



Pooled Benefits Program

Quote Information Supplement

[1.888.803.3800](tel:18888033800)

www.clearbenefits.ca



Wholesale Buying Power

Group Benefits by ClearBenefits.ca

Better Methods

ClearBenefits.ca is a web-based Group Benefits Provider that develops, manages and services exclusive Group Benefits Programs. Our proven methods and exclusive programs provides an industry leading way of doing Group Benefits.

Better Benefits

ClearBenefits.ca programs and services are ideal for clients that prefer experienced management.

The success of our Pooled Programs gives provides us with a unique perspective of what is required to manage your Group Benefits program. Our stable rate methodology helps provide clients the best opportunity for long-term success.

Better Programs

- **Pooled** - Large group advantages to groups of 3 - 20+ delivering quality and stability clients expect
- **Experience Rated** - Traditional-style plans leveraging ClearBenefits.ca wholesale buying power
- **Group RRSP / Group TFSA** - leveraging ClearBenefits.ca wholesale buying power



Administration & Support

Simplify Administration

[ClearBenefits.ca](#) structured service process is designed to keep your plan current, proactively addressing common administrative issues that arise.

[ClearBenefits.ca](#) service includes:

- Program and Product selection
- Enrolment support
- Benefit summary & communication for Employees
- Administrator support
- Comprehensive structured service plan
- Claims support
- Cost containment support
- Help ensure you are paying fair and responsibly priced premiums.
- Periodic information updates

[ClearBenefits.ca](#) Service System

A structured approach is designed to help ensure your plan meets your company's needs, runs smoothly, keeping benefits current while containing costs and effectively eliminating common administrative issues that can arise.

For convenience, this overview includes all programs and all optional coverages

* Please consult quotes to verify coverages and maximums quotes

** See booklet or policy for additional details

E.&O.E.

GENERAL INFORMATION

Eligibility - Plan Member	Actively at work on a permanent basis Insured under a government health insurance plan and reside in Canada Under age 80 Have been employed for 90 consecutive days																				
Eligibility - Dependents	Insured under a government health insurance plan and reside in Canada																				
Spouse Co-Habitation Requirement for Partners:	Legal Spouse 12 consecutive months Note: Can only insure one person as your spouse at any given time																				
Maximum Age for Dependent Children:	Under age 21 and not working more than 30 hours per week Under age 25 if in school full-time Over age 21 - Permanently Disabled - Yes, subject to eligibility requirements																				
Applying for Coverage	Submit within 31 days of becoming eligible to join the plan Submit changes within 31 days of an eligible change (marriage, childbirth, adoption, etc)																				
Late Applicant	Applications submitted after 31 days of eligibility may require health evidence and/or limitations of coverage may apply																				
Termination Age(s) of Coverage:	<table> <tr> <td>Life Insurance / AD&D</td> <td>Age 75</td> </tr> <tr> <td>Optional Life Insurance / AD&D:</td> <td>Age 75</td> </tr> <tr> <td>Extended Healthcare:</td> <td>Age 80</td> </tr> <tr> <td>Dental:</td> <td>Age 80</td> </tr> <tr> <td>Short Term Disability:</td> <td>Age 70</td> </tr> <tr> <td>Long Term Disability:</td> <td>Age 65</td> </tr> <tr> <td>Critical Illness</td> <td>Age 70</td> </tr> <tr> <td>Employee Assistance Program:</td> <td>Age 70</td> </tr> <tr> <td>Second Opinion Consult</td> <td>Age 70</td> </tr> <tr> <td>Virtual Healthcare</td> <td>Age 80</td> </tr> </table>	Life Insurance / AD&D	Age 75	Optional Life Insurance / AD&D:	Age 75	Extended Healthcare:	Age 80	Dental:	Age 80	Short Term Disability:	Age 70	Long Term Disability:	Age 65	Critical Illness	Age 70	Employee Assistance Program:	Age 70	Second Opinion Consult	Age 70	Virtual Healthcare	Age 80
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Coverage Terminates - Employee:	Date employment terminates Date no longer actively at work Exceptions: maternity / paternity leave where legislated severance, temporary leave of absence, temporary lay off End of period for which premiums have been paid Date a class of employees ceases to be eligible for insurance Termination age Date the employer terminates the group policy																				
Coverage Termination - Dependents:	Date coverage terminates Date dependent is no longer an eligible dependent End of a period for which premiums have been paid for dependent coverage																				
Minimum Number of Hours Per Week	24 hours per week.																				
Waiting Period:	3 months																				
Survivor Benefit	24 months Maximum period for Health & Dental only																				

