 to 65, 70.2 and Schedule C, 3.11 of the Employment and Assistance for Persons with Disabilities Regulation, B.C. Reg. 265/2002, as may be amended from time to time, and pursuant to the Healthy Kids Program;
- (j) "Enrolment File" means a file that contains Client data used to update the Contractor's database and to determine eligibility for Health Supplements;
- (k) "Employee" means any person that is your employee, consultant, officer, director, agent or Subcontractor, or an employee, consultant, officer, director or agent of a Subcontractor;
- (l) "FAA" means the Financial Administration Act, [RSBC 1996], c.138;
- (m) "Fees" means the amount of money we are obligated to pay you for providing the Services, as further described in the attached Schedule B;
- (n) "Fiscal Year" means the 12 month period from April 1 of a calendar year to March 31 of the next calendar year, inclusive of both dates;
- (o) "Healthy Kids" means a person eligible for certain Health Supplements pursuant to the Healthy Kids Program in British Columbia;
- (p) "Incorporated Material" means any material in existence prior to the start of the Term or developed independently of this Agreement, and that is incorporated or embedded in the Produced Material by the Contractor or a Subcontractor;
- (q) "Minister" means the minister of Social Development and Poverty Reduction or the minister responsible for any other ministry of the Province that may subsequently have the mandate to provide Assistance;
- (r) "Ministry" means the Ministry of Social Development and Poverty Reduction or other ministry of the Province that may subsequently have the mandate to provide Assistance;
- (s) "Material" means the Produced Material and the Received Material;
- (t) "Produced Material" means records, software and other material, whether complete or not, that, as a result of this Agreement, are produced or provided by the Contractor or a Subcontractor and includes the Incorporated Material;
- (u) "Received Material" means records, software and other material, whether complete or not, that, as a result of this Agreement, are received by the Contractor or a Subcontractor from the Province or any other person;
- (v) "Services" means the services described in Part 2 of Schedule A;
- (w) "Subcontractor" means a person described in paragraph (a) or (b) of section 13.4; and
- (x) "Term" means the term of the Agreement described in Part 1 of Schedule A subject to that term ending earlier in accordance with this Agreement.
- (y) "Medical Services Only" or "MSO" means a continued person eligible for certain health supplements under section 66.3 of the Employment and Assistance Regulation, B.C. Reg. 145/2015, or section 61.1 of the Employment and Assistance for Persons with Disabilities Regulation, B.C. Reg. 145/2015, as amended from time to time, or as determined by the Minister;



- (z) "Performance Standards" means standards you are obligated to meet in providing the Services, as further described in the attached Appendix 8;
- (aa) "Person with Disabilities" or "PWD" has the meaning given to the term "person with disabilities" in Part 1, section 2 of the Employment and Assistance for Persons with Disabilities Act, [SBC 2002], c. 41, as may be amended from time to time;
- (bb) "Rolling Deposit" means funds paid by us to you in trust that you will use for the sole purpose of paying valid Claims, as further described in the attached Schedule B;
- (cc) "Service Provider" means a professional providing services to a Client for which the Province, via the Contractor, may provide a Health Supplement;
- (dd) "Shortfall" means any Rolling Deposit funds unaccounted for by the Contractor; and
- (ee) "Subcontractor" means a person, approved by us, that you retain under a subcontract to provide Services as described in Schedule C.

## 2 SERVICES

### Provision of services

- 2.1 The Contractor must provide the Services in accordance with this Agreement.

### Term

- 2.2 Regardless of the date of execution or delivery of this Agreement, the Contractor must provide the Services during the Term.

### Supply of various items

- 2.3 Unless the parties otherwise agree in writing, the Contractor must supply and pay for all labor, materials, equipment, tools, facilities, approvals and licenses necessary or advisable to perform the Contractor's obligations under this Agreement, including the license under section 6.4.

### Standard of care

- 2.4 Unless otherwise specified in this Agreement, the Contractor must perform the Services to a standard of care, skill and diligence maintained by persons providing, on a commercial basis, services similar to the Services.

### Standards in relation to persons performing Services

- 2.5 The Contractor must ensure that all persons employed or retained to perform the Services are qualified and competent to perform them and are properly trained, instructed and supervised.

### **Instructions by Province**

- 2.6 The Province may from time to time give the Contractor reasonable instructions (in writing or otherwise) as to the performance of the Services. The Contractor must comply with those instructions but, unless otherwise specified in this Agreement, the Contractor may determine the manner in which the instructions are carried out.

### **Confirmation of non-written instructions**

- 2.7 If the Province provides an instruction under section 2.6 other than in writing, the Contractor may request that the instruction be confirmed by the Province in writing, which request the Province must comply with as soon as it is reasonably practicable to do so.

### **Effectiveness of non-written instructions**

- 2.8 Requesting written confirmation of an instruction under section 2.7 does not relieve the Contractor from complying with the instruction at the time the instruction was given.

### **Applicable laws**

- 2.9 In the performance of the Contractor's obligations under this Agreement, the Contractor must comply with all applicable laws.

## **3 PAYMENT**

### **Fees and expenses**

- 3.1 If the Contractor complies with this Agreement, then the Province must pay to the Contractor at the times and on the conditions set out in Schedule B:
- (a) the fees described in that Schedule;
  - (b) the expenses, if any, described in that Schedule if they are supported, where applicable, by proper receipts and, in the Province's opinion, are necessarily incurred by the Contractor in providing the Services; and
  - (c) any applicable taxes payable by the Province under law or agreement with the relevant taxation authorities on the fees and expenses described in paragraphs (a) and (b).

The Province is not obliged to pay to the Contractor more than the "Maximum Amount" specified in Schedule B on account of fees and expenses.

### **Statements of accounts**

- 3.2 In order to obtain payment of any fees and expenses under this Agreement, the Contractor must submit to the Province a written statement of account in a form satisfactory to the Province upon completion of the Services or at other times described in Schedule B.

### **Withholding of amounts**

- 3.3 Without limiting section 9.1, the Province may withhold from any payment due to the Contractor an amount sufficient to indemnify, in whole or in part, the Province and its employees and agents against any liens or other third-party claims that have arisen or could arise in connection with the provision of the Services. An amount withheld under this section must be promptly paid by the Province to the Contractor upon the basis for withholding the amount having been fully resolved to the satisfaction of the Province.

### **Appropriation**

- 3.4 The Province's obligation to pay money to the Contractor is subject to the *Financial Administration Act*, which makes that obligation subject to an appropriation being available in the fiscal year of the Province during which payment becomes due.

### **Currency**

- 3.5 Unless otherwise specified in this Agreement, all references to money are to Canadian dollars.

### **Non-resident income tax**

- 3.6 If the Contractor is not a resident in Canada, the Contractor acknowledges that the Province may be required by law to withhold income tax from the fees described in Schedule B and then to remit that tax to the Receiver General of Canada on the Contractor's behalf.

### **Prohibition against committing money**

- 3.7 Without limiting section 13.10(a), the Contractor must not in relation to performing the Contractor's obligations under this Agreement commit or purport to commit the Province to pay any money except as may be expressly provided for in this Agreement.

### **Refunds of taxes**

- 3.8 The Contractor must:
- (a) apply for, and use reasonable efforts to obtain, any available refund, credit, rebate or remission of federal, provincial or other tax or duty imposed on the Contractor as a result of this Agreement that the Province has paid or reimbursed to the Contractor or agreed to pay or reimburse to the Contractor under this Agreement; and
  - (b) immediately on receiving, or being credited with, any amount applied for under paragraph (a), remit that amount to the Province.

## **4 REPRESENTATIONS AND WARRANTIES**

- 4.1 As at the date this Agreement is executed and delivered by, or on behalf of, the parties, the Contractor represents and warrants to the Province as follows:
- (a) except to the extent the Contractor has previously disclosed otherwise in writing to the Province,
    - (i) all information, statements, documents and reports furnished or submitted by the Contractor to the Province in connection with this Agreement (including as part of any competitive process resulting in this Agreement being entered into) are in all material respects true and correct,
    - (ii) the Contractor has sufficient trained staff, facilities, materials, appropriate equipment and approved sub contractual or other agreements in place and available to enable the Contractor to fully perform the Services and to grant any licenses under this Agreement, and
    - (iii) the Contractor holds all permits, licenses, approvals and statutory authorities issued by any government or government agency that are necessary for the performance of the Contractor's obligations under this Agreement; and

- (b) if the Contractor is not an individual,
  - (i) the Contractor has the power and capacity to enter into this Agreement and to observe, perform and comply with the terms of this Agreement and all necessary corporate or other proceedings have been taken and done to authorize the execution and delivery of this Agreement by, or on behalf of, the Contractor, and
  - (ii) this Agreement has been legally and properly executed by, or on behalf of, the Contractor and is legally binding upon and enforceable against the Contractor in accordance with its terms except as enforcement may be limited by bankruptcy, insolvency or other laws affecting the rights of creditors generally and except that equitable remedies may be granted only in the discretion of a court of competent jurisdiction.

## **5 PRIVACY, SECURITY AND CONFIDENTIALITY**

### **Privacy**

- 5.1 The Contractor must comply with the Privacy Protection Schedule attached as Schedule E.

### **Security**

- 5.2 The Contractor must:
- (a) make reasonable security arrangements to protect the Material from unauthorized access, collection, use, disclosure, alteration or disposal; and
  - (b) comply with the Security Schedule attached as Schedule G.

### **Confidentiality**

- 5.3 The Contractor must treat as confidential all information in the Material and all other information accessed or obtained by the Contractor or a Subcontractor (whether verbally, electronically or otherwise) as a result of this Agreement, and not permit its disclosure or use without the Province's prior written consent except:
- (a) as required to perform the Contractor's obligations under this Agreement or to comply with applicable laws;
  - (b) if it is information that is generally known to the public other than as result of a breach of this Agreement; or
  - (c) if it is information in any Incorporated Material.

### **Public announcements**

- 5.4 Any public announcement relating to this Agreement will be arranged by the Province and, if such consultation is reasonably practicable, after consultation with the Contractor.

### **Restrictions on promotion**

- 5.5 The Contractor must not, without the prior written approval of the Province, refer for promotional purposes to the Province being a customer of the Contractor or the Province having entered into this Agreement.

## 6 MATERIAL AND INTELLECTUAL PROPERTY

### Access to Material

- 6.1 If the Contractor receives a request for access to any of the Material from a person other than the Province, and this Agreement does not require or authorize the Contractor to provide that access, the Contractor must promptly advise the person to make the request to the Province.

### Ownership and delivery of Material

- 6.2 The Province exclusively owns all property rights in the Material which are not intellectual property rights. The Contractor must deliver any Material to the Province immediately upon the Province's request.

### Matters respecting intellectual property

- 6.3 The Province exclusively owns all intellectual property rights, including copyright, in:
- (a) Received Material that the Contractor receives from the Province; and
  - (b) Produced Material, other than any Incorporated Material.

Upon the Province's request, the Contractor must deliver to the Province documents satisfactory to the Province that irrevocably waive in the Province's favor any moral rights which the Contractor (or employees of the Contractor) or a Subcontractor (or employees of a Subcontractor) may have in the Produced Material and that confirm the vesting in the Province of the copyright in the Produced Material, other than any Incorporated Material.

### Rights in relation to Incorporated Material

- 6.4 Upon any Incorporated Material being embedded or incorporated in the Produced Material and to the extent that it remains so embedded or incorporated, the Contractor grants to the Province:
- (a) a non-exclusive, perpetual, irrevocable, royalty-free, worldwide license to exercise, in respect of that Incorporated Material, the rights set out in the *Copyright Act* (Canada), including the right to use, reproduce, modify, publish and distribute that Incorporated Material; and
  - (b) the right to sublicense or assign to third-parties any or all of the rights granted to the Province under section 6.4(a).

## 7 RECORDS AND REPORTS

### Work reporting

- 7.1 Upon the Province's request, the Contractor must fully inform the Province of all work done by the Contractor or a Subcontractor in connection with providing the Services.



### **Time and expense records**

- 7.2 If Schedule B provides for the Contractor to be paid fees at a daily or hourly rate or for the Contractor to be paid or reimbursed for expenses, the Contractor must maintain time records and books of account, invoices, receipts and vouchers of expenses in support of those payments, in form and content satisfactory to the Province. Unless otherwise specified in this Agreement, the Contractor must retain such documents for a period of not less than seven years after this Agreement ends.

## **8 AUDIT**

- 8.1 In addition to any other rights of inspection the Province may have under statute or otherwise, the Province may at any reasonable time and on reasonable notice to the Contractor, enter on the Contractor's premises to inspect and, at the Province's discretion, copy any of the Material and the Contractor must permit, and provide reasonable assistance to, the exercise by the Province of the Province's rights under this section.

## **9 INDEMNITY AND INSURANCE**

### **Indemnity**

- 9.1 The Contractor must indemnify and save harmless the Province and the Province's employees and agents from any loss, claim (including any claim of infringement of third-party intellectual property rights), damage award, action, cause of action, cost or expense that the Province or any of the Province's employees or agents may sustain, incur, suffer or be put to at any time, either before or after this Agreement ends, (each a "Loss") to the extent the Loss is directly or indirectly caused or contributed to by:
- (a) any act or omission by the Contractor or by any of the Contractor's agents, employees, officers, directors or Subcontractors in connection with this Agreement; or
  - (b) any representation or warranty of the Contractor being or becoming untrue or incorrect.

### **Insurance**

- 9.2 The Contractor must comply with the Insurance Schedule attached as Schedule D.

### **Workers compensation**

- 9.3 Without limiting the generality of section 2.9, the Contractor must comply with, and must ensure that any Subcontractors comply with, all applicable occupational health and safety laws in relation to the performance of the Contractor's obligations under this Agreement, including the *Workers Compensation Act* in British Columbia or similar laws in other jurisdictions.

### **Personal optional protection**

- 9.4 The Contractor must apply for and maintain personal optional protection insurance (consisting of income replacement and medical care coverage) during the Term at the Contractor's expense if:
- (a) the Contractor is an individual or a partnership of individuals and does not have the benefit of mandatory workers compensation coverage under the *Workers Compensation Act* or similar laws in other jurisdictions; and

- (b) such personal optional protection insurance is available for the Contractor from WorkSafeBC or other sources.

#### **Evidence of coverage**

- 9.5 Within 10 Business Days of being requested to do so by the Province, the Contractor must provide the Province with evidence of the Contractor's compliance with sections 9.3 and 9.4.

## **10 FORCE MAJEURE**

#### **Definitions relating to force majeure**

- 10.1 In this section and sections 10.2 and 10.3:

- (a) "Event of Force Majeure" means one of the following events:
  - (i) a natural disaster, fire, flood, storm, epidemic or power failure,
  - (ii) a war (declared and undeclared), insurrection or act of terrorism or piracy,
  - (iii) a strike (including illegal work stoppage or slowdown) or lockout, or
  - (iv) a freight embargoif the event prevents a party from performing the party's obligations in accordance with this Agreement and is beyond the reasonable control of that party; and
- (b) "Affected Party" means a party prevented from performing the party's obligations in accordance with this Agreement by an Event of Force Majeure.

#### **Consequence of Event of Force Majeure**

- 10.2 An Affected Party is not liable to the other party for any failure or delay in the performance of the Affected Party's obligations under this Agreement resulting from an Event of Force Majeure and any time periods for the performance of such obligations are automatically extended for the duration of the Event of Force Majeure provided that the Affected Party complies with the requirements of section 10.3.

#### **Duties of Affected Party**

- 10.3 An Affected Party must promptly notify the other party in writing upon the occurrence or likely occurrence of Event of Force Majeure and make all reasonable efforts to prevent, control or limit the effect of the Event of Force Majeure so as to resume compliance with the Affected Party's obligations under this Agreement as soon as possible.

## **11 DEFAULT AND TERMINATION**

#### **Definitions relating to default and termination**

- 11.1 In this section and sections 11.2 to 11.4:

- (a) "Event of Default" means any of the following:
  - (i) an Insolvency Event,
  - (ii) the Contractor fails to perform any of the Contractor's obligations under this Agreement, or
  - (iii) any representation or warranty made by the Contractor in this Agreement is untrue or incorrect; and

- (b) "Insolvency Event" means any of the following:
- (i) an order is made, a resolution is passed or a petition is filed, for the Contractor's liquidation or winding up,
  - (ii) the Contractor commits an act of bankruptcy, makes an assignment for the benefit of the Contractor's creditors or otherwise acknowledges the Contractor's insolvency,
  - (iii) a bankruptcy petition is filed or presented against the Contractor or a proposal under the *Bankruptcy and Insolvency Act* (Canada) is made by the Contractor,
  - (iv) a compromise or arrangement is proposed in respect of the Contractor under the *Companies' Creditors Arrangement Act* (Canada),
  - (v) a receiver or receiver-manager is appointed for any of the Contractor's property, or
  - (vi) the Contractor ceases, in the Province's reasonable opinion, to carry on business as a going concern.

#### **Province's options on default**

- 11.2 On the happening of an Event of Default, or at any time thereafter, the Province may, at its option, elect to do any one or more of the following:
- (a) by written notice to the Contractor, require that the Event of Default be remedied within a time period specified in the notice;
  - (b) pursue any remedy or take any other action available to it at law or in equity; or
  - (c) by written notice to the Contractor, terminate this Agreement with immediate effect or on a future date specified in the notice, subject to the expiration of any time period specified under section 11.2(a).

#### **Delay not a waiver**

- 11.3 No failure or delay on the part of the Province to exercise its rights in relation to an Event of Default will constitute a waiver by the Province of such rights.

#### **Province's right to terminate other than for default**

- 11.4 In addition to the Province's right to terminate this Agreement under section 11.2(c) on the happening of an Event of Default, the Province may terminate this Agreement for any reason by giving at least 10 days' written notice of termination to the Contractor.

#### **Payment consequences of termination**

- 11.5 Unless Schedule B otherwise provides, if the Province terminates this Agreement under section 11.2 (c) section 11.4:
- (a) the Province must, within 30 days of such termination, pay to the Contractor any unpaid portion of the undisputed fees and expenses described in Schedule B which corresponds with the portion of the Services that was completed to the Province's satisfaction before termination of this Agreement; and
  - (b) the Contractor must, within 30 days of such termination, repay to the Province any paid portion of the fees and expenses described in Schedule B which corresponds with the portion of the Services that the Province has notified the Contractor in writing was not completed to the Province's satisfaction before termination of this Agreement.



### **Discharge of liability**

- 11.6 The payment by the Province of the amount described in section 11.5(a) discharges the Province from all liability to make payments to the Contractor under this Agreement.

### **Notice in relation to Events of Default**

- 11.7 If the Contractor becomes aware that an Event of Default has occurred or anticipates that an Event of Default is likely to occur, the Contractor must promptly notify the Province of the particulars of the Event of Default or anticipated Event of Default. A notice under this section as to the occurrence of an Event of Default must also specify the steps the Contractor proposes to take to address, or prevent recurrence of, the Event of Default. A notice under this section as to an anticipated Event of Default must specify the steps the Contractor proposes to take to prevent the occurrence of the anticipated Event of Default.

### **Transition of Provision of Services**

- 11.8 At our request, you will, to the extent that you are reasonably capable of doing so, provide any reasonable assistance we require to ensure the orderly transition of the provision of the Services by a party other than you:
- (a) for the thirty (30) days prior to end of the Term, or any agreed upon extension, if applicable, at our expense; or
  - (b) if we terminate this Agreement pursuant to subparagraph 11.2 (c), for the period set out in the applicable notice prior to the termination of this Agreement, at our expense; and
  - (c) for up to an additional one hundred and twenty (120) days after the end of the Term, any agreed upon extension, or early termination of this Agreement, as applicable, or such other time period as the Parties may mutually agree, for a fee to be agreed between the Parties and payable by us to you at the end of the additional days.

### **Suspension of Services**

- 11.9 You are entitled to suspend providing Services to us if:
- (a) we fail to deliver a Rolling Deposit to you within thirty (30) calendar days from the day it is due; or
- 11.9.1 You must cease any suspension of Services you commence pursuant to sub-paragraph 11.9 (a) or
- (a) immediately on our payment of the Rolling Deposit that is due, or, immediately on our repayment of the Rolling Deposit balance that you returned, respectively.
  - (b) you return a Rolling Deposit balance to us at our request.
- 11.9.2 You are entitled to terminate this Agreement on one hundred and twenty (120) calendar days written notice to us, if we fail to pay an invoice for Fees and Expenses within sixty (60) calendar days after we receive the invoice from you.

## 12 DISPUTE RESOLUTION

### Dispute resolution process

- 12.1 In the event of any dispute between the parties arising out of or in connection with this Agreement, the following dispute resolution process will apply unless the parties otherwise agree in writing:
- (a) the parties must initially attempt to resolve the dispute through collaborative negotiation;
  - (b) if the dispute is not resolved through collaborative negotiation within 15 Business Days of the dispute arising, the parties must then attempt to resolve the dispute through mediation under the rules of the Mediate BC Society; and
  - (c) if the dispute is not resolved through mediation within 30 Business Days of the commencement of mediation, the dispute must be referred to and finally resolved by arbitration under the *Arbitration Act*.

### Mutual obligations during dispute

- 12.2 During all negotiations prior to and during mediation, the Parties will make bona fide efforts to resolve any dispute amicably and provide frank, candid and timely disclosure of all relevant facts, information and documents to facilitate those negotiations, which will be conducted in confidence and on a "without prejudice basis" and may not be introduced into evidence in any arbitration or legal proceedings. However, evidence that is independently admissible or discoverable will not be rendered inadmissible or non-discoverable by virtue of its use during the negotiations. Nothing in this section obliges a Party to disclose any information subject to solicitor-client privilege or otherwise protected by applicable law, including Freedom of Information and Protection of Privacy Act (British Columbia).

### Location of arbitration or mediation

- 12.3 Unless the parties otherwise agree in writing, an arbitration or mediation under section 12.1 will be held in Victoria, British Columbia.

### Costs of mediation or arbitration

- 12.4 Unless the parties otherwise agree in writing or, in the case of an arbitration, the arbitrator otherwise orders, the parties must share equally the costs of a mediation or arbitration under section 12.1 other than those costs relating to the production of expert evidence or representation by counsel.

## 13 MISCELLANEOUS

### Delivery of notices

- 13.1 Any notice contemplated by this Agreement, to be effective, must be in writing and delivered as follows:
- (a) by email to the addressee's email address specified on the first page of this Agreement, in which case it will be deemed to be received on the day of transmittal unless transmitted after the normal business hours of the addressee or on a day that is not a Business Day, in which cases it will be deemed to be received on the next following Business Day;
  - (b) by hand or Professional Courier, to the addressee's address specified on the first page of this Agreement, in which case it will be deemed to be received on the day of its delivery; or

- (c) by Registered Mail, posted to the addressee's address specified on the first page of this Agreement, in which case if mailed during any period when normal postal services prevail, it will be deemed to be received on the fifth Business Day after its mailing.

