

## Frequently Asked Questions

### +What are the GSS Extended Health and Dental Plans?

The GSS Extended Health and Dental plans are secondary health insurance. Our insurance provider is Pacific Blue Cross. Our plans provide insurance coverage for *partial* medical costs that are not covered by primary insurance, such as MSP, Mandatory Temporary Medical Insurance ([guard.me](#)), or other provincial/territorial health insurance. It is not a replacement for primary health insurance in Canada. You **MUST** have primary insurance in Canada to access our insurance. ALL GSS members living in BC for six months or more are required to opt into BC MSP (yes, that includes domestic students too!). You can find out how to do so [here](#). Secondary insurance also does not pay the full cost of services as there are insurance deductibles, co-payments and limits to the coverage secondary insurance offers. For example, the GSS Extended Health plan covers costs related to:

- Prescription medication
- Out-of-province or out-of-country medical care
- Vision care (optometrists, glasses, contacts, etc.)
- Paramedical services such as counselling, physiotherapy, registered massage therapy, chiropractic care, etc.
- Private/semi-private hospital rooms, ambulance, medical aids, medical equipment

The GSS Dental plan covers costs related to:

- Diagnostic dental care (exams, X-rays, etc.)
- Preventative dental care (cleanings, polishing, fluoride treatments)
- Restorative dental care (filling, etc.)
- Endodontics (like root canals), periodontics, prosthetics, and surgery (like extractions)

The amount of our coverage as well as deductibles and co-payments depends on the benefits. You can find out more about our current coverage by reading our [coverage booklet](#).

### +What happened during our last Health and Dental referendum? Didn't we JUST vote on our insurance plan?

We had a referendum in March 2024 regarding who is assessed (i.e. charged) the GSS Extended Health and Dental Fees on their tuition accounts. In that referendum, the GSS membership voted to end the pandemic-era measure of assessing all full-time graduate students with GSS insurance on their tuition accounts, regardless of where they were studying. As of September 2024, only students registered in 3.0 units or more, including at least one on-campus course (i.e. full-time, on-campus students) are assessed with these fees with their tuition. All other GSS members may opt in to our insurance during the opt in period in their first semester of each academic year. Opt ins must be renewed annually.

Prior to March 2024, our last referendum on our Extended Health and Dental plans was in June 2021. The 2021-22 Health and Dental Referendum asked two questions:

1. Do you prefer to increase student fees in line with the increased cost of insurance in order to maintain some or all of your current insurance coverage or do you prefer to reduce your insurance coverage in order to keep the same fees?
2. If we increase fees, do you want a smaller fee increase (with minor coverage loss) or a larger fee increase (with no coverage loss)?

The result of this referendum was that the GSS Extended Health and Dental Fees increased by \$39.55/year and all our coverage amounts were maintained.

Since 2021, we have not seen an increase to our fees and therefore have not held a referendum on the GSS Extended Health and Dental Fees. A breakdown of the current fees can be found in [Appendix A](#) of this document. This has been the result of successful negotiations between our insurance provider, Pacific Blue Cross, and our insurance broker, Aon. Under the University Act, the GSS cannot change our fees without a vote from our members.

In the last three years, we've been able to add improved vaccine coverage and remove the requirement to get a referral from a doctor to access paramedical services like registered massage therapy and physiotherapy, while keeping fees stable for students. However, we have not been able to add other coverage increases that our members want and need. The current referendum includes coverage increases that have been high-demand in the last three years, including minor improvements to our dental and vision exam coverage, a doubling of our physiotherapy coverage, and the addition of gender affirming care. We are also looking to stabilize our insurance costs for the next five years.

### +What is happening with GSS insurance now?

Two things: 1. We are asking to raise fees in order to expand our coverage to include or improve high-demand items (vision and dental exam coverage, physiotherapy, and gender affirming care) and 2. We are asking to raise fees in order to stabilize insurance costs and coverage.

