



abundancecanada.ca

604-559-9262

This Quote is Valid Until:

November 30, 2013

This Quote Was Prepared Exclusively For:

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Benefit	Lives	Volume
Life Insurance	6	\$ 281,000
AD&D	6	\$ 281,000
Dependent Life	5	
Long Term Disability	6	\$ 15,571
Extended Health Care		
Single	1	
Family	5	
Dental Care		
Single	1	
Family	5	
Employee Assistance Program		
Employees		

E&OE

The quote is based on the coverage and data supplied with the specifications/request to quote.

Actual Case # 390

Industry: **Technology**

Their Situation and the Solution provided by Abundance Employee Benefits:

- Their employees had been wanting a plan for many years and management always thought it would be too expensive.
- We met with management and showed them the tax benefits of an employee benefits plan in comparison to giving their staff a raise.
- They loved the numbers and wondered why they had waited so long to implement a plan.

Wholesaler #1		Wholesaler #1 w/Ortho - \$1500 Dental		Wholesaler #1 w/ Ortho	
Rate	Premium	Rate	Premium	Rate	Premium
0.158	\$ 44.40	0.158	\$ 44.40	0.158	\$ 44.40
0.029	\$ 8.15	0.029	\$ 8.15	0.029	\$ 8.15
3.068	\$ 15.34	3.068	\$ 15.34	3.068	\$ 15.34
1.634	\$ 254.43	1.634	\$ 254.43	1.634	\$ 254.43
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38.31	\$ 38.31	38.31	\$ 38.31	38.31	\$ 38.31
112.88	\$ 564.40	112.88	\$ 564.40	112.88	\$ 564.40
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30.44	\$ 30.44	39.63	\$ 39.63	34.31	\$ 34.31
67.45	\$ 337.25	99.31	\$ 496.55	79.36	\$ 396.80
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\$	-	\$	-	\$	-
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Monthly	\$ 1,292.72	Monthly	\$ 1,461.21	Monthly	\$ 1,356.14
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Cost Per Person		Cost Per Person		Cost Per Person	
\$ 119.91	Single	\$ 129.10	Single	\$ 123.78	Single
\$ 234.56	Family	\$ 266.42	Family	\$ 246.47	Family



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	Wholesaler #1	Wholesaler #1 w/Ortho - \$1500 Dental	Wholesaler #1 w/ Ortho
LIFE INSURANCE and AD&D			
Maximum	\$450,000	\$450,000	\$450,000
Non-evidence maximum	\$150,000	\$150,000	\$150,000
Schedule	1x annual salary	1x annual salary	1x annual salary
Reduction clause	50% at age 65	50% at age 65	50% at age 65
Termination age	70 years	70 years	70 years
DEPENDENT LIFE INSURANCE			
Spouse	\$10,000	\$10,000	\$10,000
Each child	\$5,000	\$5,000	\$5,000
LONG TERM DISABILITY			
Schedule (% of monthly earnings)	66.67%	66.67%	66.67%
Benefit maximum	\$4,800	\$4,800	\$4,800
Non-evidence maximum	\$3,200	\$3,200	\$3,200
Waiting period	119 days	119 days	119 days
Benefit period	To age 65	To age 65	To age 65
COLA	3%	3%	3%
Termination age	65 years	65 years	65 years
EXTENDED HEALTH CARE			
Deductible	\$25/\$50 (does not include drugs, hospital, travel)	\$25/\$50 (does not include drugs, hospital, travel)	\$25/\$50 (does not include drugs, hospital, travel)
Maximum in Canada			
EHC	unlimited	unlimited	unlimited
Drugs	unlimited	unlimited	unlimited
Emergency in Canada			
Reimbursement %	100%	100%	100%
Hospitalization			
In Canada	Semi-private room	Semi-private room	Semi-private room
Emergency Outside Canada	Semi-private room	Semi-private room	Semi-private room
Travel			
Travel coverage maximum	\$5 million per year	\$5 million per year	\$5 million per year
Travel coverage duration	6 months	6 months	6 months
Prescription Drugs			
Reimbursement %	80%	80%	80%
Drug dispensing fee cap	\$7.50	\$7.50	\$7.50
Pay direct card	Yes	Yes	Yes
Drug plan	Generic unless physician substitution	Generic unless physician substitution	Generic unless physician substitution
Paramedical Professionals			
Reimbursement %	80%	80%	80%
Per visit maximum	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary
Annual maximum per practitioner	\$300	\$300	\$300
Vision			



ABUNDANCE
EMPLOYEE BENEFITS

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	Wholesaler #1	Wholesaler #1 w/Ortho - \$1500 Dental	Wholesaler #1 w/ Ortho
Reimbursement %	100%	100%	100%
Eye exams	\$100 per 24 months (per 12 months for child)	\$100 per 24 months (per 12 months for child)	\$100 per 24 months (per 12 months for child)
Eyeglasses and contacts	\$200 per 24 months (per 12 months for child)	\$200 per 24 months (per 12 months for child)	\$200 per 24 months (per 12 months for child)
Medical supplies and miscellaneous			
Reimbursement %	80%	80%	80%
Survivor benefit	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	70 or retirement
DENTAL CARE			
Deductible Amount	\$25/\$50	\$25/\$50	\$25/\$50
Preventative & Basic	80%	80%	80%
Endodontic & Periodontal	80%	80%	80%
Major Restorative	Not included	Not included	Not included
Maximum for Basic and Major, combined	\$1,000	\$1,000	\$1,000
Orthodontics	Not included	50%	50%
Ortho Maximum	Not included	\$1,500 per lifetime	\$1,000 per lifetime
Recall examinations	6 months	6 months	6 months
Survivor benefit	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	70 or retirement