#### **Change of address, email or contact information**

- 13.2 Either party may from time to time give notice to the other party of a substitute address, email or contact information, which from the date such notice is given will supersede for purposes of section 13.1 any previous address, email or contact information specified for the party giving the notice.

#### **Assignment**

- 13.3 The Contractor must not assign any of the Contractor's rights or obligations under this Agreement without the Province's prior written consent. Upon providing written notice to the Contractor, the Province may assign to any person any of the Province's rights under this Agreement and may assign to any "government corporation", as defined in the *Financial Administration Act*, any of the Province's obligations under this Agreement.

#### **Subcontracting**

- 13.4 The Contractor must not subcontract any of the Contractor's obligations under this Agreement to any person without the Province's prior written consent, excepting persons listed in the attached Schedule C. No subcontract, whether consented to or not, relieves the Contractor from any obligations under this Agreement. The Contractor must ensure that:
  - (a) any person retained by the Contractor to perform obligations under this Agreement; and
  - (b) any person retained by a person described in paragraph (a) to perform those obligations fully complies with this Agreement in performing the subcontracted obligations.

#### **Waiver**

- 13.5 A waiver of any term or breach of this Agreement is effective only if it is in writing and signed by, or on behalf of, the waiving party and is not a waiver of any other term or breach.

#### **Modifications**

- 13.6 No modification of this Agreement is effective unless it is in writing and signed by, or on behalf of, the parties.

#### **Entire agreement**

- 13.7 This Agreement (including any modification of it) constitutes the entire agreement between the parties as to performance of the Services.

#### **Survival of certain provisions**

- 13.8 Sections 2.9, 3.1 to 3.4, 3.7, 3.8, 5.1 to 5.5, 6.1 to 6.4, 7.1, 7.2, 8.1, 9.1, 9.2, 9.5, 10.1 to 10.3, 11.2, 11.3, 11.5, 11.6, 12.1 to 12.3, 13.1, 13.2, 13.8, and 13.10, any accrued but unpaid payment obligations, and any other sections of this Agreement (including schedules) which, by their terms or nature, are intended to survive the completion of the Services or termination of this Agreement, will continue in force indefinitely subject to any applicable limitation period prescribed by law, even after this Agreement ends.

### **Schedules**

- 13.9 The schedules to this Agreement (including any appendices or other documents attached to, or incorporated by reference into, those schedules) are part of this Agreement.

### **Independent contractor**

- 13.10 In relation to the performance of the Contractor's obligations under this Agreement, the Contractor is an independent contractor and not:

- (a) an employee or partner of the Province; or
- (b) an agent of the Province except as may be expressly provided for in this Agreement.

The Contractor must not act or purport to act contrary to this section.

### **Personnel not to be employees of Province**

- 13.11 The Contractor must not do anything that would result in personnel hired or used by the Contractor or a Subcontractor in relation to providing the Services being considered employees of the Province.

### **Key Personnel**

- 13.12 If one or more individuals are specified as "Key Personnel" of the Contractor in Part 4 of Schedule A, the Contractor must cause those individuals to perform the Services on the Contractor's behalf, unless the Province otherwise approves in writing, which approval must not be unreasonably withheld.

### **Pertinent information**

- 13.13 The Province must make available to the Contractor all information in the Province's possession which the Province considers pertinent to the performance of the Services.

### **Conflict of interest**

- 13.14 The Contractor must not provide any services to any person in circumstances which, in the Province's reasonable opinion, could give rise to a conflict of interest between the Contractor's duties to that person and the Contractor's duties to the Province under this Agreement.

### **Time**

- 13.15 Time is of the essence in this Agreement and, without limitation, will remain of the essence after any modification or extension of this Agreement, whether or not expressly restated in the document effecting the modification or extension.

### **Conflicts among provisions**

- 13.16 Conflicts among provisions of this Agreement will be resolved as follows:
- (a) a provision in the body of this Agreement will prevail over any conflicting provision in, attached to or incorporated by reference into a schedule, unless that conflicting provision expressly states otherwise; and

- (b) a provision in a schedule will prevail over any conflicting provision in a document attached to or incorporated by reference into a schedule, unless the schedule expressly states otherwise.

#### **Agreement not permit nor fetter**

- 13.17 This Agreement does not operate as a permit, license, approval or other statutory authority which the Contractor may be required to obtain from the Province or any of its agencies in order to provide the Services. Nothing in this Agreement is to be construed as interfering with, or fettering in any manner, the exercise by the Province or its agencies of any statutory, prerogative, executive or legislative power or duty.

#### **Remainder not affected by invalidity**

- 13.18 If any provision of this Agreement or the application of it to any person or circumstance is invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provision to any other person or circumstance will not be affected or impaired and will be valid and enforceable to the extent permitted by law.

#### **Further assurances**

- 13.19 Each party must perform the acts, execute and deliver the writings, and give the assurances as may be reasonably necessary to give full effect to this Agreement.

#### **Additional terms**

- 13.20 Any additional terms set out in the attached Schedule F apply to this Agreement.

#### **Governing law**

- 13.21 This Agreement is governed by, and is to be interpreted and construed in accordance with, the laws applicable in British Columbia.

## **14 INTERPRETATION**

- 14.1 In this Agreement:

- (a) "includes" and "including" are not intended to be limiting;
- (b) unless the context otherwise requires, references to sections by number are to sections of this Agreement;
- (c) the Contractor and the Province are referred to as "the parties" and each of them as a "party";
- (d) "attached" means attached to this Agreement when used in relation to a schedule;
- (e) unless otherwise specified, a reference to a statute by name means the statute of British Columbia by that name, as amended or replaced from time to time;
- (f) the headings have been inserted for convenience of reference only and are not intended to describe, enlarge or restrict the scope or meaning of this Agreement or any provision of it;
- (g) "person" includes an individual, partnership, corporation or legal entity of any nature; and
- (h) unless the context otherwise requires, words expressed in the singular include the plural and *vice versa*.



# 15 EXECUTION AND DELIVERY OF AGREEMENT

- 15.1 This Agreement may be entered into by a separate copy of this Agreement being executed by, or on behalf of, each party and that executed copy being delivered to the other party by a method provided for in section 13.1 or any other method agreed to by the parties.

The parties have executed this Agreement as follows:

<p>SIGNED on the <u>14<sup>th</sup></u> day of <u>August</u>, 201<u>8</u> by the Contractor (or, if not an individual, on its behalf by its authorized signatory or signatories):</p> <p><u>[Signature]</u> Signature(s)</p> <p><u>John Campbell</u> Print Name(s)</p> <p><u>INTERIM PRESIDENT &amp; CEO</u> Print Title(s)</p> <p><u>HEIDI WORTHINGTON</u> <u>SENIOR VP +</u> <u>CHIEF REVENUE</u> <u>OFFICER</u></p>	<p>SIGNED on the <u>21</u> day of <u>August</u>, 201<u>8</u> on behalf of the Province by its duly authorized representative:</p> <p><u>[Signature]</u> Signature</p> <p><u>Aaron Born</u> Print Name</p> <p><u>AL Director of Analytics, Business</u> Print Title <u>Intelligence and Contracts</u></p>
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## Schedule A – Services

### PART 1. TERM:

- 1.1 The term of this Agreement commences on November 1, 2017 and ends on December 31, 2019.

### PART 2. SERVICES:

- 2.1 The scope of Services is defined in this schedule and includes (i) Contractor confirmation of Client eligibility for payment of Health Supplements to Services Providers who register with the Contractor and to Clients pursuant to the AHAS (Appendix 6) arrangement; (ii) administration of Claims for Health Supplements; (iii) related reporting; (iv) communications; and (v) records management. The Contractor will carry out the above scope of Services in accordance with the requirements detailed in this Agreement, including without limitation, Appendices 1 through to 8 listed in paragraph 2.2 below and the privacy and security obligations detailed in Schedules E and G, respectively.

- 2.2 The following attachments apply to the Contractor's provision of the Services under this Agreement:

- Appendix 1 – Dental Supplement, Dentist and Hygienist Fee Schedule
- Appendix 2 – Dental Supplement, Denturist Fee Schedule
- Appendix 3 – Orthodontic Supplements
- Appendix 4 – Client Categories and Eligible Services effective September 1, 2017
- Appendix 5 – Hearing Instrument Schedule
- Appendix 6 – Alternative Hearing Assistance Supplement ("AHAS")
- Appendix 7 – Optical Fee Schedule
- Appendix 8 – Performance Standards

- 2.3 The scope or nature of Services under this Agreement, including Client eligibility and supplement amounts in Appendices 1 through to 7, may be affected by changes to legislation, regulations, policy and internal Ministry procedures from time to time. In the event of such changes, the Contractor and Province will adhere to the Change Management process described in Schedule F (Additional Terms), subject to certain simple changes requested as contemplated under paragraphs 2 (d) through to (f) of Schedule B (Fees).

- 2.4 After determining eligibility in accordance with Appendices 1 through to 7, as the case may be, the Contractor will administer Claims for eligible Clients for the following Health Supplements on behalf of the Province:

#### 2.4.1 Healthy Kids Program

Through the **Healthy Kids Program**, children of eligible families can receive Health Supplements as detailed in Appendix 1 to 7 inclusive, for certain services, eyewear, and instruments related to basic dental, eyes, and hearing. Currently, eligibility for children to receive Health Supplements under the Healthy Kids program is automatic if:

- a) a family receives Medical Services Plan (MSP) premium assistance; and
- b) The child is under 19 years of age

#### 2.4.2 Dental

The **Dental Health Supplement** provides specified basic dental services, emergency dental services and denture supplements to eligible recipients of Assistance and to Healthy Kids as outlined in Appendix 1 (Dental Supplement, Dentist and Hygienist Fee Schedule) and Appendix 2 (Dental Supplement, Denturist Fee Schedule). Orthodontic supplements as detailed in

Appendix 3 may be available to eligible Clients pursuant to the Client Categories and Eligible Services effective September 1, 2017 (Appendix 4)

#### 2.4.3 Optical

The **Optical Health Supplement and Healthy Kids Program** provides specified optical services, including eye exams, to eligible recipients of Assistance and Healthy Kids as outlined in Appendix 7 (Optical Fee Schedule).

#### 2.4.4 Hearing (Hearing Instrument Supplement and Alternative Hearing Assistance Supplement)

- a) The **Hearing Instrument Supplement** provides hearing instruments, repairs and replacements for eligible recipients of Assistance and Healthy Kids as outlined in Appendix 5 (Hearing Instrument Schedule).
- b) The **Alternative Hearing Assistance Supplement** provides a monthly alternative hearing assistance supplement to assist eligible persons in receipt of Assistance or enrolled in Healthy Kids to meet costs associated with overcoming barriers related to having permanent profound bilateral hearing loss as outlined in Appendix 6 (Alternative Hearing Assistance Supplement). Upon confirming eligibility for the supplement, the Contractor will be responsible for (i) the Claim administration and payment of the initial monthly monetary amount, and (ii) the Claim administration and payment of subsequent monthly monetary amounts in accordance with this Agreement.

### 2.5 Claims Administration Details

As part of the Services, the Contractor will perform the following:

#### 2.5.1 Eligibility

- a) Assess Client eligibility for Health Supplements under each of the Dental, Optical, Hearing and Healthy Kids Programs in accordance with the criteria set out by the Province from time to time. Currently, the Contractor will assess Client eligibility and supplement amounts in accordance with Appendices 1 through to 7, as applicable, depending on the nature of the Claim.
- b) Assess pre-authorization and eligibility inquiries (i.e. crown and bridge dental services) made by Service Providers, the Province, or Clients.
- c) Track pre-authorization and eligibility inquiries from Service Providers, the Province, or Clients in an electronic format which will contain the date and time of the inquiry, outcome of the Client eligibility assessment, the date and time of the Contractor's response to such inquiry, supplement amounts that are related to the inquiry, and other comments or information relevant to the inquiry or response.
- d) Pre-screen all Claims to ensure the appropriate documentation accompanies the Claim (e.g. Service Provider/supplier's authorized signature),
- e) Ensure that a Client is listed in the Enrolment File before paying any Claim. The Contractor acknowledges and agrees that a Client cannot be considered eligible for supplementation unless he or she is listed in the Enrolment File at the time the applicable dental, optical, or hearing product or service is provided by the Service Provider. Currently, the Province updates the Enrolment File information regarding individuals receiving Assistance on a daily basis and updates the



Enrolment File information regarding individuals enrolled in Healthy Kids on a monthly basis.

- f) Upon receiving Enrolment File updates from the Province, the Contractor will update its database and validate such Enrolment File information against the Contractor's information to ensure accuracy of Client eligibility information.

#### 2.5.2 Processing

- a) Administer the receipt and review of Claims and the payment of Health Supplements for eligible Claims under the Dental, Optical, Hearing, and Healthy Kids Programs described in paragraph 2.4 above, ensuring eligibility, accurateness, and completeness. For Dental, there are certain fee codes that the industry publishes in a series that represent 'Units of Time' (eg., scaling - 1 unit/15 minutes, 2 units/30 minutes, etc.), 'Multiples of the same item' (eg., 1 radiograph, 2 radiographs, etc.), or 'Differing levels of procedure complexity' (eg., root canals – simple, difficult access, etc.). The Dental Supplements do not include all fee codes in the series or all possible levels of complexity. The Province and Contractor will jointly maintain a list of fee codes where the Contractor can automatically pay the claim as an alternate fee code that is listed in the Dental Supplements and the list will be called "Ministry Dental – Alternate Fee Codes Allowed". The Province and Contractor acknowledge and agree that the Contractor's ability to pay eligible Claims is contingent on the Province providing the requisite funds pursuant to the Rolling Deposit arrangement;
- b) In the course of administering Claims, the Contractor will match the information submitted on the Claim form to the Service Provider/supplier, Client, and plan benefit information stored in the Contractor database (also known as ACES). The Contractor will process and pay the appropriate supplement amount for eligible Claims where the required information is provided and no issues are flagged. The Contractor will reject and not pay supplements if Claims are ineligible or the Claim application is incomplete or contains inaccurate information, or in the case of a change in category. Cases may arise where further investigation is required to determine whether a Claim is eligible or to confirm the appropriate supplementary amount to be paid in connection with a Claim. In this situation, the Contractor will perform such further investigations and consult with the Province or a Service Provider or supplier as may be required in order to confirm whether such Claim should be approved or rejected.
- c) At the end of each quarter during this Agreement, the Contractor will perform random audits of Claims that the Contractor has processed and paid during that quarter (the "Quarterly Audits"). The number of such audits will be at a level required to ensure the Contractor meet its corporate accuracy measure, details of which accuracy measure the Contractor will provide to the Province upon the Province's request. Quarterly Audits will include a sampling from each of the dental, optical, and hearing categories. The Contractor will perform the Quarterly Audits for quality assurance and Agreement compliance purposes, including confirming whether Claims paid are eligible and whether there are any discrepancies between the amounts paid and the permitted supplement for that Claim under this Agreement. The Contractor will prepare a report of the Quarterly Audit results and submit it to the Province within 30 day of the end of the applicable quarter. The report will contain such information as the Province may reasonably require from time to time and will detail whether such Claims paid were eligible and whether there are any discrepancies between the amounts paid and the permitted supplement for such Claim under this Agreement

- d) the Contractor will collect, maintain and secure all information relating to the administration Claims in accordance with this Agreement, including without limitation:
  - (i) Client Name (surname and given name or initials)
  - (ii) Client Personal Health number
  - (iii) Service Provider identifier, including licensing number
  - (iv) Date of service
  - (v) Nature of service or item and corresponding fee code
  - (vi) Date claim received
  - (vii) Date of payment
  - (viii) Amount billed, and
  - (ix) Amount of payment provided by Contract
- e) ensure that Claims are billed to the correct program group (i.e. Healthy Kids if a Claim relates to a Client enrolled in the Healthy Kids Program) in a timely and accurate manner and store the corresponding plan accounting and billing information in the Contractor database (ACES) system;
- f) verify monthly reporting and billing for all Claims and review and reconcile such Claims to ensure they balance;
- g) provide up to date Claims reporting information to the Province via mutually agreeable electronic tools which will provide Province authorized representatives with access by way of a user-ID and password. The Contractor and Province acknowledge and agree that as of the date of this Agreement, the Province will have access to Claims reporting information via that ADMINnet site. The Contractor and Province further acknowledge and agree that as of the date of this Agreement, the Province will have access to information such as benefit eligibility, Claims payment details, enrollment (view), invoice statements and plan benefits; and
- h) provide training and assistance, as needed, to Province personnel as users of the system and business processes.

## 2.53 Communications with Service Providers and Suppliers

- a) provide statements to Service Providers each applicable payment cycle with an explanation of Claims status, including Claims that are paid or declined in that payment cycle. The Contractor and Province acknowledge and agree that currently dental Service Providers are paid every two weeks and health related Service Providers are paid every week
- b) provide toll free telephone services on Business Days, between the hours of 8:00am and 4:30pm (PST), to respond to Province and Service Provider inquiries confirming Client eligibility,
- c) review and analyze Client history, as needed, in order to provide responses to Service Provider inquiries;
- d) Authorize, approve and set up Service Providers, suppliers (i.e. dentists, optical suppliers, hearing instrument suppliers, etc.), and other Province authorized third party recipients in the Contractor's database before paying eligible Claims;
- e) If and as needed, develop and send communications to Service Providers and suppliers established in the Contractor's database system to communicate

information relevant to claims administration, such as changes to eligibility requirements and supplements. Examples of methods of communication or communication materials include:

- (i) The Word of Mouth dental newsletter;
- (ii) Ad hoc bulletins or cheque inserts;
- (iii) Distribution of specific Province approved program brochures, fee guide supplements and bulletins;
- (iv) Produce Service Provider reference guides and brochures for specific provider groups, and
- (v) The Contractor will obtain Province approval of proposed communications regarding supplements or Claims prior to circulation and will also ensure that all such communications to Service Providers, suppliers or other third parties are carried out in compliance with applicable laws, including without limitation, privacy and anti-spam legislation.

#### 2.5.4 Reporting and Information Sharing requirements

- (a) provide Client history to Province in the event there is a denial of his or her Claim or a request for reconsideration purposes;
- (b) notify the Province in a timely manner of cases of suspected fraud on the part of Clients or Service Providers with details giving rise to such suspicion;
- (c) provide the Province access to Client and Service Provider or supplier information, if and as requested;
- (d) within 30 days of entering into this Agreement, provide the Province with a detailed business continuation plan which will outline the Contractor's strategy and plan to ensure continuation of service delivery under this Agreement in the event of a disaster or unplanned event, including without limitation, a labor disruption or strike (the "Business Continuation Plan"). The Business Continuation Plan will be subject to the Province's review and approval. The Province may request clarifications regarding the Business Continuation Plan or request reasonable modifications prior to giving its approval. The Contractor will provide such clarifications or make such modifications within 5 Business Days of the Province's request, or such other time period as the Contractor and Province may agree;
- (e) meet with Province representatives at least annually or sooner, if requested by the Province, to review the Contractor's overall performance under the Agreement in relation to matters including, without limitation, the degree to which the Contractor is meeting the Performance Standards detailed in Appendix 8, or any other matter arising with respect to the Services under this Agreement;
- (f) provide the following reports in accordance with the following timelines:

#### 2.5.5 Delivery Schedule Definitions

Annual	To be received no later than the 15th day of the month immediately following the end of the Fiscal Year Period (April 1st to and including March 31st) or, the end of the calendar year, as applicable. Any exception to this is noted within the table below.
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Quarterly	To be received on or about the 15th day of the month immediately following the Fiscal Year Quarter or, the end of the calendar quarter, as applicable. Unless otherwise stated, the data included will be fiscal year-to-date totals for the Fiscal Year Period (April 1st to and including March 31st). Any exception to this is noted within the table below.
Monthly	To be received no later than the 15th day of the month immediately following the previous month.
Other	To be received no later than the 15th Business Day after requested by the Province in writing unless prior arrangement is agreed to between the Contractor and the Province.

## 2.5.6 Reports

#	Report Description / Name(s)	Delivery Schedule			
		Annual	Quarterly	Monthly	Other
1.	Fiscal rollups for each of the Health Supplement expenditures, a summary by Client Category, including but not limited to # of people receiving services, # of services received, total Paid Amount. In addition, for each Client Category provide the details including but not limited to: Benefit Category, Procedure Code, Description of Service, # of people, # of Services and Paid Amount. <sup>1</sup> Quarterly Reports to only be generated in the 3 <sup>rd</sup> & 4 <sup>th</sup> quarters.				
	1.1 Ministry Fee Usage by Client Category – Detail Report – Optical	No	Yes <sup>1</sup>	Yes	No
	1.2 Ministry Fee Usage by Client Category – Detail Report – Dental				
	1.3 Ministry Fee Usage by Client Category – Detail Report - Hearing Instruments & Hearing Supplements				
2.	Additional Dental Services under GA Utilization Report paid for service dates for the previous calendar year. This report provides information on the # of people who are accessing additional basic dental coverage that is allowed when the treatment is conducted while the client is under General Anesthetic. <sup>1</sup> To be delivered annually no later than the 15th day of March				
	2.1 Ministry Additional Dental Services under GA Utilization Report	Yes <sup>1</sup>	No	No	No
3.	Enrolment report for all Clients enrolled summarized by Client Category.				
	3.1 Ministry Enrollment by Client Category	No	No	Yes	No
4.	Enrollment File Reports				
	4.1 Ministry MIN151-1 Edit Errors-Daily Enrolment	No	No	No	Daily
	4.2 Ministry MIN144-1 Healthy Kids Exception	No	No	Yes	No
	4.3 Ministry MIN144-2 Health Kids Control Report	No	No	Yes	No
	4.4 Ministry MIN151-0 – This is a Control Totals Report	No	No	No	Daily
	4.5 Ministry MIN151-1 Edit Errors-Monthly Verification	No	No	Yes	No
	4.6 Ministry MIN147-1 Missing Coverage	No	No	Yes	No
	4.7 Ministry MIN147-2 Missing PBC Enrollment	No	No	Yes	No
	4.8 Ministry MIN147-4 Verification Coverage Update	No	No	Yes	No
	4.9 Ministry MIN147-5 Non-Coverage Updates	No	No	Yes	No
	4.10 Ministry MIN147-7 Multiple Open Coverage – Single PHN	No	No	Yes	No
	4.11 Ministry MIN 147-8 Multiple Open Coverage – Single Member	No	No	Yes	No
	4.12 Ministry MIN147-9 Match Summary	No	No	Yes	No
5.	Geographical report – Number of individuals by category (division) accessing services by supplier location using data PBC has available for reporting. The information will be used for analysis such as to understand where suppliers are or not being used. <sup>1</sup> Report is in development for future development with a projected delivery date of January 2019				
	5.1 Ministry Services by Supplier Location – Dental	Yes <sup>1</sup>	No	Yes <sup>1</sup>	No

#	Report Description / Name(s)	Delivery Schedule			
		Annual	Quarterly	Monthly	Other
6.	Quality Control Report that lists the objective and performance of the following Quality Control Measures: Accuracy of Claims, Claims Turnaround, Service Turnaround, Call Center and Information. If the performance objective is not met, provide an explanation for each failure and the steps taken to resolve each failure. <sup>1</sup> Within 30 days of the close of the Quarter	No	No	No	Yes <sup>1</sup>
7.	Special Requests that will provide the Ministry with the occasional special request for information, in lieu of regular reports. These requests may include, but are not limited to: Personal Health Number (PHN) information, expenditure by age, regional expenditures based on supplier address, roll up reports for specific date range, reports showing the amount claimed versus the amount paid. Special requests are limited to information available in the Contractor's existing data base.	No	No	No	Yes
8.	Ad Hoc complex reports that require additional time to analyze develop and deliver. Timelines and cost will be agreed by prior arrangement between the Contractor and the Ministry.	No	No	No	Yes



**PART 3. RELATED DOCUMENTATION:**

- 3.1 The Contractor must perform the Services in accordance with the obligations set out in this Schedule A including any engagement letter, Solicitation document excerpt, proposal excerpt or other documentation attached as an Appendix to, or specified as being incorporated by reference in, this Schedule.
- 3.2 The following are Appendices to this Schedule A:
- Appendix 1 – Dental Supplement, Dentist and Hygienist Fee Schedule
  - Appendix 2 – Dental Supplement, Denturist Fee Schedule
  - Appendix 3 – Orthodontic Supplement
  - Appendix 4 - Client Categories and Eligible Services effective September 1, 2017
  - Appendix 5 – Hearing Instrument Schedule
  - Appendix 6 – Alternative Hearing Assistance Supplement
  - Appendix 7 – Optical Fee Schedule
  - Appendix 8 – Performance Standards

**PART 4. KEY PERSONNEL: not applicable**

## **Schedule B – Fees and Expenses**

### **PART 1. MAXIMUM AMOUNT PAYABLE:**

#### **1.1 Maximum Amount**

Despite sections 2 and 3 of this Schedule, \$7,000,000.00 is the maximum amount which the Province is obliged to pay to the Contractor for fees and expenses under this Agreement (exclusive of any applicable taxes described in section 3.1(c) of this Agreement). The Rolling Deposit and all paid Claims are not included in any Annual Maximum or Contract Maximum. The Rolling Deposit and any paid Claims do not form part of Fees and Expenses.