First, let's talk stabilizing costs and coverage. The University Act requires that students have a say in their student society fees (and, as a democratically run, member-based non-profit society, the GSS obviously agrees with this). Each time we wish to increase fees to better fund existing services or create new services, we go to a referendum. For some services that members past and present feel are vital to the functioning of the GSS, we can also hold a referendum to grant permission to the GSS staff to raise fees by a set amount without a referendum. For example, our Operating fee increases by the BC Consumer Price Index (CPI, aka inflation) each year. You can find a full break down of GSS fees [here](#). Those marked with an asterisks increase by BC CPI annually.

Because of our insurance renewal cycle (more on that below), we are only ever able to host Extended Health and Dental Fee referenda in the summer. We've heard from our members time and again that this doesn't work for them. We agree! So, we are looking for ways that we can reduce the number of summer referenda we host while still being able to renew our insurance over the summer term. We are taking two of these options to referendum: either increase our fees to a "stabilized" rate this year (meaning we raise fees to a level where we don't expect another increase for 3-5 years) or the membership can grant permission to the GSS to increase their Extended Health and Dental Fees by no more than BC CPI each year in order to maintain insurance coverage. There's more info on both these options below.

Separate from stabilizing present and future cost and coverage rates, the GSS tracks member feedback and requests regarding our insurance coverage through the Appeals Committee, the Executive Board, Graduate Representative Council (GRC), and the Health and Dental Coordinator. The frequently-requested coverage increases that we have not been able to implement without increasing fees since 2021 are:

1. Dental coverage around how frequently people can get a check-up and cleaning. This is referred to as the “recall rate.” Our current recall rate is one appointment every 9 months.
2. Vision coverage around the amount we pay out for eye exams. The average cost of an eye exam is ~\$150. Our current coverage is \$75 every 24 months.
3. Physiotherapy coverage. Our current rate is \$250/year.
4. Gender affirming care. Our current plan includes hormone therapy, speech-language pathology, and counselling coverage.

As a result of these requests, we’ve received quotes to increase our coverage to:

1. Decreased dental recall rate from 9 months to 6 months
2. Increase vision exam coverage from \$75/24 months to \$100/24 months
3. Increase physiotherapy coverage from \$250/year to \$500/year
4. Add gender affirming care inclusive of top and bottom surgeries, tracheal shaving, vocal surgery and hair removal with a lifetime coverage limit of \$15,000

We are putting the above fee stabilization and coverage increases to a vote June 5-7, 2024. Please log into Simply Voting with your Netlink ID and vote!

### +What are the referendum questions?

*Background info:* After 3 years with no insurance costs increases, it is time for the GSS to take our insurance coverage and fees to a vote by members! We want to make sure we are offering the coverage and costs that matter most to you. We’ve heard from our members that they are looking for more support in terms of dental, vision, physiotherapy, and gender affirming coverage. We also know cost matters to grad students and y’all want the most bang for your buck. We also know that reducing the frequency of our referendums would make life easier for our members, and avoid year-on-year uncertainty about your coverage. In light of that, and the desire to keep fees as stable as possible year-over-year, we’ll be asking you the following questions:

We’d like to add in high-demand items to our insurance plan we’ve heard repeatedly matter most to you. These include:

- Gender affirming care with a lifetime coverage limit of \$15,000
- Vision exam coverage (increase from \$75/24 months to \$100/24 months)
- Dental recall frequency (reduce from 9 months to 6 months)
- Physiotherapy (increase from \$250/year to \$500/calendar year)

Please note that the current GSS Extended Health and Dental Fees for full-time, on-campus students who enrol in September 2023 are:

Extended Health: \$409.00/year

Dental: \$284.55/year

*Question 1:* Do you support the following increases to the GSS Extended Health and Dental Plan (Check All That Apply)

- A. An increase to the Extended Health Fees of 2.0% to include gender affirming care
- B. An increase to the Extended Health Fees of 2.45% to include improved coverage for vision exams
- C. An increase to the Extended Health Fees of 7.85% to include improved coverage for physiotherapy
- D. An increase to the Dental Fees of 5.2% to include improved frequency of dental exams
- E. All of the above

*Background info:* As mentioned above, the GSS Extended Health and Dental fees have not increased since 2021. Insurance costs, like everything else, are going up. Under the University Act, the GSS is unable to change student fees without a referendum. The only time we can conduct referenda on our Health and Dental fees is in the summer due to our insurance renewal cycle. We know that taking the largest part of student fees to a vote when the fewest members are engaged is not best practice. Recognizing that predictable tuition and ancillary fee costs are important to our members, we'd like to create a plan to stabilize our fees.

