

	<u>enVia Insured Plan (Med 1)</u>	<u>enVia Value Plan (Med 4)</u>	<u>enVia eHSA Plan (Med 3)</u>
<b>Program Type</b>	Individual EHC + Dental Program	Individual EHC Only or EHC + Dental Program	Individual Health Spending Account Program
<b>Reimbursement</b>	80% reimbursement to plan maximums	80% reimbursement to plan maximums	100% reimbursement up to available account balance
<b>Health Evidence Required?</b>	NO	NO	NO
<b>Eligibility</b>	Full-time, Part-time, Contract or Temp Workers; Working at least 20 hours per week	Full-time, Part-time, Contract or Temp Workers; Working at least 20 hours per week	Owners, Full-time staff working 20 hours per week; coverage can be extended to include financially dependent blood relatives, e.g. parent, sibling
<b>Insurer</b>	Lloyd's of London	Lloyd's of London	Lloyd's of London (for Catastrophic Insurance only)
<b>Deductible</b>	Nil	Nil	Nil
<b>Prescription Drugs</b>	<p><b>Generic Drug Plan - 80% reimbursement up to maximum benefit:</b></p> <ul style="list-style-type: none"> <li>• \$5,000/year per person</li> <li>• Esource Pay-Direct Drug card.</li> <li>• <b>Excluded:</b> Anti-smoking, anti-obesity, fertility, lifestyle, treatments and medications.</li> <li>• 24 month waiting period for drug coverage of pre-existing chronic conditions.</li> </ul>	<p><b>Generic Drug Plan - 80% reimbursement up to maximum benefit:</b></p> <ul style="list-style-type: none"> <li>• \$2,000/year per person</li> <li>• Esource Pay-Direct Drug card.</li> <li>• <b>Excluded:</b> Anti-smoking, anti-obesity, fertility, lifestyle, treatments and medications.</li> <li>• 24 month waiting period for drug coverage of pre-existing chronic conditions.</li> </ul>	<p><b>100% reimbursement up to employer contribution amount, or balance remaining in account</b></p> <ul style="list-style-type: none"> <li>• All prescribed drugs eligible</li> <li>• Esource Pay-Direct Drug Card</li> <li>• Eligible expenses defined by Section 118.2 (2) of the Income Tax Act and Interpretation Bulletin IT-519R2, e.g. Fertility Drugs, Smoking Cessation and Lifestyle drugs can be fully covered, if desired</li> <li>• No maximum limits</li> <li>• Best solution for families with "Special Needs" children</li> </ul>

(continued, page 2 of 4)	enVia Insured Plan (Med 1)	enVia Value Plan (Med 4)	enVia eHSA Plan (Med 3)
<b>Professional Services</b>	<p>\$50 per visit maximum to a combined maximum of \$1,000 per policy year for all practitioners, including:</p> <ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Chiropractor</li> <li>• Naturopath</li> <li>• Osteopath</li> <li>• Physiotherapy</li> <li>• Podiatrist</li> <li>• Psychologist</li> <li>• Registered Massage Therapist</li> <li>• Speech Therapist</li> </ul>	<p>\$30 per visit maximum to a combined maximum of \$600 per policy year, including:</p> <ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Chiropractor</li> <li>• Naturopath</li> <li>• Osteopath</li> <li>• Physiotherapy</li> <li>• Podiatrist</li> <li>• Psychologist</li> <li>• Registered Massage Therapist</li> <li>• Speech Therapist</li> </ul>	<p>100% Reimbursement up to employer contribution amount, or remaining balance</p> <ul style="list-style-type: none"> <li>• <b>No maximums</b></li> <li>• <b>No referral required</b></li> <li>• <b>Any Professional Paramedical Service</b> may be covered as per <a href="#">IT-519R2</a>, including Acupuncture, with no limit other than the amount contributed to the eHSA</li> <li>• <b>No time or dollar limit imposed</b></li> </ul>
<b>Accidental Dental</b>	80% to \$2,500/policy year per person	80% to \$2,000/policy year per person	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Ambulance</b>	80% up to \$250/trip	80% per trip & \$250 per trip	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Medical Supplies</b>	\$1,500/policy year	80% to \$1,500 for Medical Supplies / policy year	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Orthopedic Footwear or Orthotics</b>	80% up to \$250/policy year	80% for Orthotics or Orthopedic footwear to \$225/year	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Assistive Medical Devices</b>	Up to an aggregate of \$2,000 combined with Prosthetics	80% to \$2,000/year for Medical Equipment and Prosthesis combined	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Prosthetic Devices</b>	Up to an aggregate of \$2,000 combined with Assistive Medical Devices	80% to \$2,000/year combined with Medical Equipment	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Private Duty Nursing</b>	80% to \$5,000/policy year	80% to \$3,000/person/5 years	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Hearing Aids</b>	80% to \$500/person/5 years	80% to \$350/person/5 years	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Home Care (after Hospital)</b>	Only Private Duty Nursing as per above	Only Private Duty Nursing as per above	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>

