

Flex Benefits

Why Flex?

- 1) The ability to fix costs permanently
- 2) The *flexibility* to design a benefit plan that fits *each Employee's* needs
- 3) Rates are guaranteed for 2 years.

Sample Plan Design

MANDATORY BENEFITS		
Life	\$30,000	
Accidental Death & Dismemberment	\$30,000	
Long Term Disability	66.67% of your monthly income up to a max. of \$1,500.	
EXTENDED HEALTH CARE (PREMIUM)		
All health options include mandatory generic drug plan, medical supplies, equipment and services.		
Health coverage is mandatory unless a plan member has spousal coverage.		
Plan members with spousal coverage may opt out of this benefit during selection period.		
Option #1 – BASE COVERAGE	Option #2	Option #3
Prescription Drug plan 80% coverage until eligible claims reach \$2,500 – 100% thereafter / year Paramedical - \$200/practitioner up to a combined annual max of \$400/person Vision Care - \$200/24 months Orthotics - \$200 / year Hearing Aids - \$500/60 months Semi-private Hospital room Private Duty Nursing - \$10,000/year Out of Province/Country \$5,000,000 max/person for a 90 day trip duration (includes Travel Assist)	Prescription Drug plan 90% coverage until eligible claims reach \$2,500 – 100% thereafter / year Paramedical - \$300/practitioner up to a combined annual max of \$600/person Vision Care - \$300/24 months Orthotics - \$300 / year Hearing Aids - \$750/60 months Private Hospital room Private Duty Nursing - \$15,000/year Out of Province/Country \$5,000,000 max/person for a 90 day trip duration (includes Travel Assist)	Prescription Drug plan 100% coverage Paramedical - \$500/practitioner up to a combined annual max of \$2,000/person Vision Care - \$400/24 months Orthotics - \$400 / year Hearing Aids - \$1,000/60 months Private Hospital room Private Duty Nursing - \$20,000/year Out of Province/Country \$5,000,000 max/person for a 90 day trip duration (includes Travel Assist)
DENTAL CARE (PREMIUM)		
Basic dental services include oral examinations, cleanings, x-rays and fillings.		
Major dental services includes bridges, crowns and major surgery.		
Option #1 – BASE COVERAGE	Option #2	Option #3
Basic Dental 80% coverage Major Dental 50% coverage \$1,500 annual maximum, combined for basic and major services Orthodontics \$2,000 annual lifetime max. / Child Check-ups Every 9 months	Basic Dental 90% coverage Major Dental 50% coverage \$2,000 annual maximum, combined for basic and major services Orthodontics \$2,500 annual lifetime max. / Child Check-ups Every 9 months	Basic Dental 100% coverage Major Dental 50% coverage \$2,500 annual maximum, combined for basic and major services Orthodontics \$3,000 annual lifetime max. / Child Check-ups Every 6 months