

## The Advantage – Plan Design Summary

## 3 to 9 Employees

<b>Life and Accidental Death &amp; Dismemberment</b> <i>(Mandatory)</i>	Benefit:	\$25,000, \$50,000, \$75,000, \$100,000 1 or 2 x annual earnings	
	Non Evidence Maximum:	\$100,000 (3 to 4 employees) \$150,000 (5 to 9 employees)	
	Maximum:	\$400,000	
<b>Dependent Life Insurance</b> <i>(Mandatory)</i>		<b>Plan A</b>	<b>Plan B</b>
	Spouse:	\$5,000	\$10,000
	Each Child:	\$2,500	\$5,000
<b>Optional and Spousal Optional Life</b> <i>(Optional by Individual)</i>	Available in units of \$10,000 to a maximum of \$250,000		
<b>Optional Accidental Death &amp; Dismemberment</b> <i>(Optional by Individual)</i>	Available in units of \$25,000 to a maximum of \$250,000		
<b>TWO OF THE FOLLOWING BENEFITS MUST BE SELECTED (EXCEPT FOR CRITICAL ILLNESS):</b>			
<b>Weekly Indemnity</b> <i>(Optional by Group)</i>	66 2/3% of salary Maximum Benefit: Commencement:	\$600 or \$800/week 1st day accident/hospitalization 8th day illness	
	Duration:	17 weeks	
<b>Long Term Disability</b> <i>(Optional by Group)</i>	<b>Plan A</b> 66 2/3% of salary	<b>Plan B</b> 66 2/3% of the first \$2,500 of salary and 45% thereafter	
	Maximum Benefit:	\$3,000 or \$5,000/month	
	Non-evidence Maximum:	\$1,500 (3 to 4 employees) \$2,000 (5 to 9 employees)	
	Elimination Period:	17 weeks	
	Termination:	Age 65	
	2-year "own occupation" definition of disability		
<b>Critical Illness</b> <i>(Optional by Group)</i>	<b>Plan A</b> Flat \$10,000	<b>Plan B</b> Flat \$25,000	
	Maximum Benefit:	\$25,000	
	Non-evidence Maximum:	\$25,000	
	Termination:	Age 70	
<b>Extended Health Care</b> <i>(Optional by Group)</i>	100% Semi-Private Hospital – 120-day maximum 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 – \$5,000/year Paramedical Practitioner Fees – \$300/practitioner/year Emergency Travel Assistance benefits Employee Assistance Plan		
<b>Vision Care</b> <i>(Optional with Extended Health Care)</i>	\$150/24 months – 100% reimbursement		
<b>Dental Care</b> <i>(Optional by Group)</i>	<b>Plans A &amp; B</b> 80% or 100% Basic Services \$1,000 annual maximum	<b>Plans C &amp; D</b> 80% or 100% Basic Services 50% Major Restorative \$1,500 combined annual maximum	
	<b>All Plans:</b>	9-month recall Include Endodontics and Periodontics	

## Advantage Plus – Plan Design Summary

## 3 to 9 Employees

<b>Life and Accidental Death &amp; Dismemberment</b> <i>(Mandatory)</i>	Benefit:	\$25,000, \$50,000, \$75,000, \$100,000 1 or 2 x annual earnings	
	Non Evidence Maximum:	\$100,000 (3 to 4 employees) \$150,000 (5 to 9 employees)	
	Maximum:	\$400,000	
<b>Dependent Life Insurance</b> <i>(Mandatory)</i>		<b>Plan A</b>	<b>Plan B</b>
	Spouse:	\$5,000	\$10,000
	Each Child:	\$2,500	\$5,000
<b>Optional and Spousal Optional Life</b> <i>(Optional by Individual)</i>	Available in units of \$10,000 to a maximum of \$250,000		
<b>Optional Accidental Death &amp; Dismemberment</b> <i>(Optional by Individual)</i>	Available in units of \$25,000 to a maximum of \$250,000		
<b>TWO OF THE FOLLOWING BENEFITS MUST BE SELECTED (EXCEPT FOR CRITICAL ILLNESS):</b>			
<b>Weekly Indemnity</b> <i>(Optional by Group)</i>	66 2/3% of salary		
	Maximum Benefit:	\$600 or \$800/week	
	Commencement:	1st day accident/hospitalization 8th day illness	
	Duration:	17 weeks	
<b>Long Term Disability</b> <i>(Optional by Group)</i>	<b>Plan A</b>	<b>Plan B</b>	
	66 2/3% of salary	66 2/3% of the first \$2,500 of salary and 45% thereafter	
	Maximum Benefit:	\$3,000 or \$5,000/month	
	Non-evidence Maximum:	\$1,500 (3 to 4 employees) \$2,000 (5 to 9 employees)	
	Elimination Period:	17 weeks	
	Termination:	Age 65 2-year "own occupation" definition of disability	
<b>Critical Illness</b> <i>(Optional by Group)</i>	<b>Plan A</b>	<b>Plan B</b>	
	Flat \$10,000	Flat \$25,000	
	Maximum Benefit:	\$25,000	
	Non-evidence Maximum:	\$25,000	
	Termination:	Age 70	
<b>Extended Health Care</b> <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 with Pay Direct Drug Plan Private Duty Nursing – \$10,000/year Paramedical Practitioner Fees – \$500/practitioner/year Emergency Travel Assistance benefits Employee Assistance Plan		
<b>Vision Care</b> <i>(Optional with Extended Health Care)</i>	\$200/24 months – 100% reimbursement		
<b>Dental Care</b> <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. All plans include 6-month recall.		
	<b>Reimbursement</b>		<b>Maximum</b>
	Basic:	80% or 100%	Basic: \$1,500/year
	Major Restorative:	50%	Major: \$1,000/year
	Orthodontics:	50%	Orthodontics: \$2,000/lifetime