	1-2 Person Firms* Please Note: Entire firm has to choose the same option for all employees				
	Bronze	Silver	Gold		
		ce and AD&D Insurance			
chedule	Flat \$25,000	Flat \$25,000	Flat \$25,000		
Reduction	Reduces by 50% at plan anniversary	Reduces by 50% at plan anniversary	Reduces by 50% at plan anniversary		
	following attained age 65	following attained age 65	following attained age 65		
ermination	Plan anniversary following attained	Plan anniversary following attained	Plan anniversary following attained		
	age 70	age 70	age 70		
	Exter	nded Health Care			
Plan Code	EHC54	EHC47	EHC56		
Drug					
Deductible	Nil	Nil	Nil		
Reimbursement	70% reimbursed	80% reimbursed	90% reimbursed		
Maximum	\$1,000/calendar year	\$5,000/calendar year	Unlimited		
Travel	100% - duration equals provincial max	100% - duration equals provincial max	100% - duration equals provincial max		
	includes trip cancellation/interruption,	includes trip cancellation/interruption,	includes trip cancellation/interruption,		
	\$5,000,000 per person, per trip	\$5,000,000 per person, per trip	\$5,000,000 per person, per trip		
Hospital	No Coverage	Semi-Private	Semi-Private		
All Other Healthcare	70% to maximums noted below	80% to maximums noted below	90% to maximums noted below		
Paramedicals	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Acupuncturist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Physiotherapist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Chiropractor	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Naturopath/Homeopath	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Podiatrist/Chiropodist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Osteopath	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Massage Therapist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Psychologist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
Speech Therapist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year		
All Practitioners Combined	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person		
Hearing Aids	\$500 / 5 years	\$500 / 5 years	\$500 / 5 years		
Eye Exams	\$75 / 24 months (12 months child)	\$75 / 24 months (12 months child)	\$75 / 24 months (12 months child)		
Vision	No Coverage	No Coverage	No Coverage		
Termination	Plan anniversary following attained age 75	Plan anniversary following attained age 75	Plan anniversary following attained age 75		
		Dental Care			
Plan Code	DN27	DN23	DN2		

Plan Code	DN27	DN23	DN2
Deductible	Nil	Nil	Nil
Basic and Comprehensive	70% reimbursed	80% reimbursed	80% reimbursed
Endodontics	70% reimbursed	80% reimbursed	80% reimbursed
Periodontics	70% reimbursed	80% reimbursed	80% reimbursed
Major	Nil	Nil	Nil
Maximum	\$750 per person to a combined	\$1,000 per person to a combined	\$1,500 per person to a combined
	family maximum of \$5,000	family maximum of \$5,000	family maximum of \$5,000
Recall Exam	Once every 9 months	Once every 6 months	Once every 6 months
Termination	Plan anniversary following attained age 75	Plan anniversary following attained age 75	Plan anniversary following attained age 75

*Medical evidence is required for all benefits



Experience the Benefits of People

3+ Person Firms Please Note: Entire firm has to choose the same option for all employees To be eligible as a 3+ person firm, a minimum of 3 members must participate in Health/Dental				
	Bronze	Silver	Gold	
	Life Insuran	ce and AD&D Insurance		
chedule	Flat \$25,000	Flat \$25,000	Flat \$25,000	
eduction	Reduces by 50% at plan anniversary following attained age 65	Reduces by 50% at plan anniversary following attained age 65	Reduces by 50% at plan anniversary following attained age 65	
ermination	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70	
	Exter	ded Health Care		
Plan Code	EHC54	EHC55	EHC59	
Drug				
Deductible	Nil	Nil	Nil	
Reimbursement	70% reimbursed	80% reimbursed	90% reimbursed	
Maximum	\$1,000/calendar year	\$5,000/calendar year	Unlimited	
Travel	100% - duration equals provincial max	100% - duration equals provincial max	100% - duration equals provincial max	
	includes trip cancellation/interruption,	includes trip cancellation/interruption,	includes trip cancellation/interruption,	
	\$5,000,000 per person, per trip	\$5,000,000 per person, per trip	\$5,000,000 per person, per trip	
Hospital	No Coverage	Semi-Private	Semi-Private	
All Other Healthcare	70% to maximums noted below	80% to maximums noted below	90% to maximums noted below	
Paramedicals	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Acupuncturist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Physiotherapist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Chiropractor	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Naturopath/Homeopath	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Podiatrist/Chiropodist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Osteopath	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Massage Therapist	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
. .	\$300 per person/practitioner/year	\$500 per person/practitioner/year	\$500 per person/practitioner/year	
Psychologist Speech Therapist	\$300 per person/practitioner/year		\$500 per person/practitioner/year	
All Practitioners Combined		\$500 per person/practitioner/year		
	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person	\$1,500 per calendar year, per person	
Hearing Aids	\$500 / 5 years \$75 / 24 months (12 months child)	\$500 / 5 years	\$500 / 5 years	
Eye Exams		$\frac{575}{24}$ months (12 months child)	\$75 / 24 months (12 months child)	
Vision	No Coverage	\$150 / 24 months (12 months child)	\$250 / 24 months (12 months child)	
Termination	Plan anniversary following attained age 75	Plan anniversary following attained age 75 Dental Care	Plan anniversary following attained age 7	
Plan Code	DN27	Dental Care DN23	DN3	
Deductible	Nil	Nil	Nil	
Basic and Comprehensive	70% reimbursed	80% reimbursed	80% reimbursed	
Endodontics	70% reimbursed	80% reimbursed	80% reimbursed	
Periodontics	70% reimbursed	80% reimbursed	80% reimbursed	
Major	Nil	Nil	50% reimbursed	
Maximum	\$750 per person to a combined	\$1,000 per person to a combined	\$1,500 per person to a combined	
D 115	family maximum of \$5,000	family maximum of \$5,000	family maximum of \$5,000	
Recall Exam	Once every 9 months	Once every 6 months	Once every 6 months	
Termination	Plan anniversary following attained age 75	Plan anniversary following attained age 75	Plan anniversary following attained age 7	



