

# 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

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

\*Rates effective until January 1<sup>st</sup>, 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
	✓ Members can re-select their plan on January 1 <sup>st</sup> , 2028, and every 2 years thereafter
Coverage End Date	✓ 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 <sup>st</sup> to December 31 <sup>st</sup> 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)

	✓ 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

# Flex Plan Details



## HOSPITAL

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

Ambulance

## 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](mailto:brianne@perlingergroup.com)

I have more questions, who do I contact?

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