



abundancecanada.ca

604-559-9262

This Quote is Valid Until:

January 2014

This Quote Was Prepared Exclusively For:

Benefit	Lives	Volume
Life Insurance	4	\$ 100,000
AD&D	4	\$ 100,000
Dependent Life		
Critical Illness	4	\$ 100,000
Short Term Disability		
Long Term Disability		
Extended Health Care		
Single	3	
Family	1	
Couple		
Dental Care		
Single	3	
Family	1	
Couple		
Employee Assistance Program		
Employees		

E&OE

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

We reserve the right to amend our quote for significant changes or omissions in the data provided.

Actual Case # 403

Industry: **Sales and Marketing**

Their Situation and the Solution provided by Abundance Employee Benefits:

- Client was feeling very poorly serviced and had not met with their advisor in ages
- As the client did not have their usage information, we were able to acquire it from their insurance company
- Using our wholesale partners, we were able to save them 20% on their premiums
- They opted to utilize the savings and improve the plan.
- The final result was a substantial increase in dental, vision and adding Critical illness coverage

Current Provider		Wholesaler #1		Wholesaler #1 Enhanced	
Rate	Premium	Rate	Premium	Rate	Premium
0.500	\$ 50.00	0.393	\$ 39.30	0.393	\$ 39.30
0.039	\$ 3.90	0.029	\$ 2.90	0.029	\$ 2.90
	\$ -		\$ -		\$ -
	\$ -		\$ -	0.680	\$ 68.00
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
87.57	\$ 262.71	71.68	\$ 215.05	78.78	\$ 236.35
248.12	\$ 248.12	201.67	\$ 201.67	218.63	\$ 218.63
	\$ -		\$ -		\$ -
81.98	\$ 245.94	64.28	\$ 192.85	80.03	\$ 240.10
197.65	\$ 197.65	154.99	\$ 154.99	211.85	\$ 211.85
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
Monthly	\$ 1,008.32	Monthly	\$ 806.76	Monthly	\$ 1,017.13
Cost Per Person		Savings		Savings	
\$ 183.03	Single	20%			
\$ 459.25	Family	Monthly	\$ 201.56	Monthly	
		Annual	\$ 2,418.76	Annual	
Cost Per Person		Cost Per Person		Cost Per Person	
\$ 146.52	Single	\$ 186.37	Single	\$ 458.03	Single
\$ 367.21	Family	\$ 458.03	Family		Family



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LIFE INSURANCE			
Maximum	\$25,000	\$25,000	\$25,000
Non-evidence maximum	\$25,000	\$25,000	\$25,000
Reduction clause	50% at age 65	50% at age 65	50% at age 65
Termination age	75 years or retirement	70 years or retirement	70 years or retirement
ACCIDENTAL DEATH & DISMEMBERMENT			
Maximum	Same as life	Same as life	Same as life
Reduction clause	Same as life	Same as life	Same as life
Termination age	Same as life	Same as life	Same as life
DEPENDENT LIFE INSURANCE			
Spouse	\$5,000	\$5,000	\$5,000
Each child	\$2,500	\$2,500	\$2,500
CRITICAL ILLNESS			
Maximum	Not included	Not included	\$25,000
Description	Not included	Not included	25 illnesses
EXTENDED HEALTH CARE			
Deductible	None	None	None
Maximum in Canada			
EHC	Unlimited		
Drugs	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 incident	\$5 million per year	\$5 million per year
Travel coverage duration	60 days	6 months	6 months
Prescription Drugs			
Reimbursement %	100%	100%	100%
Annual maximum	\$2,500	\$2,500	\$2,500
Drug dispensing fee cap	Reasonable and customary	Reasonable and customary	Reasonable and customary
Pay direct card	Yes	Yes	Yes
Drug plan	Generic unless physician substitution	Generic unless physician substitution	Generic Drug Equivalent Only
Fertility drugs		\$2,500 per calendar year	\$2,000 per lifetime



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	Current Provider	Wholesaler #1	Wholesaler #1 Enhanced
Paramedical Professionals			
Reimbursement %	100%	100%	100%
Per visit maximum	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary
Annual maximum per practitioner	\$500	\$500	\$500
Vision			
Reimbursement %	100%	100%	100%
Eye exams	1 per year	\$100 per 24 months (per 12 months for child)	\$100 per 24 months (per 12 months for child)
Eyeglasses and contacts	Not included	Not included	\$200 per 24 months (per 12 months for child)
Medical supplies and miscellaneous			
Reimbursement %	100%	100%	100%
Smoking Cessation Products	\$500 per year	\$500 per year	\$500 per year
Orthopedic Shoes and Orthotics	\$500 per calendar year	\$500 per calendar year	\$500 per calendar year
Hearing Aids	\$500 per 36 months	\$500 per 36 months	\$500 per 36 months
Fertility Drugs	\$2,500 per calendar year	\$2,500 per calendar year	\$2,500 per calendar year
Survivor benefit	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	70 or retirement
DENTAL CARE			
Deductible Amount	None	None	None
Preventative & Basic	100%	100%	100%
Endodontic & Periodontal	100%	100%	100%
Major Restorative	Not included	Not included	50%
Maximum for Basic and Major, combined	\$1,000	\$1,000	\$1,500
Orthodontics	Not included	Not included	Not included
Recall examinations	6 months	6 months	6 months
Survivor benefit	24 months	24 months	24 months
Termination age	75 years or retirement	70 or retirement	70 or retirement