Definition of Salary

Gross earnings	Regular annual earnings (before deductions) paid to you by your employer not including bonuses, dividends, overtime pay, expense allowances and any other extra compensation. Net salary is gross earnings less deductions (taxes, EI, CPP/QPP)
Commissions Included?	Yes - If your earnings are made up whole or in part from commissions, your insurable earnings will be the average of your regular pay including commissions for the previous 36 month period

Life Insurance

Amount:	Essentials: \$25,000 / Lifestyle: \$50,000
Non-Evidence Limit:	Evidence of insurability is not required.
Reduction:	Reduced by 50% on insured's 65th birthday
Conversion Privilege	Basic Life - Yes. \$200,000 maximum
Living Assistance Benefit	Yes, 50% of the life benefit up to \$50,000 max
Total Disability Waiver of Premium	Yes

Accidental Death

Definition	If death occurred as a direct result of accidental bodily injuries occasioned solely through external, violent and accidental means, without gross negligence on the part of the insured
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Accidental Dismemberment

Amount of AD&D Benefit Insurance paid for:

paraplegia (total paralysis of both lower limbs), or	200%
hemiplegia (total paralysis of one side of body), or	200%
quadripelgia (total paralysis of all four limbs) or	200%
loss of use of both arms, or	200%
loss of use of both legs, or	200%
loss of use of one arm and one leg on same side of body, or	200%
loss of both hands or both feet, or	100%
loss of both arms and both legs, or	100%
loss of sight of both eyes, or	100%
loss of one hand and one foot, or	100%
loss of use of both hands, or	100%
loss of use of both feet, or	100%
loss of speech and hearing in both ears, or	100%
loss of use of one hand or arm and one leg, or	100%
loss of sight of one eye and one hand or one foot, or	100%
loss of one arm, or	75%
loss of use of one arm, or	75%
loss of one leg, or	75%
loss of use of one leg, or	75%
loss of one hand, or	66.67%
loss of one foot, or	66.67%
loss of speech, or	66.67%
loss of hearing in both ears, or	66.67%
loss of sight in one eye, or	66.67%
loss of use of one hand, or	66.67%
loss of use of one foot	66.67%
loss of the thumb and index finger of the same hand, or	33.33%
loss of four fingers of one hand, or	33.33%
loss of hearing in one ear, or	33.33%
loss of all toes on one foot, or	25%
Surgical Reattachment Benefit	Yes
Rehabilitation Benefit	\$10,000 max.

Family Transportation Benefit	\$3,000 max.
Continuation of Education Benefit	Yes - see booklet for details
Occupational Training for the Employee's Spouse:	\$10,000 max.
Repatriation on death	\$10,000 max.
Seatbelt Benefit	110%
Maximum Benefit	200%
Exposure	Yes - see booklet for details
Disappearance	Yes - see booklet for details
Total Disability Waiver of Premium	Yes - connected to Basic Life Benefit
Exclusions:	Yes - see booklet for details

Dependent Life Insurance	
Eligible spouse:	Essentials: \$10,000 / Lifestyle: \$15,000
Eligible dependent children	Essentials: \$5,000 / Lifestyle: \$7,500
Dependent coverage begins:	Pre-Natal - 500 grams, or 25cm or gestational age of 20+ weeks
Total Disability Waiver of Premium	Yes - if premiums for basic Life Insurance are being waived