### **PART 2. FEES AND EXPENSES:**

#### **2.1 Percentage Rate**

##### **2.1.1 Fees**

- (a) a rate of 4.37% of all paid Claims for those eligible Claims paid during the Term when the Contractor provides the Services.
- (b) The Province will pay the Contractor up to a total of \$12,000.00 for system modifications that it completes to accommodate the Province policy change (September, 2017) to enable the Contractor to provide the Services. Upon receipt of written confirmation from the Contractor that such system modifications have been completed with details of such modification and the corresponding cost, the Province shall pay the Contractor up to a total of \$12,000.00. For greater certainty, the Province and Contractor acknowledge and agree that the Province will be obliged to pay only up to a total of \$12,000.00 for the cost of such system modifications despite the fact that the Contractor's costs may be greater than \$12,000.00.
- (c) The Province will pay the Contractor up to a total of \$208,500.00 for project work and system modifications that it completes to accommodate work on the Ministry Enrollment eFile Modernization project which is required to meet the mandate to move all enrollment interfaces from ICM mainframe to Siebel by November 2018. Upon receipt of written confirmation from the Contractor that such project work and system modifications have been completed with details of such work and the corresponding cost, and upon the Province acceptance of such work, the Province shall pay the Contractor up to a total of \$208,500.00 of any undisputed invoices. For greater certainty, the Province and Contractor acknowledge and agree that the Province will be obliged to pay only up to a total of \$208,500.00 for the cost of such project work as described in Schedule B - Appendix 1 and system modifications despite the fact that the Contractor's costs may be greater than \$208,500.00.

##### **2.1.2 Expenses**

- a) The Contractor will not bill the Province for any expenses under this Agreement unless such expenses are already detailed in this Agreement or approved in advance by the Province.
- b) The all-inclusive hourly rate for developing and preparing ad hoc reports that are not already contemplated under this Agreement, including without limitation, Schedule



A, Part 2 (Services) is \$100 per hour. In the event the Province wishes to request a quote for an ad hoc service or report, the Province will make a written request to the Contractor for a written quote. Notwithstanding the Change Management process, in Schedule F (Additional Terms), for simple requests, the Contractor will provide a fixed fee estimate in 5 Business Days, unless otherwise agreed. If the request is more complex, the Contractor and Province will follow the Change Management process in Schedule F (Additional Terms). In either case, the Contractor will not proceed with the commencement of work or the preparation of a complex quote, as the case may be, without the Province first providing its prior written approval.

- c) If requested to do so by the Province, the Contractor will distributed Province produced materials related to the Services at a cost estimated by the Contractor and agreed upon in advance in writing by the Province in accordance with the procedure set out in paragraph 2(d) of this Schedule B.
- d) The fee for any Province requested mail outs will depend on the requirements, and includes any material costs (e.g. envelopes), costs for stock and printing of material, if required, costs for labor (sorting, stuffing, labeling, metering), postage and courier expenses, and any miscellaneous costs (including any services of Contractor staff). The Province and Contractor will follow the process set out in paragraph 2(d) of this Schedule B when requesting a quote for the work contemplated under this provision.

The above is exclusive of goods and services tax ("GST") or other applicable tax paid or payable by the Contractor on expenses described above to the extent that the Contractor is entitled to claim credits (including GST input tax credits), rebates, refunds or remissions of the tax from the relevant taxation authorities.

We will monitor all payments we make to you under this Agreement and we will advise you when we have paid you 75% of an Annual Maximum or the Contract Maximum. If we pay you 75% of an Annual Maximum or the Contract Maximum, the Parties will then complete a forecast of Services for the remainder of the Fiscal Year or Term, as applicable, and determine if an Annual Maximum or Contract Maximum should be revised. If the Parties determine that an Annual Maximum or Contract Maximum should be revised, the Parties will in good faith negotiate terms to modify this Agreement.

### **PART 3. ROLLING DEPOSIT:**

#### **3.1 The Province will:**

- (a) replenish the Rolling Deposit to Contractor at the first business day of each month. The initial amount will be \$5,000,000 and subsequent Rolling Deposit amounts may increase, decrease or remain the same dependent upon the funds remaining after valid Service Provider obligations have been met;
- (b) replenish the Rolling Deposit to the Contractor prior to the first Business Day of a calendar month on receiving notification from the Contractor that the Rolling Deposit balance is below \$500,000.00 or the amount projected as required to cover the Contractor's next scheduled Claims payment run;
- (c) pay the Contractor interest at prime rate (average monthly interest rate established by Canadian Chartered Banks) on Rolling Deposit Shortfalls until such time as the Shortfall is replenished to its previous amount prior to the Shortfall occurring.
- (d) during Rolling Deposit surplus, receive a credit from the Contractor on interest at prime rate (average monthly interest rate established by Canadian Chartered Banks) minus 1.5%, or pay a minimum of 0.25% in the event that prime rate is lower than 1.75%.

### **PART 4. STATEMENTS OF ACCOUNT:**

#### **4.1 Statements of Account**

In order to obtain payment of any fees and expenses under this Agreement for each calendar month (each a "Billing Period"), the Contractor must deliver to the Province on or before the 5<sup>th</sup> working day after the Billing Period (each a "Billing Date"), a written statement of account in a form satisfactory to the Province containing:

- (a) the Contractor's legal name and address;
- (b) the date of the statement, and the Billing Period to which the statement pertains;
- (c) the Contractor's calculation of all fees claimed for that Billing Period, including a declaration by the Contractor of all Claims paid by Health Supplement and Group with the administrative rate applied for which Contractor claims fees and a description of the applicable fee rates;
- (d) the Contractor's calculation of any applicable taxes payable by the Province in relation to the Services for the Billing Period;
- (e) a description of this Agreement;
- (f) a statement number for identification; and
- (g) any other billing information reasonably requested by the Province.

**PART 5. PAYMENTS DUE:**

**5.1 Payments Due**

Within 30 days of the Province's receipt of the Contractor's written statement of account delivered in accordance with this Schedule, the Province must pay the Contractor the fees and expenses (plus all applicable taxes) claimed in the statement if they are in accordance with this Schedule and undisputed. Statements of account or contract invoices offering an early payment discount may be paid by the Province as required to obtain the discount.

## Schedule B – Appendix 1

Pacific Blue Cross (PBC) work requirement to move all enrollment interfaces from their ICM mainframe to Siebel by November 2018.

Project Phases	# of Weeks	PBC Target End Date
1. High Level Cost Estimate Preparation	2	May01/18
2. Build Window – Analysis & Development	15	Aug10/18
3. Reconciliation	8	Jun27/18
4. Conversion	4	Jun29/18
5. Error Reporting Requirement	8	Aug31/18
6. System Integration & User Acceptance Testing	17	Nov09/18
7. Production Deployment (“Go-Live”)	2	Nov23/18
8. Post-implementation Support	1	Nov30/18
9. Project Close	2	Dec07/18

### Assumptions

- Multiple conversions for MCFD claims transfer history are required e.g. ID to ID, sub-set Dependents need to be split out (manually transfer history).
- The System Integration and User Acceptance Testing requires the Ministry to test their files with Pacific Blue Cross for system test cases, calculations, user acceptance test and business use cases.
  - o The System Integration testing includes Gateway setup and other smoke testing activities.
- Dedicated resources from both the Ministry and Pacific Blue Cross will be assigned to this project to meet the proposed planned timeline.

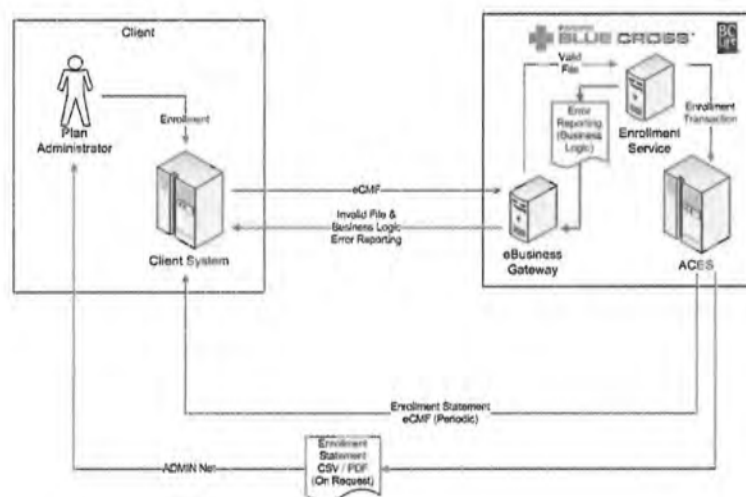
### Scope of Work

A new eCMF file is required for both the Ministry of Children and Family Development (MCFD) and Ministry of Social Development and Poverty Reduction (MSDPR) to meet the requirements for delivering enrollment interface files from their new Siebel system.

The following Ministry requirements, outside of base eCMF functionality are included in scope for the Pacific Blue Cross work requirement.

Category	Ministry Requirements
<b>Feedback</b>	Enrollment transaction errors are available to ICM in system readable format shortly after enrollment file is processed.
	System (ICM) can determine if a transaction was successful for each certificate included in that day's enrollment file based on feedback file provided by PBC.
	Information is available for the following scenarios:
	This is the "delta" file and will only include changes, not the whole enrolment statement.
	Information is available in this file for all relevant scenarios including:
	New enrollment dated today or back-dated.
	New enrollment future-dated.
	Updates to existing enrollments.
	Termination dated today or future-dated.
	Termination back-dated.
<b>Data Admin</b>	System transaction to perform certificate updates in PBC when PHNs are changed in ICM.
<b>Ongoing Reconciliation</b>	Process a monthly reconciliation file from ICM
<b>Data Remediation</b>	Coverage reconciliation with legacy system (MIS) for MCFD
	PHN - Certificate Number Reconciliation with legacy system (MIS) for SDPR
	Split MCFD multi-enrollee certificates for dependents being split off the account
	Transfer claims history of MCFD multi-enrollee certificates for dependents being split off the account.
	Update Certificate Number on all MCFD enrollments to be PHNs.
	Process requested plan updates for selected certificates. This is the output of "What-if Analysis" AMP will perform between the new plan code calculation rules and existing data.

### Solution Diagram



### **Post-implementation Support**

Post Go-Live, PBC will provide additional post-implementation support to the Ministry. PBC will provide resources for one week post go-live. The activities will include, but not limited to, answering inquiries related to build, PBC support, and fixing defects.

## Schedule C – Approved Subcontractor(s)

Not applicable

## Schedule D – Insurance

1.1 The Contractor must, without limiting the Contractor's obligations or liabilities and at the Contractor's own expense, purchase and maintain throughout the Term the following insurances with insurers licensed in Canada in forms and amounts acceptable to the Province:

- (a) Commercial General Liability in an amount not less than \$2,000,000.00 inclusive per occurrence against bodily injury, personal injury and property damage and including liability assumed under this Agreement and this insurance must
  - (i) include the Province as an additional insured,
  - (ii) be endorsed to provide the Province with 30 days advance written notice of cancellation or material change, and
  - (iii) include a cross liability clause.
- (b) "All Risk" (replacement cost) Property insurance against physical loss or damage, including the perils of Earthquake and Flood, which will cover business contents, electronic data processing equipment and media, and coverage for extra expenses necessarily incurred by the Contractor to continue normal operations which are interrupted as a result of an insured property loss. Such policy of insurance will contain a waiver of subrogation against the Province;
- (c) Professional Errors and Omissions Liability insuring the Contractor's liability resulting from errors or omissions in the performance of the Services in an amount per claim and in the aggregate of not less than ten million dollars (\$10,000,000);
- (d) A Blanket Position Fidelity Bond (Employee Dishonesty) covering any or all persons used or employed by the Contractor for the provision of Services under this Agreement in an amount not less than one million dollars (\$1,000,000.00) per claim arising out of any dishonest or fraudulent act that results in the loss of money, securities or other property of the Province, and this insurance must protect the Province by way of a "third party endorsement" and be endorsed to provide the Province with 30 days advance written notice of cancellation or material change; and
- (e) Network Security and Privacy Breach Liability in an amount not less than five million dollars (\$5,000,000) per occurrence, including coverage for cyber liability, breach of confidential or personal information and the loss, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any cause whatsoever (including but not limited to computer virus) or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the loss and this insurance must include the Province as additional insured, and be endorsed to provide the Province with 30 days advance written notice of cancellation or material change.

1.2 All insurance described in section 1 of this Schedule must:

- (a) be primary; and
- (b) not require the sharing of any loss by any insurer of the Province.



- 1.3 The Contractor must provide the Province with evidence of all required insurance as follows:
- (a) within 10 Business Days of commencement of the Services, the Contractor must provide to the Province evidence of all required insurance in the form of a completed Province of British Columbia Certificate of Insurance;
  - (b) if any required insurance policy expires before the end of the Term, the Contractor must provide to the Province within 10 Business Days of the policy's expiration, evidence of a new or renewal policy meeting the requirements of the expired insurance in the form of a completed Province of British Columbia Certificate of Insurance; and
  - (c) despite paragraph (a) or (b) above, if requested by the Province at any time, the Contractor must provide to the Province certified copies of the required insurance policies.
- 1.4 The Contractor must obtain, maintain and pay for any additional insurance which the Contractor is required by law to carry, or which the Contractor considers necessary to cover risks not otherwise covered by insurance specified in this Schedule in the Contractor's sole discretion.

## Schedule E – Privacy Protection Schedule

### PART 1. DEFINITIONS:

1.1 In this Schedule,

- (a) “**access**” means disclosure by the provision of access;
- (b) “**Act**” means the *Freedom of Information and Protection of Privacy Act*;
- (c) “**contact information**” means information to enable an individual at a place of business to be contacted and includes the name, position name or title, business telephone number, business address, business email or business fax number of the individual;
- (d) “**personal information**” means recorded information about an identifiable individual, other than contact information, collected or created by the Contractor as a result of the Agreement or any previous agreement between the Province and the Contractor dealing with the same subject matter as the Agreement but excluding any such information that, if this Schedule did not apply to it, would not be under the “control of a public body” within the meaning of the Act; and
- (e) “**Province privacy course**” means the Province’s online privacy and information sharing training course.
- (f) “**Contractor privacy course**” means the Contractor’s course on the subject of privacy and sharing of information about individuals, that addresses, at a minimum, the following topics:
  - i. the identification and reporting of privacy breaches and other incidents in relation to that information;
  - ii. the appropriate access, use, disclosure and handling of that information;
  - iii. applicable principles relating to that information, including the principles of “need to know” and “least-privilege”; and
  - iv. reasonable security measures and other security arrangements in relation to that information.

### PART 2. PURPOSE

2.1 The purpose of this Schedule is to:

- (a) enable the Province to comply with the Province’s statutory obligations under the Act with respect to personal information; and
- (b) ensure that, as a service provider, the Contractor is aware of and complies with the Contractor’s statutory obligations under the Act with respect to personal information.

### PART 3. COLLECTION OF PERSONAL INFORMATION

3.1 Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor may only collect or create personal information that is necessary for the performance of the Contractor’s obligations, or the exercise of the Contractor’s rights, under the Agreement.

- 3.2 Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor must collect personal information from the individual the information is about.
- 3.3 Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor must tell an individual from whom the Contractor collects personal information:
- (a) the purpose for collecting it;
  - (b) the legal authority for collecting it; and
  - (c) the title, business address and business telephone number of the person designated by the Province to answer questions about the Contractor's collection of personal information.

#### **PART 4. PRIVACY TRAINING**

- 4.1 The Contractor must ensure that each person who will provide services under the Agreement that involve the collection or creation of personal information will complete, at the Contractor's expense, the Contractor's privacy course prior to that person providing those services. Additionally, the Contractor must ensure that each of the following person's will complete, at the Contractor's expense, the Province's privacy course, details of which will be provided by the Province:
- (a) All members of the Contractor's Privacy team, and
  - (b) Anyone who teaches the Contractor's privacy course.
- 4.2 The requirement in section 6 will only apply to persons who have not previously completed the privacy course.

#### **PART 5. ACCURACY OF PERSONAL INFORMATION**

- 5.1 The Contractor must make every reasonable effort to ensure the accuracy and completeness of any personal information to be used by the Contractor or the Province to make a decision that directly affects the individual the information is about.

#### **PART 6. REQUESTS FOR ACCESS TO PERSONAL INFORMATION**

- 6.1 If the Contractor receives a request for access to personal information from a person other than the Province, the Contractor must promptly advise the person to make the request to the Province unless the Agreement expressly requires the Contractor to provide such access and, if the Province has advised the Contractor of the name or title and contact information of an official of the Province to whom such requests are to be made, the Contractor must also promptly provide that official's name or title and contact information to the person making the request.

#### **PART 7. CORRECTION OF PERSONAL INFORMATION**

- 7.1 Within 5 Business Days of receiving a written direction from the Province to correct or annotate any personal information, the Contractor must annotate or correct the information in accordance with the direction.
- 7.2 When issuing a written direction under section 10, the Province must advise the Contractor of the date the correction request to which the direction relates was received by the Province in order that the Contractor may comply with section 12.

- 7.3 Within 5 Business Days of correcting or annotating any personal information under section 10, the Contractor must provide the corrected or annotated information to any party to whom, within one year prior to the date the correction request was made to the Province, the Contractor disclosed the information being corrected or annotated.
- 7.4 If the Contractor receives a request for correction of personal information from a person other than the Province, the Contractor must promptly advise the person to make the request to the Province and, if the Province has advised the Contractor of the name or title and contact information of an official of the Province to whom such requests are to be made, the Contractor must also promptly provide that official's name or title and contact information to the person making the request.

#### **PART 8. PROTECTION OF PERSONAL INFORMATION**

- 8.1 The Contractor must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal, including any expressly set out in the Agreement.

#### **PART 9. STORAGE AND ACCESS TO PERSONAL INFORMATION**

- 9.1 Unless the Province otherwise directs in writing, the Contractor must not store personal information outside Canada or permit access to personal information from outside Canada.

#### **PART 10. RETENTION OF PERSONAL INFORMATION**

- 10.1 Unless the Agreement otherwise specifies, the Contractor must retain personal information until directed by the Province in writing to dispose of it or deliver it as specified in the direction.

#### **PART 11. USE OF PERSONAL INFORMATION**

- 11.1 Unless the Province otherwise directs in writing, the Contractor may only use personal information if that use is for the performance of the Contractor's obligations, or the exercise of the Contractor's rights, under the Agreement.

#### **PART 12. DISCLOSURE OF PERSONAL INFORMATION**

- 12.1 Unless the Province otherwise directs in writing, the Contractor may only disclose personal information inside Canada to any person other than the Province if the disclosure is for the performance of the Contractor's obligations, or the exercise of the Contractor's rights, under the Agreement.
- 12.2 Unless the Agreement otherwise specifies or the Province otherwise directs in writing, the Contractor must not disclose personal information outside Canada.

#### **PART 13. NOTICE OF FOREIGN DEMANDS FOR DISCLOSURE**

- 13.1 In addition to any obligation the Contractor may have to provide the notification contemplated by section 30.2 of the Act, if in relation to personal information in the custody or under the control of the Contractor, the Contractor:
- (a) receives a foreign demand for disclosure;

- (b) receives a request to disclose, produce or provide access that the Contractor knows or has reason to suspect is for the purpose of responding to a foreign demand for disclosure; or
  - (c) has reason to suspect that an unauthorized disclosure of personal information has occurred in response to a foreign demand for disclosure
- 13.2 The Contractor must immediately notify the Province and, in so doing, provide the information described in section 30.2(3) of the Act. In this section, the phrases "foreign demand for disclosure" and "unauthorized disclosure of personal information" will bear the same meanings as in section 30.2 of the Act.

#### **PART 14. NOTICE OF UNAUTHORIZED DISCLOSURE**

- 14.1 In addition to any obligation the Contractor may have to provide the notification contemplated by section 30.5 of the Act, if the Contractor knows that there has been an unauthorized disclosure of personal information in the custody or under the control of the Contractor, the Contractor must immediately notify the Province. In this section, the phrase "unauthorized disclosure of personal information" will bear the same meaning as in section 30.5 of the Act.

