

NORTHERN FINANCIAL GROUP - OLYMPIC BENEFITS PLAN COVERAGE

BENEFIT SUMMARY	GOLD PLAN	SILVER PLAN	BRONZE PLAN
LIFE INSURANCE <u>and</u> ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)			
Coverage	\$30,000 FLAT	✓	✓
Reduction	reduces to \$15,000 at age 70	✓	✓
Termination	Age 75 or prior retirement	✓	✓
EXTENDED HEALTH CARE			
ANNUAL DEDUCTIBLE	none	✓	✓
SURVIVOR BENEFITS	24 months	✓	✓
TERMINATION	Age 75 or prior retirement	✓	✓
<u>DRUGS:</u>			
Coinsurance	100%	✓	80%
Maximum Benefit	unlimited	✓	✓
Prescription Deductible	none	Equal to dispensing fee	✓
Dispensing Fee	Reasonable & Customary by Province	Employee pays the full cost	✓
Drug Card	Generic card included	✓	✓
<u>OUT OF COUNTRY:</u>			
Coinsurance	100%	✓	✓
Lifetime Emergency Maximum	\$5,000,000 combined	✓	✓
Travel Limitation	60 continuous days	✓	✓
<u>HOSPITAL:</u>			
Coinsurance	100%	✓	100% coinsurance to a <u>combined</u> overall max. of \$500 health spending account per family/certificate for all of the following
Room Type - Semi-Private Hospital Room	100%	✓	
<u>EYE EXAMS:</u>			
Coinsurance	100%	✓	100% **
• Adults Over 18	\$75 every 24 months	✓	* included as per above
• Children Under 18	\$75 every 12 months	✓	
January 1, 2016			
E. & O. E.			

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<u>PROFESSIONAL SERVICES:</u>			
Coinsurance	100%	80%	100% **
Maximum per Certificate per Benefit Period	\$1,000 all practitioners combined	\$500 all practitioners combined	<i>* included as per above</i>
<u>Practitioners:</u>			
• Acupuncturist	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
• Chiropractor	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
• Naturopath	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
• Occupational Therapist	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
• Osteopath	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
• Masseur	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
• Physiotherapist	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
• Podiatrist and/or Chiropodist	combined maximum	✓	<i>* included as per above</i>
• Psychologist and/or Social Worker	combined maximum	✓	<i>* included as per above</i>
• Speech Therapist	<input checked="" type="checkbox"/>	✓	<i>* included as per above</i>
<u>MEDICAL SERVICES & SUPPLIES:</u>			
Coinsurance	100%	80%	100% **
			<i>* included as per above</i>
Private Duty Nursing	\$10,000 per benefit period	✓	\$10,000 per benefit period
Hearing Aids	\$500 every 5 years	✓	<i>* included as per above</i>
Apnea Machine (CPAP)	\$2,000 every 5 years	✓	<i>* included as per above</i>
Blood Pressure Monitor	\$100 lifetime	✓	<i>* included as per above</i>
Foot Orthotic Inserts	\$200 per benefit period	✓	<i>* included as per above</i>
Diabetic Monitor	\$1,000 lifetime	✓	<i>* included as per above</i>
Orthopaedic Shoes	\$200 per benefit period	✓	<i>* included as per above</i>
Surgical Brassieres	Twice per benefit period	✓	<i>* included as per above</i>
Elastic Support Stockings / Compression Hose	\$100 per benefit period	✓	<i>* included as per above</i>
Wigs for Cancer Patients	\$500 lifetime	✓	<i>* included as per above</i>
<i>(see booklet for complete coverage)</i>			
January 1, 2016			
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DENTAL			
ANNUAL DEDUCTIBLE	none	✓	✓
SURVIVOR BENEFITS	24 months	✓	✓
TERMINATION	Age 75 or prior retirement	✓	✓
Coinsurance Basic Restorative Services	100%	90%	80%
Coinsurance Basic Periodontic - Endodontic Services	100%	90%	80%
Maximum Benefit per Person per Year	\$1,500	\$1,000	\$500
Periodontal Scaling	8 units	✓	6 units
Oral Examination Recall	5 month recall	9 month recall	✓
Fee Guide	Current Year	✓	✓
January 1, 2016			
<u>E. & O. E.</u>			
* SPECIAL NOTE: For health and dental claims the benefit period runs from the effective date of policy for 12 months.			

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"OPTIONAL" OLYMPIC BENEFITS PLAN COVERAGE ADD-ONS			
DEPENDENT TERM LIFE INSURANCE			
Spouse	\$10,000	✓	✓
Child	\$5,000	✓	✓
LONG-TERM DISABILITY			
Percentage of Monthly Earnings	66.67% of monthly earnings	✓	✓
Maximum Benefit Per Month	\$8,000	✓	✓
Non-Evidence Limit	Determined by number of insured lives	✓	✓
Qualifying Period / Elimination Period	Sickness & Accident = 119 days	✓	✓
Survivor Benefit	3 months	✓	✓
Maximum Benefit Period <i>(less elimination period)</i>	To age 65	✓	✓
Definition	2 Years Own Occupation	✓	✓
Tax Status	Non-Taxable if paid by employee	✓	✓
DRUG BENEFIT			
Change from "unlimited" to \$1,500 per insured	15% savings on EHB rates	✓	✓
VISION CARE (Glasses, Contact Lenses, Laser Eye Surgery)			
Coinsurance	100%	✓	✓
• Adults Over 18	\$250 every 24 months	✓	✓
• Children Under 18	\$250 every 12 months	✓	✓
ASSIST NOW HEALTH BENEFIT (EMPLOYEE ASSISTANCE PROGRAM)			
Helps employees & their dependents with assistance in crisis, short-term counselling and consultation as a wellness service.			
VITAL ASSIST HEALTH BENEFIT (SIMPLIFIED CRITICAL ILLNESS COVERAGE)			
Helps employees cope with the sudden onset of Critical Illness.			
DENTAL			
Coinsurance Major Restorative Services	50%	✓	n/a
Maximum Benefit per Person per Year	\$1,500	✓	n/a
January 1, 2016			
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