

Benepac[®]

Underwriting Guidelines





Groups With 3 - 9 Employees

General Provisions

All plans require 100% participation of eligible employees and a minimum of 3 employees must be insured for all quoted benefits. Minimum monthly premium required is \$100.
(Health and Dental can be a minimum of 2 lives)

Benepac Benefits

Life Insurance
AD/D&D Insurance
Optional Life, Optional AD&D
Dependent Life Insurance
Short Term Disability
Long Term Disability
Critical Illness
Extended Health Services (EHS)
Dental Care

Note: Dental cannot be sold stand-alone

Groups with 6 to 9 lives:

Extended Health available without Dental

Groups with 3 to 5 lives:

Limited EHC available without Dental.

(\$1,000 drug maximum; \$300 or \$0 parameds;
Semi-Private or No Hospital; No Vision Care)

Extended Health & Dental plans can be quoted on a stand-alone basis.

Employees Eligible

Those employees working a minimum of 20 hours per week.

All employees listed in the census data must have CPP and EI deducted at source. If this is not the case, please advise so that we may review our position.

Family Content Regulations

Groups with more than 50% of employees from the same family are subject to medical evidence of insurability.

Length of Time in Business

In order to be eligible, groups must have been in business for a minimum of 1 year.

Life Insurance / AD/D&D

Benefit Schedules

The Co-operators

Flat Benefit

Minimum benefit..... \$10,000
Maximum benefit..... \$600,000

Multiple of Earnings

Any multiple up to 4 times annual earnings

Minimum benefit..... \$25,000
Maximum benefit..... \$600,000

Non-Evidence Maximums

Groups with 3-5 employees \$75,000
Groups with 6-9 employees \$100,000

Dependent Life

Benefit Schedules

The Co-operators

Option 1

Spouse..... \$5,000
Each Child..... \$2,500

Option 2

Spouse..... \$10,000
Each Child..... \$5,000

Option 3

Spouse..... \$20,000
Each Child..... \$10,000

Benepac® Underwriting Guidelines – October 2008

Short Term Disability

Benefit Percentages

The Co-operators

50%, 60%, 66 2/3% of weekly earnings, or 70% of weekly earnings (taxable plans only)

Plan Maximums

Employment Insurance (EI) Maximum

Maximum changes automatically in accordance with EI regulations

Selected Maximum

Any amount up to \$800 per week

Plan Designs

Accident	Sickness	Duration
1 st day.....	8 th day.....	17 weeks
15 th day.....	15 th day.....	17 weeks
1 st day.....	8 th day.....	26 weeks
15 th day.....	15 th day.....	26 weeks

Options

1st day Hospital

Long Term Disability

Benefit Percentages

The Co-operators

Option 1

50%, 60%, 66 2/3% of monthly earnings, or 70% of monthly earnings (taxable plans only)

Option 2

66 2/3% of the 1st \$3,000 of monthly earnings, plus 50% of the balance

Maximum Benefit

Any amount up to \$8,000 per month

Non-Evidence Maximum

Groups with 3-6 employees.....\$1,500 per month
Groups with 7-9 employees.....\$2,000 per month

Elimination Periods

119 days
180 days

Benefit Periods

To age 65
5 years
2 years

Options

- Cost of Living Adjustment (COLA)
- up to the lesser of the percentage selected (3%, 4%, 5% or 6%) or the CPI
 - the first increase takes place after completion of the elimination period, plus the number of years selected (2, 3 or 5 years)

Critical Illness

Benefit Schedules

Industrial Alliance Pacific

Guaranteed Issue

Groups with 3 - 9 employees \$25,000
(\$10,000 minimum)

Extended Health Care (EHC)

Benefit Deductibles

Green Shield Canada

EHC/Drug Deductible: Nil Deductible
\$25/\$50
\$50/\$100
\$100/\$200
\$500/\$1,000
\$1,000/\$1,000
\$2, \$3 or \$5 per script
Equal to Dispensing Fee
\$5 or \$7 Dispensing Fee Cap

Benefit Co-Insurance

EHC Co-insurance: 50%, 60%, 70%, 80%, 90% or 100%
Pay-Direct Drugs: 50%, 60%, 70%, 80%, 90% or 100%

Note: Deductible and coinsurance provisions are not applicable to Hospital, Vision Care or Travel benefits.