#### **PART 15. INSPECTION OF PERSONAL INFORMATION**

- 15.1 In addition to any other rights of inspection the Province may have under the Agreement or under statute, the Province may, at any reasonable time and on reasonable notice to the Contractor, enter on the Contractor's premises to inspect any personal information in the possession of the Contractor or any of the Contractor's information management policies or practices relevant to the Contractor's management of personal information or the Contractor's compliance with this Schedule and the Contractor must permit, and provide reasonable assistance to, any such inspection.

#### **PART 16. COMPLIANCE WITH THE ACT AND DIRECTIONS**

- 16.1 The Contractor must in relation to personal information comply with:
- (a) the requirements of the Act applicable to the Contractor as a service provider, including any applicable order of the commissioner under the Act; and
  - (b) any direction given by the Province under this Schedule.
- 16.2 The Contractor acknowledges that it is familiar with the requirements of the Act governing personal information that are applicable to it as a service provider.

#### **PART 17. NOTICE OF NON-COMPLIANCE**

- 17.1 If for any reason the Contractor does not comply, or anticipates that it will be unable to comply, with a provision in this Schedule in any respect, the Contractor must promptly notify the Province of the particulars of the non-compliance or anticipated non-compliance and what steps it proposes to take to address, or prevent recurrence of, the non-compliance or anticipated non-compliance.

**PART 18. TERMINATION OF AGREEMENT**

- 18.1 In addition to any other rights of termination which the Province may have under the Agreement or otherwise at law, the Province may, subject to any provisions in the Agreement establishing mandatory cure periods for defaults by the Contractor, terminate the Agreement by giving written notice of such termination to the Contractor, upon any failure of the Contractor to comply with this Schedule in a material respect.

**PART 19. INTERPRETATION**

- 19.1 In this Schedule, references to sections by number are to sections of this Schedule unless otherwise specified in this Schedule.
- 19.2 Any reference to the "Contractor" in this Schedule includes any subcontractor or agent retained by the Contractor to perform obligations under the Agreement and the Contractor must ensure that any such subcontractors and agents comply with this Schedule.
- 19.3 The obligations of the Contractor in this Schedule will survive the termination of the Agreement.
- 19.4 If a provision of the Agreement (including any direction given by the Province under this Schedule) conflicts with a requirement of the Act or an applicable order of the commissioner under the Act, the conflicting provision of the Agreement (or direction) will be inoperative to the extent of the conflict.
- 19.5 The Contractor must comply with the provisions of this Schedule despite any conflicting provision of this Agreement or, subject to section 32, the law of any jurisdiction outside Canada.
- 19.6 Nothing in this Schedule requires the Contractor to contravene the law of any jurisdiction outside Canada unless such contravention is required to comply with the Act.



## Schedule F – Additional Terms

### PART 1. CHANGE MANAGEMENT

1.1 During the term of this Agreement, we may request that you provide services in addition to the Services, such as claims administration for other health supplements available to Clients under the Employment and Assistance Regulation, B.C. Reg. 145/2015, or the *Employment and Assistance for Persons with Disabilities Regulation*, B.C. Reg. 265/2002 or Healthy Kids, from time to time. If we make such a request, the change management provisions set out below will apply:

- (a) We may initiate the change management process by submitting a Change Request to the Contractor Contract Manager that includes all relevant information reasonably required for the proper consideration of the Change Request. For the purposes of this Agreement, a "Change Request" is (i) a request to change or increase or reduce the scope of any of the Services, (ii) a request to alter or amend any of the Performance Standards (Appendix 8), or (iii) any other matter contemplated by this Agreement or that the Province or Contractor may agree to as property being the subject matter of a Change Request. For greater certainty, Change Requests are for anticipated material changes. Changes which are ordinary course in nature will not require a Change Request.
- (b) If required, the Province and Contractor will meet together to clarify the Change Request, including details regarding the time and cost estimate for the services described therein.
- (c) The Contractor Contract Manager will provide a price estimate ("Price Proposal") for the services requested in the Change Request, with supporting details, within ten (10) Business Days of receipt of the Change Request, or other time period mutually agreed upon by the Province and Contractor.
- (d) Upon receipt of the Price Proposal, we will provide you with a written response within ten (10) Business Days, or other time period mutually agreed upon by the Province and Contractor, indicating our acceptance, counter proposal or rejection of the same.
- (e) If we approve the Price Proposal, the Province and Contractor will finalize the details of the change or work to be done or services to be provided, and cost, in a Change Order to be attached as a schedule to this Agreement or alternately by an amendment to the Agreement.

1.2 Contractor Change Request:

- (a) You may initiate the change management process by submitting a Change Request to the Province Contract Manager that includes all relevant information reasonably required for proper consideration of the Change Request, including details regarding the impact which the proposed change is anticipated to have upon:
  - (i) the rights and obligations of the Province and Contractor under this Agreement,
  - (ii) the Services,
  - (iii) the Performance Standards,
  - (iv) the Fees payable under this Agreement, and

- (v) the other terms of this Agreement.
- (b) The Parties will meet together to clarify the Change Request.
- (c) Upon receipt of a Change Request from you, we will provide you with a written response within twenty (20) Business Days, or other time period as mutually agreed upon by the Province and Contractor, indicating our acceptance, counterproposal or rejection of the same.
- (d) If we approve the Change Request, the Parties will finalize the details of the change or work to be done or services to be provided, and cost, in a Change Order to be attached as a schedule to this Agreement or alternately by an amendment to the Agreement.

### 1.3 Default and Termination

Notwithstanding the notice provisions in section 11.4 (Province's Right to Terminate Other Than for Default) of the Agreement, the Province may terminate this Agreement for any reason by giving by giving at least 90 days' written notice of termination to the Contractor.



## Schedule G – Security Schedule

### PART 1. DEFINITIONS

#### 1.1 In this Schedule,

- (a) "Equipment" means any equipment, including interconnected systems or subsystems of equipment, software and networks, used or to be used by the Contractor to provide the Services;
- (b) "Facilities" means any facilities at which the Contractor provides or is to provide the Services;
- (c) "Information" means information
  - (i) in the Material, or
  - (ii) accessed, produced or obtained by the Contractor (whether verbally, electronically or otherwise) as a result of the Agreement;
- (d) "Record" means a "record" as defined in the *Interpretation Act*;
- (e) "Sensitive Information" means
  - (i) Information that is "personal information" as defined in the *Freedom of Information and Protection of Privacy Act*, or
  - (ii) any other Information specified as "Sensitive Information" in Appendix G6, if attached; and
- (f) "Services Worker" means an individual involved in providing the Services for or on behalf of the Contractor and, for greater certainty, may include
  - (i) the Contractor or a subcontractor if an individual, or
  - (ii) an employee or volunteer of the Contractor or of a subcontractor.

### PART 2. SCHEDULE CONTAINS ADDITIONAL OBLIGATIONS

- 2.1 The obligations of the Contractor in this Schedule are in addition to any other obligations in the Agreement or the schedules attached to it relating to security including, without limitation, the obligations of the Contractor in the Privacy Protection Schedule, if attached.

### PART 3. SERVICES WORKER CONFIDENTIALITY AGREEMENTS

- 3.1 The Contractor must not permit a Services Worker who is an employee or volunteer of the Contractor to have access to Sensitive Information unless the Services Worker has first entered into a confidentiality agreement with the Contractor to keep Sensitive Information confidential on substantially similar terms as those that apply to the Contractor under the Agreement.

### PART 4. SERVICES WORKER SECURITY SCREENING

- 4.1 The Contractor may only permit a Services Worker who is an employee or a volunteer of the Contractor to have access to Sensitive Information or otherwise be involved in providing the Services if, after having subjected the Services Worker to the personnel security screening requirements set out in Appendix G1 and any additional requirements the Contractor may

consider appropriate, the Contractor is satisfied that the Services Worker does not constitute an unreasonable security risk. The Contractor must create, obtain and retain Records documenting the Contractor's compliance with the security screening requirements set out in Appendix G1 in accordance with the provisions of that appendix.

#### **PART 5. SERVICES WORKER ACTIVITY LOGGING**

- 5.1 Subject to section 6, the Contractor must create and maintain detailed Records logging the activities of all Service Workers in relation to:
- (a) their access to Sensitive Information; and
  - (b) other matters specified by the Province in writing for the purposes of this section.
- 5.2 The Records described in section 5 must be made and maintained in a manner, and contain information, specified in Appendix G2, if attached.

#### **PART 6. FACILITIES AND EQUIPMENT PROTECTION AND ACCESS CONTROL**

- 6.1 The Contractor must create, maintain and follow a documented process to:
- (a) protect Facilities and Equipment of the Contractor required by the Contractor to provide the Services from loss, damage or any other occurrence that may result in any of those Facilities and Equipment being unavailable when required to provide the Services; and
  - (b) limit access to Facilities and Equipment of the Contractor
    - (i) being used by the Contractor to provide the Services, or
    - (ii) that may be used by someone to access Information
- to those persons who are authorized to have that access and for the purposes for which they are authorized, which process must include measures to verify the identity of those persons.
- 6.2 If the Province makes available to the Contractor any Facilities or Equipment of the Province for the use of the Contractor in providing the Services, the Contractor must comply with any policies and procedures provided to it by the Province on acceptable use, protection of, and access to, such Facilities or Equipment.

#### **PART 7. SENSITIVE INFORMATION ACCESS CONTROL**

- 7.1 The Contractor must:
- (a) create, maintain and follow a documented process for limiting access to Sensitive Information to those persons who are authorized to have that access and for the purposes for which they are authorized, which process must include measures to verify the identity of those persons; and
  - (b) comply with the information access control requirements set out in Appendix G3, if attached.

## **PART 8. INTEGRITY OF INFORMATION**

### **8.1 The Contractor must:**

- (a) create, maintain and follow a documented process for maintaining the integrity of Information while possessed or accessed by the Contractor; and
- (b) comply with the information integrity requirements set out in Appendix G4, if attached.

### **8.2 For the purposes of section 10, maintaining the integrity of Information means that, except to the extent expressly authorized by the Agreement or approved in writing by the Province, the Information has:**

- (a) remained as complete as when it was acquired or accessed by the Contractor; and
- (b) not been altered in any material respect.

## **PART 9. DOCUMENTATION OF CHANGES TO PROCESSES**

### **9.1 The Contractor must create and maintain detailed Records logging any changes it makes to the processes described in sections 7, 9 and 10.**

## **PART 10. NOTICE OF SECURITY BREACHES**

### **10.1 If Contractor becomes aware that:**

- (a) unauthorized access, collection, use, disclosure, alteration or disposal of Information or Records containing Information; or
- (b) unauthorized access to Facilities or Equipment

has occurred or is likely to occur (whether or not related to a failure by the Contractor to comply with this Schedule or the Agreement), the Contractor must immediately notify the Province of the particulars of that occurrence or likely occurrence. If the Contractor provides a notification under this section other than in writing, that notification must be confirmed in writing to the Province as soon as it is reasonably practicable for the Contractor to do so.

## **PART 11. REVIEW OF SECURITY BREACHES**

### **11.1 If the Province decides to conduct a review of a matter described in section 13 (whether or not the matter came to the attention of the Province as a result of a notification under section 13), the Contractor must, on the request of the Province, participate in the review to the extent that it is reasonably practicable for the Contractor to do so.**

## **PART 12. RETENTION OF RECORDS**

### **12.1 Unless the Agreement otherwise specifies, the Contractor must retain all Records in the Contractor's possession that contain Information until directed by the Province in writing to dispose of them or deliver them as specified in the direction;**

- (a) paper documentation used to create electronic records may be destroyed as per a Redundant Source Record Schedule process once Redundant Source Record Schedule Agreement is finalized and signed

### **PART 13. STORAGE OF RECORDS**

- 13.1 Until disposed of or delivered in accordance with section 15, the Contractor must store any Records in the Contractor's possession that contain Information in accordance with the provisions of Appendix G5, if attached.

### **PART 14. AUDIT**

- 14.1 In addition to any other rights of inspection the Province may have under the Agreement or under statute, the Province may, at any reasonable time and on reasonable notice to the Contractor, enter on the Contractor's premises to inspect and, at the Province's discretion, copy:

- (a) any Records in the possession of the Contractor containing Information; or
- (b) any of the Contractor's Information management policies or processes (including the processes described in sections 7, 9 and 10 and the logs described in sections 5 and 12) relevant to the Contractor's compliance with this Schedule

and the Contractor must permit, and provide reasonable assistance to the exercise by the Province of the Province's rights under this section.

### **PART 15. TERMINATION OF AGREEMENT**

- 15.1 In addition to any other rights of termination which the Province may have under the Agreement or otherwise at law, the Province may, subject to any provisions in the Agreement establishing mandatory cure periods for defaults by the Contractor, terminate the Agreement by giving written notice of such termination to the Contractor, upon any failure of the Contractor to comply with this Schedule in a material respect.

### **PART 16. INTERPRETATION**

- 16.1 In this Schedule, unless otherwise specified:
- (a) references to sections are to sections of this Schedule; and
  - (b) references to appendices are to the appendices attached to this Schedule.
- 16.2 Any reference to the "Contractor" in this Schedule includes any subcontractor retained by the Contractor to perform obligations under the Agreement and the Contractor must ensure that any such subcontractors comply with this Schedule.
- 16.3 The appendices attached to this Schedule are part of this Schedule.
- 16.4 If there is a conflict between a provision in an appendix attached to this Schedule and any other provision of this Schedule, the provision in the appendix is inoperative to the extent of the conflict unless the appendix states that it operates despite a conflicting provision of this Schedule.
- 16.5 If there is a conflict between:
- (a) a provision of the Agreement, this Schedule or an appendix attached to this Schedule; and
  - (b) a documented process required by this Schedule to be created or maintained by the Contractor
- the provision of the Agreement, Schedule or appendix will prevail to the extent of the conflict.
- 16.6 The obligations of the Contractor in this Schedule will survive the termination of the Agreement.

## SCHEDULE G – Appendix G1 – Security Screening Requirements

The personnel security screening requirements set out in this Appendix G1 are for the purpose of assisting the Contractor to determine whether or not a Services Worker constitutes an unreasonable security risk.

### PART 1. VERIFICATION OF NAME, DATE OF BIRTH AND ADDRESS

- 1.1 The Contractor must verify the name, date of birth and current address of a Services Worker by viewing at least one piece of “primary identification” of the Services Worker and at least one piece of “secondary identification” of the Services Worker,\* as described in the table following this section. The Contractor must obtain or create, as applicable, Records of all such verifications and retain a copy of those Records. For a Services Worker from another province or jurisdiction, reasonably equivalent identification documents are acceptable.

Primary Identification	Secondary Identification
<p><b>Issued by ICBC:</b></p> <ul style="list-style-type: none"> <li>• B.C. driver's licence or learner's licence (must have photo)</li> <li>• B.C. Identification (BCID) card</li> </ul> <p><b>Issued by provincial or territorial government:</b></p> <ul style="list-style-type: none"> <li>• Canadian birth certificate</li> </ul> <p><b>Issued by Government of Canada:</b></p> <ul style="list-style-type: none"> <li>• Canadian Citizenship Card</li> <li>• Permanent Resident Card</li> <li>• Canadian Record of Landing/Canadian Immigration Identification Record</li> </ul>	<ul style="list-style-type: none"> <li>• School ID card (student card)</li> <li>• Bank card (only if holder's name is on card)</li> <li>• Credit card (only if holder's name is on card)</li> <li>• Passport</li> <li>• Foreign birth certificate (a baptismal certificate is not acceptable)</li> <li>• Canadian or U.S. driver's licence</li> <li>• Naturalization certificate</li> <li>• Canadian Forces identification</li> <li>• Police identification</li> <li>• Foreign Affairs Canada or consular identification</li> <li>• Vehicle registration (only if owner's signature is shown)</li> <li>• Picture employee ID card</li> <li>• Firearms Acquisition Certificate</li> <li>• Social Insurance Card (only if has signature strip)</li> <li>• B.C. CareCard</li> <li>• Native Status Card</li> <li>• Parole Certificate ID</li> <li>• Correctional Service Conditional Release Card</li> </ul>

\*It is not necessary that each piece of identification viewed by the Contractor contains the name, date of birth and current address of the Services Worker. It is sufficient that, in combination, the identification viewed contains that information.

### PART 2. VERIFICATION OF EDUCATION AND PROFESSIONAL QUALIFICATIONS

- 2.1 The Contractor must verify, by reasonable means, any relevant education and professional qualifications of a Services Worker, obtain or create, as applicable, Records of all such verifications, and retain a copy of those Records.

### PART 3. VERIFICATION OF EMPLOYMENT HISTORY AND REFERENCE CHECKS

- 3.1 The Contractor must verify, by reasonable means, any relevant employment history of a Services

Worker, which will generally consist of the Contractor requesting that a Services Worker provide employment references and the Contractor contacting those references. If a Services Worker has no relevant employment history, the Contractor must seek to verify the character or other relevant personal characteristics of the Services Worker by requesting the Services Worker to provide one or more personal references and contacting those references. The Contractor must obtain or create, as applicable, Records of all such verifications and retain a copy of those Records.

#### **PART 4. SECURITY INTERVIEW**

- 4.1 The Contractor agrees to collaborate with the Province to conduct a security-focused interview with a Services Worker and a representative of the Contractor, if the Province identifies a reasonable security concern and notifies the Contractor it wishes to do so.



## **Appendix 1 - Dental Supplement, Dentist and Hygienist Fee Schedule**

### **DENTIST**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-dentist.pdf>

### **HYGIENIST**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-hygienist.pdf>

## **Appendix 2 - Dental Supplement, Denturist Fee Schedule**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-denturist.pdf>



## Appendix 3 – Orthodontic Supplements

### DENTAL TECHNICAL PROCEDURES

#### SCHEDULE E

Effective April 1, 2009

##### NOTES:

1. Only covered by the Medical Services Plan when done by an oral and maxillofacial specialist or orthodontist for the following:
  - a) In conjunction with the hospital-based surgical correction of malocclusion of patients registered with the Orthodontic Program for Cleft Lip/Palate and Severe Congenital Cranial-facial Anomalies;
  - b) Patients registered with the British Columbia Cancer Agency Dental Department;
  - c) Patients registered with the Prosthodontic Management of Severe Dental Facial Anomalies Program administered by the B.C.D.A.
2. Maximum fee of \$1200 per jaw/per patient/per lifetime. Maximum for 2 jaw surgery is \$2000 per patient/per lifetime. Patient cannot be extra billed.
3. A unit of time is 15 minutes.

##### Intraoral Radiographs

###### Periapical:

03831	Single film.....	13.88
03832	Two films.....	19.09
03833	Three films.....	24.28
03834	Four films.....	29.47
03835	Five films.....	34.66
03836	Six films.....	39.86

###### Occlusal:

03841	Single film.....	18.12
03842	Two films.....	26.81

##### Panoramic Radiographs

03803	Pre-treatment, post-treatment (each) ( <i>maximum 3</i> ).....	54.35
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##### Cephalometric Radiographs, pre-treatment, post treatment

03804	Single film.....	35.50
03805	Two films.....	58.81
03806	Additional films ( <i>maximum 6</i> ).....	23.31

##### Cephalometric tracing and interpretations, pre-treatment, post-treatment

03807	*Per unit of time.....	65.88
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Dental Technical Procedures Schedule – April 1, 2009

E-1

### TMJ Radiographs

03809	Tomography, single view .....	48.80
03810	Tomography, two views .....	61.12
03811	Radiographs, TMJ, one film .....	35.60
03812	Radiographs, TMJ, two films .....	58.81
03813	Radiographs, TMJ, three films .....	81.90
03814	Radiographs, TMJ, four films .....	107.61
03830	Each additional film over four ( <i>maximum 6</i> ) .....	23.31

### Radiographs/Duplications

03844	Single film .....	6.40
03845	Two films .....	12.57
03846	Three films .....	18.96
03847	Each additional film over three ( <i>maximum 10</i> ) .....	3.63

#### Photographs:

03815	First photograph .....	14.22
03816	Each additional ( <i>maximum 36</i> ) .....	4.72

#### Diagnostic models:

03817	Upper and lower .....	60.15
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#### Duplicate models:

03818	Upper and lower .....	32.94
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#### Casts, Diagnostic, Mounted:

03819	- Per mounting (one or more sets may be required depending upon necessity for segmental model surgery) .....	71.50
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#### Casts, Diagnostic:

03820	Mounted using facebow and occlusal records .....	261.01
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#### Diagnostic (gnathological wax-up) model surgery:

03821	*One unit of time .....	65.88
03822	*Two units of time .....	131.77
03823	*Three units of time .....	197.65

### Appliances - Removable/Retention (Splint)

#### Orthognathic Splint:

03824	Maxillary .....	274.51
03825	Mandibular .....	274.51

#### Palatal Stent:

03826	Palatal stent .....	54.90
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**Appendix 4**  
**- Client Categories and Eligible Services effective September 1, 2017**

**"Spouse", "dependent", and "dependent child"** have the same meaning as in Employment Assistance Act (EA) and Employment Assistance for Persons With Disabilities legislation (EAPWD), as amended from time to time.

**"Recipient"** includes spouses, unless otherwise noted. Both the person whose name is on the file, and their spouse, are recipients.

**PWD** means person with disabilities, which has the same meaning as in the EAPWD legislation.

**PPMB** means person with persistent multiple barriers, which has the same meaning as in the EA legislation. In cases where a person with PPMB designation is in receipt of Hardship Assistance, (as opposed to Income Assistance), they fall into categories H or I, as applicable. Hardship overrides PPMB designation.

**MSO** means Medical Services Only and refers to persons who are eligible for health supplements under EA regulation 67 or EAPWD regulation 62, and any other persons designated MSO by the Minister.

**Disability Assistance, Hardship Assistance, and Income Assistance** have the same meaning as in the EAPWD and EA legislation. These terms are not interchangeable.

Hardship code A refers to persons who do not meet Canadian residency requirements as outlined in legislation: (a) a Canadian citizen; (b) authorized under an enactment of Canada to take up permanent residence in Canada, or (c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee.

**"Healthy Kids"** means a dependent child less than 19 years of age, in families approved for premium assistance by the Medical Services Plan (MSP) through the Ministry of Health.

**"In pay" or "in receipt of" or "recipient"**, when used with the terms Income Assistance, Disability Assistance, or Hardship Assistance, means the person has been issued an assistance cheque for the current calendar month.

