



Flex Plan Details

PHARMACARE PROVINCES MONTHLY COST		
BRONZE	SILVER	GOLD
Single: \$69.76	Single: \$105.06	Single: \$127.56
Couple: \$129.66	Couple: \$204.66	Couple: \$252.47
Family: \$162.84	Family: \$259.92	Family: \$321.79

NON-PHARMACARE PROVINCES MONTHLY COST		
BRONZE	SILVER	GOLD
Single: \$75.60	Single: \$114.04	Single: \$138.65
Couple: \$142.22	Couple: \$223.99	Couple: \$276.36
Family: \$178.84	Family: \$284.53	Family: \$352.24

OVERALL PROGRAM DETAILS	
Premiums	✓ 100% member paid
Flex selection	✓ Choice of either Bronze, Silver or Gold ✓ Selection applies to all benefits
Coverage End Date	✓ Age 70 for Basic Life and Basic ADD ✓ Age 75 for Health & Dental ✓ Or when membership terminates
Coverage Maximums	✓ Per insured person/family member, unless otherwise noted
Benefit Year	✓ January 1 st to December 31 st each year, unless otherwise noted
Optional Benefits	✓ Employee and Family Assistance Program through Homewood Health @ \$2.95/member (includes family)

BASIC LIFE & BASIC ACCIDENTAL DEATH & DISMEMBERMENT	
Basic Life	✓ \$10,000 for members ✓ Reduces by 50% at age 65
Basic ADD	✓ Equal to Basic Life

MEDICAL SERVICES AND SUPPLIES	
	✓ 100% coverage
Private Duty Nursing	✓ \$10,000 per year
Hearing Aids	✓ \$750 every 3 years
Orthotics/Orthopaedic Shoes	✓ \$350 per year combined
Surgical Stockings	✓ \$250 per year
Glucometer	✓ \$175 every 48 months
TENS Machine	✓ \$500 per lifetime
Wigs	✓ \$200 per lifetime
Wheelchairs	✓ \$1,000 per lifetime
Diagnostic Lab Tests	✓ \$500 per year
Convalescent Home Services	✓ \$40 per day up to 180 days per disability
Brassieres	✓ 2 per year
Stump Socks	✓ 6 pairs per year
Additional Items	✓ Included

EMERGENCY TRAVEL MEDICAL (OUT OF COUNTRY)	
	✓ 100% coverage
Up to age 70:	✓ \$5,000,000 per lifetime maximum ✓ 90-days per trip
Ages 70+:	✓ \$1,000,000 per lifetime maximum ✓ 60-days per trip

HOSPITAL	
	✓ 100% coverage ✓ Semi-private room
Ambulance	✓ Land & air

VISION		
BRONZE	SILVER	GOLD
<ul style="list-style-type: none"> ✓ 50% coverage ✓ Eye exams covered reasonable & customary every 24 months ✓ Eyeglasses, contact lenses & laser eye surgery not included 	<ul style="list-style-type: none"> ✓ 80% coverage ✓ Eye exams covered reasonable & customary every 24 months ✓ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$250 every 24 months 	<ul style="list-style-type: none"> ✓ 100% coverage ✓ Eye exams covered reasonable & customary every 24 months ✓ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$350 every 24 months

Flex Plan Details



DRUG PLAN

BRONZE

- ✓ Pay direct drug card
- ✓ Mandatory Generic
- ✓ 60% coverage at PocketPills pharmacy
- ✓ 50% coverage at all other pharmacies
- ✓ \$2,500 per year maximum

- ✓ Fertility drugs are not included

- ✓ Smoking cessation is not included

- ✓ Vaccines are not included
- ✓ Diabetic supplies included
- ✓ Dispensing fee cap of \$7 per prescription

SILVER

- ✓ Pay direct drug card
- ✓ Mandatory Generic
- ✓ **90% coverage at PocketPills pharmacy**
- ✓ **75% coverage at all other pharmacies**
- ✓ **\$5,000 per year maximum**
- ✓ **Fertility drugs covered up to a maximum of \$2,400 per family per lifetime**

- ✓ Smoking cessation is not included

- ✓ **Vaccines included**
- ✓ Diabetic supplies included
- ✓ Dispensing fee cap of \$7 per prescription

GOLD

- ✓ Pay direct drug card
- ✓ Mandatory Generic
- ✓ **100% coverage at all pharmacies**
- ✓ **\$7,500 per year maximum**
- ✓ Fertility drugs covered up to a maximum of \$2,400 per family per lifetime
- ✓ **Smoking cessation covered up to a maximum of \$300 per lifetime**

- ✓ Vaccines included
- ✓ Diabetic supplies included
- ✓ Dispensing fee cap of \$7 per prescription

PARAMEDICAL

BRONZE

- ✓ 50% coverage
- ✓ \$300 per practitioner per year
- ✓ \$500 combined maximum per year for all practitioners

SILVER

- ✓ **90% coverage**
- ✓ **\$500 per practitioner per year**
- ✓ **No combined maximum**

GOLD

- ✓ **100% coverage**
- ✓ **\$600 per practitioner per year**
- ✓ No combined maximum

Included Practitioners: Psychologist/Social Worker/Clinical Counsellor, Massage Therapist, Speech Therapist, Physiotherapist, Naturopath, Acupuncturist, Audiologist, Osteopath, Chiropractor, Podiatrist/Chiropodist

DENTAL SERVICES

BRONZE

- ✓ 60% coverage for Basic services
- ✓ Major services not included
- ✓ \$1,000 per year maximum
- ✓ 12-month recall
- ✓ 4 scaling units per year

SILVER

- ✓ **80% coverage for Basic services**
- ✓ **50% coverage for Major services**
- ✓ **\$1,500 combined maximum per year for Basic & Major services**
- ✓ **9-month recall**
- ✓ **8 scaling units per year**

GOLD

- ✓ **100% coverage for Basic services**
- ✓ 50% coverage for Major services
- ✓ **\$2,500 combined maximum per year for Basic & Major services**
- ✓ **6-month recall**
- ✓ 8 scaling units per year

How do I enroll?

Contact PGB with your:
Full Name, Date of Birth, Province & Email

PGB will send you a personalized enrollment via email. Once the enrollment is completed, you will have access to the program! As easy as 1-2-3!

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