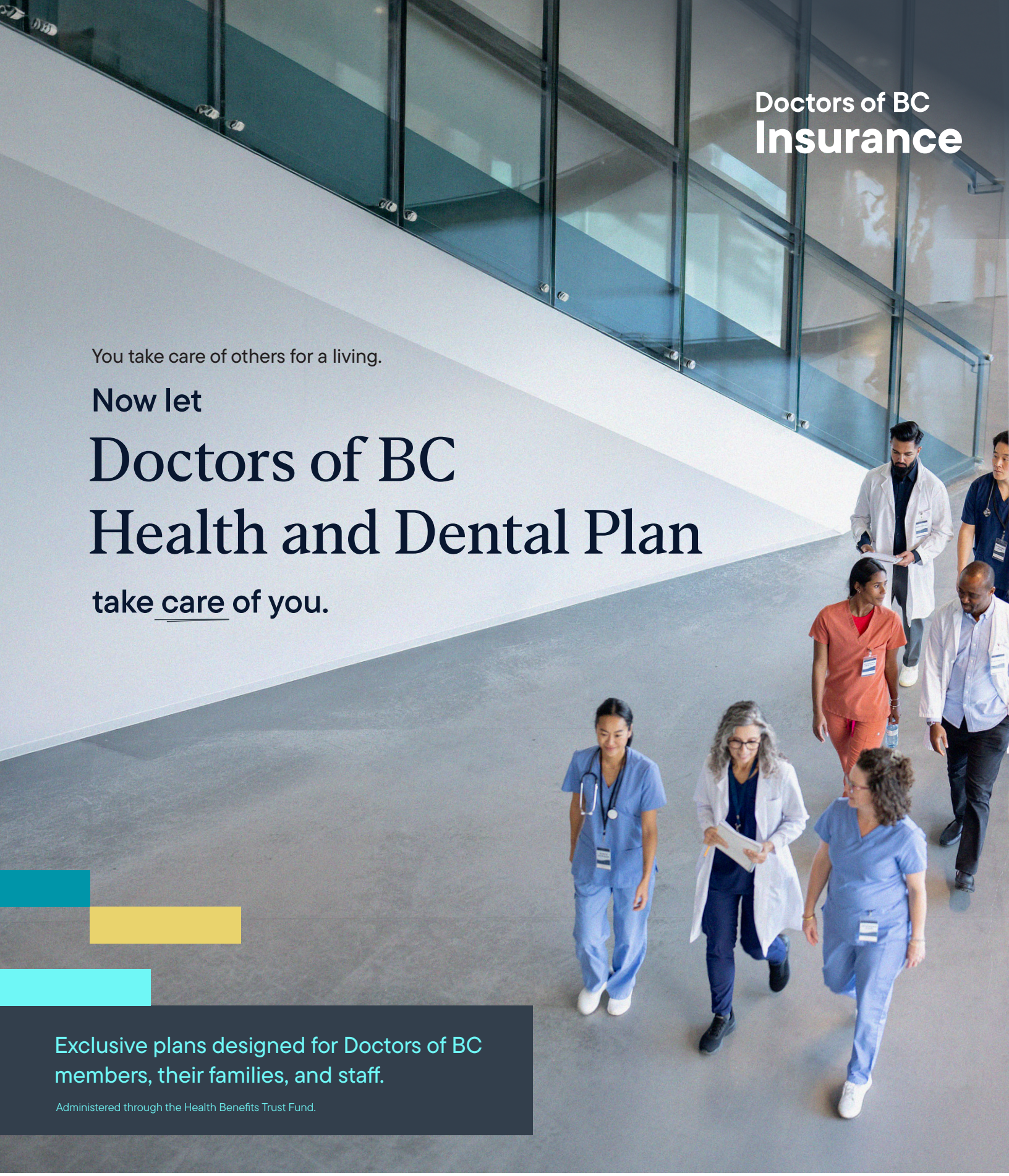
Doctors of BC
Insurance

You take care of others for a living.

