Benefits Plan Design

BASE PLAN:

Life Insurance

- Flat $10,000, Reduces by 50% at age 65, terminates at age 70
- Non-Evidence Maximum of $10,000; Plan Max of $10,000

Accidental Death & Dismemberment

- Equal to Life Benefit

Dependent Life

- $5,000 spouse / $2,500 child

Extended Health Care

- 80% Co-Insurance for Drugs (Pay Direct Drug Card)
- No annual drug maximum
- 100% Co-Insurance for Health Care
- $500 per practitioner per year
    - Practitioners include – Chiropractor, Naturopath, Licensed Physiotherapist, Acupuncturist, Registered Massage Therapist, Psychologist/ Social Worker, Speech Therapy, Osteopath and Chiropodist
- Medical Supplies and Services
    - Hearing Aids - $700 per 3 years
    - Orthotics – $300 maximum per year
    - Orthopedic Shoes – $200 maximum per year
    - Diabetic Supplies (reasonable & customary)
    - CPAP machines (reasonable & customary)
- Vision Care
    - $250 every 24 months
    - 1 eye exam every 24 months
- Out of Country Coverage
    - 100% Co-Insurance, 180 day trip duration (60 days if over age 75)
    - $2,000,000 per year maximum for emergency services

Employee Assistance Program

- Blue Cross In-Confidence program; resource for staff and their families 24/7

OPTIONAL DENTAL ADD ON:

Dental

- 80% Co-Insurance for Basic/Preventative services (including periodontic & endodontic coverage)
- $1,500 maximum per calendar year
- 6 Month recall & current fee guide
- 50% Co-Insurance for Major Restorative Treatment ($1,500 max combined with Basic)

Association of Early Childhood Educators NL
Cost Illustration by Employee

BASE PLAN		Blue Cross Single	Blue Cross Family	Blue Cross Waived
LIFE INSURANCE				
volume		10,000	10,000	10,000
rate per $1,000		0.170	0.170	0.170
Monthly Premium		**1.70**	**1.70**	**1.70**
AD&D				
volume		10,000	10,000	10,000
rate per $1,000		0.028	0.028	0.028
Monthly Premium		**0.28**	**0.28**	**0.28**
DEPENDENT LIFE				
# of units		0	1	1
cost per unit		1.75	1.75	1.75
Monthly Premium		**0.00**	**1.75**	**1.75**
HEALTH CARE				
single units	1	91.09	0.00	0.00
family units	1	0.00	204.52	0.00
Monthly Premium		**91.09**	**204.52**	**0.00**
EFAP				
# of units		1	1	1
cost per unit		2.45	2.45	2.45
Monthly Premium		**2.45**	**2.45**	**2.45**
BASE PLAN TOTAL MONTHLY COST		**93.54**	**208.95**	**6.18**
OPTIONAL DENTAL ADD ON				
DENTAL CARE				
single units	1	34.60	0.00	0.00
family units	1	0.00	60.44	0.00
Monthly Premium		**34.60**	**60.44**	**0.00**
BASE AND DENTAL TOTAL MONTHLY COST		**130.12**	**271.14**	**6.18**

DOUGAN Insurance Group