Our insurance broker, Aon, has negotiated with Pacific Blue Cross a plan to stabilize our fees. Aon expects that if we were to increase our fees by 15.3% this year, we would likely not see another rate increase for 3-5 years. This not only creates predictability in cost of insurance and our coverage rates for our members, but also decreases the number of fee referenda we'll ask you to vote in over summer terms.

\*Please note that changes to our insurance coverage amounts (i.e. adding more services) could still result in a fee increase while under the new "stabilized" fee.

*Question 2:* Do you support:

1. Increasing the GSS Health and Dental Fees by 15.3% to stabilize current coverage rates and fees for the next 3-5 years.
2. Increasing the GSS Health and Dental Fees by 4.4% for 2024-25 and continue to vote annually on fee increases.

*Background info:* As noted above, we'd like to create a plan to stabilize our insurance plans and fees without going to annual summer referenda. The first option we've presented to you is to increase our fees substantially this year and anticipate no further increase for several years. The other option would be to create a mandate for the GSS to increase fees by a reasonable amount each year without going to referendum.

*Question 3:* If Question 2 B passes, do you support the GSS having a mandate to increase GSS Extended Health and Dental fees by no more than BC CPI (inflation) each year in order to maintain insurance coverage? (Yes/No)

+What are the coverage improvements included in this referendum and their costs?

The areas that have seen the highest demand for coverage changes in the last three years are dental and vision exams, physiotherapy, and gender affirming care. We are looking to make the following changes to our insurance plans:

1. Decrease the dental recall rate from 9 months to 6 months
2. Increase vision exam coverage from \$75/24 months to \$100/24 months
3. Increase physiotherapy coverage from \$250/year to \$500/year
4. Add gender affirming care inclusive of top and bottom surgeries, tracheal shaving, vocal surgery and hair removal with a lifetime coverage limit of \$15,000

If all the referenda questions pass, this would mean that GSS Extended Health and Dental plan members will be able to see a dentist for a cleaning and check up twice per year instead of once every nine months. Out of pocket costs for biennial vision exams would decrease by \$25. We will also double the amount of coverage for physiotherapy.\* Lastly, we'll add gender affirming care. More info on gender affirming care is available below.

The cost of adding these coverage changes to our plan are:

- A. An increase to the Extended Health Fees of 2.0% to include gender affirming care
- B. An increase to the Extended Health Fees of 2.45% to include improved coverage for vision exams
- C. An increase to the Extended Health Fees of 7.85% to include improved coverage for physiotherapy
- D. An increase to the Dental Fees of 5.2% to include improved frequency of dental exams

For reference, please note that the current GSS Extended Health and Dental Fees for full-time, on-campus students who enroll in September 2023 are:

Extended Health: \$409.00

Dental: \$284.55

\*BC MSP Supplemental Benefits offers coverage for physiotherapy for low-income British Columbians. We strongly encourage all eligible members to sign up for BC MSP Supplemental Benefits and BC Fair Pharmacare to maximize their government funded health coverage. See the ["What comes next"](#) section for more information and links to sign up for these programs.

+Tell me more about gender affirming care?

The GSS is looking to add coverage for the following procedures to our plan:

- Breast construction
- Chest construction
- Vagina construction
- Penis construction
- Hysterectomy
- Tracheal shaving
- Vocal surgery
- Reversal of gender affirming procedure
- Pre-surgical hair removal
- GA electrolysis or laser hair removal for face and/or chest
- Bra inserts and bras for bra inserts
- Low body garment – Gaff
- Packers – phallus; securement; with Stand to Pee (STP) device
- Upper body garment – Binder
- Vaginal dilator – single kit.