Paramedicals

\$500, \$350, \$300, \$0 per practitioner per year

Hospital

Semi-Private or None

Base Plan Provisions

Drug Card: Included
Eye Exams: included – 1 every 24 mos.
Audio: \$500 every 5 years
Out-of-Country: Included
Overall Maximum: Unlimited
Survivor Benefits: 24 months

Options

- Individual Drug Limits: \$1,000, \$2,500, \$5,000 or \$10,000 per person per year
 Vision Care: \$100, \$150, \$200, \$250, \$300, \$350 per person every 24 months
 Cost-Plus

Dental Care

Benefit Deductibles

Green Shield Canada

Deductible: Nil Deductible
\$25/\$50
\$50/\$100
\$100/\$200

Benefit Co-Insurance

Basic: 50%, 60%, 70%, 80%, 90% or 100%

Note: Basic includes Endodontics/Periodontics

Maximum \$1,000 or \$1,500 per calendar year

Recall Exams 6 months or 9 months

Base Plan Provisions

Fee Guide: Current
Specialists: Covered at Fee Guide +10%
Survivor Benefits: 24 months

Options

- 50% Major Restorative
- requires a minimum of 5 insured lives
- combined maximum with Basic
- Tiered Dental
- \$500 for first 12 months of coverage and \$1,000 per year thereafter.
 \$750 for first 12 months of coverage and \$1,500 per year thereafter.
 Cost-Plus

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Groups With 10 or More Employees

General Provisions

All plans require a minimum of 3 employees insured for all quoted benefits.

Benepac Benefits

Life Insurance
AD/D&D Insurance
Optional Life, Optional AD&D
Dependent Life Insurance
Short Term Disability
Long Term Disability
Critical Illness
Extended Health Services (EHS)
Dental Care

Note: Extended Health & Dental plans can be quoted on a stand-alone basis.

Employees Eligible

Those employees working a minimum of 20 hours per week.

All employees listed in the census data must have CPP and EI deducted at source. If this is not the case, please advise so that we may review our position.

Participation Requirements

For non-contributory or compulsory plans, 100% participation of eligible employees is required. Minimum monthly premium required is \$100.

For contributory plans, at least 75% participation of eligible employees is required.

Family Content Regulations

No more than 50% of the employees to be insured can be members of the same family.

Length of Time in Business

In order to be eligible, groups must have been in business for a minimum of 1 year.

Life Insurance / AD/D&D

Benefit Schedules

The Co-operators

Flat Benefit

Minimum benefit..... \$10,000
Maximum benefit..... \$600,000 - \$750,000,
Based on number of insured employees

Multiple of Earnings

Any multiple up to 4 times annual earnings
Minimum benefit..... \$25,000
Maximum benefit..... \$600,000 - \$750,000,
Based on number of insured employees

Non-Evidence Maximums

Groups with 10-24 employees \$150,000 minimum*
Groups with 25+ employees \$200,000 minimum*
* based on average certificate insured

Dependent Life

Benefit Schedules

The Co-operators

Option 1

Spouse \$5,000 Spouse \$10,000
Each Child \$2,500 Each Child \$5,000

Option 3

Spouse \$20,000
Each Child \$10,000

Short Term Disability

Benefit Percentages

The Co-operators

50%, 60%, 66 2/3% of weekly earnings, or 70% of weekly earnings (taxable plans only)

