

# Pooled Programs

Information Package



# **Better Benefits**

## ClearBenefits.ca is a web-based Group Benefits Provider Exclusive pooled programs for groups of 3—20+

- Essentials Program Most Affordable (5 options)
- Lifestyle Program Enhanced Coverage (5 options)



# Better Approach

Our pooled programs balance premium coverage with stable rates, effectively eliminating the volatility common to most benefits plans for groups of 3 - 20+.

We use a "true insurance" approach towards benefits with a spread of risk across many clients, effectively transferring risk to the pool, delivering what clients expect a benefits plan should be.

### **Better Solutions**

### Pooled Programs:

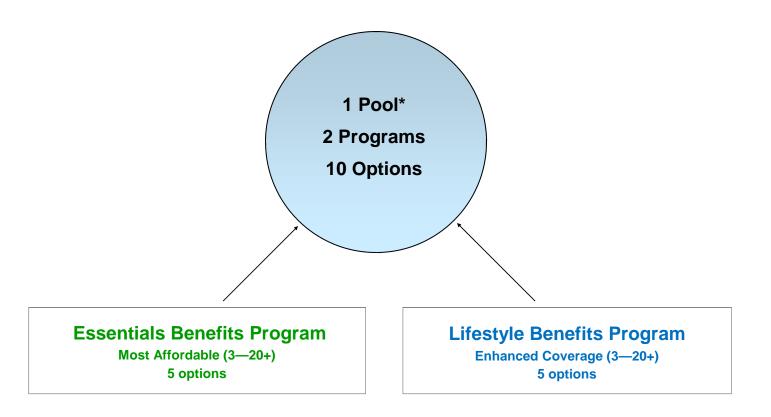
- Instant Underwriting
- Instant Quotes delivered online & by email
- Smart Phone App
- Pay Direct Drug & Dental Card
- claimsXchange® provider portal allows providers to electronically submit claims on behalf of their patients
- Direct Deposit of other claims
- On-line administrator and employee sites
- On-line employee booklets
- On-line forms

As a web-based Group Benefits provider we offer quality, sustainable benefits plans, with options for almost any budget.

\*Pooled Group Benefits Programs underwritten by Co-operators Life Insurance Company







- ClearBenefits.ca takes the guesswork out of benefits through the spread of risk across many clients.
- No medical questions required\*
   \*(unless applying for Life Insurance or Disability coverage that is in addition to any guaranteed non-evidence maximums)
- For groups with more than 50% family content, we are pleased to offer Essentials Options 2, 4 & 5

\*Pooled Group Benefits Programs underwritten by Co-operators Life Insurance Company

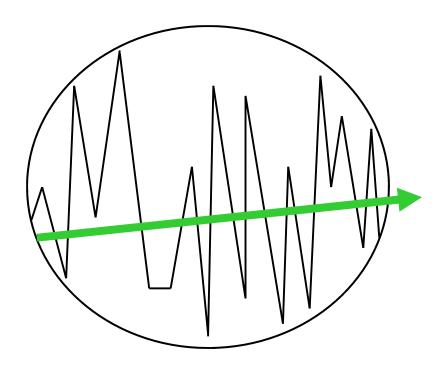


# Clear Stability

Our Pooled Approach

In order to create stability for all participants of our programs, our pooled approach blends the factors that normally create rate volatility for traditional group plans:

- Initial pricing
- Claims
- Average age
- # of staff
- Gender mix
- Inflation trend



While the factors affecting the rates for individual groups can vary significantly from year to year, our pooled programs have a proven history of delivering rate stability for all clients making our plans easier to budget for.