Some, but not all of these, are covered by TransCare BC. By including gender affirming care in our insurance plan, we ensure that GSS members who live in BC have access to the gender affirming care not covered by TransCare BC and GSS members living outside BC who have their home-province’s basic insurance (e.g. OHIP, RAMQ, Alberta Health, etc.) have access to the procedures not covered by their home province’s insurance. Using a plan member with OHIP coverage as an example, eligibility would be determined based on OHIP coverage. Plan members are asked to confirm what their provincial/territorial health plan is in the approval form, then examiners will use that information to validate whether or not the requested procedure is covered under their provincial/territorial plan.

As for international students on temporary insurance (e.g., guard.me), they are considered similar to MSP, therefore would not be eligible for any procedures that BC residents are not eligible for under the gender affirming care plan. Gender affirming care products are available to all members regardless of provincial coverage.

Over the last year, we’ve seen an increasing number of student insurance plans (e.g. UVSS, UBC, SFU) add gender affirming care coverage to their plans. We are therefore giving our members an opportunity to vote on adding this coverage to the UVic GSS Extended Health plan. The cost for adding gender affirming care coverage to our plan is a 2% increase to our base Extended Health fees.

### [+Tell me more about our options to stabilize our insurance costs and coverage?](#)

We are looking to stabilize our fees for a few reasons. The most significant of these is that insurance rates have been highly volatile in recent years and we’d like to provide our membership with the assurance that their insurance coverage and fees aren’t going to see significant year-over-year change. We can provide this assurance one of two ways: if the most important thing to our members is a fixed *fee* amount, we can move to a “stabilized” fee rate. This is the rate that Aon has negotiated on our behalf with Pacific Blue Cross that would mean that we do not anticipate any fee changes for the same rates of coverage for the next 3-5 years. Alternatively, if the most important thing to our members is a fixed *coverage* rate (i.e. having the same benefits each year), the membership can authorize the GSS

staff to increase Extended Health and Dental Fees by no more than the annual BC Consumer Price Index (CPI aka inflation) each year in order to maintain insurance coverage. In both cases, the GSS membership can still opt to take changes to our coverage and fees to referendum if there needs to be significant changes to our coverage.

Additionally, we've long heard from our members that summer referendum on the largest part of your GSS fees is not the desired practice. We know that holding a referendum when the fewest members are on campus and engaged with the GSS means that fewer people can and will vote. Unfortunately, our insurance cycle means that we cannot move our Health and Dental Fee referendum (more info below). Either a stabilized fee or CPI increases would reduce the need for summer referenda.

Let's dive into these options some more. The GSS Extended Health and Dental fees have not increased since 2021 due to successful negotiations by our insurance broker, Aon. However, industry standard projects that the price of health insurance will go up every year. Despite many years without needing to increase the cost of the GSS insurance plan, recent inflation has necessitated an increase in health insurance cost to maintain current coverage. Aon advised us to negotiate for a stabilized fee intended to cover the next 3-5 years of premiums. Moving to a stabilized rate is expected to provide us with significantly better rates over the next 3-5 years than if we continue with one-year renewals.

The cost of this stabilization fee is a 15.3% increase to Extended Health and Dental fees overall. We will ask one referendum question directly about whether members prefer to have a stabilized fee for several years (and therefore no summer referendum on fees while fees are stabilized) or if they prefer to renew their insurance for a single year and continue with annual summer referenda. The cost of maintaining our current coverage amounts is a 4.4% increase over the 2021-24 amounts.

The second option we're putting to a vote is to give the GSS staff authority to increase Extended Health and Dental Fees by a maximum of the annual BC CPI amount (inflation). This means that if the increased cost for maintaining your current coverage comes in at less than the rate of inflation, the GSS will increase your fees by the true cost of insurance in order to maintain your coverage rates. If insurance costs rise faster than inflation, we hold a referendum to ask how members want us to proceed. For more information, you can find CPI rates for the last few decades [here](#).