Now let

Doctors of BC Health and Dental Plan

take care of you.



Exclusive plans designed for Doctors of BC members, their families, and staff.

Administered through the Health Benefits Trust Fund.

Manulife

The Manufacturers Life Insurance Company

doctors of bc

Why choose Doctors of BC Health and Dental Insurance?

Health care costs in Canada are rising, driven by an aging population and high inflation.[1] While BC MSP covers many health care costs, it **does not cover some common routine and unexpected expenses** that can add up quickly without the protection of health and dental insurance.

Doctors of BC Health and Dental Insurance has been specifically **designed for physicians**, to help protect you, your family, and your staff against out-of-pocket medical expenses. It's provided through **Manulife, a Canadian company** with 130 years of experience protecting Canadians.

Plans can help reduce routine and unexpected out-of-pocket costs:

- **Prescription drugs** – Comprehensive drug coverage, with voluntary generic substitutions and no formulary limitations
- **Dental care** – For routine dental cleanings, check-ups, fillings, repairs, and more
- **Vision care** – Coverage for eye exams, prescription eyeglasses, and contact lenses
- **Mental health and registered therapists** – Coverage for massage, physiotherapy, chiropractor, mental health therapists, dietitians, and more
- **Homecare and nursing** – Nursing care from the comfort and privacy of home
- **Medical supplies and equipment** – Coverage for such items as crutches, walkers, braces, prosthetics, and more
- **Emergency medical travel coverage** – Up to $5 million in lifetime coverage for unlimited trips of up to 60 days duration each year

Designed for physicians, for life.

Most physicians are self-employed, so Doctors of BC Health and Dental plan covers you during your career and retirement.[2]

Tax-deductible health expenses.

Add the **Cost-Plus** feature to your coverage, and eligible personal **health expenses that may not be covered through your chosen plan may become tax-deductible** business expenses.

[1] Canadian Institute for Health Information (CIHI). *National Health Expenditure Trends, 2025 – Snapshot*. [cihi.ca]
[2] Upon Age 70, physician enrollees are transferred to a special Lifetime plan. Staff are not eligible for the Lifetime plan.

Available in **three** plans.

Choose from three plans, designed to reflect where you are in your practice and the level of protection you want.

Essential

Provides **affordable coverage for everyday health and dental expenses.** It's ideal if you want protection against common out-of-pocket costs without committing to higher premiums.

Enhanced

The most well-rounded option, offers **strong coverage across health, dental, and prescription drugs**. It's designed for members who want confidence that both routine and unexpected costs are covered.

Premier

Offers the **highest level of coverage** available, helping minimize out-of-pocket expenses and providing **maximum financial protection** for you and your family.

How do I apply?

Complete the member agreement and enrolment form at **doctorsofbc.ca/insurance**. A medical questionnaire will be required if you are not applying under the Training Completion Special Offer.

Who is eligible?

To enrol, you must meet the following requirements:

- Doctors of BC member.
- Under the age of 65.
- Actively working.
- Residing in Canada, except in Quebec.
- Enrolled in a provincial or territorial medical services plan.

Who else is covered under my plan?

You and your dependants can be covered. Dependants are:

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

How much does it cost?

Doctors of BC Health and Dental plans offer comprehensive coverage specifically designed for physicians, with rates reviewed annually to ensure they remain competitive.

Visit **our website** for full details and rates.

Can I protect my employees with this plan?

Your employees and their families can be covered, too. See the **Employee Eligibility section** of this document for details.

Training Completion Special Offer*

Receive a 50% premium discount on any plan tier for the first 12 months. If you choose the Essential or Enhanced plan, you also receive guaranteed enrolment without medical questions. To qualify, you must meet all of the following criteria:

- You completed residency or fellowship within the past 90 days.
- You are starting practice for the first time in your medical career.
- You have not been a primary enrolee in the HBTF or Doctors of BC Health and Dental plan before.

