

	<b>BRONZE</b>	<b>SILVER</b>	<b>GOLD</b>
Life Insurance & AD&D Benefit Amount	Flat \$25,000	Flat \$35,000	Flat \$50,000
Non-Evidence Maximum Reduction of Insurance	\$25,000 50% at Age 65 Additional 50% at Age 70	\$35,000 50% at Age 65 Additional 50% at Age 70	\$50,000 50% at Age 65 Additional 50% at Age 70
Dependent Life Insurance Benefit Amount—Spouse/Child	\$5,000/\$2,500	\$5,000/\$2,500	\$5,000/\$2,500
Cost	<b>\$0.92 / emp. with dep.</b>	<b>\$0.92 / emp. with dep.</b>	<b>\$0.92 / emp. with dep.</b>
Critical Illness Benefit Amount	\$10,000	\$10,000	\$10,000
Covered Illnesses	25	25	25
Extended Health Care Deductible	Nil	Nil	Nil
EHS Co-insurance	70%	80%	100%
Prescription Drug Plan	Direct Pay	Direct Pay	Direct Pay
Prescription Drugs Deductible	None	None	Dispensing Fee
Prescript. Drugs Co-Insurance	70%	80%	100%
Prescription Drug Maximum	\$1,000	\$2,500	\$10,000
Hospital Accommodation	None	None	None
Travel Benefits	Included- 100%	Included- 100%	Included- 100%
Paramedical Services	Maximum of \$300 per person per practitioner / calendar year	Maximum of \$300 per person per practitioner / calendar year	Maximum of \$500 per person per practitioner /calendar year
Private Duty Nursing Services	\$10,000 per calendar year	\$10,000 per calendar year	\$10,000 per calendar year
Hearing Aids	\$500 every 5 years	\$500 every 5 years	\$500 every 5 years
	<u>Premium Rates</u>	<u>Premium Rates</u>	<u>Premium Rates</u>
	<b>Single \$ 36.06</b>	<b>\$ 43.95</b>	<b>\$ 50.30</b>
	<b>Family \$ 95.37</b>	<b>\$117.06</b>	<b>\$134.54</b>
Optional Addition: Visioncare Benefits	\$100 every 24 months (\$3.51/single; \$9.83/family)	\$150 every 24 months (\$5.28/single; \$14.77/family)	\$200 every 24 months (\$7.03/single; \$19.67/family)
Dental Care Deductible	No deductible	No deductible	No deductible
Basic Services	90%	100%	100%
Major Services	n/a	n/a	50%
Maximum Benefit: Basic:	\$1,000/person/year	\$1,000/person/year	\$750/person/year
Major:	n/a	n/a	Combined with Basic
Recall Exams	9 months	9 months	9 months
Fee Guide	Current	Current	Current
	<u>Premium Rates</u>	<u>Premium Rates</u>	<u>Premium Rates</u>
	<b>Single \$ 36.53</b>	<b>\$ 40.59</b>	<b>\$ 46.03</b>
	<b>Family \$ 92.44</b>	<b>\$102.71</b>	<b>\$116.48</b>

Ontario  
3-9 Lives

Notes:

- Rates and benefits shown are applicable for groups with no current coverage
- All benefits terminate at age 75
- A minimum of 3 employees must be insured for all benefits except for the Health and Dental benefits, which require a minimum of 2 insured employees
- An additional load is applied to groups with only 2 participating employees in the Extended Health Care and/or Dental benefits
- A different rating structure is used on the Extended Health Care benefit for groups where more than 50% of the employees are over age 51
- Major Dental coverage requires a minimum of 3 insured employees; a minimum of 5 insured employees is required for any maximum above \$750
- Both Extended Health Care and Dental include 24-month survivor benefits
- Optional Life Insurance is available
- Employees must regularly work a minimum of 20 hours per week
- All employees must have CPP and EI deducted at source; if this is not the case, please advise BBD
- Group must have been in business for a minimum of 1 year
- 100% participation required by all eligible employees
- Employer must contribute a minimum of 50% towards the cost of the benefits plan
- If you currently have a benefits plan, please provide the following:
  1. Copy of current plan design (e.g. employee booklet), Current rates (invoice) and rate history, if available; and Claims experience history (if available) for the past 3 years