

# GBA Small Group Benefit Plan

## Eligibility

Entry Age	Age 65
Age Limit	Age 70
Child	Age 21 to 26 if a student)

## Medical

	Basic Plan
Annual Deductible	\$250 single/\$500 family
Reimbursement	80%
Out of Pocket max; including deductible	\$2,500/family
Maximum Per Claim (In the Aggregate)	\$1,000,000
Worldwide coverage for short term travel	Covered
Evacuation/Repatriation Maximum Per Claim (In the Aggregate)	100%
Vaccinations and Inoculations	Covered
Well child care including checkups to age 6	Covered
Mammograms, Routine Gynecological Tests	Covered
Annual Health Checks, including preventive care, one annually	\$300
Hospital Including: Physicians, Lab, Drugs, Outpatient, Private room, Bed for accompanying parent	Covered
Ambulance	Covered
Life saving Organ Transplant	Covered - \$200,000 Life
Chronic Disease/Dread Disease HIV-AIDS	Covered
Convalescent Facility (Semi-private room)	12 weeks
Home Nursing	12 weeks
Maternity	Maximum \$15,000
Outpatient MD	Covered
Paramedical practitioners (includes: Speech Therapy, Physiotherapy, Acupuncture, Psychology, Chiropractor, Massage Therapy, Naturopath, Podiatry, Alternative treatment when prescribed by a physician, Osteopathy)	\$500 per practitioners per year
Lab and X-rays	Covered
MRI and CAT Scans	\$2,000 per service/year
Prescription Drugs (excluding obesity, fertility, erectile dysfunction and other "lifestyle" drugs, Biological Drugs)	Covered
Prosthetic appliances fitted by a professional	Covered
Orthotics	\$300 / year
Orthopedic shoes	1 pair / year
Psychiatric, Mental and Nervous disorders, and Detoxification	\$10,000 lifetime maximum
Eye Exams, Eyeglass/Contacts	Covered - \$150/year
Hearing Aids	\$600/5years
Medical Supplies	Covered

## Basic Plan

Age 65
Age 70
Age 21 to 26 if a student)

## Basic Plus Plan

Age 65
Age 70
Age 21 to 26 if a student)

## Select Plan

Age 65
Age 70
Age 21 to 26 if a student)

## Basic Plan

\$250 single/\$500 family
80%
\$2,500/family
\$1,000,000
Covered
100%
Covered
Covered
Covered
Covered
\$300
Covered
Covered
Covered - \$200,000 Life
Covered
12 weeks
12 weeks
Maximum \$15,000
Covered
\$500 per practitioners per year
Covered
\$2,000 per service/year
Covered
Covered
\$300 / year
1 pair / year
\$10,000 lifetime maximum
Covered - \$150/year
\$600/5years
Covered

## Comprehensive

\$125 single/\$250 family
90%
\$1,000/family
\$2,000,000
Covered
100%
Covered
Covered
Covered
Covered
\$500
Covered
Covered
Covered - \$400,000 Life
Covered
12 weeks
12 weeks
Maximum \$30,000
Covered
\$750 per practitioners per year
Covered
\$2,000 per service/year
Covered
Covered
\$300 / year
1 pair / year
\$15,000 lifetime maximum
Covered - \$250/year
\$600/5 years
Covered

## Enhanced

Nil
100%
Nil
\$2,000,000
Covered
100%
Covered
Covered
Covered
Covered
\$750
Covered
Covered
Covered - \$600,000 Life
Covered
12 weeks
12 weeks
Maximum \$50,000
Covered
\$1,000 per practitioners per year
Covered
\$2,000 per service/year
Covered
Covered
\$300 / year
1 pair / year
\$20,000 lifetime maximum
Covered - \$350/year
\$600/5 years
Covered

## Dental

	Core	Select
Annual Deductible	\$50 Single, \$100 family	Nil
Preventative, diagnostic, basic care	80%	100%
Major (Crowns, bridges, dentures)	50%	50%
*Implants	50%	50%
Orthodontia (under age 18)	0%	50%
Maximum per person per plan year	\$1,500	\$2,000
Maximum - Orthodontics - Lifetime		\$2,000

## Accidental Death & Dismemberment

Maximum: 5 X Annual Salary  
Overall Maximum: \$1,000,000

## Temporary Total Disability

Maximum: \$3,500 Per Week  
Benefit: Up to 75% of weekly salary  
Elimination Period: Accident – 10 days

## Permanent Total Disability

Maximum: 5 X Annual Salary  
Overall Maximum: \$1,000,000