# Client Categories and Eligible Services effective September 1, 2017 - MSDPR - Policy 13139

Revised : July 23, 2018

Client Category	Plan Code	Description	Enrollment Groups		Hearing Aids / Alternative HA Supp.	Vision Benefits			Dental Benefits											
			Report Group	Division		Class	Eye Exam	Supp / 3 yrs	Supp / 1 yr	BOS	Emerg Dental	Crown & Bridge	Ortho	Regular	\$1000 / 1 yr BOS	Advt BOS	Emerg	Basic	Dentures	
												1000 / 1 yr	2000 / 2 yrs							Initial ONLY
A0	MSD00000025	Adult PWD recipient of Disability Assistance	PWD	1	1	X	19-64	≥19	<19	≥19	<19	X	<19	X	X	X	X	X	X	
A1	MSD00000016	Spouse of adult PWD recipient of Disability Assistance	PWDS	2	4	X	19-64	≥19	<19	≥19	<19	X	<19	X	<19	X	<19	X		
B0	MSD00000020	Adult PWD recipient of Hardship Assistance	HAdult	3	7	<19	19-64	≥19	<19	<19	<19	X	<19	X	<19	X	<19	X	<19	
B1	MSD00000022	Spouse of adult PWD recipient of Hardship Assistance	HAdult	3	8	<19	19-64	≥19	<19	<19	<19	X	<19	X	<19	X	<19	<19	<19	
D	MSD00000034	Adult recipient of Income Assistance if no person on file is PPMB	EMPL	5	11	<19 elig. If ≥19, refer to footnote 2	19-64	≥19	<19	<19	<19	X	<19	X	<19	<19	<19	<19	<19	≥19
E1	MSD00000015	Adult PPMB recipient of Income Assistance	PPMB	7	14	X	19-64	≥19	<19	<19	<19	X	<19	X	<19	<19	<19	X		
F	MSD00000013	Spouse of adult PPMB recipient of Income Assistance	PPMB	7	16	X	19-64	≥19	<19	<19	<19	X	<19	X	<19	<19	<19	X		
H	MSD00000021	Adult Recipient of Hardship Assistance with no person having PWD	HAdult	3	9	<19	19-64	≥19	<19	<19	<19	X	<19	X	<19	X	X	X		
P0	MSD00000008	Dependent child of person in receipt of Income Assistance or Disability Assistance	BCEA Child	8	17	X	19-64		X	X	X	X	X	X	X	X	X	X		
P1	MSD00000008	Dependent child of person on file as MSO	BCEA Child	8	17	X	19-64		X	X	X	X	X	X	X	X	X	X		
Q	MSD00000017	Dependent child of person in receipt of Hardship Assistance	HChild	4	10	X	19-64		X	X	X	X	X	X	X	X	X	X		
S	MSD00000008	Child in Home of a Relative (CHHR)	BCEA child	8	17	X	19-64		X	X	X	X	X	X	X	X	X	X		
T0	MSD00000010	Adult recipients of PWD designation, on file designated MSO	PWD	1	3	X	19-64	≥19	<19	<19	<19	X	<19	X	X	X	X	X		
T1	MSD00000009	Spouse of Adult recipients of PWD designation, on file designated MSO	PWDS	2	6	X	19-64	≥19	<19	<19	<19	X	<19	X	X	X	X	<19	X	
V0	MSD00000014	Adult recipients of PPMB designation on file designated MSO	MSO Not PWD	6	13	X	19-64	≥19	<19	<19	<19	X	<19	PPMB					≥65	
V1	MSD00000036	Spouse of Adult recipients of PPMB designation on file designated MSO	MSO Not PWD	6	19	X	19-64	≥19	<19	<19	<19	X	<19	X					≥65	
Y	MSD00000024	Adult recipient on file (incl. spouse) designated MSO if no one on file PWD or PPMB	MSO Not PWD	6	12	X	19-64	≥19	<19	<19	<19	X	<19	X					≥65	
W	MSD00000023	Healthy Kids	HK	9	18	X			X		X	X	X	X	X	X	X	X	X	

Appendix 4 - Page 1 of 2

# Client Categories and Eligible Services effective September 1, 2017 - MSDPR - Policy 13139

Revised : July 23, 2018

Reporting Category	
PWD	= PWD Person
PWDS	= PWD Spouse
PPMB	= PPMB
MSO not PWD	= MSO not PWD
EMPL	= Employables
BCEA Child	= BCEA Child
HK	= Healthy Kids
HAdult	= Hardship Adult (not code A)
HChild	= Hardship Child (not code A)
HAdultA	= Hardship Adult Code A
HChildA	= Hardship Child Code A

Benefit Eligibility Legend	
X	= All ages entitled
<19	= Only clients under age 19 entitled
>19	= Only clients age 19 or older entitled
≥ 65	= Only clients age 65 or older are entitled

Footnotes
<sup>1</sup> Class 19, Plan MSD0000036 will not be used until the Enrolment Modernization Project changes are implemented.
<sup>2</sup> Secondary Process for clients >19 in Division 5
<ul style="list-style-type: none"> <li>o As not all of this client group are eligible, there will need to be a secondary confirmation process to ensure only the eligible "employable" clients are provided hearing aids. If a client matches this group and is ≥ 19, either PBC or HAB will need to confirm that the "employable" client is one of the following: <ul style="list-style-type: none"> <li>o a hearing impaired parent of a dependent child</li> <li>o a recipient involved in ministry-approved training or who, in the opinion of the Supervisor, requires an instrument to obtain employment and where failure to provide represents a direct barrier to employment</li> <li>o a person with a hearing impairment who is the sole homemaking support for an adult who has a cognitive impairment</li> <li>o an adult in a special care facility or their adult dependents</li> </ul> </li> </ul>

Appendix 4 - Page 2 of 2

Contract sca46070190043  
Pacific Blue Cross

## **Appendix 5 - Hearing Instrument Schedule**

By regulation, the Ministry is the payer of last resort and requires that all other available resources must first be considered before requesting funding. For *income assistance* and *disability assistance* clients, other resources include (but are not limited to) accessing or funding through:

- (a) Other government programs (e.g., PharmaCare, Health Authorities, ICBC, WorkSafeBC, Veterans Affairs Canada),
- (b) Private insurance,
- (c) If there are other resources available, the individual is not eligible for hearing instruments from the Ministry, and
- (d) Co-funding may be considered when other resources cannot pay the entire cost. For example, if an insurance company will pay \$500 for an item that costs \$1,000, the Ministry may consider funding the remaining \$500 if all other eligibility criteria are met.

The Ministry may consider exceptions in consultation with the Contractor.

### **Benefit Limits**

- (a) Single hearing instrument requests up to \$2,000 and bilateral hearing instrument requests up to \$4,000,
- (b) The Ministry may consider exceptions to benefit limits in consultation with the Contractor, and
- (c) The Ministry may consider repairing or replacing hearing instruments due to the item being damaged, worn out, or not functioning.

**Repairs** may be considered if all of the following are met:

- i. It is more economical to repair, rather than replace, the hearing instruments, and
- ii. The hearing instruments have not been damaged by misuse,

**Replacement** may be considered if all of the following are met:

- iii. for Hearing Instruments not previously provided by the Ministry if all other eligibility requirements are met (e.g. prescription),
- iv. It is more economical to replace, rather than repair, the hearing instruments, and
- v. The hearing instruments have not been damaged by misuse.

## MSDSI - Who is Eligible for Hearing Instrument Coverage?

Last Updated: October 25, 2017

Division	1	PWD Person	Eligible
	2	PWD Person Spouse	Eligible
	3	Hardship Adult	Not Eligible
	4	Hardship Child	Eligible
	5	Employables	Requires Secondary Process as follows: <ul style="list-style-type: none"> <li>As not all of this client group are eligible, there will need to be a secondary confirmation process to ensure only the eligible "employable" clients are provided hearing aids. If a client matches this group, either PBC or HAB will need to confirm that the "employable" client is one of the following: <ul style="list-style-type: none"> <li>a hearing impaired parent of a dependent child</li> <li>a recipient involved in ministry-approved training or who, in the opinion of the Supervisor, requires an instrument to obtain employment and where failure to provide represents a direct barrier to employment</li> <li>a recipient who is both registered with the Canadian National Institute for the Blind (CNIB) and is hearing impaired</li> <li>a person with a hearing impairment who is the sole homemaking support for an adult who has a cognitive impairment</li> <li>an adult in a special care facility or their adult dependents</li> </ul> </li> </ul>
	6	MSO not PWD	Eligible
	7	PPMB	Eligible
	8	BCEA Child	Eligible
	9	Healthy Kids	Eligible *Coverage added September 1, 2017
Class	1	A0 - Adult PWD recipient of Disability Assistance	Eligible
	2	A2 - Adult PWD recipient of Disability Assistance; in receipt of FSA or GIS	Eligible
	3	T0 - Adult recipients of PWD designation, on file designated MSO	Eligible
	4	A1 - Spouse of adult PWD recipient of Disability Assistance	Eligible
	5	A3 - Spouse of Adult PWD recipient of DA; in receipt of FSA or GIS	Eligible
	6	T1 - Spouse of Adult recipients of PWD designation, on file designated MSO	Eligible
	7	B0 - Adult PWD recipient of Hardship Assistance	Not Eligible
	8	B1 - Spouse of adult PWD recipient of Hardship Assistance	Not Eligible
	9	H - Adult Recipient of Hardship Assistance with no person having PWD	Not Eligible
	10	Q - Dependent child of person in receipt of Hardship Assistance	Eligible
	11	D - Adult recipient of Income Assistance if no person on file is PPMB	Not Eligible
	12	Y - Adult designated MSO if no one on file (incl. spouse) PWD or PPMB	Eligible
	13	V - Adult PPMB (incl. PPMB Spouse) on file designated MSO	Eligible
	14	E1 - Adult PPMB recipient of Income Assistance	Eligible
	15	E2 - Adult PPMB recipient of Income Assistance; in receipt of FSA or GIS	Eligible
	16	F - Spouse of adult PPMB recipient of Income Assistance	Eligible
	17	P0/P1/S - Child of person in receipt of IA or DA/MSO/Child in Home of a Relative	Eligible
	18	W - Healthy Kids	Eligible *Coverage added September 1, 2017





## **Appendix 6 - Alternative Hearing Assistance Supplement**

The Ministry may provide a monthly Alternative Hearing Assistance Supplement to assist eligible persons to meet costs associated with overcoming barriers related to having permanent profound bilateral hearing loss.

The Alternative Hearing Assistance Supplement is available under the Employment and Assistance (EA) Regulation and Employment and Assistance for Persons with Disabilities (EAPWD) Regulation.

The Alternative Hearing Assistance Supplement is available to clients who are eligible for general health supplements.

The Alternative Hearing Assistance Supplement is also available to children who are eligible for the Healthy Kids Program.

The Alternative Hearing Assistance Supplement may be provided to an eligible person if all of the following criteria are met:

The Ministry is satisfied that:

- the person has permanent profound hearing loss in both ears, and
- the person cannot significantly benefit from a hearing instrument for the purpose of speech comprehension
- An audiologist or a hearing instrument practitioner registered with the College of Speech and Hearing Health Professionals of BC, within the last 12 months, has:
  - performed an assessment to confirm permanent profound hearing loss in both ears, and
  - provided an opinion that the person cannot significantly benefit from a hearing instrument for the purpose of speech comprehension

The Alternative Hearing Assistance Supplement may not be provided if the person received a hearing instrument from the Ministry under the Medical Equipment Hearing Instrument Supplement, or from another source, in the previous 36 months, unless an audiologist or hearing instrument practitioner has confirmed that the person has developed permanent profound hearing loss in both ears since receiving the hearing instrument.

## Health Supplements & Programs Rate Table

Effective: April 1, 2017

*The asterisk indicates the most recent rate table changes*

Supplement	Item	Maximum Amount
Alternative hearing assistance supplement	Per eligible client	*\$100 per calendar month

<https://intranet.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/alternative-hearing-assistance-supplement>

## **Appendix 7 - Optical Fee Schedule**

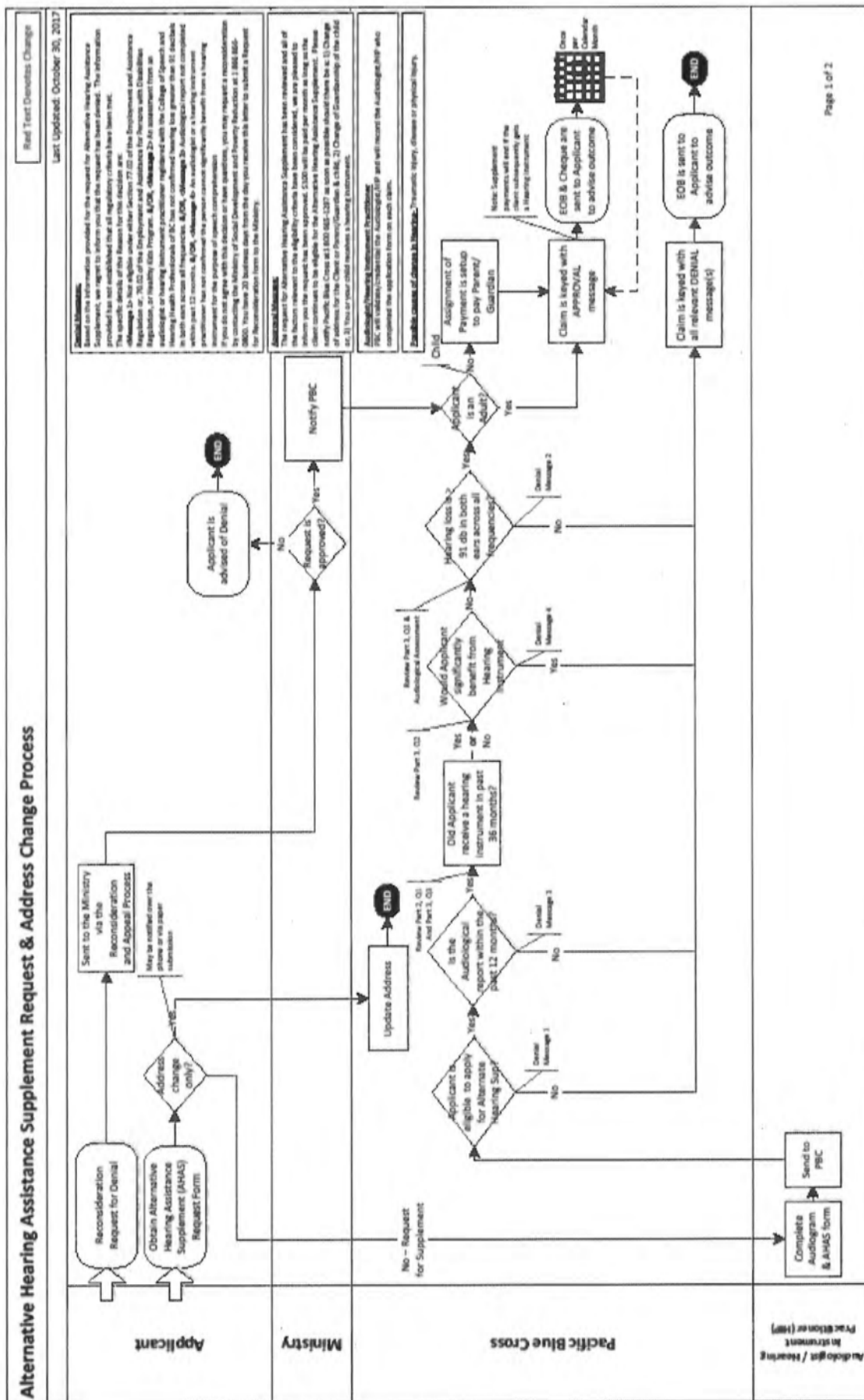
### **OPTICIAN:**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-optician.pdf>

### **OPTOMETRIST**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-optometrist.pdf>

Diagram provided by Pacific Blue Cross:



## Appendix 8 – Performance Standards

In the course of providing the Services under this Agreement, the Contractor will meet or exceed the following performance standards:

<b>Function</b>	<b>Target</b>
Financial Accuracy	98% of paid Claim lines free of financial errors
EHC Turnaround	Claims paid within 30 calendar days
Dental Turnaround	Claims paid within 30 calendar days
Simple Ad Hoc Reports	Provided within 3 Business Days
Complex Reports	Provided within pre-arranged timelines
Monthly Reports	Provided within 15 days of the end of month
Quarterly Reports	Provided within 30 days after quarter closes
Annual Report	Provided by February 28 of the following year
Telephone Line Availability	98% availability of telephone lines
Telephone Response Time	Respond to phone inquiries within 1 business day
Call Centre Telephone Inquiries	90% of calls in 120 seconds
Email Inquiries	Respond to email inquiries within 2 business days
ADMINnet (access by Province)	95% availability
Destruction of Records	100% use of government-approved vendor
Storage of Claims	100% Claims records stored electronically



## LETTER OF AGREEMENT FOR SIGNATURE

May 4, 2018

Monique Klein  
PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
[mklein@pac.bluecross.ca](mailto:mklein@pac.bluecross.ca)

Dear Monique,

Please find attached for you to review, print and sign, a Letter of Agreement between Pacific Blue Cross and the Province of British Columbia for the delivery of Health Benefits.

Please read the Letter of Agreement carefully, print and sign two (2) copies. Please scan a copy and send to: [SDSI.OperationsSupportDOHContract@gov.bc.ca](mailto:SDSI.OperationsSupportDOHContract@gov.bc.ca)

Then mail an original to the following address:

Sue Parker  
Ministry of Social Development and Poverty Reduction  
205 Boundary Road, Duncan BC V9L 1Y3

The Agreement must be signed and dated by the person or persons authorized to sign on behalf of PBC Health Benefits Society DBA PACIFIC BLUE CROSS.

Sincerely,

Nick Fauset  
A/Director of Analytics, Business Intelligence and Contracts  
Ministry of Social Development & Poverty Reduction

Attachment

Ministry of Social  
Development & Poverty  
Reduction

10600 – 100<sup>th</sup> Street,  
Fort St. John, BC V1J 4L6  
Telephone: (236) 365-2014

May 4, 2018

RE: Letter of Agreement – PBC Health Benefits Society  
DBA Pacific Blue Cross- Health Benefits Program

Dear Monique Klein:

This letter confirms an interim agreement with respect to the Ministry of Social Development and Poverty Reduction Health Benefits program reached through recent negotiations between Pacific Blue Cross and the Government of the Province of British Columbia, as represented by the Minister of Social Development and Poverty Reduction (the "Province").

Briefly, the background and history of this matter is that on October 31, 2007 the Province and Pacific Blue Cross entered into a contract (the "Original Agreement") for Pacific Blue Cross to deliver health benefits to individuals eligible under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*.

The term of the Original Agreement was from November 1, 2007 to March 31, 2009. The contract was subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, October 21, 2013 #10, October 23, 2014 #11, November 1, 2014 #12, October 1, 2014 #14, December 1, 2015 #15, October 13, 2016 #16 and September 1, 2017 #17.

The term was extended to October 31, 2017 by way of Modification Agreement #16, dated October 13, 2016. Under the service terms of the amended agreement, Pacific Blue Cross continued to provide health benefits to eligible applicants.

Negotiations between the Province and Pacific Blue Cross for a comprehensive new agreement with a term commencing November 1, 2017 (the "2017 Agreement") have completed, although the agreement has not yet been executed. In the interim, Pacific Blue Cross has continued to provide health benefits to eligible applicants.

The Province wishes to confirm with Pacific Blue Cross their agreement that until such time as the Province and Pacific Blue Cross execute the 2017 Agreement, Pacific Blue Cross will continue to provide the Province with the services. The services are described in the Original Agreement, as modified by Modifications 1-17, and the Province will pay Pacific Blue Cross the Fee of 4.37% of the paid Claim Amounts for those services. Payments will be made on or before the last day of each calendar month for the services received in the prior month.

Notwithstanding the above, either party reserves the right to cancel the agreement contained in this letter at any time by providing the other party with 30 days written notice.

I trust that the above is satisfactory.

Please acknowledge that PBC Health Benefits Society DBA Pacific Blue Cross agrees with the terms and conditions set out in this letter by executing a copy of this letter and returning that copy to [SDSI.OperationsSupportDOHContract@gov.bc.ca](mailto:SDSI.OperationsSupportDOHContract@gov.bc.ca), via email and at the address set out on the first page above.

Sincerely,

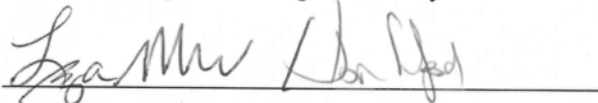


Nick Fauset,

A/Director of Analytics, Business Intelligence and Contracts

Cc: Melony Forster, Manager, Contracts, Operations Support  
Heather Brazier, Executive Director, Operations Support  
Victoria Jongenburger, Contract Analyst

Acknowledged and agreed to by Pacific Blue Cross on the 16 day of MAY, 2018



Signature (authorized signatory)

LEZA MUIR / JON CONFORO

Name (authorized signatory)

SOP/COO INTERIM PRESIDENT  
d CEO



## MODIFICATION AGREEMENT

Contract # SPSC4607208306  
Modification # 1

This AGREEMENT dated for reference the 1<sup>st</sup> day of June, 2008.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Employment and Income Assistance  
(the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS

Fax # (604) 419-2163

(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract No. SPSC4607208306 dated October 31<sup>st</sup>, 2007, (the "Agreement").
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

The parties agree as follows:

- 1) Article 1.1 (uu) of Definitions and Interpretation is deleted and the following substituted: "Rolling Deposit" means funds paid by us to you that you may use for the sole purpose of paying valid Claims, as further described in the attached Schedule B;
- 2) Article 9.3 (c) of Schedule A of the Agreement is deleted and the following substituted: Ensure that Contractor employees working in the MEIA client call centre execute a confidentiality agreement or undertaking of confidentiality, in a form designated by us, which may be the form attached as Schedule G, regarding the use, publication or disclosure of the Confidential Information;

- 3) The following provision is added to Schedule A, Section 1 and all subsequent paragraphs are re-numbered accordingly:
- (x) process claims as 1<sup>st</sup> carrier by paying at MEIA rates and per MEIA rules if claim received without statement from other carrier;
- process claim as 2nd carrier calculating what \$ amount is left to pay as 2nd carrier with MEIA rules being applied. MEIA portion will never exceed MHR rates but over all payment in combination with 1st carrier can be paid up to amount billed by dentist;
- 4) Section 2(a) of Schedule B of the Agreement is deleted and the following substituted: replenish the Rolling Deposit to Contractor at the first business day of each month. The initial amount will be \$4.2 Million and subsequent Rolling Deposit amounts may increase, decrease or remain the same dependent upon the funds remaining after valid Service Provider obligations have been met;
- 5) Section 2 The Contractor will: (b) of Schedule B of the Agreement is deleted;
- 6) Section 2 The Contractor will: (k) of Schedule B of the Agreement is deleted and the following substituted: (k) charge interest at prime (average monthly interest rate established by Canadian Chartered Banks) on deficit balances and credit interest at prime less 1.5% on surplus balances;
- 7) Appendix 5 attached to this Agreement and entitled "Client Categories and Eligible Services" and dated June 1, 2008 replaces the previous version of Appendix 5 attached to the Agreement;
- 8) Section 1(a) of Schedule D of the Agreement is deleted and the following substituted: (a) Commercial General Liability in an amount of not less than \$2,000,000 inclusive per occurrence against bodily injury, personal injury and property damage and including liability assumed under the Agreement and this insurance must include a cross liability clause. You will provide the Province with written notice of cancellation or material change to this insurance.