### **Combined average annual rate adjustment:**

6.53% - 15 year average to June 2022





| groups of 3—   |                       |                       |                       |                       |                       |  |  |  |  |  |  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|--|--|--|--|
| Basic Life Insurance & AD&D  | Option 1              | Option 2              | Option 3              | Option 4              | Option 5              |  |  |  |  |  |  |
| Employee Life Insurance (each benefit)   | \$25,000              | \$25,000              | \$25,000              | \$25,000 \$25,000     |                       |  |  |  |  |  |  |
| Accidental Death & Dismemberment   | \$25,000              | \$25,000              | \$25,000              | \$25,000              | \$25,000              |  |  |  |  |  |  |
| Dependent / Child  | \$10,000 /<br>\$5,000 |  |  |  |  |  |  |
| Optional Life Insurance / Optional AD&D  |                       |                       |                       |                       |                       |  |  |  |  |  |  |
| Available in units of \$10,000 (\$500,000 maximum)                                       | Optional              | Optional              | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Available to employee and /or spouse   | Optional              | Optional              | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Extended Healthcare  |                       |                       |                       |                       |                       |  |  |  |  |  |  |
| Overall Maximum  | Unlimited             | Unlimited             | Unlimited             | Unlimited             | Unlimited             |  |  |  |  |  |  |
| Out-Of-Country Emergency \$5,000,000 / 90 days per trip                                  | 100%                  | 100%                  | 100%                  | 100%                  | 100%                  |  |  |  |  |  |  |
| Semi-Private Hospital Room / Air & Ground Ambulance                                      | 100% /100%            | 100% 100%             | 100%/90%              | 100%/90%              | 100%/80%              |  |  |  |  |  |  |
| Drug Expenses - Pay Direct Drug Card included on all options<br>Generic / Brand coverage | 100% / 80%            | 100% / 80%            | 90% / 70%             | 90% / 70%             | 80% / 60%             |  |  |  |  |  |  |
| Drug Expense Annual Limit — per eligible family member                                   | \$5,000               | \$5,000               | \$2,000               | \$2,000               | \$1,000               |  |  |  |  |  |  |
| All Other Covered Expenses   | 100%                  | 100%                  | 90%                   | 90%                   | 80%                   |  |  |  |  |  |  |
| Paramedical Practitioners - per category, per eligible family member, per yr.            | \$500                 | \$500                 | \$350                 | \$350                 | \$300                 |  |  |  |  |  |  |
| Vision: eye exams once every 24 months   | R&C                   | R&C                   | R&C                   | R&C                   | R&C                   |  |  |  |  |  |  |
| Lens, Frames, Contacts per 24 months   | \$300                 | \$300                 | \$250                 | \$250                 | \$200                 |  |  |  |  |  |  |
| Dental   |                       |                       |                       |                       |                       |  |  |  |  |  |  |
| Annual Dental Maximum (per family member)  | \$1,500               | \$1,500               | \$1,000               | \$750                 |                       |  |  |  |  |  |  |
| Recall Exams   | 1 / 6 months          |  |  |  |  |  |  |
| Annual Deductible (single / family)  | \$0                   | \$0                   | \$0                   | \$0                   | \$0                   |  |  |  |  |  |  |
| Basic: (Routine Coverage)  |                       |                       |                       |                       |                       |  |  |  |  |  |  |
| Cleanings  | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| X-Rays   | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Scaling  | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Root Canals  | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Oral Surgery   | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Fluoride   | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Gum Disease Treatment  | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Denture Maintenance  | 80%                   | 80%                   | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Major Restorative  | •                     |                       |                       |                       |                       |  |  |  |  |  |  |
| Crowns   | 50%                   | 50%                   | n/a                   | n/a                   | n/a                   |  |  |  |  |  |  |
| On-lays  | 50%                   | 50%                   | n/a                   | n/a                   | n/a                   |  |  |  |  |  |  |
| Bridges  | 50%                   | 50%                   | n/a                   | n/a                   | n/a                   |  |  |  |  |  |  |
| Dentures   | 50%                   | 50%                   | n/a                   | n/a                   | n/a                   |  |  |  |  |  |  |
| Long Term Disability   | •                     |                       |                       |                       |                       |  |  |  |  |  |  |
| % of eligible monthly earnings   | 66.7%                 | n/a                   | 66.7%                 | n/a                   | n/a                   |  |  |  |  |  |  |
| Maximum monthly benefit  | \$6,000               | n/a                   | \$6,000               | n/a                   | n/a                   |  |  |  |  |  |  |
| Benefit period   | 5 Years               | n/a                   | 5 Years               | n/a                   | n/a                   |  |  |  |  |  |  |
| Virtual Healthcare   | Included              | Included              | Included              | Included              | Included              |  |  |  |  |  |  |
| Employee Assistance Program — by Morneau Shepell   | Optional              | Optional              | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Second Opinion Consult — by WorldCare  | Optional              | Optional              | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Short Term Disability (66.7% 1/8/16 Benefit Period)                                      | Optional              | Optional              | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Critical Illness   | Optional              | Optional              | Optional              | Optional              | Optional              |  |  |  |  |  |  |
|  |                       |                       |                       |                       |                       |  |  |  |  |  |  |