Plan Maximums

Employment Insurance (EI) Maximum

Maximum changes automatically in accordance with EI regulations

Selected Maximum

Any amount up to \$1,200 per week

Plan Designs

Accident	Sickness	Duration
1 st day.....	8 th day.....	17 weeks
15 th day.....	15 th day.....	17 weeks
1 st day.....	8 th day.....	26 weeks
15 th day.....	15 th day.....	26 weeks

Options

1st day Hospital

Long Term Disability

Benefit Percentages

The Co-operators

Option 1

50%, 60%, 66 2/3% of monthly earnings, or 70% of monthly earnings (taxable plans only)

Option 2

66 2/3% of the 1st \$3,000 of monthly earnings, plus 50% of the balance

Maximum Benefit

Any amount up to \$8,000 per month (\$10,000 for 40 – 49 lives)

Non-Evidence Maximums

Groups with 10-14 employees \$2,500 minimum*
Groups with 15-24 employees \$3,200 minimum*
Groups with 25-39 employees \$3,900 minimum*
Groups with 40-49 employees \$4,300 minimum*
* Based on average certificate insured

Elimination Periods

119 days
180 days

Benefit Periods

To age 65
5 years
2 years

Options

Cost of Living Adjustment (COLA)
- up to the lesser of the percentage selected (3%, 4%, 5% or 6%) or the CPI
- the first increase takes place after completion of the elimination period, plus the number of years selected (2, 3 or 5 years)

Critical Illness

Benefit Schedules

Industrial Alliance Pacific

Groups with 10-24 employees \$50,000
Groups with 25-49 employees \$100,000
Groups with 50+ employees \$150,000

(\$10,000 minimum)

Extended Health Care (EHC)

Benefit Deductibles

Green Shield Canada

EHC/Drug Deductible: Nil Deductible
\$25/\$50
\$50/\$100
\$100/\$200
\$500/\$1,000
\$1,000/\$1,000
\$2, \$3 or \$5 per script
Equal to Dispensing Fee
\$5 or \$7 Dispensing Fee Cap

Benefit Co-Insurance

EHC Co-insurance: 50%, 60%, 70%, 80%, 90% or 100%
Pay-Direct Drugs: 50%, 60%, 70%, 80%, 90% or 100%

Note: Deductible and coinsurance provisions are not applicable to Hospital, Vision Care or Travel benefits.

Paramedicals

\$500, \$350, \$300, \$0 per practitioner per year

Hospital

Private, Semi-Private or None

Base Plan Provisions

Drug Card: Included
Eye Exams: included – 1 every 24 mos.
Audio: \$500 every 5 years
Out-of-Country: Included
Overall Maximum: Unlimited
Survivor Benefits: 24 months

Options

Deductible to apply to EHS only - \$25/\$50 or \$50/\$100 per calendar year
 Individual Drug Limits: \$1,000, \$2,500, \$5,000 or \$10,000 per person per year
 Vision Care: \$100, \$150, \$200, \$250, \$300, \$350 per person every 24 months
 Cost-Plus

Dental Care

Benefit Deductibles

Green Shield Canada

Deductible: Nil Deductible
\$25/\$50
\$50/\$100
\$100/\$200

Benefit Co-Insurance

Basic: 50%, 60%, 70%, 80%, 90% or 100%

Note: Basic includes Endodontics/Periodontics

Maximum \$1,000, \$1,500 or \$2,000 per calendar year

Recall Exams

6 months or 9 months

Base Plan Provisions

Fee Guide: Current
Specialists: Covered at Fee Guide +10%
Survivor Benefits: 24 months

Options

50% Major Restorative – combined max w/Basic
 50% Orthodontia- lifetime max is the same dollar amount as the Basic and/or Major
Tiered Dental Maximums
 \$500 for first 12 months of coverage and \$1,000 per year thereafter.
 \$750 for first 12 months of coverage and \$1,500 per year thereafter.
 \$1,000 for first 12 months of coverage and \$2,000 per year thereafter.
 Cost-Plus