

CHBA Group Benefits Plan

Benefit	Bronze	Silver	Gold	Platinum
Life and AD&D (Member only, no coverage for dependents)				
Coverage	\$25,000	\$25,000	\$25,000	\$25,000
Reduction	50% at age 65			
Termination	Age 70	Age 70	Age 70	Age 70
Extended Health Care (per year limits refer to a calendar year and are per insured person; termination at Member age 75)				
Drugs				
Reimbursement	70%	80%	80%	90%
Maximum Per Year	\$1,000	\$2,500	\$5,000	\$5,000
Paramedical Services				
<i>Acupuncturist, Audiologist, Chiropodist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist, Podiatrist, Psychologist/Psychotherapist/Social Worker, Speech-Language Pathologist</i>				
Reimbursement	70%	80%	80%	90%
Per Practitioner Limit	\$300 per year	\$400 per year	\$500 per year	\$600 per year
Combined Limit	\$750 per year	\$1,000 per year	\$1,250 per year	\$1,500 per year
Medical Equipment, Services & Supplies (subject to specified limits per benefits booklet)				
Reimbursement	70%	80%	80%	90%
Hospital	Not covered	Semi-Private	Semi-Private	Semi-Private
Reimbursement	N/A	100%	100%	100%
Out-Of-Province Travel Medical Emergency (180 days maximum per trip)				
Reimbursement	100%	100%	100%	100%
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Trip Cancellation	Included	Included	Included	Included
Eye Exams				
Reimbursement	100%	100%	100%	100%
Limit Per Exam	\$75	\$75	\$75	\$75
Adult Limit	1 every 24 months			
Dependent Child Limit	1 every 12 months			
Vision Care (prescription eyeglasses/contact lenses/laser eye surgery)				
Reimbursement	Not Covered	100%	100%	100%
Limit	N/A	\$200	\$250	\$250
Adult	N/A	Every 24 months	Every 24 months	Every 24 months
Dependent Child	N/A	Every 12 months	Every 12 months	Every 12 months
Dental (Basic includes Periodontics & Endodontics; per year limits refer to a calendar year; termination at Member age 75)				
Basic Reimbursement	70%	80%	80%	90%
Major Reimbursement	Not covered	Not covered	50%	50%
Maximum – Per Person	\$750 per year	\$1,000 per year	\$1,250 per year	\$1,500 per year
Maximum – Per Family	\$2,250 per year	\$3,000 per year	\$3,750 per year	\$4,500 per year
Recall Exams	9 months	9 months	9 months	9 months
Scaling Units (per year)	8 units	8 units	8 units	8 units

CHBA Group Benefits Plan Monthly Rates

Province	Coverage	Bronze	Silver	Gold	Platinum
Newfoundland and Labrador	Single	\$78.89	\$112.74	\$127.58	\$155.58
	Family	\$202.79	\$295.56	\$338.43	\$416.30
Atlantic (NB, NS, PE)	Single	\$87.86	\$124.10	\$139.72	\$168.82
	Family	\$229.37	\$328.77	\$373.61	\$454.75
Ontario	Single	\$95.26	\$133.47	\$149.73	\$179.79
	Family	\$251.27	\$356.17	\$402.66	\$486.55
Manitoba / Saskatchewan	Single	\$71.90	\$99.69	\$111.62	\$133.75
	Family	\$183.74	\$260.03	\$294.20	\$355.94
Alberta	Single	\$93.65	\$131.42	\$147.54	\$177.38
	Family	\$246.49	\$350.19	\$396.31	\$479.58
British Columbia	Single	\$82.84	\$112.80	\$125.25	\$147.87
	Family	\$216.49	\$298.85	\$334.15	\$397.44

All rates exclude applicable taxes.