



Health, Dental, Vision and Out of Country Coverage

Provided by

Critical Illness Underwritten by



FOR BUSINESSES  
WITH 5 OR MORE  
EMPLOYEES



CHOOSE THE BENEFITS THAT MEET YOUR NEEDS

Choose any combination of the following Benefit Sections - each section can be purchased separately or in combination with any other section:

- SECTION 1 - One option from Health and one option from Dental in Section 1, Vision care is optional
- SECTION 2 - One option from Life, AD&D, Dependent Life AND one option from LTD
- SECTION 3 - One CI option

BROKERS/ADVISORS: SMARTCHOICE BENEFIT PROPOSALS ARE AVAILABLE ON OUR BROKER WEBSITE

OPTIONS AND PRICING (For Ontario, Quebec and Manitoba residents, Provincial Sales Tax applies)

SECTION 1 – HEALTH, VISION & DENTAL

Choose one option from Health & one option from Dental:

HEALTH CARE	DRUGS REIMBURSEMENT	DRUG DEDUCTIBLE	DRUG MAXIMUM	PARAMEDICAL REIMBURSEMENT	PARAMEDICAL MAXIMUM	MONTHLY RATES		
						SINGLE	COUPLE	FAMILY
OPTION 1	100%	DISPENSING FEE	\$2,000	80%	\$350	127.90	272.05	302.91
OPTION 2	100%	DISPENSING FEE	\$5,000	80%	\$500	138.97	295.64	329.14
OPTION 3	80%	NA	\$5,000	80%	\$500	153.22	327.08	363.53
OPTION 4	100%	DISPENSING FEE	\$10,000	100%	\$500	157.87	337.01	374.04
OPTION 5	100%	NA	\$12,000	100%	\$500	186.55	398.55	442.31
VISION	100% REIMBURSEMENT FOR GLASSES & CONTACT LENSES, MAXIMUM \$150/24 MONTHS					11.08	23.56	26.15

All Health maximums are per person per calendar year.

Health Plans include: drug card, prescription drugs, emergency travel assistance, eye exams at \$35 every 24 months, orthotics, ambulance services, x-rays, hearing aids, private-duty nursing, paramedical services.

DENTAL CARE	BASIC DENTAL REIMBURSEMENT	MAJOR DENTAL REIMBURSEMENT	BASIC & MAJOR COMBINED ANNUAL MAXIMUM	CHILD ORTHODONTICS		MONTHLY RATES		
				REIMBURSEMENT	LIFETIME MAXIMUM	SINGLE	COUPLE	FAMILY
OPTION 1	80%	50%	\$1,200	NA	NA	58.58	124.36	138.17
OPTION 2	80%	50%	\$1,500	NA	NA	64.78	138.03	153.37
OPTION 3	80%	50%	\$1,000	NA	NA	51.14	108.56	120.63
OPTION 4	100%	50%	\$1,000	NA	NA	61.23	131.58	146.18
OPTION 5	100%	50%	\$1,500	50%	\$1,000	65.71	146.15	161.68

All Dental maximums are per person per calendar year. All Dental Options are subject to an annual calendar year deductible of \$25 for employees with single coverage, \$50 for employees with couple or family coverage.

Dental Plans include: Basic care (including periodontic, endodontic services, etc.) & Major care (including bridges, caps, crowns & Dentures). Covered expenses are based on the current Provincial Dental Fee Guide.

SECTION 2 – GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT (AD&D), and LONG TERM DISABILITY (LTD) INSURANCE – NO MEDICAL EVIDENCE REQUIRED

If this section is elected, options must be chosen for the Life, AD&D, Dependent Life benefits AND LTD benefits.

Choose an option for LIFE, AD&D, DEPENDENT LIFE:

LIFE, AD&D, DEP. LIFE OPTIONS	OPTION 1	OPTION 2	MONTHLY RATE
BASIC GROUP LIFE INSURANCE BENEFITS			\$0.479 per \$1,000 of coverage
Benefit Amount	\$50,000	1 X Annual Earnings	
Maximum	\$50,000	\$200,000	
Age 65 Benefit Amount Reduction	50%	50%	
Termination Age	70	70	
AD&D INSURANCE BENEFITS			\$0.040 per \$1,000 of coverage
Benefit Amount	\$50,000	1 X Annual Earnings	
Maximum	\$50,000	\$200,000	
Age 65 Benefit Amount Reduction	50%	50%	
Termination Age	70	70	
DEPENDENT LIFE INSURANCE BENEFITS			\$4.36 per month
Benefit Amount Spouse Each Dependent Child	\$10,000 \$5,000	\$10,000 \$5,000	

SECTION 2 – GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT (AD&D), and LONG TERM DISABILITY (LTD) INSURANCE (cont'd)– NO MEDICAL EVIDENCE REQUIRED

Choose an option for LONG TERM DISABILITY:

DISABILITY OPTIONS	OPTION 1	OPTION 2	MONTHLY RATE
LONG TERM DISABILITY INJURY AND ILLNESS			\$2.81 per \$100 of coverage
Benefit Amount (% of Monthly Pre-disability income)	66 2/3%	66 2/3% of first \$5,000, plus 50% of the next \$3,000 plus 40% of the remainder	
Monthly Maximum Benefit	\$1,500	\$5,000	
Benefit Waiting ('Elimination') Period	120 Days	120 Days	
Termination Age	65	65	

SECTION 3 CRITICAL ILLNESS INSURANCE – NO MEDICAL EVIDENCE REQUIRED

SmartChoice Group Critical Illness has **23 covered conditions**, has no pre-existing conditions limitations, and does not require medical evidence to qualify. **Dependent CI Coverage** is also available to Employees with eligible dependents, with a spousal benefit of \$15,000 and Child Benefit of \$5,000 for each child.

Choose an option for Critical Illness insurance

CI COVERAGE AMOUNT OPTIONS	COVERED EMPLOYEES			Monthly Premium	
	5 -9	10 - 49	50 PLUS	No Dependent CI	With Dependent CI
\$15,000	✓	✓	✓	\$ 17.55	\$33.66
\$25,000	✓	✓	✓	\$ 29.25	\$ 45.36
\$50,000		✓	✓	\$ 58.50	\$ 74.61
\$75,000			✓	\$ 87.75	\$ 103.86
\$100,000			✓	\$ 117.00	\$ 133.11

This benefit plan is arranged by SmartChoice Benefits  
and administered by SmartChoice Admin Inc.

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