In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the \_\_\_\_\_ day of \_\_\_\_\_, 2008 on behalf of the Province by its duly authorized representative:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

SIGNED AND DELIVERED on the \_\_\_\_\_ day of \_\_\_\_\_, 2008 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

## MODIFICATION AGREEMENT

Contract # SPSC4607208306  
Modification # 2

This AGREEMENT dated for reference the 16<sup>th</sup> day of December, 2008.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Housing and Social Development  
(the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS

Fax # (604) 419-2163

(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract No. SPSC4607208306 dated October 31<sup>st</sup>, 2007, (the "Agreement") and subsequently modified on June 1<sup>st</sup>, 2008.
- B. The parties have agreed to modify the Agreement effective November 1<sup>st</sup>, 2008.

### AGREEMENT

The parties agree as follows:

- 1) Article 1.1 (ff) of Definitions and Interpretation is deleted and the following substituted: "Minister" means the minister of Housing and Social Development or the minister responsible for any other ministry of the Province that may subsequently have the mandate to provide Assistance;
- 2) Article 1.1 (gg) of Definitions and Interpretation is deleted and the following substituted: "Ministry" means the Ministry of Housing and Social Development or other ministry of the Province that may subsequently have the mandate to provide Assistance;

- 3) Schedule B of the Agreement is to include the following as 1 (a) (i): For the period of November 1, 2008 to October 31, 2009, the Fee will be 3.97% of paid Claim Amounts.

In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the \_\_\_\_\_ day of \_\_\_\_\_, 2008 on behalf of the Province by its duly authorized representative:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

SIGNED AND DELIVERED on the \_\_\_\_\_ day of \_\_\_\_\_, 2008 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

## MODIFICATION AGREEMENT

Contract # SPSC4607208306  
Modification # 3

This AGREEMENT dated for reference the 5<sup>th</sup> day of March, 2010.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Housing and Social Development  
(the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS

Fax # (604) 419-2163

(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract No. SPSC4607208306 dated October 31, 2007, (the "Agreement") and subsequently modified on June 1, 2008 and December 16, 2008.
- B. The parties have agreed to modify the Agreement.


### AGREEMENT

The parties agree as follows:

- 1) Appendix 5 attached to this Agreement and entitled "Client Categories and Eligible Services" and dated April 1, 2010 replaces the previous version of Appendix 5 attached to the Agreement;


In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the 15th day of March, 2010 on behalf of the Province by its duly authorized representative:

Signature 

Print Name PAUL BEAUDRY

SIGNED AND DELIVERED on the 8 day of March, 2010 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):

Signature 

Print Name MORRIS NORD

Signature 

Print Name C. Bratkowski

**Client Categories and eligible services:**  
as of April 1, 2010

"Spouse", "dependent", and "dependent child" have the same meaning as in EA and EAPWD legislation.

"Recipient" includes spouses, unless otherwise noted. Both the person whose name is on the file, and their spouse, are recipients.

PWD means person with disabilities, which has the same meaning as in the EAPWD legislation.

PPMB means person with persistent multiple barriers, which has the same meaning as in the EA legislation. In cases where a person with PPMB designation is in receipt of Hardship Assistance, (as opposed to Income Assistance), they fall into categories H or I, as applicable. Hardship overrides PPMB designation.

MSO means Medical Services Only and refers to persons who are not recipients of assistance but are eligible for health supplements under EA regulation 67 or EAPWD regulation 62, and any other persons designated MSO by the Minister.

Disability assistance, Hardship Assistance, and Income Assistance have the same meaning as in the EAPWD and EA legislation. These terms are not interchangeable.

Hardship code A refers to persons who do not meet Canadian residency requirements as outlined in legislation: (a) a Canadian citizen; (b) authorized under an enactment of Canada to take up permanent residence in Canada, or (c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee.

"In pay" or "in receipt of" or "recipient", when used with the terms Income Assistance, Disability Assistance, or Hardship Assistance, means the person has been issued an assistance cheque for the current calendar month.

**Categories**

A: Adult Recipient of Disability Assistance.

B: Adult PWD recipient of Hardship Assistance, and their spouse, except those with Hardship code A on file.

C: Adult PWD recipient of Hardship Assistance, and their spouse, with Hardship code A on file.

D: Adult Recipient of Income Assistance, if no person on file is designated PPMB.

E: Adult PPMB recipient of Income Assistance.

F: Spouse of PPMB recipient of Income Assistance (E)



H: Adult Recipient of Hardship Assistance, except those with Hardship code A on file, if no person on the file is PWD.

I: Adult Recipient of Hardship Assistance, with Hardship code A on file, if no person on file is PWD.

P: Dependent child of a person in receipt of Income Assistance or Disability Assistance, or on MSO file.

Q: Dependent child of a person in receipt of Hardship Assistance, except if code A is on file.

R: Dependent child of a person in receipt of Hardship Assistance, if code A is on file.

S: Child in the Home of a Relative

T: Adult with PWD designation (and their Spouse), on file designated MSO

V: Adult with PPMB designation (and their Spouse) on file designated MSO

W: Child covered under the Healthy Kids program

Y: Adult recipient on file (includes spouse) designated MSO if no person on file is PWD or PPMB

#### Eligibility Tables

##### Optical

Service	Eligible Persons	Limitations
Eye exam every 24 months	A, B, D, E, F, H, T	-Ages 19-64 only - Only if coverage not available under MSP
Optical Supplements (basic eyewear and repairs; pre-authorized eyewear and repairs)	A, B, D, E, F, H, P, Q, S, T, V, W, Y	V & Y - only if person or their spouse is age 65 or over - replacement glasses: annually for children, every three years for adults, unless meets regulation for change in refractive status

## Dental

Service	Eligible Persons	Limitations
Basic dental services of \$1400 per two calendar years. Two year benefit periods begin on January 1 <sup>st</sup> of every odd year. (retroactive to January 1, 2009)	P, S, W	
Basic dental services of \$1000 for every two-year period beginning Jan 1, 2003.	A, E, F, T, V, Y	V & Y – only if person or their spouse is age 65 and over
Emergency dental services for relief of pain, including work on dentures for relief of pain	ALL categories of clients	V & Y – only if person or their spouse is age 65 and over A, E, F, T, V, Y – only once basic \$1000 has been used up P, S, W – only once basic \$1,400 has been used up
Emergency general anaesthetic (GA) and Intravenous Sedation (IV) in an office.	A, B, P, Q, S, T, W, R	Adults only if designated PWD A, T, – only once basic \$1000 has been used up P, S, W – only once basic \$1,400 has been used up. Must be under 19 or have a severe mental or physical disability as per fee item #92215 in Dental Supplement
Regular General anaesthetic and Intravenous sedation in an office	A, T, P, S, W	Adults only if designated PWD. Must be under 19 or have a severe mental or physical disability as per fee item #92215 in Dental Supplement

## MODIFICATION AGREEMENT

Contract # SPSC4607208306  
Modification # 4

This AGREEMENT dated for reference the 31st day of March, 2010.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Housing and Social Development  
(the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS

Fax # (604) 419-2163

(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract No. SPSC4607208306 dated October 31<sup>st</sup>, 2007, (the "Agreement") and subsequently modified on June 1<sup>st</sup>, 2008, December 16, 2008 and March 5, 2010.
- B. The parties have agreed to modify the Agreement effective March 31<sup>st</sup>, 2010.

### AGREEMENT

The parties agree as follows:

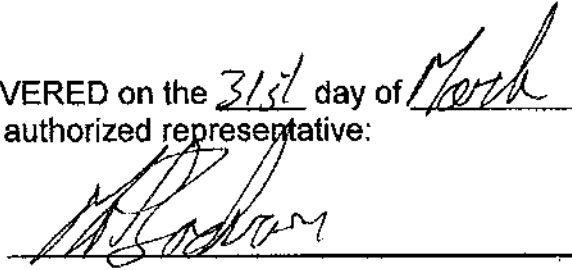
- 1) Schedule B of the Agreement is modified as follows:

The Agreement will have an Annual Maximum of \$2,215,000.00 with a total Agreement Contract Maximum of \$10,715,000.00. The Rolling Deposit and all paid Claims are not included in any Annual Maximum or Contract Maximum. The Rolling Deposit and any paid Claims do not form part of Fees and Expenses.

In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the 31st day of March, 2010 on behalf of the Province by its duly authorized representative:

Signature

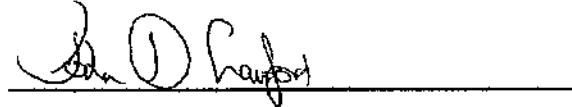


Print Name

PAUL BEARMORE

SIGNED AND DELIVERED on the 31st day of March, 2010 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):

Signature



Print Name

JOHN D CRAWFORD

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

## MODIFICATION AGREEMENT

Contract # SPSC4607208306  
Modification # 5

This AGREEMENT dated for reference the 23<sup>th</sup> day of December, 2010.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development  
(the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS

Fax # (604) 419-2163

(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract No. SPSC4607208306 dated October 31, 2007, (the "Agreement") and subsequently modified on June 1, 2008, December 16, 2008, March 5, 2010 and March 31, 2010.
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

The parties agree as follows:

- 1) Article 1.1 (ff) of Definitions and Interpretation is deleted and the following substituted: "Minister" means the minister of Social Development or the minister responsible for any other ministry of the Province that may subsequently have the mandate to provide Assistance;
- 2) Article 1.1 (gg) of Definitions and Interpretation is deleted and the following substituted: "Ministry" means the Ministry of Social

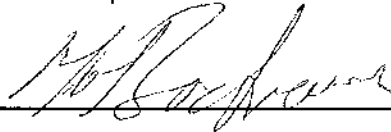
Development or other ministry of the Province that may subsequently have the mandate to provide Assistance;

- 3) Schedule B of the Agreement is to include the following as 1 (a) (i): For the period of November 1, 2010 to October 31, 2011, the Fee will be 3.99% of paid Claim Amounts.

In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the 27th day of January, 2010 on behalf of the Province by its duly authorized representative:

Signature




Print Name

Paul Beardmore

SIGNED AND DELIVERED on the 28 day of DECEMBER, 2010 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):

Signature



Print Name

SVP Financial Services

Signature



Print Name

CINDY BRATKOWSKI

## MODIFICATION AGREEMENT

Contract # SPSC4607208306  
Modification # 6

This AGREEMENT dated for reference the 15<sup>th</sup> day of March, 2011.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development  
(the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS

Fax # (604) 419-2163

(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract No. SPSC4607208306 dated October 31, 2007, (the "Agreement") and subsequently modified on June 1, 2008, December 16, 2008, March 5, 2010, March 31, 2010 and December 23, 2010.
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

The parties agree as follows:

- 1) The Agreement will have an Annual Maximum of \$2,296,991.00 with a total Agreement Contract Maximum of \$10,796,991.00. The Rolling Deposit and all paid Claims are not included in any Annual Maximum or Contract Maximum. The Rolling Deposit and any paid Claims do not form part of Fees and Expenses.

In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the 30th day of March, 2011 on behalf of the Province by its duly authorized representative:

Signature

P. Beardmore

Print Name

P. BEARDMORE

SIGNED AND DELIVERED on the 30th day of March, 2011 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):

Signature

John D Crawford

Print Name

JOHN D CRAWFORD

Signature

Morris B. Noyd

Print Name

MORRIS B. NOYD



## MODIFICATION AGREEMENT

Contract # SPSC46072080306  
Modification # 7

This AGREEMENT dated for reference the 20<sup>th</sup> day of December, 2010.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development  
(the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way  
PO Box 7000  
Vancouver, BC V6B 4E1  
Fax Number: 604-419-2163  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number SPSC4607208306 dated October 31<sup>st</sup>, 2007, (and subsequently modified on June 1<sup>st</sup>, 2008, December 16<sup>th</sup>, 2008, March 5<sup>th</sup>, 2010, March 31<sup>st</sup>, 2010, December 23<sup>rd</sup>, 2010, March 15, 2011) (the "Agreement").
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

The parties agree as follows:

- (1) That Schedule B of the Agreement, Paragraph 1 (a) is amended to add the following:

For the period November 1<sup>st</sup>, 2011 to October 31<sup>st</sup>, 2012, the Fee will be 4.09% of paid Claim amounts.

- (2) That Schedule B of the Agreement, the first paragraph is deleted and replaced with the following:

The Agreement will have the following Annual Maximums with a total Agreement Contract Maximum of \$24,969,991:

- Term from November 1<sup>st</sup>, 2007 to March 31<sup>st</sup>, 2009 of \$2,000,000
- Term from April 1<sup>st</sup>, 2009 to March 31<sup>st</sup>, 2010 of \$2,215,000
- Term from April 1<sup>st</sup>, 2010 to March 31<sup>st</sup>, 2011 of \$2,296,991
- Term from April 1<sup>st</sup>, 2011 to March 31<sup>st</sup>, 2012 of \$2,500,000
- Term from April 1<sup>st</sup>, 2012 to October 31<sup>st</sup>, 2017 (prorated) of \$2,500,000

The Rolling Deposit and all paid Claims are not included in any Annual Maximum or Contract Maximum. The Rolling Deposit and any paid Claims do not form part of Fees and Expenses.

- (3) That Article 2, APPOINTMENT, TERM AND EXTENSION, Paragraph 2.2 is deleted and replaced with the following:

You must provide Services with the Annual Maximums and Contract Maximum during the ten (10) year period that commences November 1<sup>st</sup>, 2007 and ends October 31<sup>st</sup>, 2017 (the "Term") unless this Agreement terminates sooner pursuant to Article 13.

- (4) That Article 2, APPOINTMENT, TERM AND EXTENSION, Paragraphs 2.3, 2.4, 2.5, 2.6 and 2.7 are deleted in their entirety.

- (5) In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ on behalf of the Province by its duly authorized representative:

Signature

*original forwarded to Paul Beardsmore  
Feb 2, 2012 gw*

Print Name

SIGNED AND DELIVERED on the 3<sup>rd</sup> day of January, 2012 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):

Signature

*[Signature] Anne Kinvig*

Print Name

*JOHN O. CRAWFORD / ANNE KINVIG*

REVISED APRIL 2011



Contract# spsc46072080306  
Modification#17

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 1st day of September 2017.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Poverty Reduction  
- (the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, October 21, 2013 #10, October 23, 2014 #11, November 1, 2014 #12, October 1, 2014 #14, December 1, 2015 #15 and October 13, 2016 #16.
- B. The parties have agreed to modify the Agreement effective September 1, 2017.

### AGREEMENT

The parties agree as follows:

1. As per Request for Proposal-Claims Administration and Related Services-MEIA-HAB-RFPCARS (issued June 19, 2007), Condition 3.3.1 Option to Add/Delete Client Services, the Ministry requests and the Contractor agrees to provide administration for the Alternative Hearing Assistance Supplement (AHAS).

2. As per Article 21, Change Management, the Ministry requests that the Contractor update the Client Categories for the Hearing Instrument Supplement to include Group 9, Healthy Kids.
3. The following terms and conditions of the Agreement and subsequent modifications are amended, added or replaced as follows:

### **Definitions and Interpretation**

4. Modification #12, Article 1.1(f) is deleted and replaced in its entirety by:
  - 1.1(f) **"Claim"** means a request by a Service Provider for dental, optical and hearing aid services or a request by an eligible client for Alternative Hearing Assistance Supplement for services provided to a Client as outlined in the Client Categories and Eligible Services Document (Appendix 5), the Dental Fee Schedule (Appendix 1), Denturist Fee Schedule (Appendix 3), the Optical Fee Schedule (Appendix 2), the Hearing Instrument Schedule (Appendix 7) and the Alternative Hearing Assistance Schedule (Appendix 8);
5. Article 1, 1.1, (o) is deleted and replaced in its entirety by:
  - 1.1(o) **"Dental, Optical, Hearing Instrument and Alternative Hearing Assistance Supplements"** mean supplements provided to Clients by the Ministry under sections 67 to 72 of the *Employment and Assistance Regulation*, B.C. Reg. 263/2002, or sections 62 to 65 of the *Employment and Assistance for Persons with Disabilities Regulation*, B.C. Reg. 265/2002;
6. Modification #12, Article 1, 1.1, (r) is deleted and replaced in its entirety by:
  - 1.1(r) **"Enrolment File"** means a file that contains Client data used to update the Contractor database and to determine eligibility for Dental, Optical, Hearing and Alternative Hearing Assistance Supplements;

### **Schedule A**

7. Paragraph 1 of Schedule A Services is deleted and replaced in its entirety by:  
The scope of Services is defined in this schedule and includes confirmation of Client eligibility to Service Providers for Dental, Optical and Hearing Instruments; confirmation of Client eligibility to clients for Alternative Hearing Assistance Supplements; administration of Claims for Dental, Optical, Hearing Instruments and Alternative Hearing Assistance Supplements; related reporting; communications; and records management.

Refer to the following attachments to this Agreement

Appendix 1 – Dental Schedule

Appendix 2 – Optical Fee Schedule

Appendix 3 – Denturist Fee Schedule

Appendix 4 – Eligibility File Layout

Appendix 5 – Client Categories Document

Appendix 6 – Ministry's Contractor Records Guidelines

Appendix 7 – Hearing Instrument Schedule

Appendix 8 – Alternative Hearing Assistance Schedule

8. Schedule A – Services is amended to include:

The **Alternative Hearing Assistance Supplement (AHAS)** is a monthly monetary supplement for eligible clients who have permanent profound hearing loss in both ears and cannot benefit from the use of hearing aids or cochlear implants. The supplement is intended to assist eligible clients overcome barriers related to their hearing loss. AHAS provides eligible clients \$100 per calendar month to or for each person in a family unit who meet the eligibility criteria.

- As of September 1, 2017, all requests for AHAS coverage/eligibility (that were previously submitted to the Ministry) may be submitted to the Contractor.
- All Service Provider enquiries regarding AHAS should be directed to the Contractor.
- The Ministry has determined that to be considered for AHAS funding applicants must have permanent profound hearing loss in both ears and cannot significantly benefit from a hearing instrument for the purpose of speech comprehension. “Profound hearing loss” means a hearing loss of 91 decibels or greater across all frequencies tested in an audiological assessment.
- To be eligible for AHAS, the applicant must be eligible for coverage under either:
  - (a) The BC Employment and Assistance Program (Employment and Assistance Regulation or the Employment and Assistance for Persons with Disabilities Regulation), or
  - (b) The BC Healthy Kids Program.
  - (c) In addition, the applicant may not be eligible for this supplement if they have received a hearing instrument from any source in the previous 36 months, unless the person has developed permanent profound hearing loss in both ears since receiving the hearing instrument.
- Client eligibility will be determined by the Contractor.
- See Appendix 8.

**Appendix 1**

9. Appendix 1 is deleted and replaced in its entirety.

**Appendix 3**

10. Appendix 3 is deleted and replaced in its entirety.

**Appendix 5**

11. Appendix 5 is deleted and replaced in its entirety.

**Appendix 7**

12. Appendix 7 is deleted and replaced in its entirety. Hearing Instrument Supplements has been expanded to include children enrolled in the Healthy Kids Program.

**Appendix 8**

13. Appendix 8, Alternative Hearing Assistance Supplement is added.

### Housekeeping

14. Modification #10 Article 1.1 (ff) of Definitions and Interpretation is deleted and replaced in its entirety by:

1.1(ff) **"Minister"** means the minister of Social Development and Poverty Reduction or the minister responsible for any other ministry of the Province that may subsequently have the mandate to provide Assistance;

Modification #10 Article 1.1 (gg) of Definitions and Interpretation is deleted and replaced in its entirety by:

1.1(gg) **"Ministry"** means the Ministry of Social Development and Poverty Reduction or other ministry of the Province that may subsequently have the mandate to provide Assistance;

15. Modification #15 Paragraph 1, Schedule B, is deleted and replaced in its entirety by:

Term from April 1, 2012 to October 31, 2017 (prorated):

April 1, 2012 to March 31, 2013 = \$2,500,000.00

April 1, 2013 to March 31, 2014 = \$2,500,000.00

April 1, 2014 to March 31, 2015 = \$2,500,000.00

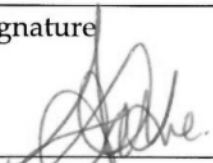
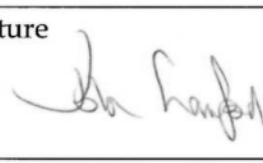
April 1, 2015 to March 31, 2016 = \$2,770,000.00

April 1, 2016 to March 31, 2017 = \$2,800,000.00

April 1, 2017 to October 31, 2017 = \$1,433,000.00.

Total Aggregate is confirmed at: \$25,500,991.00.

16. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the <u>4th</u> day of <u>January</u> , 2018 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the <u>2nd</u> day of <u>January</u> , 2018 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature 	Signature 
Print Name: Anita LaHue, Director, Analytics, Business Intelligence and Contracts.	Print Name: John Crawford, Interim President and CEO

Dental Supplement  
Dentist and Hygienist  
Fee Schedule

**DENTIST**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-dentist.pdf>

**HYGIENIST**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-hygienist.pdf>

### Appendix 3

#### **Dental Supplement Denturist Fee Schedule**

<http://www2.gov.bc.ca/assets/gov/family-and-social-supports/income-assistance/on-assistance/schedule-denturist.pdf>



**Client Categories and Eligible Services effective September 1, 2017**

“Spouse”, “dependent”, and “dependent child” have the same meaning as in EA and EAPWD legislation.

“Recipient” includes spouses, unless otherwise noted. Both, the person whose name is on the file, and their spouse, are recipients.

PWD means person with disabilities, which has the same meaning as in the EAPWD legislation.

PPMB means person with persistent multiple barriers, which has the same meaning as in the EA legislation. In cases where a person with PPMB designation is in receipt of Hardship Assistance, (as opposed to Income Assistance), they fall into categories H or I, as applicable. Hardship overrides PPMB designation.

MSO means Medical Services Only and refers to persons who are eligible for health supplements under EA regulation 67 or EAPWD regulation 62, and any other persons designated MSO by the Minister.

Disability Assistance, Hardship Assistance, and Income Assistance have the same meaning as in the EAPWD and EA legislation. These terms are not interchangeable.

Hardship code A refers to persons who do not meet Canadian residency requirements as outlined in legislation: (a) a Canadian citizen;(b) authorized under an enactment of Canada to take up permanent residence in Canada, or(c) determined under the Immigration and Refugee Protection Act (Canada) or the Immigration Act (Canada) to be a Convention refugee.

“Healthy Kids” means dependent children under 19 years of age, in families approved for premium assistance by the Medical Services Plan (MSP) through the Ministry of Health.