Optional Life Insurance																																																																									
Employee	Optional																																																																								
Spouse	Optional																																																																								
Amount:	Increments of \$10,000 to a maximum benefit of \$500,000.																																																																								
Evidence of insurability required?	Yes																																																																								
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Employee Critical Illness Benefit	Optional
Conditions Covered (see booklet for additional details):	<ul style="list-style-type: none"> Alzheimer's Disease - Dementia, including Alzheimers Disease Aortic Surgery Aplastic Anemia Bacterial Meningitis Benign Brain Tumor Blindness Burns Coronary Artery Bypass Surgery Deafness Heart Valve Replacement or Repair Kidney Failure (End Stage Renal Disease) Life-threatening Cancer Loss of Independent Existence Loss of Limbs Loss of Speech Major Organ Transplant Major Organ Failure on Waiting List Motor Neuron Disease Multiple Scerosis Myocardial Infarction (Heart Attack) Occupational HIV Infection Paralysis Parkinson's Disease and Specified Atypical Parinsonian Disorders Stroke or Cerebrovascular Accident

Covered Conditions Critical Illness - Partial Benefits	Coronary Angioplasty Chronic Lymphoma Leukemia Carcinoma in situ of breast Malignant Melanoma Prostate Cancer Thyroid Cancer
Partial Benefit:	20% of the amount of insurance to a maximum of \$25,000
Conversion:	n/a
Pre-existing Condition Exclusion:	Included (24/24)
Total Disability Waiver of Premium	Yes - if premiums for basic Life Insurance are being waived
Reduction:	Reduced by 50% on insured's 65th birthday
Termination:	Age 70

Extended Healthcare	
Deductible:	
Drug Plan	\$0
All other benefits	\$0
Conversion option	Available within 60 days after end of coverage
Pre-Determination	Recommended for expenses that are likely to exceed \$400
Reimbursement Percentage:	
Drug Plan:	2 Tier - Generic or Brand Client choice at point of sale 20% higher coverage when generic chosen over brand (when available)
Semi-Private Hospital	Yes
Convalescent Hospital	180 Days
Nursing Home Care	\$10,000 per year
Air & Ground Ambulance	Yes
Lifetime Maximum Amount:	Unlimited (excluding out of province treatment)
Drug Benefits & Maximums:	
Drug plan type	Pay-Direct Drug Plan - 2 Tier (prescription by law)
Drug card	Yes
Generic	Yes
Brand	Yes
Specialty Drugs and Prior Authorization	Certain prescription drugs will require prior authorization
Fertility Drugs	Not eligible
Smoking Cessation Drugs	Not eligible
Lifestyle drugs (ED, diet pills, etc...)	Not eligible
Vaccines and Immunizations	Not eligible
Maximums for Paramedical Services:	
Acupuncturist	Yes
Audiologist	Yes
Chiropractor	Yes
Massage Therapist	Yes
Naturopath	Yes
Nutritionist / Dietician	Yes combined
Occupational Therapist	Yes
Osteopath	Yes
Physiotherapist / Athletic Therapist	Yes combined
Podiatrist/Chiropodist	Yes combined
Psychologist / Sosial Worker / Clinical Counsellor/ Pyscotherapist	Yes combined
Speech Therapist	Yes
Physician's referral required	No
Vision Care:	
Glasses or Contact Lenses	Yes - for both adults and dependent children.
Laser Eye Surgery Benefit	Yes - equal to double the vision care benefit once per lifetime
Eye Examinations maximum	Yes - reasonable and customary charges.

