

# BENEFITS OFFERING

## Enhanced Offering

## Standard Offering

### Life Insurance

Per Employee	Flat \$25,000	Flat \$25,000
Benefit Maximum	\$25,000	\$25,000
Reduces	by 50% at age 65	by 50% at age 65
Termination Age	71	71

### Accidental Death & Dismemberment

Benefits Formula	Same as Life	Same as Life
Criminal Code Exclusion	Yes	Yes
Blood Alcohol Exclusion	Yes	Yes
Reattachment and Repatriation Benefits	Yes	Yes
Termination Age	71	71

### Dependent Life

Spousal Benefit	\$10,000	\$5,000
Child Benefit	\$5,000	\$2,500
Coverage From Birth	Yes	Yes

### Best Doctors

Included

Included

InterConsultation	Review of patient's medical files to develop and confirm diagnosis (second opinion)
FindBestDoc	A search of over 50,000 specialists qualified to meet the patient's specific medical needs
FindBestCare	A continuous review of key information to ensure the patient's medical priorities

### Extended Health Care (EHC)

#### General

Single Deductible	\$0	\$0
Family Deductible	\$0	\$0

Overall Coinsurance (excludes Drugs)	90%	80%
Hospital & Out-of-Country Coinsurance	100%	100%
Private Duty Nursing	\$25,000/benefit year	\$10,000/benefit year
Hospital Room	Semi-Private	Semi-Private
Termination Age	85	85

### Drugs

Reimbursement Type	Drug Card	Drug Card
Drug Coverage	Mandatory Generic	Mandatory Generic Substitution
Drug Maximum	Unlimited	\$5,000
Drug Coinsurance	90%	80%
> Insurer pays	90%	80%
> Employee pays	10%	20%

Per Prescription Deductible	N/A	N/A
Dispensing Fee Max	N/A	N/A

<b>Paramedicals</b>	Per paramedical	Per paramedical practitioner
Physiotherapist	\$500	\$350
Osteopath	\$500	\$350
Podiatrist	\$500	\$350
Chiropodist	Combined with Podiatrist	Combined with Podiatrist
Chiropractor	\$500	\$350
Speech Therapist	\$500	\$350
Acupuncturist	\$500	\$350
Naturopath	\$500	\$350
Audiologist	\$500	\$350
Dietician	\$500	\$350
Occupational Therapist	\$500	\$350
Psychologist	\$500	\$350
Social Worker	Combined with Psychologist	Combined with Psychologist
Massage Therapist	\$500	\$350
Athletic Therapist	Combined with Physio	Combined with Physio

### Vision Care

Vision Coinsurance	100%	100%
Benefit Maximum	\$250	\$100
Eye Exam Maximum	Reasonable & Customary	Reasonable & Customary
24 month Adult Benefit	Yes	Yes
12 month Child Benefit	Yes	Yes
Prescription Lenses/Contacts	Yes	No

### Other Medical Services

Out-of-Country Referrals Coinsurance	No	No
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Out-of-Country Lifetime Maximum	\$3,000,000	\$3,000,000
Day Limit Per Trip	60	60
Othopedic Shoes	\$250 per benefit year	\$250 per benefit year
Custom Made Orthotic Inserts	\$175 per benefit year	\$175 per benefit year
Hearing Aids	\$500 over 5 benefit years	\$500 over 5 benefit years
Diabetic Supplies	Yes	Yes
Accidental Dental	Unlimited	Unlimited

## ***Dental Care***

### **General**

Single Deductible	\$0	\$0
Family Deductible	\$0	\$0
Current Fee Guide	Yes	Yes
Specialist Fee Guide	Yes	Yes
Termination Age	85	85

### **Basic & Preventative**

B&P Coinsurance	90%	80%
> Insurer pays	90%	80%
> Employee pays	10%	20%
Number of Routine Check-Ups per Year	1 every 9 months	1 every 12 months
Number of Scaling Units per Year	15	10
Calendar Year Maximum	\$1,500	\$1,000
Endodontic & Periodontic Care	Included	Included