

	PHARMACY OWNERS WITH STAFF					
	Class A	Class B	Class C - Other Staff			
Class Name	Owners	Management / Senior Staff	Other Staff - Bronze	Other Staff - Silver	Other Staff - Gold	No Coverage
* Indicate which classes apply with an X			X			
Eligibility						
Minimum	20 hours per week	20 hours per week	20 hours per week	20 hours per week	20 hours per week	n/a
Life Insurance						
Benefit Schedule	\$100,000	\$50,000	\$25,000	\$25,000	\$25,000	
Maximum	\$100,000	\$50,000	\$25,000	\$25,000	\$25,000	
Non-Evidence Maximum	\$100,000	\$50,000	\$25,000	\$25,000	\$25,000	
Reduction Schedule	n/a	n/a	n/a	n/a	n/a	
Conversion	Included	Included	Included	Included	Included	
Termination	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	
AD&D Insurance						
Benefit Schedule	\$100,000	\$50,000	\$25,000	\$25,000	\$25,000	
Maximum	\$100,000	\$50,000	\$25,000	\$25,000	\$25,000	
Non-Evidence Maximum	\$100,000	\$50,000	\$25,000	\$25,000	\$25,000	
Reduction Schedule	Included	Included	n/a	n/a	n/a	
Conversion	n/a	n/a	Included	Included	Included	
Termination	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	
Dependent Life Insurance						
Spouse	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Child	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	
Age Definition	From Birth	From Birth	From Birth	From Birth	From Birth	
Conversion	Included	Included	Included	Included	Included	
Termination	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	
Extended Health Care						
Drugs						
Annual Maximum	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	
Pay Direct Drug Card	Included	Included	Included	Included	Included	
Deductible	Nil	Nil	Nil	Nil	Nil	
Dispensing Fee Cap	Nil	Nil	Nil	Nil	Nil	
Coinsurance	80% on first \$1,000, 100% thereafter	90% on first \$5,000, 100% thereafter	70% on first \$5,000, 100% thereafter	80% on first \$5,000, 100% thereafter	90% on first \$5,000, 100% thereafter	
Definition of Drug Formulary	Lowest priced equivalent	Lowest priced equivalent	Lowest priced equivalent	Lowest priced equivalent	Lowest priced equivalent	
Prior Authorization	Included	Included	Included	Included	Included	
Fertility Drugs	No benefit	No benefit	No benefit	No benefit	No benefit	
Smoking Cessation Drugs	No benefit	No benefit	No benefit	No benefit	No benefit	
Erectile Dysfunctional Drugs	No benefit	No benefit	No benefit	No benefit	No benefit	
Vaccines	Included	Included	Included	Included	Included	
Supplementary Health Care						
Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Deductible	Nil	Nil	Nil	Nil	Nil	
Coinsurance	90%	90%	70%	80%	90%	
Hospital Accommodation	Semi-private	Semi-private	Semi-private	Semi-private	Semi-private	
Private Duty Nursing	\$10,000 per calendar year	\$10,000 per calendar year	\$10,000 per calendar year	\$10,000 per calendar year	\$10,000 per calendar year	
Paramedical Practitioners						
- Acupuncturist						
- Audiologist						
- Chiropractor						
- Dietician						
- Ergotherapist						
- Massage Therapist						
- Naturopath						
- Osteopath						
- Physiotherapist						
- Podiatrist/Chiropracist						
- Speech Therapist						
Mental Health Practitioners	90%, \$1,000 combined calendar year maximum	90%, \$500 combined calendar year maximum	70%, \$500 combined calendar year maximum	80%, \$500 combined calendar year maximum	90%, \$500 combined calendar year maximum	
Vision Care	100% \$300/24 months	100% \$300/24 months	Nil	100% \$150/24 months	100% \$300/24 months	
Eye Examinations	\$35/24 months	\$35/24 months	Nil	\$35/24 months	\$35/24 months	
Medical Equipment & Supplies						
Orthotic Devices	\$200/calendar year	\$200/calendar year	\$200/calendar year	\$200/calendar year	\$200/calendar year	
Orthopaedic Shoes	\$200/calendar year	\$200/calendar year	\$200/calendar year	\$200/calendar year	\$200/calendar year	
Hearing Aids	\$500 every 60 months	\$500 every 60 months	\$500 every 60 months	\$500 every 60 months	\$500 every 60 months	
Accidental Dental	Included	Included	Included	Included	Included	
Termination	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	
Out of Country/Province						
Deductible	Nil	Nil	Nil	Nil	Nil	
Coinsurance - Emergency	100%	100%	100%	100%	100%	
Coinsurance - Referral	80%	80%	80%	80%	80%	
Maximum - Emergency	\$1,000,000 per calendar yr	\$1,000,000 per calendar yr	\$1,000,000 per calendar yr	\$1,000,000 per calendar yr	\$1,000,000 per calendar yr	
Maximum - Referral Maximum	\$50,000 per calendar yr	\$50,000 per calendar yr	\$50,000 per calendar yr	\$50,000 per calendar yr	\$50,000 per calendar yr	
Number of Days Limited	120 days	120 days	120 days	120 days	120 days	
Termination	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement	
Dental Care Coverage						
Deductible	Nil	Nil	No Coverage	Nil	Nil	
Coinsurance - Basic Services	90%	90%		80%	80%	
Coinsurance - Major Restorative	50%	50%		n/a	50%	
Maximum - Basic Services	\$1,500 per calendar year	\$1,500 per calendar year		\$1,500 per calendar year	\$1,500 per calendar year	
Maximum - Major Restorative	\$1,000 per calendar year	\$1,000 per calendar year		n/a	\$1,000 per calendar year	
Fee Guide	Current	Current		Current	Current	
Recall Examinations	9 months	9 months		9 months	9 months	
Units of Scale/Year	12 units per calendar year	12 units per calendar year		12 units per calendar year	12 units per calendar year	
Termination	Age 70 or prior retirement	Age 70 or prior retirement		Age 70 or prior retirement	Age 70 or prior retirement	
Health Care Spending Account **						
Indicate annual amount - \$500 min to \$20K max			n/a	n/a	n/a	
Type (Claims/Balance Rollover or Fixed)	1 year carry forward	1 year carry forward				
Frequency/Termination	Age 70 or prior retirement	Age 70 or prior retirement				

Notes:

* Class A - Owners or Class B Management/Senior Staff must be selected

Class C - Other Staff coverage is not mandatory. If you do not want to offer the Other Staff benefits place an X under No coverage. If you wish to offer coverage indicate an X under Bronze, Silver or Gold.

** Health Care Spending Account: (HCSA) is optional. You can elect a minimum of \$500 to a maximum of \$20,000 per year.

You will be billed monthly for any submitted HCSA claims plus the administration fee