

Advantage/Plus – Plan Design Summary

25 to 49 Employees

Life and Accidental Death & Dismemberment <i>(Mandatory)</i>	Benefit:	\$25,000, \$50,000, \$75,000, \$100,000 1, 2 or 3 x annual earnings	
	Non Evidence Maximum:	\$250,000 (25 to 34 employees) \$300,000 (35 to 49 employees)	
	Maximum:	\$500,000	
Dependent Life Insurance <i>(Mandatory)</i>		Plan A	Plan B
	Spouse:	\$5,000	\$10,000
	Each Child:	\$2,500	\$5,000
Optional and Spousal Optional Life <i>(Optional by Individual)</i>	Available in units of \$10,000 to a maximum of \$250,000		
Optional Accidental Death & Dismemberment <i>(Optional by Individual)</i>	Available in units of \$25,000 to a maximum of \$250,000		
TWO OF THE FOLLOWING BENEFITS MUST BE SELECTED (EXCEPT FOR CRITICAL ILLNESS):			
Weekly Indemnity <i>(Optional by Group)</i>	66 2/3% of salary Maximum Benefit: Commencement: Duration:	\$800 or \$1,000/week 1st day accident/hospitalization 8th day illness 17 or 26 weeks	
Long Term Disability <i>(Optional by Group)</i>	Plan A 66 2/3% of salary Maximum Benefit: Non-evidence Maximum: Elimination Period: Termination: 2-year "own occupation" definition of disability	Plan B 66 2/3% of the first \$2,500 of salary and 45% thereafter \$3,500 or \$6,000/month \$4,500 (25 to 34 employees) \$5,000 (35 to 49 employees) 17 or 26 weeks Age 65	
Critical Illness <i>(Optional by Group)</i>	Plan A Flat \$10,000 Maximum Benefit: Non-evidence Maximum: Termination:	Plan B Flat \$25,000 \$100,000 \$100,000 Age 70	
Extended Health Care <i>(Optional by Group)</i>	100% Semi-Private Hospital – unlimited days per illness 100% Out-of-Country Emergency Medical coverage 80% or 100% reimbursement of all other eligible expenses Unlimited maximum – certain inner limits apply Prescription Drugs – Pay Direct or Reimbursement Drug Plans Private Duty Nursing – \$10,000/year Paramedical Practitioner Fees – \$300 or \$500/practitioner/year Emergency Travel Assistance benefits Employee Assistance Plan		
Vision Care <i>(Optional with Extended Health Care)</i>	\$150 or \$200/24 months – 100% reimbursement		
Dental Care <i>(Optional by Group)</i>	A variety of plans are available combining one or more of the options listed below. All plans include Endodontics and Periodontics under Basic Services. Either 6- or 9-month recall may be selected.		
	Reimbursement	Maximum	
	Basic: 80% or 100%	Basic:	\$1,000/year
	Major Restorative: 50%	Basic & Major combined:	\$1,500/year
	Orthodontics: 50%	Orthodontics:	\$2,000/lifetime