



abundancecanada.ca  
604-559-9262

**This Quote is Valid Until:**  
**September 1, 2014**

This Quote Was Prepared Exclusively For:

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Benefit	Lives	Volume
Life Insurance	3	\$ 300,000
AD&D	3	\$ 300,000
Dependent Life	3	
Critical Illness	3	\$ 75,000
Short Term Disability	3	\$ 2,322
Long Term Disability	3	\$ 10,050
<b>Extended Health Care</b>		
Single	0	
Family	3	
<b>Dental Care</b>		
Single	0	
Family	3	

**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

**Actual Case # 461**

Industry: Finance

Their Situation and the Solution provided by Abundance Employee Benefits:

- Their staff originally came from corporations that provided posh benefits so though they had been considering benefits for quite some time they thought they were too small to get a competitively priced plan for what they were used to.
- They were pleasantly surprised by the numbers that we provided.
- The plan they selected gives them the flexibility to grow as their needs evolve.

**Wholesaler #1 - Silver**

Rate	Premium
0.132 \$	39.60
0.029 \$	8.70
2.932 \$	8.80
0.360 \$	27.00
0.000 \$	-
1.280 \$	128.64
64.77 \$	-
148.83 \$	446.49
51.76 \$	-
124.22 \$	372.66
<b>Monthly \$ 1,031.89</b>	

Cost Per Person	
\$ 184.51	Single
\$ 343.96	Family

**Wholesaler #1 - Gold**

Rate	Premium
0.132 \$	47.52
0.029 \$	10.44
3.898 \$	11.69
0.360 \$	27.00
0.370 \$	85.91
1.280 \$	128.64
74.50 \$	-
171.18 \$	513.54
61.32 \$	-
147.18 \$	441.54
<b>Monthly \$ 1,266.29</b>	

Cost Per Person	
\$ 232.44	Single
\$ 418.88	Family

**Wholesaler #2 - Silver**

Rate	Premium
0.151 \$	45.30
0.029 \$	8.70
2.239 \$	6.72
0.360 \$	27.00
0.000 \$	-
1.097 \$	110.25
35.15 \$	-
83.64 \$	250.92
55.35 \$	-
136.17 \$	408.51
<b>Monthly \$ 857.40</b>	

Cost Per Person	
\$ 154.25	Single
\$ 285.80	Family

**Wholesaler #2 - Gold**

Rate	Premium
0.151 \$	54.36
0.029 \$	10.44
2.989 \$	8.97
0.360 \$	27.00
0.325 \$	75.47
1.097 \$	110.25
40.57 \$	-
96.56 \$	289.68
68.17 \$	-
167.70 \$	503.10
<b>Monthly \$ 1,079.26</b>	

Cost Per Person	
\$ 197.64	Single
\$ 356.15	Family



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	Wholesaler #1 - Silver	Wholesaler #1 - Gold	Wholesaler #2 - Silver	Wholesaler #2 - Gold
<b>LIFE INSURANCE</b>				
Maximum	\$100,000	2 x annual salary	\$100,000	2 x annual salary
Non-evidence maximum	N/A	\$150,000	\$50,000	\$50,000
Maximum	N/A	\$450,000	\$100,000	\$600,000
Reduction clause	50% at age 65	50% at age 65	50% at age 65	50% at age 65
Termination age	70 or retirement	70 or retirement	70 or retirement	70 or retirement
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>				
Maximum	Same as Life	Same as Life	Same as Life	Same as Life
Reduction clause	Same as Life	Same as Life	Same as Life	Same as Life
Termination age	Same as Life	Same as Life	Same as Life	Same as Life
<b>DEPENDENT LIFE INSURANCE</b>				
Spouse	\$15,000	\$20,000	\$15,000	\$20,000
Each child	\$7,500	\$10,000	\$7,500	\$10,000
<b>CRITICAL ILLNESS</b>				
Maximum	\$25,000	\$25,000	\$25,000	\$25,000
Description	25 illnesses	25 illnesses	25 illnesses	25 illnesses
<b>SHORT TERM DISABILITY</b>				
Schedule (% earnings of weekly income)		67%		67%
Maximum		\$1,000		\$800
Waiting period	Not included	14/0 days	Not included	14 days
Benefit period		17 weeks		17 weeks
Tax status		Non-taxable		Non-taxable
Termination age		70 years or retirement		70 years or retirement
<b>LONG TERM DISABILITY</b>				
Schedule (% of monthly earnings)	66.67%	66.67%	66.67%	66.67%
Non-evidence maximum	\$3,200	\$3,200	\$1,500	\$1,500
Maximum	\$4,800	\$4,800	\$6,000	\$6,000
Waiting period	119 days	119 days	119 days	119 days
Benefit period	To age 65	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	2 years own occupation; any occupation thereafter
COLA	3% (after 3 years)	3% (after 3 years)	3% (after 3 years)	3% (after 3 years)
Survivor benefit	Not included	Not included	Not included	Not included
Pre-existing condition	90 days/12 months	90 days/12 months	90 days/12 months	90 days/12 months
Tax status	Non-taxable	Non-taxable	Non-taxable	Non-taxable
Termination age	65 years or retirement	65 years or retirement	65 years or retirement	65 years or retirement
<b>EXTENDED HEALTH CARE</b>				
Deductible	\$25/\$50 (does not include drugs, hospital, travel or vision)	\$0	\$25/\$50 (does not include drugs, hospital, travel or vision)	\$0
Maximum in Canada				
EHC	Unlimited	Unlimited	Unlimited	Unlimited
Drugs	Unlimited	Unlimited	Unlimited	Unlimited
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 %	90%	100%	90%	100%
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 first, with physician substitution	Generic first, with physician substitution	Generic equivalent only	Generic equivalent only



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	Wholesaler #1 - Silver	Wholesaler #1 - Gold	Wholesaler #2 - Silver	Wholesaler #2 - Gold
Fertility drugs	\$2,500 per calendar year	\$2,500 per calendar year	\$2,000 per lifetime	\$2,000 per lifetime
Smoking Cessation Products	\$500 per year	\$500 per year	Not included	Not included
Paramedical Professionals				
Reimbursement %	90%	100%	90%	100%
Per visit maximum	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary
Annual maximum per practitioner	\$500	\$750	\$500	\$750
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	\$300 per 24 months (per 12 months for child)	\$500 per 24 months (per 12 months for child)	\$300 per 24 months (per 12 months for child)	\$300 per 24 months (per 12 months for child)
Medical supplies and miscellaneous				
Reimbursement %	90%	100%	90%	100%
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
Registered nurse	\$15,000 per y ear	\$15,000 per y ear	\$10,000 per y ear	\$10,000 per y ear
Survivor benefit	24 months	24 months	24 months	24 months
Termination age	70 or retirement	70 or retirement	70 or retirement	70 or retirement
<b>DENTAL CARE</b>				
Deductible Amount	\$25/\$50	\$0	\$25/\$50	\$0
Preventative & Basic	90%	100%	90%	100%
Endodontic & Periodontal	90%	100%	90%	100%
Major Restorative	50%	50%	50%	50%
Maximum for Basic and Major, combined	\$2,000	\$2,500	\$2,000	\$2,500
Orthodontics (child only)	50% up to \$2,000 lifetime maximum	50% up to \$2,500 lifetime maximum	50% up to \$2,000 lifetime maximum	50% up to \$2,500 lifetime maximum
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