* Offer subject to eligibility requirements and may be amended or withdrawn at any time.

Cost-Plus Feature

The Doctors of BC Health and Dental plan offers comprehensive coverage; however, certain expenses such as annual deductibles, co-insurance, and uninsured medical costs are not covered.

Using the Cost-Plus feature is a tax-efficient way to cover expenses not included in your Health and Dental insurance plan. You can save money by treating these costs as a tax-deductible business expense instead of using personal after-tax dollars. Typically, this approach can result in paying 30-40% less compared to paying personally for these expenses.

The Cost-Plus feature requires no initial setup costs or annual maintenance fees. An administrative fee of 7%, up to a maximum of $250, is applied to claims submitted through Cost-Plus.

> **Example:** A doctor with a personal income of $165,000 per year needs to earn $5,365 before taxes[3] to personally cover a $3,000 dental implant expense, or draw a salary of $5,365 from their corporation. However, under Cost-Plus, the doctor only needs to earn $3,210 to cover the same expense, resulting in a 40% savings. A $210 Cost-Plus administrative fee is charged and may be deducted as a business expense.

There are legislated limits on your maximum annual Cost-Plus amount. Learn more by contacting Doctors of BC. Please speak with your tax advisor to determine whether Cost-Plus is right for you.

[3] Based on a 44.08% personal income tax bracket.

What's covered? Compare plans.

	Essential	Enhanced	Premier
Health deductible	$50 Single or $100 Couple/Family	$50 Single or $100 Couple/Family	None
Health care reimbursement	70%	80%	90%
Health care lifetime maximum	$500,000	$1M	$1M
PRESCRIPTION DRUGS			
Drugs	Voluntary generic*	Voluntary generic*	Voluntary generic*
Dispensing fee cap	$8/script	$8/script	No fee cap
Annual drug maximum	$25,000	Unlimited	Unlimited
PARAMEDICAL PROFESSIONALS			
Paramedical maximum Paramedical practitioners include acupuncturist, audiologist, chiropodist, chiropractor, dietitian, kinesiologist, massage therapist, occupational therapist, osteopath, physiotherapist, podiatrist, speech therapist.	$500 per practitioner up to $1,000 combined maximum	No per practitioner limit $1,000 combined maximum	$750 per practitioner $2,000 combined maximum
	Mental health practitioners $1,000 maximum	Mental health practitioners $1,000 maximum	Mental health practitioners $1,000 maximum
VISION CARE			
Vision	$150/24 months	$250/24 months	$500/24 months
Eye exam maximum	$80 every 12 months for children, every 24 months for adults	$80 every 12 months for children, every 24 months for adults	Reasonable and Customary Every 12 months for children, every 24 months for adults
Out-of-country emergency medical	Up to 60 day trips, $5M maximum	Up to 60 day trips, $5M maximum	Up to 60 day trips, $5M maximum
DENTAL CARE			
Dental deductible	$50 Single or $100 Couple/Family	$50 Single or $100 Couple/Family	None
Dental reimbursement	70% Basic; 50% major; no orthodontics	80% Basic; 60% major; 50% orthodontics	90% Basic; 60% major; 50% orthodontics
Annual dental maximum	$1,500	$2,000	$2,500
Dental visits	1 every 9 months	1 every 9 months	2 every 12 months
Child orthodontics lifetime maximum	Not covered	$2,000	$3,000
OTHERS			
Conversion to the Lifetime Plan for doctors at age 70	Yes	Yes	Yes
Cost-Plus feature	Yes	Yes	Yes

* Voluntary generic means you may choose either a generic or brand-name drug. Reimbursement is based on the cost of the generic equivalent when available, unless the physician has indicated "no substitution" on the prescription. In instances where the physician has written "no substitution" on the script, the cost of the brand will be eligible for reimbursement.

Benefits for employees

What is covered for employees and their dependants?

Select your preferred plan tier, Essential, Enhanced, or Premier, for your medical staff. In addition to health and dental coverage, the staff benefits package includes Accidental Death & Dismemberment Insurance, Life Insurance, and Long-Term Disability Insurance.