(continued, page 3 of 4)	enVia Insured Plan (Med 1)	enVia Value Plan (Med 4)	enVia eHSA Plan (Med 3)
<b>Hospital</b>	Semi-private room – 80% reimbursement to \$175/day for 30 days duration	Semi-private room – 80% reimbursement to \$175/day for 30 days duration	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Vision</b>	Vision Care 80% - Eye exams \$50/24 months; Eyeglasses / Contacts: \$200/2 years (after 6 month waiting period)	Vision Care 80% - Eye exams \$50/24 months; Eyeglasses / Contacts: \$200/2 years (after 6 month waiting period)	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Overall EHC Maximum</b>	\$25,000/person/policy year	\$25,000/person/policy year	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Catastrophic Insurance</b>	Not Included	Not Included	<b>Automatically includes up to \$25,000 per year of additional insurance protection</b> for Drugs, Private Duty Nursing and Hospital expenses (after a deductible of \$2,500 per person has been satisfied through drug, nursing or hospital expenses claimed from eHSA, or paid out-of-pocket). \$1M lifetime maximum. <b>24 month waiting period for pre-existing conditions/medications.</b>
<b>Out-of-Country Emergency Hospital/ Medical</b>	100% reimbursement to <b>\$2M maximum</b> for trips of up to 30 days duration. Includes Emergency Travel Assistance	100% reimbursement to <b>\$2M maximum</b> for trips of up to 30 days duration. Includes Emergency Travel Assistance	Not Included - available on an Optional Basis
<b>Dental</b>	No Deductible	No Deductible	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Preventative Services</b>	<b>80% Reimbursement, max. \$1,000 per policy year for:</b> <ul style="list-style-type: none"> <li>• Basic Services with 6 month recall</li> <li>• Diagnostic, Preventative &amp; General services: fillings, extractions &amp; minor surgery, denture repair, rebase &amp; reline</li> <li>• Endodontics at 80%</li> <li>• Periodontics at 50%</li> <li>• Pay-Direct Card included</li> </ul>	<b>80% Reimbursement, max. \$700 per policy year for:</b> <ul style="list-style-type: none"> <li>• Basic Services, Preventative &amp; Diagnostic Services with 6 month recall</li> <li>• Fillings, extractions &amp; minor surgery, denture repair, rebase &amp; reline</li> <li>• Endodontics at 80%</li> <li>• Periodontics at 50%</li> <li>• Pay-Direct Card included</li> </ul>	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Major Restorative Services</b>	Not Included	Not Included	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Orthodontia</b>	Not Included	Not Included	100% Reimbursement up to employer contribution amount, or remaining balance. <b>No maximum limit.</b>
<b>Overall Dental Maximum</b>	\$1,000/person/policy year based on current Provincial Fee Schedule	\$700/person/policy year based on current Provincial Fee Schedule	No Limit - limited only by employer contribution amount

(continued, page 4 of 4)	enVia Insured Plan (Med 1)	enVia Value Plan (Med 4)	enVia eHSA Plan (Med 3)
<b>Program Highlights</b>	<ul style="list-style-type: none"> <li>• 80% Reimbursement</li> <li>• Premium rates apply in all provinces (except Quebec)</li> <li>• No Health Evidence</li> <li>• Includes Pay-Direct Card</li> <li>• Lloyd's of London</li> </ul>	<ul style="list-style-type: none"> <li>• 80% Reimbursement</li> <li>• Premium rates apply in all provinces (except Quebec)</li> <li>• No Health Evidence</li> <li>• Includes Pay-Direct Card</li> <li>• Lloyd's of London</li> </ul>	<ul style="list-style-type: none"> <li>• 100% Reimbursement</li> <li>• Annual contribution costs include Admin. Fees &amp; Catastrophic Insurance</li> <li>• Uniform in all Provinces</li> <li>• No Health Evidence Required</li> <li>• Includes Pay-Direct Card</li> </ul>

