

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 | 50% at age 65 | 50% at age 65 | 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 | | | | |
| Reimbursement | Not covered | Semi-Private | Semi-Private | Semi-Private |
| | 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 | 1 every 24 months | 1 every 24 months | 1 every 24 months |
| Dependent Child Limit | 1 every 12 months | 1 every 12 months | 1 every 12 months | 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.