Diabetic Supplies Maximum	Unlimited
Diabetic Supplies Include:	<ul style="list-style-type: none"> insulin delivery pens insulin infusion sets and infusion pump supplies syringes pen needles lancets blood test strips
Orthotics and Orthopaedic Shoes Combined max.:	\$300 per insured person per calendar year
Diagnostic Laboratory Expenses	\$500 per year <ul style="list-style-type: none"> laboratory tests x-ray expenses (including) <ul style="list-style-type: none"> ultrasounds PET CT Scans MRI examinations
Hearing Aids	\$500 per 5 years
Speech Aids	\$1,000 per lifetime
Therapeutic Equipment:	\$5,000 per piece of equipment per lifetime <ul style="list-style-type: none"> diabetic administration equipment (insulin infusion pumps) diabetic blood glucose monitoring equipment (BGM machines) breathing machines and equipment (such as IPPB/APAP/CPAP/BiPAP) and other similar type of breathing machines or equipment that are medically necessary transcutaneous nerve stimulator (TENS) cervical collar aerosol equipment mist tents and nebulizers (excluding humidifiers and vaporizers) traction apparatus Enuresis alarm (formerly mozes detector) apnea monitor for respiratory dysrhythmia peak flow monitor aerochambers chest percussors drainage boards and sputum stands tracheostoma tubes and suction cups
Medical Equipment:	<ul style="list-style-type: none"> crutches, casts, trussrs, walkers and canes compression garments to tract burns graduated compression hose food substitutes that must be administered by a feeding tube process tube feeding pumps, and pump sets splints, including shoes attached to a splint othopaedic braces - rigid only (non-dental)
Oxygen and Equipment	Yes
Orthopedic Shoes and Foot Orthotics	Yes
Wheelchairs and Hospital Beds	Yes
Ostomy Supplies	Yes
Includes:	<ul style="list-style-type: none"> irrigation sets, bags, deodorants, adhesives, skin creams, charges for catheters, catheterization supplies, urinary kits
For each prosthetic limb and each artificial eye	\$25,000 per lifetime
Prosthetic socks	5 pair per year
Hair pieces following surgery or treatment	\$200 per lifetime
External Breast Prosthesis (masectomy forms)	2 per 24 months
Surgical Brassieres	2 per year
Graduated compression hose	2 per year
Survivor Benefit for Dependents	24 months
Sevices Outside the Province	
Emergency Out of Canada Lifetime Maximum	\$5,000,000
Out of Canada Referral Lifetime Maximum	\$15,000
Maximum Out of Country Duration	90 days

Travel Benefits Plus	
Assistance Services	Yes
Emergency Medical Transportation	Yes
Qualified Medical Attendant	Up to \$10,000
Return of Family Members	\$500
Bedside Attendance	Yes
Return of Vehicle	\$3,000 max
Out-of-Pocket Allowance	\$2,500 max
Repatriation Expenses	\$10,000 max
Identification of Deceased	Yes
Dental Accident	Yes
	Treatment must start within 100 days after accident

Dental Benefits	
Deductible Amount per calendar year:	\$0
Pre-Determination Limit - Basic:	Recommended for expenses that are likely to exceed \$400
Pre-Determination Limit - Major:	\$0 all procedures require pre-determination
Maximums	See quotes
Dental Fee Guide for General Practitioners:	Current Dental Assn Fee Guide for province services performed
Conversion option	Available within 60 days after end of coverage
Basic	Included in all programs and options
Level 1 - Basic and Restorative Covered Services:	
Exams - 1 per 6 months	1 exam and 1 recall per 12 months
Complete dental exam	once per dentist, max once in a 36 month period
Bitewing x-rays	2 per 6 months
Complete mouth x-rays or panoramic films	Once in any 24 months
Dental cleaning	Once every 6 months
Oral Hygiene Instruction	Once per lifetime
Flouride for children and adults	Once every 6 months
Pit and fissure sealants for dependents under age 18.	Yes
Periodontic scaling, root planing and occlusal adjustment and equilibration	maximum 8 units for each service per year
Tooth Extractions	Yes
Space Maintainers for Children under 19	Yes
amalgam, acrylic or composite fillings	Yes
Denture Repairs, resting, and relining	Yes - Once per 36 months
Filing	Yes
Caries and pain control procedures	Yes
Major Surgical Services	Yes
Level 2 - Minor Restorative Endodontic and Periodontic Services:	
Edndodontics	Yes
Standard Root Canal Therapy	one course of treatment per tooth
Periodontics	Yes
scaling	Yes
root planing	Yes
occusal adjustment	Yes
Periodantal surgery	Yes
Periodantal appliance coverage	Yes
Level 3 - Major Restorative Services:	
Crowns	Yes
Onlays	Yes
Veneers	Yes
Posts, cores related to crowns and fillings	Yes
Repairs to covered tooth-covered materials	Yes
Removal and recementationm of crowns and onlays	Yes
Dentures	Yes
Bridges	Yes
Implants	Yes