“In pay” or “in receipt of” or “recipient”, when used with the terms Income Assistance, Disability Assistance, or Hardship Assistance, means the person has been issued an assistance cheque for the current calendar month.

Client Categories and Eligible Services effective September 1, 2017 - MSDPR - Policy 13139

Option		Enrollment Groups				Vision Benefits				Dental Benefits							EHC		
Client Category	Description	Request Group	Div	Class	Eye Exam	Supp / 3 yrs	Supp / 1 yr	1000 / 2 yrs	2000 / 2 yrs	Emergency Dental	Crown & Bridge	Ortho	Regular	Adm / \$1000 / 1 yr	Emergency	Basic	Initial ONLY	Repair	Hearing Aids / Alternative HA Supp.
A0	Adult PWD recipient of Disability Assistance	PWD	1	1	19-64	≥19	≥19	≥19	≥19	X	X	X	X	X	X	X	X	X	X
A1	Spouse of adult PWD recipient of Disability Assistance	PWDS	2	4	19-64	≥19	≥19	≥19	≥19	X	L	≥19	≥19	≥19	≥19	≥19	X	X	X
A2	Adult PWD recipient of Disability Assistance; in receipt of FSA or GIS	PWD	1	2	19-64	≥19	≥19	≥19	≥19	X	X	X	X	X	X	X	X	X	X
A3	Spouse of Adult PWD recipient of Disability Assistance; in receipt of FSA or GIS	PWDS	2	5	19-64	≥19	≥19	≥19	≥19	X	L	≥19	≥19	≥19	≥19	≥19	X	X	X
B0	Adult PWD recipient of Hardship Assistance	HAdult	3	7	19-64	≥19	≥19	≥19	≥19	X			≥19	≥19	≥19	≥19	X	X	≥19
B1	Spouse of adult PWD recipient of Hardship Assistance	HAdult	3	8	19-64	≥19	≥19	≥19	≥19	X			≥19	≥19	≥19	≥19	X	X	≥19
C	Adult PWD recipient of Hardship Assistance; Hardship Code A	HAdultA	3	7	L	L				X									≥19 Secondary Phos for determine e/g
D	Adult recipient of Income Assistance if no person on file as PWB	EWPL	5	11	19-64	≥19	≥19	≥19	≥19	X		≥19	≥19	≥19	≥19	≥19	X		
E1	Adult PWB recipient of Income Assistance; in receipt of FSA or GIS	PPMB	7	14	19-64	≥19	≥19	≥19	≥19	X	X	≥19	≥19	≥19	≥19	≥19	X	X	X
E2	Adult PWB recipient of Income Assistance; in receipt of FSA or GIS	PPMB	7	15	19-64	≥19	≥19	≥19	≥19	X	X	≥19	≥19	≥19	≥19	≥19	X	X	X
F	Spouse of adult PWB recipient of Income Assistance	PPMB	7	16	19-64	≥19	≥19	≥19	≥19	X	L	≥19	≥19	≥19	≥19	≥19	X	X	≥19
H	Adult Recipient of Hardship Assistance with no person having PWD	HAdult	3	9	19-64	≥19	≥19	≥19	≥19	X			≥19	≥19	≥19	≥19	X		≥19
I	Adult Recipient of Hardship Assistance with no person having PWD; Hardship Code A	HAdultA	3	9	L	L				X									X
P0	Dependent child of person in receipt of Income Assistance or Disability Assistance	BCSA Child	8	17		X	X	X	X	X	X	X	X	X	X	X	X	X	X
P1	Dependent child of person on file as MSO	BCSA Child	8	17		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Q	Dependent child of person in receipt of Hardship Assistance	HChild	4	10		X	X	X	X	X			X	X	X	X	X	X	X
R	Dependent child of person in receipt of Hardship Assistance; Hardship Code A	HChildA	4	10		L	L	L	L	X			X	X	X	X	X	X	X
S	Child in Home of a Relative (CHH)	BCSA child	8	17		X	X	X	X	X			X	X	X	X	X	X	X
T0	Adult recipients of PWD designation, on file designated MSO	PWD	1	3	19-64	≥19	≥19	≥19	≥19	X	X	X	X	X	X	X	X	X	X
T1	Spouse of Adult recipients of PWD designation, on file designated MSO	PWDS	2	6	19-64	≥19	≥19	≥19	≥19	X	L	≥19	≥19	≥19	≥19	≥19	X	X	X
V	Adult recipients of PPMB designation (incl. PPMB Spouse) on file designated MSO	MSO Not PWD	6	13	L	≥65	≥65	≥65	≥65	≥65			≥65	≥65	≥65	≥65	≥65	≥65	≥65
Y	Adult recipient on file (incl. spouse) designated MSO if no one on file PWD or PPMB	MSO Not PWD	6	12		≥65	≥65	≥65	≥65	≥65			≥65	≥65	≥65	≥65	≥65	≥65	≥65
W	Healthy Kids	HK	9	18		X		X	X	X			X	X	X	X	X	X	X

Appendix 3 - Page 1 of 2

Total Groups 52

### Hearing Instrument Schedule

1. By regulation, the Ministry is the payer of last resort and requires that all other available resources must first be considered before requesting funding. For *income assistance* and *disability assistance* clients, other resources include (but are not limited to) accessing or funding through:
  - (a) Other government programs (e.g., PharmaCare, Health Authorities, ICBC, WorkSafeBC, Veterans Affairs Canada),
  - (b) Private insurance,
  - (c) If there are other resources available, the individual is not eligible for hearing instruments from the Ministry, and
  - (d) Co-funding may be considered when other resources cannot pay the entire cost. For example, if an insurance company will pay \$500 for an item that costs \$1,000, the Ministry may consider funding the remaining \$500 if all other eligibility criteria are met.

The Ministry may consider exceptions in consultation with the Contractor.

#### 2. Benefit Limits

- (a) Single hearing instrument requests up to \$2,000 and bilateral hearing instrument requests up to \$4,000,
- (b) The Ministry may consider exceptions to benefit limits in consultation with the Contractor, and
- (c) The Ministry may consider repairing or replacing hearing instruments due to the item being damaged, worn out, or not functioning.

**Repairs** may be considered if all of the following are met:

- i. It is more economical to repair, rather than replace, the hearing instruments, and
- ii. The hearing instruments have not been damaged by misuse,

**Replacement** may be considered if all of the following are met:

- iii. for Hearing Instruments not previously provided by the Ministry if all other eligibility requirements are met (e.g. prescription),
- iv. It is more economical to replace, rather than repair, the hearing instruments, and
- v. The hearing instruments have not been damaged by misuse.

## MSDSI - Who is Eligible for Hearing Instrument Coverage?

Last Updated: October 25, 2017

Division	1	PWD Person	Eligible
	2	PWD Person Spouse	Eligible
	3	Hardship Adult	Not Eligible
	4	Hardship Child	Eligible
	5	Employables	Requires Secondary Process as follows: <ul style="list-style-type: none"> <li>As not all of this client group are eligible, there will need to be a secondary confirmation process to ensure only the eligible "employable" clients are provided hearing aids. If a client matches this group, either PBC or HAB will need to confirm that the "employable" client is one of the following: <ul style="list-style-type: none"> <li>a hearing impaired parent of a dependent child</li> <li>a recipient involved in ministry-approved training or who, in the opinion of the Supervisor, requires an instrument to obtain employment and where failure to provide represents a direct barrier to employment</li> <li>a recipient who is both registered with the Canadian National Institute for the Blind (CNIB) and is hearing impaired</li> <li>a person with a hearing impairment who is the sole homemaking support for an adult who has a cognitive impairment</li> <li>an adult in a special care facility or their adult dependents</li> </ul> </li> </ul>
	6	MSO not PWD	Eligible
	7	PPMB	Eligible
	8	BCEA Child	Eligible
	9	Healthy Kids	Eligible *Coverage added September 1, 2017
Class	1	A0 - Adult PWD recipient of Disability Assistance	Eligible
	2	A2 - Adult PWD recipient of Disability Assistance; in receipt of FSA or GIS	Eligible
	3	T0 - Adult recipients of PWD designation, on file designated MSO	Eligible
	4	A1 - Spouse of adult PWD recipient of Disability Assistance	Eligible
	5	A3 - Spouse of Adult PWD recipient of DA; in receipt of FSA or GIS	Eligible
	6	T1 - Spouse of Adult recipients of PWD designation, on file designated MSO	Eligible
	7	B0 - Adult PWD recipient of Hardship Assistance	Not Eligible
	8	B1 - Spouse of adult PWD recipient of Hardship Assistance	Not Eligible
	9	H - Adult Recipient of Hardship Assistance with no person having PWD	Not Eligible
	10	Q - Dependent child of person in receipt of Hardship Assistance	Eligible
	11	D - Adult recipient of Income Assistance if no person on file is PPMB	Not Eligible
	12	Y - Adult designated MSO if no one on file (incl. spouse) PWD or PPMB	Eligible
	13	V - Adult PPMB (incl. PPMB Spouse) on file designated MSO	Eligible
	14	E1 - Adult PPMB recipient of Income Assistance	Eligible
	15	E2 - Adult PPMB recipient of Income Assistance; in receipt of FSA or GIS	Eligible
	16	F - Spouse of adult PPMB recipient of Income Assistance	Eligible
	17	P0/P1/S - Child of person in receipt of IA or DA/MSO/Child in Home of a Relative	Eligible
	18	W - Healthy Kids	Eligible *Coverage added September 1, 2017

# Exception Criteria to Consider Hearing Instruments > \$2,000

Last Updated: December 27, 2017

			Level of Hearing Loss Is...			
		Conversation is ..	With...	Mild	Moderate	Severe
Listening/Hearing Environment is...	A	One-on-one	little background noise	Review case with Medical Consultant/discuss case with the Ministry to confirm if we will limit reimbursement to \$2,000		Approve up to \$2,500 Single/\$5,000 bilateral OR, review with Medical Consultant/Ministry if >\$3,000 Single/\$6,000 bilateral
	B	Small Group	little background noise			
	C	One-on-one & Small Group	moderate background noise	Approve up to \$2,500 Single/\$5,000 bilateral OR, review with Medical Consultant/Ministry if >\$2,500 Single/\$5,000 bilateral		
	D	One-on-one & Small Group	extensive background noise			
Note: We expect that only in very rare and extreme cases will the amount of >\$2,500 Single/\$5,000 bilateral be allowed to be exceeded						

### **Alternative Hearing Assistance Supplement**

The Ministry may provide a monthly Alternative Hearing Assistance Supplement to assist eligible persons to meet costs associated with overcoming barriers related to having permanent profound bilateral hearing loss.

The Alternative Hearing Assistance Supplement is available under the Employment and Assistance (EA) Regulation and Employment and Assistance for Persons with Disabilities (EAPWD) Regulation.

The Alternative Hearing Assistance Supplement is available to clients who are eligible for general health supplements.

The Alternative Hearing Assistance Supplement is also available to children who are eligible for the Healthy Kids Program.

The Alternative Hearing Assistance Supplement may be provided to an eligible person if all of the following criteria are met:

The Ministry is satisfied that:

- the person has permanent profound hearing loss in both ears, and
- the person cannot significantly benefit from a hearing instrument for the purpose of speech comprehension
- An audiologist or a hearing instrument practitioner registered with the College of Speech and Hearing Health Professionals of BC, within the last 12 months, has:
  - performed an assessment to confirm permanent profound hearing loss in both ears, and
  - provided an opinion that the person cannot significantly benefit from a hearing instrument for the purpose of speech comprehension

The Alternative Hearing Assistance Supplement may not be provided if the person received a hearing instrument from the Ministry under the Medical Equipment Hearing Instrument Supplement, or from another source, in the previous 36 months, unless an audiologist or hearing instrument practitioner has confirmed that the person has developed permanent profound hearing loss in both ears since receiving the hearing instrument.

# Health Supplements & Programs Rate Table

Effective: April 1, 2017

*The asterisk indicates the most recent rate table changes*

Supplement	Item	Maximum Amount
Alternative hearing assistance supplement	Per eligible client	*\$100 per calendar month

<https://intranet.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/alternative-hearing-assistance-supplement>

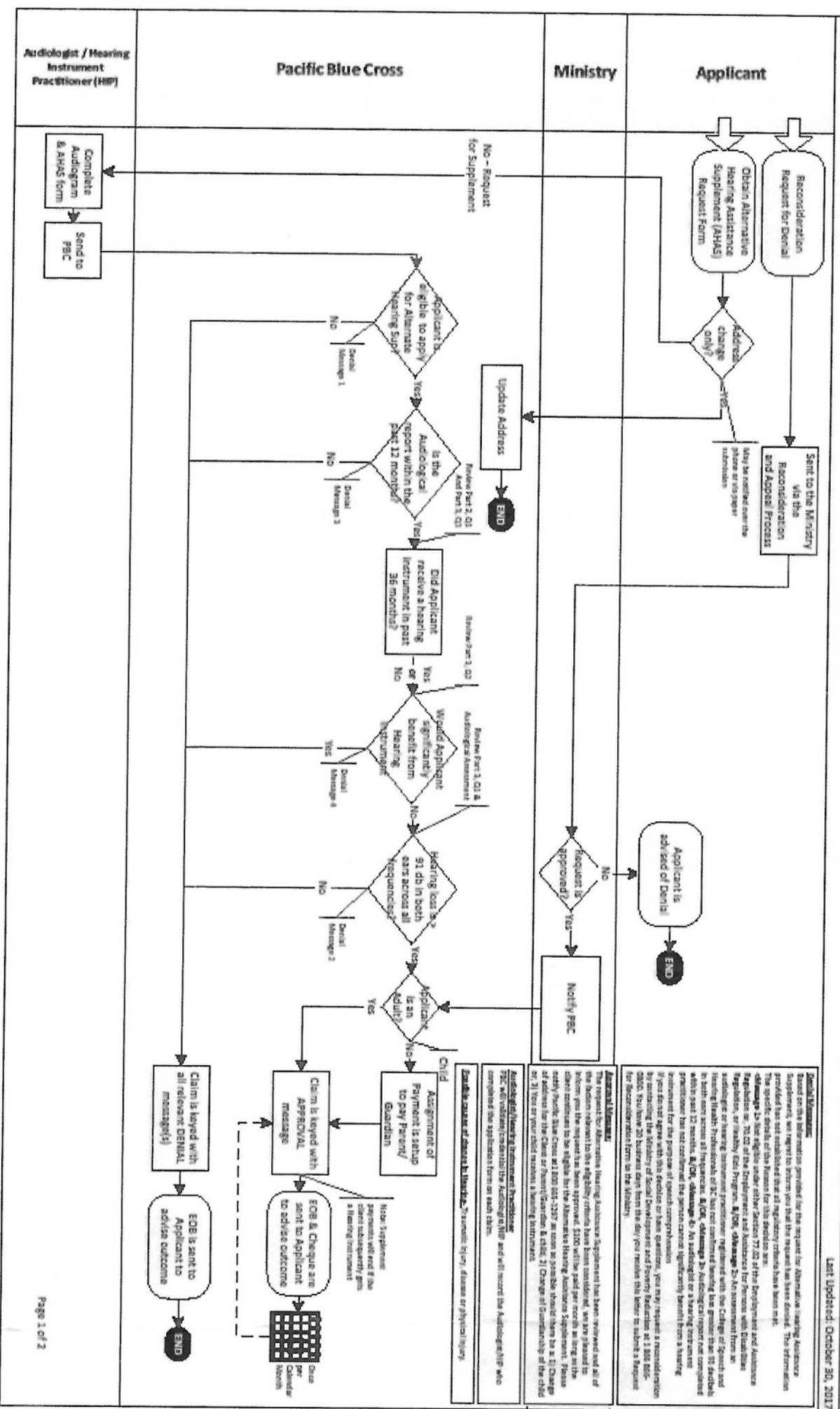




Alternative Hearing Assistance Supplement Request & Address Change Process

Red Text Denotes Change

Last Updated: October 30, 2017







Contract# spsc46072080306  
Modification# 8

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 18<sup>st</sup> day of October, 2012.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development - (the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way  
PO Box 7000  
Vancouver, BC V6B 4E1  
Fax Number: 604-419-2163  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011#6 and December 20, 2010 #7.
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

The parties agree as follows:

1. Amend Schedule B of the Agreement, Paragraph 1 (a) to add the following:

For the period November 1, 2012 to October 31, 2013, the Fee will be 4.16% of paid Claim amounts.

2. As per Article 21, implement the following:
  - 2.1 Close three Client Categories: C - Adult PWD recipient of Hardship Assistance; Hardship Code A; I - Adult Recipient of Hardship Assistance with no person having PWD; Hardship Code A; and R - Dependent Child of person in receipt of Hardship Assistance; Hardship Code A.
  - 2.2 Add Basic Dental to Client Category Q - Dependent child of person in receipt of Hardship Assistance. Currently Client Category Q has Dental Emergency coverage only. It is proposed to add Basic Dental, identical to the Basic Dental coverage for Client Category PO – Dependent child of person in receipt of Income Assistance or Disability Assistance. The effective date would be October 1, 2012.
3. As per Schedule B, Section 1 Expenses for other related services, upon receipt of an invoice, reimburse the Contractor for implementing 2.1 and 2.2 the maximum amount of \$7,000.00.
4. The Aggregate is confirmed at **\$24,976,991.00**.
5. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the ____ day of _____, 2012 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the ____ day of _____, 2012 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature	Signature
_____ Print Name: Paul Beardmore, Director, Health Assistance Branch	_____ Print Name: _____



## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 29<sup>th</sup> day of January, 2013.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development - (the "Province," "we," "us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way  
PO Box 7000  
Vancouver, BC V6B 4E1  
Fax Number: 604-419-2163  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7 and October 18, 2012 #8.
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

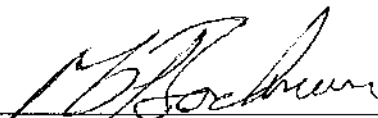
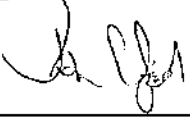
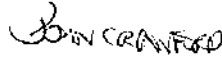
The parties agree as follows:

1. Amend Schedule A, Program Service and Coverage of the Agreement, to add the following:
  - On-line access to optical supplements (basic eyewear and repairs; pre-authorized eyewear and repairs)
  - On-line replacement prescription eyeglasses every 3 years for adults, unless a change in the prescription; and
  - On-line replacement prescription eyeglasses every 12 months for children.

2. Amend Schedule A, Section 1 – Claims Administration, to add the following:

- x. Ensure the following process is used with on-line Optical suppliers only:
  - i. Confirm with on-line optical supplier of licensed optician, optometrist or ophthalmologist on staff.
  - ii. Client will provide the prescription information directly to the on-line Optical supplier to access the optical supplement and will not be required to submit a written optical prescription. In addition, access to specialized items will not be dependent on submission of medical information.
  - iii. Accept a claim form without a client signature.

3. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the <u>11<sup>th</sup></u> day of <u>March</u> , 2013 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the <u>1</u> day of <u>MARCH</u> , 2013 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature 	Signature 
Print Name: Paul Beardmore, Director, Health Assistance Branch	Print Name: 

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 21 day of October, 2013.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Social Innovation- (the "Province," "we,"  
"us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way  
PO Box 7000  
Vancouver, BC V6B 4E1  
Fax Number: 604-419-2163  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011#6, December 20, 2010 #7, October 18, 2012 #8, and January 29, 2013 #9.
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

The parties agree as follows:

1. Modification #5 Article 1.1 (ff) of Definitions and Interpretation is deleted and the following substituted: "Minister" means the minister of Social Development and Social Innovation or the minister responsible for any other ministry of the Province that may subsequently have the mandate to provide Assistance;

2. Modification #5 Article 1.1 (gg) of Definitions and Interpretation is deleted and the following substituted: "Ministry" means the Ministry of Social Development and Social Innovation or other ministry of the Province that may subsequently have the mandate to provide Assistance;
3. Schedule B of the Agreement is to include the following as 1 (a) (vi): For the period of November 1, 2013 to October 31, 2014, the Fee will be 4.16% of the paid Claim Amounts.
4. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the ____ day of _____, 2013 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the ____ day of _____, 2013 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature	Signature
<hr/> Print Name: Paul Beardmore, Director, Health Assistance Branch	<hr/> Print Name: <hr/>





Contract# spsc46072080306  
Modification#11

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 23<sup>rd</sup> day of October 2014.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Social Innovation- (the "Province," "we,"  
"us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

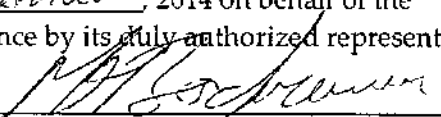

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, and October 21, 2013 #10.
- B. The parties have agreed to modify the Agreement.

### AGREEMENT

The parties agree as follows:

1. Schedule B of the Agreement is to include the following as 1 (a) (vii): For the period of November 1, 2014 to October 31, 2015, the Fee will be 4.24% of the paid Claim Amounts.

2. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the <u>16th</u> day of <u>December</u> , 2014 on behalf of the Province by its duly authorized representative: 	SIGNED AND DELIVERED on the <u>18th</u> day of <u>November</u> , 2014 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature  A	Signature 
Print Name: Paul Beardmore, Director, Health Assistance Branch	Print Name:  <u>JOHN CRAWFORD</u>



Contract#

spsc46072080306

Modification#12

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 1st day of November 2014.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Social Innovation- (the "Province," "we,"  
"us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, October 21, 2013 #10, and October 23, 2014 #11.
- B. The parties have agreed to modify the Agreement effective April 1, 2015.

### AGREEMENT

The parties agree as follows:

1. As per Request for Proposal-Claims Administration and Related Services-MEIA-HAB-RFPCARS (issued June 19, 2007), Condition 3.3.1 Option to Add/Delete Client Services, the Ministry requests and the Contractor agrees to add claims administration for Hearing Instruments and associated repairs and supplies.