**Monthly Premium Costs - March 2011**

	EHC Only	EHC + Dental	EHC Only	EHC + Dental	Annual Contribution/Monthly Rate (for all age bands):
<b>Single:</b>	Ages 20 - 44 <b>\$65.92</b> Ages 45 - 54 <b>\$74.07</b> Ages 55 - 59 <b>\$86.13</b> Ages 60 - 65 <b>\$100.68</b>	Ages 20 - 44 <b>\$113.14</b> Ages 45 - 54 <b>\$121.29</b> Ages 55 - 59 <b>\$133.35</b> Ages 60 - 65 <b>\$147.90</b>	Ages 20 - 44 <b>\$61.31</b> Ages 45 - 54 <b>\$68.89</b> Ages 55 - 59 <b>\$80.10</b> Ages 60 - 65 <b>\$93.63</b>	Ages 20 - 44 <b>\$104.75</b> Ages 45 - 54 <b>\$112.33</b> Ages 55 - 59 <b>\$123.54</b> Ages 60 - 65 <b>\$137.07</b>	\$1,000/year = <b>\$112.00</b> /month \$2,000/year = <b>\$212.00</b> /month \$3,000/year = <b>\$312.00</b> /month \$5,000/year = <b>\$512.00</b> /month
<b>Couple:</b>	Ages 20 - 44 <b>\$127.40</b> Ages 45 - 54 <b>\$148.14</b> Ages 55 - 59 <b>\$172.25</b> Ages 60 - 65 <b>\$194.48</b>	Ages 20 - 44 <b>\$221.84</b> Ages 45 - 54 <b>\$252.58</b> Ages 55 - 59 <b>\$276.69</b> Ages 60 - 65 <b>\$298.92</b>	Ages 20 - 44 <b>\$118.48</b> Ages 45 - 54 <b>\$137.77</b> Ages 55 - 59 <b>\$160.59</b> Ages 60 - 65 <b>\$180.87</b>	Ages 20 - 44 <b>\$205.36</b> Ages 45 - 54 <b>\$233.85</b> Ages 55 - 59 <b>\$256.27</b> Ages 60 - 65 <b>\$276.95</b>	\$1,000/year = <b>\$124.00</b> /month \$2,000/year = <b>\$224.00</b> /month \$3,000/year = <b>\$324.00</b> /month \$5,000/year = <b>\$524.00</b> /month
<b>Family:</b>	Ages 20 - 44 <b>\$200.25</b> Ages 45 - 54 <b>\$215.32</b> Ages 55 - 59 <b>\$250.85</b> Ages 60 - 65 <b>\$283.20</b>	Ages 20 - 44 <b>\$338.30</b> Ages 45 - 54 <b>\$353.37</b> Ages 55 - 59 <b>\$388.90</b> Ages 60 - 65 <b>\$421.25</b>	Ages 20 - 44 <b>\$186.23</b> Ages 45 - 54 <b>\$200.25</b> Ages 55 - 59 <b>\$233.29</b> Ages 60 - 65 <b>\$263.38</b>	Ages 20 - 44 <b>\$313.24</b> Ages 45 - 54 <b>\$327.26</b> Ages 55 - 59 <b>\$360.30</b> Ages 60 - 65 <b>\$390.39</b>	\$1,000/year = <b>\$130.00</b> /month \$2,000/year = <b>\$230.00</b> /month \$3,000/year = <b>\$330.00</b> /month \$5,000/year = <b>\$530.00</b> /month
<b>Single Parent w/1 child:</b>	Ages 20 - 44 <b>\$99.22</b> Ages 45 - 54 <b>\$124.02</b> Ages 55 - 59 <b>\$155.03</b> Ages 60 - 65 <b>\$175.03</b>	Ages 20 - 44 <b>\$184.21</b> Ages 45 - 54 <b>\$209.02</b> Ages 55 - 59 <b>\$240.03</b> Ages 60 - 65 <b>\$260.02</b>	Ages 20 - 44 <b>\$92.27</b> Ages 45 - 54 <b>\$115.34</b> Ages 55 - 59 <b>\$144.18</b> Ages 60 - 65 <b>\$162.78</b>	Ages 20 - 44 <b>\$170.46</b> Ages 45 - 54 <b>\$193.54</b> Ages 55 - 59 <b>\$222.38</b> Ages 60 - 65 <b>\$240.97</b>	\$1,000/year = <b>\$124.00</b> /month \$2,000/year = <b>\$224.00</b> /month \$3,000/year = <b>\$324.00</b> /month \$5,000/year = <b>\$524.00</b> /month

**Optional Benefits: (available in all three Programs)**

<b>Disability Insurance</b>	Both Temporary Total Disability and Permanent Total Disability available. All Disability Benefits Tax-Free.
<b>XN Global® Preferred Care</b>	Better than standard Critical Illness, provides personal case management & reimbursement up to \$2M USD
<b>Permanent Limited Pay Life Insurance</b>	Ideal for post retirement, fully paid-up in 20 years; units of \$25,000 or \$50,000.
<b>Accidental Death &amp; Dismemberment Insurance</b>	Units of \$50,000 up to a maximum of \$500,000. No health evidence required.



**MACLAGAN INC.**

19 Peony Street, Markham, Ontario L6B 1K9  
 905.554.0875 phone | 905.294.2235 fax | 416.453.9430 cell  
 esmaclagan@rogers.com | [www.maclagan.ca](http://www.maclagan.ca)

Errors & omissions excepted. Maclagan Inc. March 1, 2011.

