



# HENDRY MCKENZIE REYNOLDS

## EMPLOYEE BENEFITS LTD.

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### STANDARD PLAN DESIGNS - 5+ employees

**Each box can be "Mixed & Matched"  
To create your perfect benefits plan.**

BENEFITS	QUOTE 1	QUOTE 2	QUOTE 3
<b>Life and AD&amp;D</b>			
benefit formula	\$10,000	\$25,000	1x annual earnings
no evidence maximum	\$10,000	\$25,000	\$75,000
volume	\$100,000	\$250,000	\$220,000
rate per \$1000	\$0.29	\$0.29	\$0.29
monthly premium	<b>\$29.00</b>	<b>\$72.50</b>	<b>\$63.80</b>
<b>Dependent Life</b>			
benefit	not included	\$5,000/spouse, \$2,500/child from 15th day	\$5,000/spouse, \$2,500/child from birth
child coverage starts		5	5
volume		\$1.15	\$1.20
rate		<b>\$5.75</b>	<b>\$6.00</b>
monthly premium			
<b>Employee Critical Illness</b>			
benefit formula	not included	\$10,000	\$10,000
no evidence maximum		\$10,000	\$10,000
coverage		4 conditions	22 conditions
volume		\$100,000	\$100,000
rate per \$1000		\$0.28	\$0.38
monthly premium		<b>\$28.00</b>	<b>\$38.00</b>
<b>Long-Term Disability</b>			
benefit formula	66.67%	66.67%	66.67%
no evidence maximum	\$2,000	\$2,000	\$2,000
waiting period	120 days	120 days	120 days
benefit period	2 years	5 years	to age 65
definition of disability	2 years "own job", any occ thereafter	2 years "own job", any occ thereafter	2 years "own job", any occ thereafter
conversion option	included	included	included
volume	\$12,088	\$12,088	\$12,088
rate per \$100	\$0.42	\$0.55	\$0.88
monthly premium	<b>\$50.77</b>	<b>\$66.48</b>	<b>\$106.37</b>
<b>Healthcare</b>			
overall deductible	none	none	none
out-of-country	100%	100%	100%
overall coinsurance	80%	100%	100%
drug coinsurance	80%	80%	80%
drug reimbursement method	paper reimbursement	deferred drug card	full drug card
drug maximum	unlimited	unlimited	unlimited
paramed max	\$300	\$500	\$500
nursing max	\$5,000	\$5,000	\$5,000
Best Doctors	included	included	included
hospital room	semi-private	semi-private	semi-private
single volume	5	5	5
single rate	\$24.25	\$24.99	\$28.75
family volume	5	5	5
family rate	\$66.48	\$69.99	\$78.25
monthly premium	<b>\$453.65</b>	<b>\$474.90</b>	<b>\$535.00</b>
<b>Visioncare</b>			
coverage	not included	eye exams only	glasses & contacts
24 month maximum		yes	\$200
single volume		5	5
single rate		\$0.82	\$3.50
family volume		5	5
family rate		\$1.62	\$9.50
monthly premium		<b>\$12.20</b>	<b>\$65.00</b>
<b>Dentalcare</b>			
deductible	none	none	none
coinsurance	80% Basic, no Major	80% Basic, no Major	80% Basic, 50% Major
annual maximum	\$1,000	\$1,500	\$1,500 combined
accidental dental coinsurance	100%	100%	100%
recall	1 visit per 9 months	1 visit per 6 months	1 visit per 6 months
scaling units	10 (2.5 hours)	14 (3.5 hours)	14 (3.5 hours)
single volume	5	5	5
single rate	\$25.98	\$26.48	\$33.15
family volume	5	5	5
family rate	\$66.98	\$67.98	\$85.65
monthly premium	<b>\$464.80</b>	<b>\$472.30</b>	<b>\$594.00</b>
<b>Single Rate</b>	<b>\$66.18</b>	<b>\$85.69</b>	<b>\$107.03</b>
<b>Family Rate</b>	<b>\$149.41</b>	<b>\$174.14</b>	<b>\$216.23</b>

Other options are available, the options above are shown as suggested starting points.

We can further customize your benefits plan to perfectly match your needs and budget.

\* Premiums are based on an average group. Every group is different, please request a quote for guaranteed rates.