

Flex Plan Details



NON-PHARMACARE PROVINCES MONTHLY COST			
BRONZE	SILVER	SILVER PLUS	GOLD
Single: \$136.47	Single: \$205.31	Single: \$232.71	Single: \$262.69
Couple: \$275.15	Couple: \$418.78	Couple: \$475.91	Couple: \$538.96
Family: \$346.26	Family: \$535.52	Family: \$609.30	Family: \$690.66

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

*Rates effective until January 1st, 2026

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 January 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
Voluntary Critical Illness	✓ Available through Allstate Insurance

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

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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?

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Joe Perlinger, Advisor

☎ 403.560.2355

✉ joe@perlingergroup.com