



abundancecanada.ca
604-559-9262

Quote valid to:
April 1, 2014

This Quote Was Prepared Exclusively For:

Actual Case # 421

Industry: **Construction**

Their Situation and the Solution provided by Abundance Employee Benefits:

- They were unhappy with their communication and service from their previous broker which had deteriorated from face to face, down to phone calls, down to email and eventually to very little contact at all. All this was because they had reduced their staff from 15 down to 5 employees so their broker no longer treated them as he once did.
- We provided them savings and improved their coverage in LTD, travel and drugs.
- The biggest improvement for them is that they are now being treated as they once were even though they are no longer the size they were several years ago.

Benefit	Lives	Volume
Life Insurance	4	\$ 200,000
AD&D	4	\$ 200,000
Long Term Disability	4	\$ 7,712
Dependent Life Insurance		
Dependents	2	
Extended Health Care		
Single	2	
Family	2	
Dental Care		
Single	2	
Family	2	
Employee Assistance Program		
Employees	0	

Current Provider		Rate	Premium
		0.250	\$ 50.00
		0.072	\$ 14.40
		1.810	\$ 139.59
		3.57	\$ 7.14
		33.50	\$ 67.00
		83.72	\$ 167.44
		45.06	\$ 90.12
		127.65	\$ 255.30
		0.00	\$ -
Premium			
Monthly	\$	790.99	

Wholesaler #1		Rate	Premium
		0.195	\$ 39.00
		0.029	\$ 5.80
		1.499	\$ 115.60
		3.00	\$ 6.00
		28.80	\$ 57.60
		71.24	\$ 142.48
		46.64	\$ 93.28
		132.10	\$ 264.20
		0.00	\$ -
Premium			
Monthly	\$	723.96	

Wholesaler #1 Enhanced		Rate	Premium
		0.195	\$ 39.00
		0.029	\$ 5.80
		1.577	\$ 173.55
		3.00	\$ 6.00
		28.80	\$ 57.60
		71.24	\$ 142.48
		46.64	\$ 93.28
		132.10	\$ 264.20
		0.00	\$ -
Premium			
Monthly	\$	781.91	

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.

Cost Per Person	
Single	\$ 129.56
Family	\$ 265.94

Savings	
Monthly	\$ (67.02)
Annual	\$ (804.29)
-8%	
Cost Per Person	
Single	\$ 115.54
Family	\$ 246.44

Savings	
Monthly	\$ (9.08)
Annual	\$ (108.93)
-1%	
Cost Per Person	
Single	\$ 130.03
Family	\$ 260.93



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	Current Provider	Wholesaler #1	Wholesaler #1 Enhanced
LIFE INSURANCE			
Maximum	\$50,000	\$50,000	\$50,000
Non-evidence maximum	\$50,000	\$50,000	\$50,000
Reduction clause	50% at age 65	50% at age 65	50% at age 65
Termination age	85 or retirement	70 or retirement	70 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	\$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	\$2,200	\$2,800	\$4,800
Non-evidence maximum	\$2,200	\$2,200	\$3,200
Waiting period	119 days	119 days	119 days
Benefit period	To age 65	To age 65	To age 65
Definition of disability	2 years own occupation; any occupation thereafter	2 years own occupation; any occupation thereafter	2 years own occupation; any occupation thereafter
Tax status	Non-taxable	Non-taxable	Non-taxable
Termination age	65 years or retirement	65 years or retirement	65 years or retirement
EXTENDED HEALTH CARE			
Deductible	None	None	None
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 lifetime	\$5 million per year	\$5 million per year



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	Current Provider	Wholesaler #1	Wholesaler #1 Enhanced
Travel coverage duration	60 days	6 months	6 months
Prescription Drugs			
Reimbursement %	80%	80%	80%
Drug dispensing fee cap	Reasonable and customary	Reasonable and customary	Reasonable and customary
Pay direct card	Yes	Yes	Yes
Drug plan	Generic	Generic unless physician sub.	Generic unless physician sub.
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	Reasonable and customary every 24 months	\$100 per 24 months	\$100 per 24 months
Eyeglasses and contacts	\$300 per 24 months	\$300 per 24 months	\$300 per 24 months
Vision frequency for child		Per 12 months	Per 12 months
Medical supplies and miscellaneous			
Reimbursement %	100%	100%	100%
Survivor benefit	24 months	24 months	24 months
Termination age	85 or retirement	70 or retirement	70 or retirement
DENTAL CARE			
Deductible Amount	None	None	None
Preventative & Basic	80%	80%	80%
Endodontic & Periodontal	80%	80%	80%
Major Restorative	50%	50%	50%
Maximum for Basic and Major, combined	\$2,500	\$2,500	\$2,500
Orthodontics (child only)	50% to maximum \$2,500 per lifetime	50% to maximum \$2,500 per lifetime	50% to maximum \$2,500 per lifetime
Recall examinations	6 months	6 months	6 months
Survivor benefit	24 months	24 months	24 months
Termination age	85 or retirement	70 or retirement	70 or retirement