

Comparison of enVia Health & Dental Programs for Sunnybrook Part-time, Contract & Casual Staff

	<u>enVia Insured Plan (Med 1)</u>	<u>enVia Value Plan (Med 4)</u>	<u>enVia eHSA Plan (Med 3)</u>
Program Type	Individual EHC + Dental Program	Individual EHC Only or EHC + Dental Program	Individual Health Spending Account Program
Reimbursement	80% reimbursement to plan maximums	80% reimbursement to plan maximums	100% reimbursement up to available account balance
Health Evidence Required?	NO	NO	NO
Eligibility	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
Insurer	Lloyd's of London	Lloyd's of London	Lloyd's of London (for Catastrophic Insurance only)
Deductible	Nil	Nil	Nil
Prescription Drugs	<p>Generic Drug Plan - 80% reimbursement up to maximum benefit:</p> <ul style="list-style-type: none"> • \$5,000/year per person • Esource Pay-Direct Drug card. • Excluded: Anti-smoking, anti-obesity, fertility, lifestyle, treatments and medications. • 24 month waiting period for drug coverage of pre-existing chronic conditions. 	<p>Generic Drug Plan - 80% reimbursement up to maximum benefit:</p> <ul style="list-style-type: none"> • \$2,000/year per person • Esource Pay-Direct Drug card. • Excluded: Anti-smoking, anti-obesity, fertility, lifestyle, treatments and medications. • 24 month waiting period for drug coverage of pre-existing chronic conditions. 	<p>100% reimbursement up to employer contribution amount, or balance remaining in account</p> <ul style="list-style-type: none"> • All prescribed drugs eligible • Esource Pay-Direct Drug Card • 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 • No maximum limits • Best solution for families with "Special Needs" children

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

(continued, page 3 of 4)	enVia Insured Plan (Med 1)	enVia Value Plan (Med 4)	enVia eHSA Plan (Med 3)
Hospital	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. No maximum limit.
Vision	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. No maximum limit.
Overall EHC Maximum	\$25,000/person/policy year	\$25,000/person/policy year	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Catastrophic Insurance	Not Included	Not Included	Automatically includes up to \$25,000 per year of additional insurance protection 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. 24 month waiting period for pre-existing conditions/medications.
Out-of-Country Emergency Hospital/ Medical	100% reimbursement to \$2M maximum for trips of up to 30 days duration. Includes Emergency Travel Assistance	100% reimbursement to \$2M maximum for trips of up to 30 days duration. Includes Emergency Travel Assistance	Not Included - available on an Optional Basis
Dental	No Deductible	No Deductible	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Preventative Services	80% Reimbursement, max. \$1,000 per policy year for: <ul style="list-style-type: none"> • Basic Services with 6 month recall • Diagnostic, Preventative & General services: fillings, extractions & minor surgery, denture repair, rebase & reline • Endodontics at 80% • Periodontics at 50% • Pay-Direct Card included 	80% Reimbursement, max. \$700 per policy year for: <ul style="list-style-type: none"> • Basic Services, Preventative & Diagnostic Services with 6 month recall • Fillings, extractions & minor surgery, denture repair, rebase & reline • Endodontics at 80% • Periodontics at 50% • Pay-Direct Card included 	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Major Restorative Services	Not Included	Not Included	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Orthodontia	Not Included	Not Included	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Overall Dental Maximum	\$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)
Program Highlights	<ul style="list-style-type: none"> • 80% Reimbursement • Premium rates apply in all provinces (except Quebec) • No Health Evidence • Includes Pay-Direct Card • Lloyd's of London 	<ul style="list-style-type: none"> • 80% Reimbursement • Premium rates apply in all provinces (except Quebec) • No Health Evidence • Includes Pay-Direct Card • Lloyd's of London 	<ul style="list-style-type: none"> • 100% Reimbursement • Annual contribution costs include Admin. Fees & Catastrophic Insurance • Uniform in all Provinces • No Health Evidence Required • Includes Pay-Direct Card

Monthly Premium Costs - March 2011

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

Optional Benefits: (available in all three Programs)

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



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Errors & omissions excepted. Maclagan Inc. April, 2011.

