

## 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	138.27	294.11	327.47
OPTION 2	100%	DISPENSING FEE	\$5,000	80%	\$500	150.25	319.60	355.84
OPTION 3	80%	NA	\$5,000	80%	\$500	165.65	353.64	393.01
OPTION 4	100%	DISPENSING FEE	\$10,000	100%	\$500	170.68	364.33	404.37
OPTION 5	100%	NA	\$12,000	100%	\$500	201.68	430.87	478.17
VISION	100% REIMBURSEMENT FOR GLASSES & CONTACT LENSES, MAXIMUM \$150/24 MONTHS					11.99	25.47	28.28

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	69.35	147.24	163.59
OPTION 2	80%	50%	\$1,500	NA	NA	70.72	163.43	181.61
OPTION 3	80%	50%	\$1,000	NA	NA	60.55	128.53	142.83
OPTION 4	100%	50%	\$1,000	NA	NA	72.49	155.80	173.08
OPTION 5	100%	50%	\$1,500	50%	\$1,000	77.80	173.05	191.44

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
<b>BASIC GROUP LIFE INSURANCE BENEFITS</b>			\$0.439 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	
<b>AD&amp;D INSURANCE BENEFITS</b>			\$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	
<b>DEPENDENT LIFE INSURANCE BENEFITS</b>			\$4.48 per month
Benefit Amount Spouse	\$10,000	\$10,000	
Each Dependent Child	\$5,000	\$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
<b>LONG TERM DISABILITY INJURY AND ILLNESS</b>			<b>\$3.12 per \$100 of coverage</b>
<b>Benefit Amount</b> (% of Monthly Pre-disability income)	<b>66 2/3%</b>	<b>66 2/3% of first \$5,000, plus 50% of the next \$3,000 plus 40% of the remainder</b>	
<b>Monthly Maximum Benefit</b>	<b>\$1,500</b>	<b>\$5,000</b>	
<b>Benefit Waiting ('Elimination') Period</b>	<b>120 Days</b>	<b>120 Days</b>	
<b>Termination Age</b>	<b>65</b>	<b>65</b>	

**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
<b>\$15,000</b>	✓	✓	✓	<b>\$ 17.55</b>	<b>\$33.66</b>
<b>\$25,000</b>	✓	✓	✓	<b>\$ 29.25</b>	<b>\$ 45.36</b>
<b>\$50,000</b>		✓	✓	<b>\$ 58.50</b>	<b>\$ 74.61</b>
<b>\$75,000</b>			✓	<b>\$ 87.75</b>	<b>\$ 103.86</b>
<b>\$100,000</b>			✓	<b>\$ 117.00</b>	<b>\$ 133.11</b>

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

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