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Valid Until:

April 30, 2014

This Quote Was Prepared Exclusively For:

	Wholesaler #1 Bronze	Wholesaler #1 Silver	Wholesaler #2 Bronze	Wholesaler #2 Silver
LIFE INSURANCE and AD&D				
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 or Retirement	70 years or Retirement	70 years or Retirement	70 years or Retirement
CRITICAL ILLNESS				
Maximum	Not Covered	\$25,000	Not Covered	\$25,000
Description		25 illnesses		25 illnesses
EXTENDED HEALTH CARE				
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	\$10,000 per calendar year	Unlimited	\$10,000 per calendar year	Unlimited
Emergency in Canada				
Reimbursement %	100%	100%	100%	100%
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%	90%	80%	90%
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 unless physician substitution	Generic Drug Equivalent Only	Generic Drug Equivalent Only
Fertility drugs	\$2,500 per calendar year	\$2,500 per calendar year	\$2,000 per lifetime	\$2,000 per lifetime
Paramedical Professionals				
Reimbursement %	80%	100%	80%	100%
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)	\$300 per 24 months (per 12 months for child)	\$200 per 24 months (per 12 months for child)	\$300 per 24 months (per 12 months for child)
Medical supplies and miscellaneous				
Reimbursement %	80%	100%	80%	100%
Smoking Cessation Products	\$500 per year	\$500 per year	Not covered	Not covered
Orthopedic Shoes and Orthotics	\$500 per calendar year	\$500 per calendar year	\$300 per calendar year	\$300 per calendar year
Hearing Aids	\$500 per 36 months	\$500 per 36 months	\$500 per 60 months	\$500 per 60 months
Fertility Drugs	\$2,500 per calendar year	\$2,500 per calendar year	\$2,000 per lifetime	\$2,000 per lifetime
Survivor benefit	24 months	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	75 or retirement	75 or retirement
DENTAL CARE				
Deductible Amount	\$25/\$50	\$25/\$50	\$25/\$50	\$25/\$50
Preventative & Basic	80%	90%	80%	90%
Endodontic & Periodontal	80%	90%	80%	90%
Major Restorative	Not included	50%	Not included	50%
Maximum for Basic and Major, combined	\$1,500	\$2,000	\$1,500	\$2,000
Orthodontics	Not included	Not included	Not included	50% to a \$2,000 lifetime maximum
Recall examinations	9 months	6 months	9 months	6 months
Survivor benefit	24 months	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	75 or retirement	75 or retirement