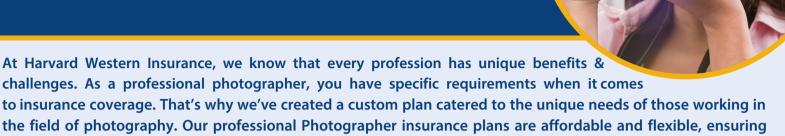
PPOC Group Benefits Plan



Advantages of choosing Harvard Western Insurance

you can customize them to your ideal budget and needs.

- **✓** Out-Of-Country Coverage
- ✓ Optional Critical Illness Coverage
- Prescription Drug Coverage
- Vision Care (eyewear) Coverage
- Paramedical Practitioners (physiotherapy, chiropractor, etc) Coverage

INCLUDED BENEFITS					
Benefit	Life Insurance	Accidental Death & Dismemberment			
Amount	\$10,000	\$10,000			
Benefit Reduction	50% at age 65	50% at age 65			
Spouses	\$5,000				
Children	\$2,500				
Terminates at Age	70	70			

Critical Illness Coverage is optional to add

Visit our Website to Learn More





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PROFESSIONAL PHOTOGRAPHERS PLAN HARVARD WESTERN INSURANCE

New Plan Structure - May 1, 2016

Benefit	Silver	Gold	Platinum
Extended Health			
Prescription Drugs Coverage	100% to maximum \$500/yr	100% to maximum \$2,000/yr	100% to maximum \$3,000/yr
Drug Card	Included	Included, with \$6/rx dispense fee cap	Included, with \$6/rx dispense fee cap
Drug Plan Type	Lowest Priced Equivalent Drug Substitution	Lowest Priced Equivalent Drug Substitution	Lowest Priced Equivalent Drug Substitution
Major Medical Reimbursement	70%	80%	100%
Private Duty Nursing	\$5,000/year	\$5,000/year	\$5,000/year
Hearing Aids	\$500/5 years	\$500/5 years	\$500/5 years
Custom Orthopedic Shoes	\$100/yr	\$200/year	\$400/year
Custom Orthotics	\$100/2 yrs	\$200/2 yrs	\$400/2 yrs
Ambulance, Accidental Dental, Diabetic Supplies	Included (no insulin pumps)	Included (no insulin pumps)	Included (no insulin pumps)
Prosthetic and Therapeutic Equipment	Included (no CPAP, APAP, BPAP machines)	Included (no CPAP, APAP, BPAP machines)	Included (no CPAP, APAP, BPAP machines)
Paramedical Practitioners	\$200/practitioner to \$400 combined maximum/yr for Chiropractor, RMT, Physiotherapy, Clinical Psychologist, Podiatrist	\$300/practitioner/yr to \$600 annual maximum (per plan 1-includes Acupuncturist, Naturopath, Osteopath, Speech Therapist)	\$400/practitioner/yr to \$1,200 annual maximum (per plan 1-includes Acupuncturist, Naturopath, Osteopath, Speech Therapist)
Hospital Coverage	100% Reimbursement, Semi- Private	100% Reimbursement, Semi-Private	2 100% Reimbursement, Semi-Private
Out-of-Province/Country Medical Emergency	100% coverage, 90 days duration, Emergency Travel Assist, \$2 million per event	100% coverage, 90 days duration, Emergency Travel Assist, \$2 million per event	100% coverage, 90 days duration, Emergency Travel Assist, \$2 million per event
Vision Care	None	\$100/24 months, 100% reimbursement	\$250/24 months, 100% reimbursement
Eye Exams	\$60/24 months	\$60/24 months	\$60/24 months
Termination	Age 65 or earlier retirement	Age 65 or earlier retirement	Age 65 or earlier retirement

Benefit	Silver	Gold	Platinum		
Dental Care					
Deductible	None	None	None		
Basic Dental Reimbursement	70%	80%	100%		
Major Dental Reimbursement	50%	50%	50%		
Annual per person maximum	\$1,500	\$1,500	\$2,500		
Routine recall visits	Every 9 months	Every 9 months	Every 9 months		
Fee Guide	Current-Province of Residence	Current-Province of Residence	Current-Province of Residence		
Termination	Age 65 or earlier retirement	Age 65 or earlier retirement	Age 65 or earlier retirement		

Monthly Premiums	Silver	Gold	Platinum
Single	\$143.03	\$148.18	\$214.27
Family	\$347.43	\$366.24	\$509.14