| Elicotyle Delicition 1 Togram emanced coverage groups of 3—                              |                       |                           |                       |                       |                       |  |  |  |  |  |  |
|--|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|--|--|--|--|--|--|
| Basic Life Insurance & AD&D  | Option 1              | Option 2                  | Option 3              | Option 4              | Option 5              |  |  |  |  |  |  |
| Employee Life Insurance (each benefit)   | \$50,000              | \$50,000                  | \$50,000              | \$50,000              | \$50,000              |  |  |  |  |  |  |
| Accidental Death & Dismemberment   | \$50,000              |                           |                       |                       | \$50,000              |  |  |  |  |  |  |
| Dependent / Child  | \$15,000 /<br>\$7,500 | \$15,000 /<br>\$7,500     | \$15,000 /<br>\$7,500 | \$15,000 /<br>\$7,500 | \$15,000 /<br>\$7,500 |  |  |  |  |  |  |
| Optional Life Insurance / Optional AD&D  |                       |                           |                       |                       |                       |  |  |  |  |  |  |
| Available in units of \$10,000 (\$500,000 maximum)                                       | Optional              | Optional                  | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Available to employee and /or spouse   | Optional              | Optional                  | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Extended Healthcare  |                       |                           |                       |                       |                       |  |  |  |  |  |  |
| Overall Maximum  | Unlimited             | Unlimited                 | Unlimited             | Unlimited             | Unlimited             |  |  |  |  |  |  |
| Out-Of-Country Emergency \$5,000,000 / 90 days per trip                                  | 100%                  | 100%                      | 100%                  | 100%                  | 100%                  |  |  |  |  |  |  |
| Semi-Private Hospital Room / Air & Ground Ambulance                                      | 100%/100%             | 100%/100                  | 100%/90%              | 100%/90%              | 100%/80%              |  |  |  |  |  |  |
| Drug Expenses - Pay Direct Drug Card included on all options<br>Generic / Brand coverage | 100% / 80%            | 100% / 80%                | 90% / 70%             | 90% / 70%             | 80% / 60%             |  |  |  |  |  |  |
| Drug Expense Annual Limit — per eligible family member                                   | \$25,000              | \$25,000                  | \$10,000              | \$10,000              | \$7,500               |  |  |  |  |  |  |
| All Other Covered Expenses   | 100%                  | 100%                      | 90%                   | 90%                   | 80%                   |  |  |  |  |  |  |
| Paramedical Practitioners - per category, per eligible family member, per yr.            | \$750                 | \$750                     | \$500                 | \$500                 | \$350                 |  |  |  |  |  |  |
| Vision: eye exams once every 12 months   | R&C                   | R&C                       | R&C                   | R&C                   | R&C                   |  |  |  |  |  |  |
| Lens, Frames, Contacts per12 months  | \$350                 | \$350                     | \$300                 | \$300                 | \$250                 |  |  |  |  |  |  |
| Dental   |                       |                           |                       |                       |                       |  |  |  |  |  |  |
