



abundancecanada.ca  
604-559-9262

This Quote is Valid Until:  
January 31, 2014

This Quote Was Prepared Exclusively For:

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Benefit	Lives	Volume
Life Insurance	11	\$ 275,000
AD&D	11	\$ 275,000
Dependent Life	6	
Critical Illness		
Short Term Disability		
Long Term Disability		
<b>Extended Health Care</b>		
Single	5	
Family	6	
Couple		
<b>Dental Care</b>		
Single	5	
Family	6	
Couple		
<b>Employee Assistance Program</b>		
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 # 410**

Industry: Professional Services

Their Situation and the Solution provided by Abundance Employee Benefits:

- They were paying for their employees expenses but found it to be tedious to manage.
- However, they thought implementing a health and dental plan would increase their administrative burden.
- When we showed them that our admin team would eliminate much of that burden they were very open to looking at an appropriate plan for their staff.

Wholesaler #1		
Rate	Premium	
0.134	\$	36.85
0.029	\$	7.98
2.898	\$	17.39
	\$	-
	\$	-
	\$	-
	\$	-
38.55	\$	192.75
113.57	\$	681.42
	\$	-
24.84	\$	124.20
64.31	\$	385.86
	\$	-
	\$	-
	\$	-
<b>Monthly</b>	<b>\$</b>	<b>1,446.45</b>

Cost Per Person		
\$ 67.47	Single	
\$ 184.85	Family	
\$ 6.97	Couple	

Wholesaler #1 Enhanced		
Rate	Premium	
0.134	\$	36.85
0.029	\$	7.98
2.898	\$	17.39
	\$	-
	\$	-
	\$	-
	\$	-
41.07	\$	205.35
121.14	\$	726.84
	\$	-
27.51	\$	137.55
71.22	\$	427.32
	\$	-
	\$	-
	\$	-
<b>Monthly</b>	<b>\$</b>	<b>1,559.28</b>

Cost Per Person		
\$ 72.66	Single	
\$ 199.33	Family	
\$ 6.97	Couple	

Wholesaler #2		
Rate	Premium	
0.166	\$	45.65
0.029	\$	7.98
2.807	\$	16.84
	\$	-
	\$	-
	\$	-
	\$	-
36.10	\$	180.50
85.93	\$	515.58
	\$	-
31.02	\$	155.10
76.32	\$	457.92
	\$	-
	\$	-
	\$	-
<b>Monthly</b>	<b>\$</b>	<b>1,379.57</b>

Cost Per Person		
\$ 72.00	Single	
\$ 169.93	Family	
\$ 7.68	Couple	

Wholesaler #2 Enhanced		
Rate	Premium	
0.166	\$	45.65
0.029	\$	7.98
2.807	\$	16.84
	\$	-
	\$	-
	\$	-
	\$	-
38.38	\$	191.90
86.18	\$	517.08
	\$	-
35.27	\$	176.35
86.78	\$	520.68
	\$	-
	\$	-
	\$	-
<b>Monthly</b>	<b>\$</b>	<b>1,476.48</b>

Cost Per Person		
\$ 78.53	Single	
\$ 180.64	Family	
\$ 7.68	Couple	



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	Wholesaler #1	Wholesaler #1 Enhanced	Wholesaler #2	Wholesaler #2 Enhanced
<b>LIFE INSURANCE</b>				
Maximum	\$25,000	\$25,000	\$25,000	\$25,000
Non-evidence maximum	\$25,000	\$25,000	\$25,000	\$25,000
Reduction clause	50% at age 65	50% at age 65	50% at age 65	50% at age 65
Termination age	70 years	70 years	65 years	65 years
<b>DEPENDENT LIFE INSURANCE</b>				
Spouse	\$10,000	\$10,000	\$10,000	\$10,000
Each child	\$5,000	\$5,000	\$5,000	\$5,000
<b>EXTENDED HEALTH CARE</b>				
Deductible	\$25/\$50 (does not include drugs, hospital, travel or vision)	\$25/\$50 (does not include drugs, hospital, travel or vision)	\$25/\$50 (does not include drugs, hospital, travel or vision)	\$25/\$50 (does not include drugs, hospital, travel or vision)
Maximum in Canada				
EHC				
Drugs				
Emergency in Canada				
Reimbursement %	100%	100%	100%	100%
Hospitalization				
In Canada	Semi-private room	Semi-private room	Semi-private room	Semi-private room
Emergency Outside Canada	Semi-private room	Semi-private room	Semi-private room	Semi-private room
Travel				
Travel coverage maximum	\$5 million per year	\$5 million per year	\$5 million per lifetime	\$5 million per lifetime
Travel coverage duration	6 months	6 months	90 days	90 days
Prescription Drugs				
Reimbursement %	80%	80%	80%	80%
Drug dispensing fee cap	Reasonable and customary	Reasonable and customary	Reasonable and customary	Reasonable and customary
Pay direct card	Yes	Yes	Yes	Yes
Drug plan	Generic unless physician substitution	Generic Drug Equivalent Only	Generic Drug Equivalent Only	Generic Drug Equivalent Only
Fertility drugs				
Paramedical Professionals				
Reimbursement %	80%	80%	80%	80%
Per visit maximum	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary
Annual maximum per practitioner	\$300	\$500	\$300	\$500
Vision				
Reimbursement %	100%	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)	\$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)	\$200 per 24 months (per 12 months for child)
Medical supplies and miscellaneous				
Reimbursement %	80%	80%	80%	80%
Smoking Cessation Products				
Orthopedic Shoes and Orthotics				
Hearing Aids				
Fertility Drugs				
Survivor benefit	24 months	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	65 or retirement	65 or retirement
<b>DENTAL CARE</b>				
Deductible Amount	\$25/\$50	\$25/\$50	\$25/\$50	\$25/\$50
Preventative & Basic	80%	80%	80%	80%
Endodontic & Periodontal	80%	80%	80%	80%
Major Restorative	Not included	50%	Not included	50%
Maximum for Basic and Major, combined	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontics	Not included	Not included	Not included	Not included
Recall examinations	6 months	6 months	6 months	6 months
Survivor benefit	24 months	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	70 or retirement	70 or retirement