Which employees should be covered?

If members choose to cover staff, all full-time employees who are working at least 20 hours per week must enrol. Staff with coverage through another provider can waive health and dental benefits, but must still participate in Accidental Death & Dismemberment, Life Insurance, and Long-Term Disability Insurance.

When can I enrol an employee in the plan?

Members establishing a plan for the first time can enrol all current employees who are working at least 20 hours per week. Once the plan is established, new eligible employees must enrol within six months of their employment start date. If they enrol after this period, they will be required to complete a medical questionnaire to assess their eligibility.

When does coverage for new employees take effect?

For clinics newly participating in the Doctors of BC Health and Dental plan, coverage starts on the plan's effective date for full-time staff who have been continuously employed by the practice for at least three months. For staff joining an existing plan, benefits begin the first of the month following the latest of:

- The completion of a three-month waiting period (unless waived by the employer);
- The date the application is signed; or
- The date of approval if evidence of insurability is required.

Do employees need to prove good health to be eligible for coverage?

Evidence of insurability is not required for employees unless one of the following applies:

- They apply more than six months after their employment start date;
- They apply for Long-Term Disability coverage with a monthly benefit exceeding $1,000; or
- They apply for the Premier plan.

Which plan should you choose for your staff?

The **Essential plan offers meaningful benefits while keeping premiums manageable**. It covers core health and dental needs that help employees manage everyday wellness costs without over-insuring.

The **Enhanced plan** provides a **strong balance between cost and coverage**, making it the most versatile option for clinics with diverse staff needs. It builds on the Essential plan with higher maximums and broader coverage.

The **Premier plan** is designed for clinics that want to offer **top-tier benefits** and minimize out-of-pocket expenses for staff. It provides the **highest reimbursement levels and maximums** across health and dental categories.

Doctors of BC plan advantages:

- Designed for doctors and their staff.
- Exclusive discounted rates.
- Trusted by over 5,000 members.
- Comprehensive prescription drug coverage.
- Physician coverage transitions to the Lifetime plan at age 70.
- Fast and easy online claims.

Apply now

- Complete the **Health and Dental Plan online application.** (for physicians with or without staff)
- Complete the **Medical staff enrolment form.** (for sponsoring physicians enrolling medical office staff in a new plan or adding medical office staff to an existing plan)

Applicants are required to provide evidence of insurability if they are:

- A doctor who does not meet the training completion special offer criteria;
- A doctor or medical office staff member applying for Premier;
- A medical office staff member applying more than six months after starting employment; or
- A medical office staff member applying for Long-Term Disability coverage with a monthly benefit exceeding $1,000.

A written questionnaire will be sent to you after you submit your enrolment form. Once Manulife receives the completed form, it may take four to six weeks to determine your eligibility. Coverage is subject to approval.

Get advice

Get complimentary advice from a licensed, non-commissioned Doctors of BC insurance advisor. They'll provide personalized recommendations to help you choose the coverage that's right for you.

Contact an advisor.

If you have questions, contact a Doctors of BC Insurance Administrator:

Call: **604 736-5551**
Toll Free: **1 800 665-2662**

Email: **insurance@doctorsofbc.ca**

115 – 1665 West Broadway
Vancouver BC V6J 5A4
doctorsofbc.ca

Instagram: @doctorsofbc
LinkedIn: Doctors of BC
Facebook: facebook.com/bcsdoctors
Bluesky: @doctorsofbc.bsky.social

Manulife

doctors of bc

This brochure provides highlights and does not include all plan details. In the event of any discrepancy, the official plan documents and policies will govern.

Coverage is subject to the terms, limitations, exclusions, and administrative rules of the Health Benefits Trust Fund.

The information in this document is not to be relied upon as tax advice for specific situations. Please seek advice from a tax professional.

Plan coverage details and rates are not guaranteed and are subject to change.