

Flex Plan Details



PHARMACARE PROVINCES (BC, MB & SK only)			
MONTHLY COST			
BRONZE	SILVER	SILVER PLUS	GOLD
Single: \$109.04	Single: \$163.52	Single: \$185.77	Single: \$208.23
Couple: \$213.27	Couple: \$329.06	Couple: \$375.31	Couple: \$423.30
Family: \$270.89	Family: \$420.68	Family: \$480.58	Family: \$542.66

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

*Rates effective until April 1st, 2025

OVERALL PROGRAM DETAILS

Insurance Carrier	✓ Equitable Life
Premiums	✓ 100% member paid
Flex Selection	✓ Choice of either Bronze, Silver, Silver Plus or Gold ✓ Selection applies to all benefits
Coverage End Date	✓ Members can re-select their plan on April 1 st , 2026, and every 2 years thereafter ✓ Age 70 for Basic Life and Basic ADD or when membership terminates ✓ 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

EMERGENCY TRAVEL MEDICAL (OUT OF COUNTRY)

Up to age 70:	✓ 100% coverage ✓ \$5,000,000 per lifetime maximum ✓ 90-days per trip
Ages 70+:	✓ \$1,000,000 per lifetime maximum ✓ 60-days per trip

Flex Plan Details



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

MEDICAL SERVICES AND SUPPLIES			
BRONZE	SILVER	SILVER PLUS	GOLD
✓ 80% coverage	✓ 80% coverage	✓ 80% coverage	✓ 90% coverage
MEDICAL SERVICES AND SUPPLIES (*APPLIES TO ALL OPTIONS)			
*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		

VISION			
BRONZE	SILVER	SILVER PLUS	GOLD
✓ 50% coverage	✓ 70% coverage	✓ 80% coverage	✓ 90% 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	✓ 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 \$100 every 24 months	✓ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$175 every 24 months	✓ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$200 every 24 months

Flex Plan Details



DRUG PLAN

BRONZE

- ✓ Pay direct drug card
- ✓ Mandatory Generic
- ✓ 60% coverage at Costco 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
- ✓ **80% coverage at Costco pharmacy**
- ✓ **65% 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 PLUS

- ✓ Pay direct drug card
- ✓ Mandatory Generic
- ✓ **90% coverage at Costco 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 Costco pharmacy**
- ✓ **90% coverage at all other 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
- ✓ \$250 per practitioner per year
- ✓ \$400 combined maximum per year for all practitioners

SILVER

- ✓ **70% coverage**
- ✓ **\$350 per practitioner per year (except \$250 per year for Massage Therapy)**
- ✓ **\$500 combined maximum per year for all practitioners**
- ✓ **\$350 per year for Psychologist/Social Worker/Clinical Counsellor (not included in combined maximum)**

SILVER PLUS

- ✓ **80% coverage**
- ✓ **\$400 per practitioner per year (except \$250 per year for Massage Therapy)**
- ✓ **\$600 combined maximum per year for all practitioners**
- ✓ **\$400 per year for Psychologist/Social Worker/Clinical Counsellor (not included in combined maximum)**

GOLD

- ✓ **90% coverage**
- ✓ **\$400 per practitioner per year**
- ✓ **\$800 combined maximum per year for all practitioners**
- ✓ **\$500 per year for Psychologist/Social Worker/Clinical Counsellor (not included in combined maximum)**

Included Practitioners: Psychologist/Social Worker/Clinical Counsellor, Massage Therapist, Speech Therapist, Physiotherapist, Naturopath, Acupuncturist, Audiologist, Osteopath, Chiropractor, Podiatrist/Chiropodist (no referrals required)

Flex Plan Details



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

- ✓ 70% coverage for Basic services (cleanings, fillings, extractions, root canals, etc.)
- ✓ 50% coverage for Major services (crowns, bridges & dentures only)
- ✓ \$1,000 combined maximum per year for Basic & Major services
- ✓ 12-month recall
- ✓ 8 scaling units per year

SILVER PLUS

- ✓ 80% coverage for Basic services (cleanings, fillings, extractions, root canals, etc.)
- ✓ 50% coverage for Major services (crowns, bridges & dentures only)
- ✓ \$1,250 combined maximum per year for Basic & Major services
- ✓ 12-month recall
- ✓ 8 scaling units per year

GOLD

- ✓ 90% 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
- ✓ 12-month recall
- ✓ 8 scaling units per year

How do I enroll?

Contact PGB with your:

Full Name

Date of Birth

Province

Email

Effective Date

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!

For enrollments, please reach out to:

Brianne Cordick, Administrator & Service

☎ 587.880.6238

✉ brianne@perlingergroup.com

I have more questions, who do I contact?

Terri-Lynn Gresty, Advisor

☎ 306.500.1809

✉ tlgresty@perlingergroup.com

Joe Perlinger, Advisor

☎ 403.560.2355

✉ joe@perlingergroup.com