2. The Ministry requests and the Contractor agrees to form a joint Project Team to work cooperatively to design and implement the pilot project to move administration of Hearing Instruments to Pacific Blue Cross.
3. It is anticipated that the pilot project for Hearing Instruments will start as soon as possible, but no later than, April 1, 2015. The pilot will expire at the end of the Agreement on October 31, 2017.
4. The following terms and conditions of the Agreement and subsequent modifications are amended, added or replaced as follows:

#### **Definitions and Interpretation**

Article 1, 1.1 (f) is deleted and replaced in its entirety by:

**1.1(f) "Claim"** means a request by a Service Provider for payment for a dental, optical and hearing aid service provided to a Client as outlined in the Client Categories and Eligible Services Document (Appendix 5), the Dental Fee Schedule (Appendix 1) Denturist Fee Schedule (Appendix 3), the Optical Fee Schedule (Appendix 2), and the Hearing Aid Fee Schedule (Appendix 7)

Article 1, 1.1, (o) is deleted and replaced in its entirety by:

**1.1(o) "Dental, Optical and Hearing Instrument Supplements"** mean supplements provided to Clients by the Ministry under sections 67 to 72 of the *Employment and Assistance Regulation*, B.C. Reg. 263/2002, or sections 62 to 65 of the *Employment and Assistance for Persons with Disabilities Regulation*, B.C. Reg. 265/2002;

Article 1, 1.1, (r) is deleted and replaced in its entirety by:

**1.1(r) "Enrolment File"** means a file that contains Client data used to update the Contractor database and to determine eligibility for Dental, Optical and Hearing Instrument Supplements;

Article 1, 1.1, (ww) is deleted and replaced in its entirety by:

**1.1(ww) "Services Provider"** means any optician, optometrist, dentist, denturist audiologist, Hearing Instrument practitioner or other professional providing dental, optical or hearing instrument services to a Client for which the Ministry may provide a Dental, Optical and Hearing Instrument Supplement;

Article 1, 1.1, (bbb) is deleted and replaced in its entirety by:

**1.1(bbb) "Verification File"** means a file that contains data for Clients eligible for Dental, Optical and Hearing Instrument Supplements; and

### Schedule A-Services

Add Appendix 7 – Hearing Instruments Schedule (see following Appendix 7).

**Program Services and Coverage**, add the following:

The Ministry provides **Hearing Instrument Services** to eligible Clients as outlined in the Hearing Instrument Schedule attached as Appendix 7:

- Hearing Instruments as prescribed by an audiologist or Hearing Instrument practitioner, and
- an audiologist or Hearing Instrument practitioner has performed an assessment that confirms the need for a hearing instrument. (B.C. Reg.61/2010)(B.C. Reg. 85/2012)
- Specialized Hearing Instruments (i.e., Bone Anchored Hearing Instruments (BAHI) or cochlear implant supplies and services;
- Hearing Instrument repairs:
  - if more economical than to replace,
  - have not been damaged by misuse, and/or
  - for Hearing Instruments not previously provided by the Ministry if all other eligibility requirements are met (e.g. prescription).
- Hearing Instrument replacement:
  - It is more economical to replace, rather than repair, the hearing instruments, and/or
  - The Hearing Instruments have not been damaged by misuse.

Section 1 – Claims Administration is deleted and replaced in its entirety by:

The Contractor will:

- a) Administer the receipt, review and payment of Claims under the Optical, Dental, Healthy Kids Programs and **Hearing Instrument Services** ensuring completeness and eligibility;
- b) Assess Client eligibility in accordance with the criteria set out by the Ministry;
- c) Assess pre authorization requests (i.e. crown and bridge services) using a qualified professional registered with the British Columbia Dental Association;
- d) Collect, maintain and secure of all information relating to Claims;
- e) Provide data collection services and collect the following information for all Claims received:
  - i. Client Personal Health Number;
  - ii. Client Name (surname and given name or initials);
  - iii. Practitioner identifier;
  - iv. Date of Service;
  - v. Identification of service provided by fee code or other identifier;
  - vi. Date claim received;

- vii. Date of payment;
- viii. Amount billed; and
- ix. Amount of payment.
- f) Provide statements to Service Providers with an explanation of Claims status;
- g) Provide timely payments of valid Claims to Service Providers;
- h) Provide toll free telephone services, between the hours of 8:00am to 4:30pm (PST), Monday through Friday (excluding statutory holidays, Easter Monday and Christmas Eve) for Ministry and Service Provider inquiries confirming Client eligibility;
- i) Interpret Client history and ability to provide a response to Service Provider enquiries;
- j) Validate the enrolment data monthly, ensuring accuracy of eligibility information;
- k) Pre-screen all Claims to ensure the appropriate documentation accompanies the claim (e.g. Service Provider/supplier's authorized signature);
- l) Authorize, approve and set up Service Providers and suppliers (e.g. dentists, optical stores, **hearing instrument suppliers**, etc.) as business partners before Claims can be paid;
- m) Use a positive enrolment in the claims adjudication system. (i.e. The patient must exist on the system before Claims can be paid.) Each Ministry client is linked to the rules associated with the specific plan benefits s/he is entitled to receive in accordance with the eligibility information received daily from the Ministry;
- n) Match the information submitted on the Claim form to the Service Provider/supplier, patient and plan benefit information stored in the database. Routine Claims are automatically approved by the system. Exceptions and complex Claims are analyzed and approved or rejected by examiners;
- o) Track eligibility inquiries from the Ministry and Service Providers by electronically providing the time, date, comments, state of the Clients' eligibility and plan usage amounts relating to the inquiries;
- p) Perform periodic quality assurance reviews to ensure that Claims are paid accurately. Payments in excess of set dollar limits will be reviewed and released by a Contractor Team Leader or Manager, depending on amount;
- q) Conduct monthly quality assurance audits of randomly selected Claims for all Contractor business and any errors are brought to management's attention for review and correction;
- r) Ensure that costs are billed to the correct group in a timely and accurate manner and store the plan accounting and billing information in the ACES system;
- s) Verify monthly reporting/billing for all reports and review and reconcile them to ensure they balance;
- t) Provide Claims reporting information via tools which may change from time to time;
- u) Ensure adequate training needs of Ministry staff are met as users of the system and business processes. ;
- v) Develop and send provider communications; and

- w) Utilize the following processes to communicate effectively with Service Providers:
  - i. The Word of Mouth dental newsletter;
  - ii. Ad hoc bulletins or cheque inserts;
  - iii. Distribution of specific Ministry produced program brochures, fee guide supplements and bulletins;
  - iv. Produce provider reference guides and brochures for specific provider groups; and
  - v. Working relationships with many provider associations and colleges.

Section 6 – Privacy & Records Management, amend a) to add:

**Hearing Instruments** Client Paper paper files are required to be kept on site six months and then sent to offsite storage. In preparation for semi active storage claims/pre-authorizations are boxed by either Document Reference Number or alphabetical order. The Contractor will follow Checklist C-1 in Appendix 6 “From Contractor Directly to Off-Site Storage” except the Contractor can use either Document Reference Number or alphabetical order. The Client files must be arranged by calendar year, by a reference number, or alphabetically by the Client’s surname if no reference number. Hearing Instrument records will be kept for 7 years in total (this includes the 6 months on site and then 6 years 6 months in semi active storage).

Section 7 – **Information Technology**, clauses a), h) and i) are deleted and replaced in their entirety by:

- a) The Ministry and Contractor will transmit encrypted program data (Dental, Optical, Healthy Kids and **Hearing Instruments**) to each Party using SFTP (Secure File Transfer Protocol) or over the government’s private network (SpanBC);
- b) The Contractor will provide the Ministry access to a secure web portal that shows benefits, eligibility and claims for services covered by the Ministry. A web account is created for each Ministry user, requiring them to sign in with their credentials which are validated against the Contractor’s backend system to authenticate the sign-in. By entering the Client’s PHN, the Ministry User will see the coverages related to the plan benefits covered by the Ministry. Eligibility is also available in the portal, which provides an indication of how much a limit has been used, how much of a limit is remaining and the next date a Service is eligible again. To see previous MSDSI coverages and eligibility, the Ministry user can adjust the As of Date feature and the coverage and eligibility of a specific Service or item on that prior date will display. The Ministry can also view the Client’s claim history, which includes a description of the Service/item, dates of service, submitted amounts, paid amounts, Service Provider and any explanations attached to the adjudication results.

Page 6

5. As the pilot project progresses, and on or before June 30, 2015, the Contractor and the Ministry will determine the most appropriate reports for Hearing Instruments. It is anticipated, the contractor will provide, monthly Hearing Instrument expenditures by Client Category and annual and quarterly rollup reports displaying, at minimum, the number of clients accessing Hearing Instrument Services, the products/services accessed and the total cost.
6. Amend Modification #7, Schedule B, as follows:  
 Term from April 1, 2012 to October 31, 2017 (prorated):  
 April 1, 2012 to March 31, 2013 = \$2,500,000.00  
 April 1, 2014 to March 31, 2015 = \$2,500,000.00  
 April 1, 2015 to March 31, 2016 = \$2,500,000.00+\$270,000.00 = \$2,770,000.00  
 April 1, 2016 to October 31, 2017 = \$2,083,333.00+\$261,000.00 = \$2,344,333.00

Total Aggregate is confirmed at: \$24,969,991.00+ \$531,000.00 = \$25,500,991.00

7. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the <u>2nd</u> day of <u>April</u> , 2015 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the <u>26</u> day of <u>March</u> , 2015 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature  Print Name: Paul Beardmore, Director, Health Assistance Branch	Signature  Print Name: <u>JOHN CRAWFORD</u>
Signature  Print Name: Anita LaHue, Director, Performance Management, Contracts and Community Relations	Signature  Print Name: <u>LEZA MUR</u>



### Hearing Instrument Schedule (Under Development)

1. By regulation, the ministry is the payer of last resort and requires that all other available resources must first be considered before requesting funding. For *income assistance* and *disability assistance* clients, other resources include (but are not limited to) accessing or funding through:
  - (a) Other government programs (e.g., PharmaCare, Health Authorities, ICBC, WorkSafeBC, Veterans Affairs Canada)
  - (b) Private insurance
  - (c) If there are other resources available, the individual is not eligible for hearing instruments from the ministry.
  - (d) Co-funding may be considered when other resources cannot pay the entire cost. For example, if an insurance company will pay \$500 for an item that costs \$1,000, the ministry may consider funding the remaining \$500 if all other eligibility criteria are met.
  
2. Benefit Limits
  - (a) Single hearing instrument requests up to \$2,000 and bilateral hearing instrument requests up to \$4,000,
  - (b) The ministry may consider exceptions to benefit limits in consultation with the Contractor, and
  - (c) The ministry may consider repairing or replacing hearing instruments due to the item being damaged, worn out, or not functioning.

**Repairs** may be considered if all of the following are met:

- i. It is more economical to repair, rather than replace, the hearing instruments
- ii. The hearing instruments have not been damaged by misuse

**Replacement** may be considered if all of the following are met:

- iii. for Hearing Instruments not previously provided by the Ministry if all other eligibility requirements are met (e.g. prescription).
- iv. It is more economical to replace, rather than repair, the hearing instruments, and
- v. The hearing instruments have not been damaged by misuse.

## MSDSI - Who is Eligible for Hearing Instrument Coverage?

Division	1	PWD Person	Eligible
	2	PWD Person Spouse	Eligible
	3	Hardship Adult	Not Eligible
	4	Hardship Child	Eligible
	5	Employables	Requires Secondary Process as follows:
			<p>As not all of this client group are eligible, there will need to be a secondary confirmation process to ensure only the eligible "employable" clients are provided hearing aids. If a client matches this group, either PBC or HAB will need to confirm that the "employable" client is one of the following:</p> <ul style="list-style-type: none"> <li>a hearing impaired parent of a dependent child</li> <li>a recipient involved in ministry-approved training or who, in the opinion of the Supervisor, requires an instrument to obtain employment and where failure to provide represents a direct barrier to employment</li> <li>a recipient who is both registered with the Canadian National Institute for the Blind (CNIB) and is hearing impaired</li> <li>a person with a hearing impairment who is the sole homemaking support for an adult who has a cognitive impairment</li> <li>an adult in a special care facility or their adult dependents</li> </ul>
	6	MSO not PWD	Eligible
	7	PPMB	Eligible
	8	BCEA Child	Eligible
	9	Healthy Kids	Not Eligible
Class	1	A0 - Adult PWD recipient of Disability Assistance	Eligible
	2	A2 - Adult PWD recipient of Disability Assistance; in receipt of FSA or GIS	Eligible
	3	T0 - Adult recipients of PWD designation, on file designated MSO	Eligible
	4	A1 - Spouse of adult PWD recipient of Disability Assistance	Eligible
	5	A3 - Spouse of Adult PWD recipient of DA; in receipt of FSA or GIS	Eligible
	6	T1 - Spouse of Adult recipients of PWD designation, on file designated MSO	Eligible
	7	B0 - Adult PWD recipient of Hardship Assistance	Not Eligible
	8	B1 - Spouse of adult PWD recipient of Hardship Assistance	Not Eligible
	9	H - Adult Recipient of Hardship Assistance with no person having PWD	Not Eligible
	10	Q - Dependent child of person in receipt of Hardship Assistance	Eligible
	11	D - Adult recipient of Income Assistance if no person on file is PPMB	Not Eligible
	12	Y - Adult designated MSO if no one on file (incl. spouse) PWD or PPMB	Eligible
	13	V - Adult PPMB (incl. PPMB Spouse) on file designated MSO	Eligible
	14	E1 - Adult PPMB recipient of Income Assistance	Eligible
	15	E2 - Adult PPMB recipient of Income Assistance; in receipt of FSA or GIS	Eligible
	16	F - Spouse of adult PPMB recipient of Income Assistance	Eligible
	17	P0/P1/S - Child of person in receipt of IA or DA/MSO/Child in Home of a Relative	Eligible
	18	W - Healthy Kids	Not Eligible

### Exception Criteria to Consider Hearing Instruments > \$2,000

	Where the Hearing loss is:			And where the listening/hearing environment...					Exception to allow >\$2,000 will be:
	Mild	Moderate	Severe	Conversation Participants is/are:		And the Degree of Background Noise is:			
				One-on-One	Small Group	Little	Moderate	Extensive	
1a	x			x		x			Limit payment to \$2,000
1b	x			x			x		Approved
1c	x			x				x	Approved
1d	x				x	x			Limit payment to \$2,000
1e	x				x		x		Approved
1f	x				x			x	Approved
2a		x		x		x			Limit payment to \$2,000
2b		x		x			x		Approved
2c		x		x				x	Approved
2d		x			x	x			Limit payment to \$2,000
2e		x			x		x		Approved
2f		x			x			x	Approved
3a			x	x		x			Approved
3b			x	x			x		Approved
3c			x	x				x	Approved
3d			x		x	x			Approved
3e			x		x		x		Approved
3f			x		x			x	Approved

### Criteria to Consider Hearing Instruments > \$2,000

1.1.1

1.1.1		Level of Hearing Loss Is...		
		Mild	Moderate	Severe
Listening/Hearing Environment is ...	If conversation is...	With...		
	A One-on-one	Review case with Medical Consultant/discuss case with MSDSI to confirm if we will limit reimbursement to \$2,000		Approve up to \$2,500 Single/\$5,000 bilateral OR, review with Medical Consultant/MSDSI if >\$3,000 Single/\$6,000 bilateral
	B Small Group			
	C One-on-one & Small Group	Approve up to \$2,500 Single/\$5,000 bilateral OR, review with Medical Consultant/MSDSI if > \$2,500 Single/\$5,000 bilateral		
D One-on-one & Small Group				

Note: We expect that only in very rare and extreme cases will the amount >\$2,500 Single/\$5,000 bilateral be allowed to be exceeded.

(March 4, 2015 Version)



## MODIFICATION AGREEMENT – Draft 1

This AGREEMENT dated for reference the 1st day of September 2015.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Social Innovation- (the "Province," "we,"  
"us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, October 21, 2013 #10, October 23, 2014 #11 and November 1, 2014 #12.
- B. The parties have agreed to modify the Agreement effective March 31, 2014 (to align with the new reporting structure)..

### AGREEMENT

The parties agree as follows:

- 1) Schedule A, Services Section 2 – **Information Services and Reporting a) to r)** is deleted in its entirety and replaced by:

The Contractor will: (no change) (new) (possible duplicate or similar clauses)

- a) Provide Client history to Health Assistance Branch and Health Reconsideration Branch regarding denial of Claims and request for reconsideration purposes;
- b) Provide the Ministry with Client history regarding the denial of Claims and requests for reconsideration purposes;
- c) Provide information to the Ministry regarding cases of suspected fraud;
- d) Monitor and review cases of suspected fraud by reviewing Client's information available via plan inquiry system and information related to Service Provider inquiries. The Contractor will provide this information as well as copies of Claims and correspondence, on a request basis;
- e) Provide Service Provider access to Client eligibility information;
- f) Provide Ministry access to Client and Service Provider information;
- g) Provide required information from our provider files on a request basis;
- h) Provide on-going communication and training when necessary regarding Contractor's procedures for Ministry staff and to Service Providers accessing Client information;
- i) Provide on-going communication and training as necessary regarding claims procedures for Ministry staff and to Service Providers;
- j) Distribute Ministry produced program brochures, fee guide supplements and bulletins to Service Providers.
- k) Distribute Ministry produced program brochures, fee guide supplements and bulletins to Service Providers on request as a service provided at cost;
- g) As of October 27, 2007 provide the Ministry with access to Claims history including all paid, partially paid and unpaid Claims that are available via the plan inquiry system;
- h) Provide the following reports:
  - i) **Fiscal Year Rollup** for each Supplement, Dental, Optical and Hearing expenditures by Client Category, including but not limited to # of unique people receiving services, # of services received, total Paid Amount. Fiscal Period is defined as April 1st to March 31st.
  - ii) On or about the **Third Quarter**, at the Ministry's request provide a **Rollup** for each Supplement, Dental, Optical and Hearing expenditures by Client

- Category, including but not limited to # of unique people receiving services, # of services received, total Paid Amount.
- iii) **Monthly Reports** for each Supplement, Dental, Optical and Hearing expenditures. Reports include a summary by Client Category, including but not limited to # of unique people receiving services, # of services received, total Paid Amount. In addition, provide service details for each Client Category, including, but not limited to: Client Category, Benefit Category, Procedure Code, Description of Service, # of People, # of Services and Paid Amount.
  - iv) **Enrolment Reports** provide monthly enrolment report for all clients enrolled summarized by Client Category.
  - v) **Quality Control Report** that lists the objective and performance of the following Quality Control Measures: Accuracy of Claims, Claims Turnaround, Service Turnaround, Call Center and Information. If the performance objective is not met, provide an explanation for each failure and the steps taken to resolve each failure.
  - vi) **Special Requests** provide the Ministry with the occasional special request for information, in lieu of regular reports. These requests may include, but are not limited to: PHN information, expenditures by age, regional expenditures based on supplier address, rollup reports for a specific date range. Special requests are limited to information available in the Contractor's existing data base.
  - vii) **AD Hoc** complex reports that require additional time to analyse, develop and deliver. Timelines will be agreed by prior arrangement between the Contractor and the Ministry.

2) In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the ____ day of _____, 2015 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the ____ day of _____, 2015 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature	Signature
_____ Print Name: Paul Beardmore, Director, Health Assistance Branch	_____ Print Name:

	_____
Signature	Signature
_____	_____
Print Name: Anita LaHue, Director, Performance Management, Contracts and Community Relations	Print Name: _____



Contract#

spsc46072080306

Modification#14

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 1st day of October 2014.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Social Innovation- (the "Province," "we,"  
"us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, October 21, 2013 #10, October 23, 2014 #11, November 1, 2014 #12 and September 1, 2015 #13.
- B. The parties have agreed to modify the Agreement effective November 1, 2015.

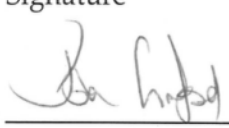
### AGREEMENT

The parties agree as follows:

1. Schedule B of the Agreement is to include the following as 1 (a) (vii): For the period of November 1, 2015 to October 31, 2016, the Fee will be 4.27% of the paid Claim Amounts.



2. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the ____ day of _____, 2015 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the <u>18</u> day of <u>SEPTEMBER</u> , 2015 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature  _____ Print Name: Paul Beardmore, Director, Health Assistance Branch	Signature  _____ Print Name: <u>PAUL BEARDMORE</u> _____

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 7th day of December 2015.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Social Innovation- (the "Province," "we,"  
"us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, October 21, 2013 #10, October 23, 2014 #11, November 1, 2014 #12, September 1, 2015 #13 and October 1, 2015 #14.
- B. The parties have agreed to modify the Agreement effective December 1<sup>st</sup>, 2015.

### AGREEMENT

The parties agree as follows:

## 1. Amend Modification #12, Schedule B, as follows:

Term from April 1, 2012 to October 31, 2017 (prorated):

April 1, 2012 to March 31, 2013 = \$2,500,000.00

April 1, 2014 to March 31, 2015 = \$2,500,000.00

April 1, 2015 to March 31, 2016 = \$2,800,000.00

April 1, 2016 to October 31, 2017 = \$2,314,333.00

Total Aggregate is confirmed at: \$25,500,991.00

## 2. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the ____ day of _____, 2015 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the ____ day of _____, 2015 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature  _____	Signature  _____
Print Name: Paul Beardmore, Director, Health Assistance Branch	Print Name:  _____
Signature  _____	Signature  _____
Print Name: Anita LaHue, Director, Performance Management, Contracts and Community Relations	Print Name:  _____



Contract# spsc46072080306  
Modification#16

## MODIFICATION AGREEMENT

This AGREEMENT dated for reference the 13th day of October 2016.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA  
represented by the Minister of Social Development and Social Innovation- (the "Province," "we,"  
"us," or "our," as applicable)

AND:

PBC Health Benefits Society DBA PACIFIC BLUE CROSS  
4250 Canada Way,  
PO Box 7000  
Vancouver, BC V6B 4E1  
(the "Contractor," "you," or "your" as applicable)

### BACKGROUND

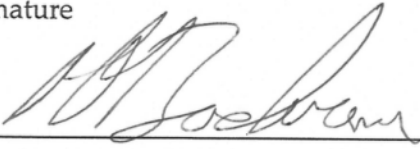
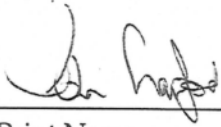
- A. The parties entered into an agreement, Contract Number spsc4607208306 dated October 31, 2007, (and subsequently modified on June 1, 2008 #1, December 16, 2008 #2, March 5, 2010 #3, March 31, 2010 #4, December 23, 2010 #5, March 15, 2011 #6, December 20, 2010 #7, October 18, 2012 #8, January 29, 2013 #9, October 21, 2013 #10, October 23, 2014 #11, November 1, 2014 #12, October 1, 2014 #14, and December 1, 2015 #15.
- B. The parties have agreed to modify the Agreement effective November 1, 2016.

### AGREEMENT

The parties agree as follows:

1. Schedule B of the Agreement is to include the following as 1 (a) (viii): For the period of November 1, 2016 to October 31, 2017, the Fee will be 4.37% of the paid Claim Amounts.

2. In all other respects, the Agreement is confirmed.

SIGNED AND DELIVERED on the <u>24th</u> day of <u>October</u> , 2016 on behalf of the Province by its duly authorized representative:	SIGNED AND DELIVERED on the <u>20</u> day of <u>OCT</u> , 2016 by or on behalf of the Contractor (or by its authorized signatory or signatories if the Contractor is a corporation):
Signature 	Signature 
Print Name: Paul Beardmore, Director, Health Assistance Branch	Print Name: <u>JOHN CRAWFORD</u>