

Group Benefits for the CMAAC

Customizing your Coverage



Sample Plan C: Comprehensive

1. Critical Illness Insurance – Lump Sum Payment

***The price for this product through a group is considerably cheaper than if you were to purchase it individually.**

Covered Illnesses

Cancer, Heart attack, Stroke, Coronary artery bypass surgery, Acquired brain injury, Alzheimer's disease, Aortic surgery, Aplastic anemia, Bacterial meningitis, Benign brain tumor, Blindness, Coma, Deafness, Heart valve replacement, Kidney failure, Loss of limbs, Loss of speech, Major organ failure on waiting list, Major organ transplant, Motor neuron disease, Multiple sclerosis, Occupational HIV infection, paralysis, Parkinson's disease, Severe burns

Best Doctors Services

Allows service to the insured, their spouse and dependent children; provides a valued second opinion on a specific medical condition, and a referral to the closest specialist in your area.

Services are available any time while the policy is in effect upon suspicion of a medical condition

2. Disability Insurance

Short Term Disability – The option to insure up to 100% of your salary for the first 19 weeks in the event you cannot work.

Long Term Disability – The option to insure up to 66.67% of your salary till age 65. Cost is based on amount of income covered.

3. 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

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

Diabetic Supplies

Prosthetic Equipment

Breathing Equipment

Mobility Aids

Orthopedic Equipment

4. Drug Plan (Drug Card) – Enhanced Drug Coverage

Coinsurance: 80% max \$3,000

Dispensing Fee Coinsurance: 100%

5. 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.**

6. 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

***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.**

7. 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

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more than the minimum Life Insurance on your plan please indicate your request on the application form.

8. 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:
Critical Illness (Per 10k Coverage)	\$3.81	\$3.81
Disability (Short Term and Long Term based on 40k per year salary)	\$55.10	\$55.10
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:	\$160.02	\$268.62

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The Plan
by  **Investors
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