### +Why can't we move our Health and Dental Fee referenda to March?

As mentioned above, we've heard that having Health and Dental fee referenda in the summer is not what our members want. We agree. Taking our largest fees to a vote when the fewest members are engaged on campus and with the campus community isn't great. Unfortunately, we are unable to move it to March because of our insurance cycle and the UVic Board of Governors cycle.

Our insurance coverage year runs September 1 to August 31. In order to calculate the cost of our insurance for a new year, Pacific Blue Cross, our insurance provider, examines our plan use from the first six months of our plans (September-March) and projects costs for the next year. Not all insurance expenses are submitted as soon as a health service is received, and it takes time to conduct an analysis of our plan usage. Pacific Blue Cross generally sends us the first notice of our insurance rates for the next year in late April-May. Our insurance broker, Aon, then spends roughly one month negotiating these costs down (to great effect, as we've seen zero cost increases for the last three years). This means we don't have the cost information to go to referendum until late May-early June. If we went to

referendum in March with only projected costs and the actual costs were higher than the estimated amount, we would have to cut insurance coverage without another member vote. If costs were lower than estimated, we could not lower fees down to true costs without another referendum. We want you to have as much direct control over your fees and coverage as possible, so we vote on the true costs of insurance over projections.

The UVic Board of Governors must approve all fees charged on tuition accounts, including GSS fees. Their last meeting to approve fees for September is generally mid-to-late June, and all fee changes must be submitted two weeks ahead of the meeting. This means that in order for UVic to charge the correct amount for our insurance, we must have a referendum completed by early-to-mid June. This gives the GSS an *incredibly* tight window in which to consult our membership on our fees.

By moving to either a stabilized fee or fee increase up to annual BC CPI, we remove the necessity of annual referenda in the summer.

+Does the stabilized fee guarantee that we won't see a cost increase for the next few years?

Sadly, no. If there's anything the health insurance industry has learned from the last 4.5 years, it's that there are no guarantees. If another pandemic were to happen, if the government were to cut publically funded health benefits, or if our insurance claim patterns were to change drastically, Pacific Blue Cross maintains the right to renegotiate costs with us once per year. However, the stabilized fee is Pacific Blue Cross and Aon's best estimate for how we can stabilize fees for the next 3-5 years. In the last 3 years, Aon's been phenomenal on negotiating our insurance renewals with Pacific Blue Cross, so we are taking their lead here.

+Why haven't we increased fees incrementally in the last few years instead of a bigger increase this year? And why are we trusting Aon's plan to stabilize fees?

Let's take a look at what Pacific Blue Cross has asked us for in their initial renewal notices versus the final increases negotiated by Aon:

Year	PBC's Initial Ask for Rate Increase	Negotiated Rate Increase
2021-22	10.5%	6%
2022-23	4.6%	0%
2023-24	0% for same coverage	0% with improved vaccine and paramedical coverage

For the last three years, we've seen Aon consistently negotiate Pacific Blue Cross down from increasing our rates, and, where rates have stayed stable, improve our coverage for the same cost. In short, Aon works well for us. They have teams of people who are experts in the insurance industry and have an obligation to act in the GSS's best interest. Aon has asked us to put a stabilization fee to a vote as they feel it's the best move for negotiations to move forward in our favour now and in future. We've put the issue to a vote. What happens now is up to you.



+Why don't we join the UVSS plan? It's cheaper. Why don't we change insurance brokers or providers? Doesn't shopping around make insurance cheaper?

These are probably the most common questions we get. UVSS is able to offer cheaper rates than us for two reasons: 1. They are larger and have a population that is, on average, younger and less likely to have chronic health conditions than the GSS and 2. They use StudentCare for their insurance.

