



Flex Plan Details

PHARMACARE PROVINCES (BC, MB & SK only)		
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

*Tax applies to Ontario (8%) and Manitoba (7%)

OVERALL PROGRAM DETAILS	
Insurance Carrier	✓ Equitable Life
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
Waiting period	✓ None
Deductible	✓ None
Reasonable & Customary	✓ Applies to all health services
General Provincial Fee Guide	✓ Applies to all dental services

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
Other Medical	✓ View full benefits booklet

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
✓ 50% coverage	✓ 80% coverage	✓ 100% coverage
✓ Eye exams covered reasonable & customary every 24 months	✓ Eye exams covered reasonable & customary every 24 months	✓ Eye exams covered reasonable & customary every 24 months
✓ Eyeglasses, contact lenses & laser eye surgery not included	✓ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$250 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 (no referrals required)

DENTAL SERVICES

BRONZE

- ✓ 60% coverage for Basic services (cleanings, fillings, extractions, root canals, etc.)
- ✓ Major services not included
- ✓ \$1,000 per year maximum
- ✓ 12-month recall
- ✓ 4 scaling units per year

SILVER

- ✓ **80% coverage for Basic services** (cleanings, fillings, extractions, root canals, etc.)
- ✓ **50% coverage for Major services** (crowns, bridges & dentures only)
- ✓ **\$1,500 combined maximum per year for Basic & Major services**
- ✓ **9-month recall**
- ✓ **8 scaling units per year**

GOLD

- ✓ **100% coverage for Basic services** (cleanings, fillings, extractions, root canals, etc.)
- ✓ 50% coverage for Major services (crowns, bridges & dentures only)
- ✓ **\$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!

Ashlee Leung, Account Manager

☎ 587.880.6239

✉ ashlee@perlingergroup.com

Brianne Cordick, Administrator & Service

☎ 587.880.6238

✉ brianne@perlingergroup.com