| Annual Dental Maximum (per family member)  | \$3,000               | \$3,000                   | \$2,000               | \$2,000               | \$1,500               |  |  |  |  |  |  |
| Recall Exams   | 1 / 6 months          | 6 months 1/6 months 1/6 m |                       | 1 / 6 months          | 1 / 6 months          |  |  |  |  |  |  |
| Annual Deductible (single / family)  | \$0                   | \$0                       | \$0                   | \$0                   | \$0                   |  |  |  |  |  |  |
| Basic: (Routine Coverage)  |                       |                           |                       |                       |                       |  |  |  |  |  |  |
| Cleanings  | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| X-Rays   | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Scaling  | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Root Canals  | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Oral Surgery   | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Fluoride   | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Gum Disease Treatment  | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Denture Maintenance  | 80%                   | 80%                       | 80%                   | 80%                   | 80%                   |  |  |  |  |  |  |
| Major Restorative  |                       |                           |                       |                       |                       |  |  |  |  |  |  |
| Crowns   | 60%                   | 60%                       | 50%                   | 50%                   | n/a                   |  |  |  |  |  |  |
| On-lays  | 60%                   | 60%                       | 50%                   | 50%                   | n/a                   |  |  |  |  |  |  |
| Bridges  | 60%                   | 60%                       | 50%                   | 50%                   | n/a                   |  |  |  |  |  |  |
| Dentures   | 60%                   | 60%                       | 50%                   | 50%                   | n/a                   |  |  |  |  |  |  |
| Long Term Disability   |                       |                           |                       |                       |                       |  |  |  |  |  |  |
| % of eligible monthly earnings   | 66.7%                 | 66.7% n/a                 |                       | n/a                   | n/a                   |  |  |  |  |  |  |
| Maximum monthly benefit  | \$6,000               | \$6,000 n/a \$            |                       | n/a                   | n/a                   |  |  |  |  |  |  |
| Benefit period   | Up to age 65          | n/a                       | Up to age 65          | n/a                   | n/a                   |  |  |  |  |  |  |
| Virtual Healthcare   | Included              | Included                  | Included              | Included              | Included              |  |  |  |  |  |  |
| Employee Assistance Program — by Morneau Shepell   | Yes                   | Yes                       | Yes                   | Yes                   | Yes                   |  |  |  |  |  |  |
| Second Opinion Consult — by WorldCare  | Yes                   | Yes                       | Yes                   | Yes                   | Yes                   |  |  |  |  |  |  |
| Short Term Disability (66.7% 1/8/16 Benefit Period)                                      | Optional              | Optional                  | Optional              | Optional              | Optional              |  |  |  |  |  |  |
| Critical Illness   | Optional              | Optional                  | Optional              | Optional              | Optional              |  |  |  |  |  |  |