For the first point, joining forces MIGHT mean diluting the impact that our higher-medical-needs members have on our overall insurance costs. We haven't done this for a couple reasons. First, the demographic differences between our membership. UVic grad students are six times more likely to be international students than undergrads, and international students may arrive at UVic with a greater number of unmet health needs than domestic students (for example, they may be able to access vaccines here that aren't covered in their home countries, or the cost of dentistry here might make restorative dental procedures an option for them where these procedures would be unaffordable back home.) Our members are also more likely to be 55+, have families, have a disability, etc. Grad students make up only about 15% of UVic students, so if we join in with the UVSS, we expect to see fewer of our members' unique needs met. This is also why the GSS exists as a separate entity from the UVSS at all: Grad students wanted and deserved an organization that represented them exclusively, not as a small minority of members whose needs can be consistency voted down by the majority.

The second reason we haven't considered a partnership with UVSS is because they use StudentCare. StudentCare is an insurance broker that many student societies across Canada use to negotiate their insurance plan with insurance providers like Pacific Blue Cross or Green Shield. StudentCare has contractual requirements for their services that our membership has rejected. These include fixed coverage start and end dates and centralized customer service. By fixed coverage start and end dates, we mean that UVSS students are currently only able to opt in or out at fixed times of the year. This works well for undergrads, because they are more likely to have fixed end dates for their degrees at the end of the semester. GSS members can defend their theses/dissertations/projects and finish their program at any time of year, and we can opt them out of GSS insurance within 30 days of the end of their program. Additionally, we can opt students and family members in or out of the plan within 30 days of any major life change like gaining or losing alternative insurance, getting married or divorced, having or adopting a child, moving into or out of Canada. We see a high rate of these mid-year changes and for those members, that flexibility is hugely valuable as it gives them coverage when they need it and control over their costs when they don't.

By centralized customer service, we mean that all claims issues must go through StudentCare representatives alone. There isn't a dedicated UVSS employee who can communicate directly with Pacific Blue Cross, Green Shield, etc. on behalf of students. The GSS has an in-house Health and Dental Coordinator who provides this mediation and advocacy between members and Pacific Blue Cross to resolve issues. By having someone in-house, we ensure that the only mandate our Health and Dental Coordinator has is to fight for our members. They work for you, not the insurance industry.

## +Why don't we change insurance brokers or providers? Doesn't shopping around make insurance cheaper?

If our members have turned down StudentCare as a broker (see above), can't we at least find better rates by moving insurance providers? Short answer: it would cost us as much to move plans as we'd expect to save in insurance premiums. Unlike individual costs like your phone bill or internet, "shopping around" for a new group insurance plan for ~2000 people does not automatically guarantee lower costs. Also, the labour involved with "shopping around" must be paid (unlike the unpaid hours you might spend on hold with Rogers or Bell trying to get a better rate.)

We ask exactly this question to our insurance broker, Aon, every 1-3 years: would we get better rates by moving to a different insurance provider? The cost of Aon "taking our plan to market" would be around \$20-25K. So far, no alternative provider has been able to guarantee us more in savings than the cost of going to market. The moment that changes, you'll hear about it!

## +I like some parts of the plan improvements but not others. Can I design my own coverage and rate?

No. The GSS Extended Health and Dental insurance plans are group plans for all graduate students. We are able to negotiate our rates based on having a large number of people enrolled in our plan. Unfortunately, we do NOT offer pick-your-own/à la carte insurance plans. Your fees and some parts of your coverage rates are determined by when you start your program. But all students starting in the same semester receive the same coverage.

## +How do I know which option is best for me?

How you choose to vote depends on what sort of insurance you want the GSS to offer and how you'd like us to consult with membership on their fees. Maybe you don't see any issue with summer referenda and want us to see us continue to ask our membership directly about their fees each year. You can vote for that! Maybe you want some but not all of the coverage increases we've included in this referendum. You can vote for that! The results of this referendum will form the mandate for how the GSS moves forward for the next few years.

