

Flex Plan Details



PHARMACARE PROVINCES (BC, MB & SK only) MONTHLY COST			
BRONZE	SILVER	SILVER PLUS	GOLD
Single: \$128.88	Single: \$193.06	Single: \$218.77	Single: \$246.20
Couple: \$255.23	Couple: \$391.90	Couple: \$445.19	Couple: \$503.96
Family: \$324.29	Family: \$500.72	Family: \$569.56	Family: \$645.46

NON-PHARMACARE PROVINCES MONTHLY COST			
BRONZE	SILVER	SILVER PLUS	GOLD
Single: \$147.04	Single: \$220.61	Single: \$249.59	Single: \$282.28
Couple: \$296.79	Couple: \$451.11	Couple: \$511.46	Couple: \$580.19
Family: \$374.12	Family: \$576.41	Family: \$654.26	Family: \$742.86

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

*Rates effective until January 1st, 2027

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 , 2028, 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

Flex Plan Details



HOSPITAL

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

MEDICAL SERVICES AND SUPPLIES

BRONZE

✓ 80% coverage

SILVER

✓ 80% coverage

SILVER PLUS

✓ 80% coverage

GOLD

✓ 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

- ✓ 50% coverage
- ✓ Eye exams covered reasonable & customary every 24 months
- ✓ Eyeglasses, contact lenses & laser eye surgery not included

SILVER

- ✓ 70% coverage
- ✓ Eye exams covered reasonable & customary every 24 months
- ✓ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$100 every 24 months

SILVER PLUS

- ✓ 80% coverage
- ✓ Eye exams covered reasonable & customary every 24 months
- ✓ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$175 every 24 months

GOLD

- ✓ 90% coverage
- ✓ Eye exams covered reasonable & customary 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