# A Few Questions

### Will my employees want a plan?

Overwhelmingly, YES. Almost all employees value a benefits plan far in excess of a cash raise.

### Will my employees value the plan we choose?

Employees always seem to appreciate a benefits plan that provides good value. They could now have affordable access to a wider variety of quality healthcare than they may normally afford for themselves and their families (i.e. dental, prescriptions, vision, chiropractor etc.)

A healthier workforce means fewer sick days and less disruption for your business.

### Is the plan affordable?

Employers are always pleased with how affordable our plans are. ClearBenefits.ca programs provide premium coverage with an option for almost any budget.

### Should we share the cost of the plan with our employees?

Most employers share the cost of a plan 50/50 with their employees. Generally employees expect there will be a cost sharing of the plan.

### Can the "couple" rate apply to a single parent with 1 eligible dependent?

Yes. It can apply to a married couple, common-law spouses or a single parent with 1 eligible dependent.

### Is there much on-going administration?

Not really. Normal ongoing administrator functions are just regular maintenance; adding/deleting employee & dependent information and payroll deductions of the employee portion. Employees are responsible for reporting any changes to the plan administrator, and for privacy, employees submit claims directly to the insurer.

### Will we have help with the initial set-up and on-going support?

Yes! We utilize a structured approach from our initial contact to the ongoing service. Our structured approach is designed to ensure your plan runs smoothly, is kept current, contains costs, and effectively eliminates common administrative issues that can arise.

### How much will this cost?

We find that if the employer's portion of the monthly premium is approx. 2.5—3.5% of payroll (based on a 50/50 cost sharing with the employees), both the employer and the employees are comfortable and feel they are getting good value. Depending on the option selected, this can be more affordable than a cash raise, with no additional EI, CPP or WCB contributions.

### How do we get started?

Click here for an Instant Quote, or email the attached form to connect@clearbenefits.ca



# Starting a Benefits Plan

### Which plan is right?

- Each client has unique circumstances and similar needs
- Clients typically ask for a plan that is affordable with quality coverage and stable rates
- We recommend selecting a plan you are comfortable with, you can always upgrade later

### **Pricing?**

- Coverage levels directly affect rates
- Higher levels of coverage have higher premiums
- Decreasing levels of coverage have proportionately lower premiums
- Looking to contain costs? The only sustainable solution is to select a different coverage level

### 2 Programs - 10 options

- ClearBenefits.ca pooled plans are ideal for clients wanting stable, predictable rates
- Shared risk through claims pooling makes our plans the easiest to budget for going forward

### Can plans be customized?

- Yes. Certain benefits can be adjusted for the needs of your business
- Contact us for more information

### What information is needed to get a quote?

### No existing plan:

- Company contact information
- Employee information

### **Existing plan:**

When a client decides to change suppliers, additional information will be requested. This simply provides the quoting insurers the required information in order to properly assess risk.

- Company contact information
- Employee information
- Current plan design
- Claims and rate history
- Copy of last billing statement
- EP3 Certificate

### We see a plan we like, what do we do now?

For more information on ClearBenefits.ca products, contact us, or your group benefits advisor.

Mail: 338 - 1641 Lonsdale Ave., North Vancouver, BC V7M 2J5 | Tel: 778.338.4083 | Tel (TF): 888.803.3800 |

Email: connect@clearbenefits.ca | Web: www.clearbenefits.ca





# ClearBenefits.ca Submit to start a Group Benefits

connect@clearbenefits.ca

| Pooled Benefits Programs  Page | Advisor Name   | Company Name | Business Address | City / Province / Postal Code |       | Nature of business:            | Employee Name            |  |  |  |  |  |  |   | Payroll       |
|--------------------------------|----------------|--------------|------------------|-------------------------------|-------|--------------------------------|--------------------------|--|--|--|--|--|--|---|---------------|
|                                |                |              |                  |                               |       |                                | Occupation               |  |  |  |  |  |  | Payroll Frequency:Weekly Semi-monthly Monthly | Il Frequency: |
|                                |                |              |                  |                               | Fax   |                                | Birth<br>Date            |  |  |  |  |  |  |   | - Weekly      |
|                                |                |              |                  |                               |       |                                | Gender                   |  |  |  |  |  |  |   | _ Bi-weekly   |
|                                |                |              |                  |                               | Email | Current Employee Benefit plan? | Province of<br>Residence |  |  |  |  |  |  |   | Semi-mont     |
|                                | Effective Date |              |                  |                               | _     | ree Benefit plan               | Weekly<br>Hours          |  |  |  |  |  |  |   |               |
|                                | o.             |              |                  |                               |       | ?Yes                           | Wage /<br>Salary         |  |  |  |  |  |  |   | lonthly       |
|                                |                |              |                  |                               |       | N _                            | Date<br>Employed         |  |  |  |  |  |  |   |               |
|                                |                |              |                  |                               |       |                                | S/C/F Class              |  |  |  |  |  |  |   |               |

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