Short Term Disability	
Benefit Formula	66.67% of weekly salary
Maximum Weekly Benefit	\$1,000
All Source Maximum	100% of pre-disability Net Salary
Occupational Coverage	Yes, 24-Hour coverage
Elimination Period	For Injury - 0 consecutive days For Sickness - 7 consecutive days
First Day hospitalization	Yes (minimum 24 hours)
Benefit Period	16 weeks from the disability date
Recurrent Total Disability	4 weeks
Short Term Disability Week	7 days
Tax Status	Non-taxable
CPP/QPP Offset	Primary
Termination Age	70
Waiver of Premium Waiting Period	Equal to the Long Term Disability Elimination Period Waiver of premium terminates at age 65

Long Term Disability	
Benefit Formula	66.67% of weekly salary
Maximum Monthly Benefit	\$6,000
Non Evidence Maximums	3 to 4 lives: \$1,800 5 to 10 lives: \$2,750 10 to 14 lives: \$3,300 15 to 19 lives: \$3,800
All Source Maximum	85% of pre-disability Net Salary
Occupational Coverage	Yes, 24-Hour coverage
Elimination Period	For Injury - 112 consecutive days For Sickness - 112 consecutive days
Own Occupation Period	The Elimination Period and the next 24 months thereafter must be Totally Disabled from any and all occupations
Maximum Benefit Duration	Essentials 5 years Lifestyle to age 65
Recurrent Total Disability	6 months
Tax Status	Non-taxable
CPP/QPP Offset	Primary
Termination Age	Employee's 65th birthday
Waiver of Premium Waiting Period	Equal to the Long Term Disability Elimination Period Waiver of premium terminates at age 65
Rehabilitation Program	Yes
Pre-existing Condition Limitation	3 month / 12 month

Second Opinion Consult	
Essentials Program	Optional
Lifestyle Program	Included
Total Disability Waiver of Premium	n/a
Termination:	Age 70

Employee Assistance Program	
Essentials Program	Optional
Lifestyle Program	Included
Total Disability Waiver of Premium	n/a
Termination:	Age 70

Virtual Health Care	
Essentials Program	Included
Lifestyle Program	Included
Total Disability Waiver of Premium	n/a
Termination:	Age 80

Cost Plus	
Processing Fee	Included
Min / Max Fee	10% min \$25 / max \$250 per submission

Rate Guarantees

New Groups joining the plan would have the following rate guarantees for all products:

Effective Date	Renewal Date	# Months Guarantee	Effective Date	Renewal Date	# Months Guarantee
Dec 1st	Jun 1st	18	Jun 1st	Jun 1st	12
Jan 1st	Jun 1st	17	Jul 1st	Jun 1st	11
Feb 1st	Jun 1st	16	Aug 1st	Jun 1st	10
Mar 1st	Jun 1st	15	Sep 1st	Jun 1st	9
Apr 1st	Jun 1st	14	Oct 1st	Jun 1st	8
May 1st	Jun 1st	13	Nov 1st	Jun 1st	7

Renewals

Subsequent annual rate adjustments June 1st