



Canadian Massage Association
Therapist Association Association Canadienne
de Massothérapeutes

Member FAQ's

Do I have to be a registered member with the CMTA to access the program?

Yes, you have to be a registered member with the Canadian Massage Therapy Association through one of the provincial associations.

How do I sign up for a CMTA membership?

Please reach out to your provincial association. If you do not know who to contact, please let us know and we will be happy to assist.

What provinces are Pharmacare?

British Columbia, Saskatchewan & Manitoba only.

Is there tax added to the premiums?

The only provinces with tax added onto the premiums are Ontario (8%) and Manitoba (7%).

What is a Couple and what is a Family, shown under the total monthly premiums?

A Couple would be yourself (as the member) and 1 dependent (spouse or child). A Family would be yourself (as the member) and 2 or more dependents (spouse & children).

How are the monthly premiums paid?

Via pre-authorized withdrawal. Banking details will be entered on enrollment. Bills are produced on the last day of the month for the following month, and premiums are withdrawn on the 10th of each month.

Do the monthly premiums increase each year?

Rates are guaranteed until April 1st, each year. Group benefit plans are renewed each year based on the total premium collected by the insurance company, compared to the total claims paid out over the past 12 months. Each year in March, members will be notified of the new plan rates for the upcoming year, which will be effective April 1st each year.

Is there a yearly deductible for the Health or Dental plan?

No, there is no deductible for any of the plan selections.

Is there a waiting period?

No, full benefits are available to you and your dependents upon your plan effective date.

Do I or any of my dependents need to provide a medical questionnaire?

No, the plan does not require any medical evidence. All members and their dependents will have full coverage upon the effective date regardless of any pre-existing conditions (limits to travel coverage may apply, check Equitable Life Benefits Booklet for more information).

Does the plan direct bill?

Yes, through Telus. You can find a list of registered providers here: [eClaims - Need a healthcare provider? | TELUS Health](#). If your provider does not direct bill, you will be required to pay for the claim in full and submit this through Equitable Life for reimbursement. Reimbursement of these claims can take between 2-5 business days.

If my drug does not have a generic equivalent, will the brand name be covered?

Yes, if your drug is eligible under the drug program and does not have a generic equivalent, it will be covered at the listed co-insurance.

What is Basic Dental vs. Major Dental?

Major Dental services include crowns, bridges or dentures. Basic Dental is all other services such as exams, cleanings, scaling, fillings, extractions, root canals, etc. For a full listing of eligible items please refer to the Equitable Life Benefits Booklet.

Are Orthodontics included?

Unfortunately, Orthodontics are not included under any of the plan selections.

Where can I see a full list of coverages?

Please refer to the Equitable Life Benefits Booklet or visit your Equitable Life plan member site.

When can I enroll?

There is an open enrollment each year from March 1st to April 1st, with an April 1st effective date. If an enrollment inquiry is received after that date, members will not be able to register for the program until April 1st of the following year and each year thereafter. For new members, you can enroll within 31 days of your eligibility date or at open enrollment.

How do I enroll?

Provide your full name, date of birth and email to Perlinger Group Benefits. They will send an electronic enrollment directly to your email from Effortless Admin with a link to complete your benefits enrollment.

What happens once I complete my enrollment?

You will receive a “Welcome Email” from Effortless Admin that provides access to your account. Plan members will receive access to Effortless Admin to make any personal updates to their plan (such as adding a child, updating address or banking information, etc.). Any of these changes can also be done through Perlinger Group Benefits.

Who is Effortless Admin?

Effortless Admin is the administration platform used for the program.

Who is Equitable Life?

Equitable Life is the insurance carrier. You will submit & view claims through Equitable Life and if you have any claim questions, these would be directed to Equitable Life or Perlinger Group Benefits.

Can I switch plans?

Every 2 years there is a reselection period where you may switch from any plan (Bronze, Silver, Silver Plus or Gold) to another plan, with the next reselection being April 1st, 2026. Or you may change plans in the event of a life event change such as birth of a child, marriage, separation, or loss of spousal coverage (within 31 days of change).

Do I have to add my dependents to the plan, or can I sign on as Single and change to Family at a later date?

If you have a family member (spouse or child), you can only waive coverage for those dependents if they have coverage elsewhere. If you do not add your dependents upon the plan effective date, and want to add them at a later date, they will be considered late applicants and will then have to complete medical evidence before being allowed onto the program.

What happens when I retire?

The plan will terminate; however, Equitable Life offers individual plans (Coverage2go) as an option for retired employees.

Can I terminate the plan at any time?

Yes, however, if you want to come back on the plan at a later date you will have to wait a minimum of 1 year until the next open enrollment.

Still have questions?

Please reach out to PGB:

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