

# Group Benefits for the CMAAC

## Customizing your Coverage



### Sample Plan B: Extended Health Package and Dental

#### 1. Extended Health

Paramedical Coverage: 80% coinsurance, maximum of \$500 per service

Chiropractor, Dietician, Physiotherapist, Podiatrist, Chiropodist, Psych/Social Worker Comb, Speech Therapist, Osteopath, Naturopath, Masseur, Acupuncturist

Hospital room: Semi-Private  
\$700

Hearing Aids: 80% coinsurance, maximum of

Nursing: \$10,000 covered per year

Licensed Ambulance Services

Out of Country: 100% Coverage up to 60 days

Rental or purchase of the following medical supplies when prescribed by a physician:

Diabetic Supplies

Prosthetic Equipment

Breathing Equipment

Mobility Aids

Orthopedic Equipment

#### 2. Drug Plan (Drug Card) – Enhanced Drug Coverage

Coinsurance: 80% max \$3,000

Dispensing Fee Coinsurance: 100%

#### 3. Visioncare

Eye examinations: Coinsurance: 100%

Lens, Frames and Contacts: \$250 per 2 years, 100% Coinsurance

**\*Above is a standard Extended Health plan design. You can elect higher or lower maximums per year or select unlimited coverage. You can also change the coinsurance to suit your needs. Some restrictions may apply.**

#### 4. Dental Care

Basic: 80%

Examinations, Extractions, Fillings, Scaling, Prophylaxis, Fluoride treatment, X-rays, Oral surgery, Endodontic (root canal therapy), Periodontics (treatment of the gums), Denture Relines, rebases and repairs, Pit and Fissure sealants, Recall examinations

Major: 50%

Crowns and bridges, Partial or complete dentures

Accidental Dental: 100%

Basic and Major Combined Max: \$1,500/year\*.

Scaling Units: 10

Benjamin Bondar

[Benjamin.Bondar@InvestorsGroup.com](mailto:Benjamin.Bondar@InvestorsGroup.com)

778.239.8996

# Group Benefits for the CMAAC



## Customizing your Coverage

**\*Above is a standard plan design. You can elect a higher or lower maximum per year or select unlimited coverage. You can also change the coinsurance to suit your needs.**

### 5. Life Insurance

Pays a tax free lump sum benefit upon death. The minimum amount is a \$10,000 benefit and is mandatory on all group plans. You may elect to increase your Life Insurance coverage up to specified amounts based on the size of your group. If you would like more than the minimum Life Insurance on your plan please indicate your request on the application form.

### 6. Accidental Death and Dismemberment

Pays a tax free lump sum benefit if you become deceased or dismembered due to a unforeseeable accident. The minimum amount is a \$10,000 benefit and is mandatory on all group plans. Much like Life Insurance you may elect to increase your coverage up to specified amounts based on the size of your group. If you would like more than the minimum on your plan please indicate your request on the application form.

**The following is an estimated price for the plan above. Prices are based on the average age and gender of your clinic so rates will vary. The prices below use the minimums for Life and AD/D and are before any association discount.**

Benefit:	Single:	Family:
Extended Health	\$4.52	\$7.79
Drugs	\$33.65	\$63.01
Vision	\$7.00	\$16.77
Dental	\$52.59	\$118.79
Life	\$2.95	\$2.95
AD/D	\$0.40	\$0.40
Cost Per Month:	\$101.11	\$209.71

Benjamin Bondar  
[Benjamin.Bondar@InvestorsGroup.com](mailto:Benjamin.Bondar@InvestorsGroup.com)  
778.239.8996

The Plan  
by  **Investors  
Group**  
Investors Group Financial Services Inc.