We also strongly encourage our members to think about your colleagues and peers who will be impacted by your vote as well. Do you think one of the options here protects our lowest income members better than others? How about International students? How about students with families? 2SLGBTQIA+ students? Students with disabilities? We have done our best to present the options we feel balance the need to maintain low insurance costs with keeping our members covered for their current and future health needs. We've also broken down the coverage question down to each specific coverage change as we know the costs of some (like physiotherapy) may be unaffordable for our members. How we move forward is now up to you.

## +I feel strongly about this. What can I do to make sure GSS offers the insurance I want?

Get out the vote! Encourage as many of your graduate student colleagues to vote on Simply Voting between June 5 at 9:00am and June 7 at 4:30pm PST.

Feel even more strongly? Sign up to be part of a referendum side and campaign for the outcome you want! What the heck are referendum sides and what do we mean when we say “campaigning”? Check out our [Campaign Package](#) for a full description of our campaign rules. But, briefly, a referendum “side” is an organized effort to influence voters to vote a specific way in a referendum. They influence voters by distributing materials (verbal, digital, or physical) that inform voters of the benefits of voting a particular way. An example of a possible referendum side in this case would be a “yes” side campaign for the coverage increases. The GSS Executive Board has opted to form a “yes” side campaign to support the coverage increases we are taking to a vote.

Only one campaign is permitted for each side (that is, all the “yes” supporters must work together and all the “no” supporters must work together). You can contact our Electoral Officer, Jono Qualter, at [votegss@uvic.ca](mailto:votegss@uvic.ca) if you are interested in campaigning for a side in this referendum. They will put you in touch with all other members of your side. The deadline to register to campaign is May 22, 2024. All individuals intending to campaign must register.

Referendum sides are granted access to resources outlined in our [Campaign Package](#). You are not required to register for a referendum side in order to share your opinion about the referendum. However, only officially registered sides are permitted to formally campaign. Our Campaign Package has more information about what activities are considered campaigning.

#### +What comes next?

Regardless of the outcome of this referendum, the reality is that healthcare costs, like all costs of living, are increasing. We here at the GSS strongly encourage all eligible members to enrol in [FairPharmacare](#) and [BC MSP Supplemental Benefits](#), which are the two major low-income healthcare cost assistance programs in BC. These programs do not replace Extended Health and Dental insurance, but can provide some support by subsidizing and reducing the up front costs through income-based government programs for some of the most expensive healthcare costs like prescription medication and paramedical coverage. BC MSP Supplement Benefits includes coverage for physiotherapy and we strongly encourage folks to tap into *all* available supports to access more paramedical services. You can apply for both supports with the [BC Application for Health and Drug Coverage](#). Subscribe to our e-bulletin and follow us on social media to find out more about these programs throughout the year!

## Appendix A: Current (2023-24) Extended Health and Dental Rates

<b>Full-Time On-Campus Fees</b>	September	January
Health fee (as charged with tuition)	\$409.00	\$272.67
Dental fee (as charged with tuition)	\$284.55	\$189.70
GSS member fee (as charged with tuition)	\$97.91	\$97.91

<b>Part-Time and Family Opt-in rates</b>		
<i>Calculation: Base rate + \$5 admin fee per service</i>		
	September	January
Health only	\$414.00	\$276.00
Dental only	\$289.55	\$193.03
Both	\$703.55	\$469.03

<b>Visiting Graduate Research Students Opt-in rates</b>		
<i>Calculation: base rate + \$5 admin rate per plan PLUS one term membership fee</i>		
	September	January
Health only	\$511.91	\$373.91
Dental only	\$387.46	\$290.94
Both	\$801.46	\$566.94

<b>On leave opt-in rates</b>		
<i>Calculation: base rate + \$5 admin rate per plan PLUS one term membership fee</i>		
	September	January
Health only	\$511.91	\$373.91
Dental only	\$387.46	\$290.94
Both	\$801.46	\$566.94

<b>Accessible learning opt-in rates</b>		
<i>September tuition rate with NO ADMIN FEE</i>		
	September	January
Health only	\$409.00	\$272.67
Dental only	\$284.55	\$189.70
Both	\$693.55	\$462.37