The SelectFlex Benefits Solution

selectflex benefits

For Groups of 3 or more

Customize Your Plan

Why pay for coverage
you don't want?

Control Your Costs

Large annual increases
can be a thing of the past.

Flexible Design

This results in happier employees and
fewer denied claims.

Your Time

It takes only 10 minutes
to compare.

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SelectFlex lets you choose the Benefits you need for your Business.

Extended Health Care (Mandatory)

Single	$66.37
Family	$151.39

Extended Health Care Coverage includes:

Prescription Drug Benefit
80% Pay-Direct Drug card. $5.00 dispensing fee maximum. Generic substitution. $2,000 pre-existing condition limitation. Coverage includes vaccines. No coverage for fertility treatments, sexual dysfunction, smoking cessation, anti-obesity treatment. Maximum $1,000,000 lifetime per person.

Semi-Private Hospital Room
$150 per day, maximum 30 days per year, for in-Canada hospital care.

Out of Country Medical
Coverage for sudden, unexpected illness or injury. 60 days per trip. Maximum $5,000,000 per person.

Insured by Green Shield Canada, administered by The Benefits Trust.

Select Benefits by Class

You can design a different level of benefits for different classes of employees.

Additional Benefits By Class (Optional)

Choose only those benefits that you want for your company!

Life Insurance	$25,000	$12.25
Accidental Death & Dismemberment	$25,000	$1.25
Critical Illness	$25,000	$28.25
Dependant Life Insurance	$10,000 / $5,000	$3.80

Insured by Chubb Insurance, administered by The Benefits Trust.

Long Term Disability

Available to quote, please provide gender, age, occupation & earnings for eligible employees.

Insurer dependant on quoted coverage for each client.

Dental Care

Single	$45.09
Family	$121.74

Dental Care Coverage includes:
80% basic dental with no annual deductible. Annual maximum $750/person $2,000/family. Current fee guide. 6 month recall.

Health Care Spending Account

Amount as determined by plan sponsor. 15% administration fee charged on HSA contributions.

Note - The costs above do not include applicable taxes

What is a Health Care Spending Account?

A Health Care Spending Account is a pre-determined amount of money provided to employees at the beginning of each benefit year for coverage of their medical and dental expenses.

This amount is held in trust. Claims are submitted and reimbursed in a similar fashion to a traditional benefits plan.

Eligible expenses are reimbursed at 100% up to the total dollar amount available in the HCSA.

A Health Care Spending Account allows employers to cost-effectively offer extra coverage - with more flexibility - for employees.

Differentiate between employees by class and reward key employees with enhanced coverage.

Health Care Spending Accounts

How It Works

Health Care Spending Account Eligible Expenses Include:

Paramedical Practitioners
such as Physiotherapy & Massage Therapy

Vision Care
including Laser Eye Surgery, Contact Lenses, Glasses & Examinations

Medical Facilities
including Convalescent Homes & Substance Abuse Facilities

Medical Devices
such as Orthotics, Hearing Aids & CPAP machines

Nursing Care
to help you recuperate in the comfort of your own home

Expenses Related to Disabilities
including special programs tuition, tutoring and home or vehicle modifications

Dental Services
Orthodontic & Major Services including Dental Implants

Out of Country Expenses
for non-emergency expenses while travelling

Prescription Drugs
excluding only over-the-counter medication

PHSP Premiums
including any employee-paid premiums for health care or dental care benefits.

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Plan Provisions

Extended Health Care Benefits

Pre-Existing Condition Exclusion

Reimbursement of in-Canada Health Care expenses will be limited under the policy for any illness, injury, or disability for which the insured had symptoms, medical treatment, consultation, or took prescribed drugs or medicines exceeding $1,500 (annualized) in the six (6) month period prior to becoming eligible for coverage under the policy, and incurred related expenses within twelve (12) months of the insured person's effective date of coverage under the policy.

For any illness, injury, or disability to which the pre-existing medical condition limitation applies, the reimbursement of in-Canada Health Care expenses under this policy in any benefit year for any one insured person is limited to $2,000 per individual.

Critical Illness Benefits

Insured Conditions

- Alzheimer's Disease
- Aorta Surgery
- Benign Brain Tumour
- Blindness
- Cancer
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Dismemberment
- Heart Attack
- Heart Valve Replacement
- Loss of Speech
- Major Organ Failure
- Major Organ Transplant
- Motor Neuron Disease
- Multiple Sclerosis
- Occupational HIV
- Paralysis
- Parkinson's Disease
- Severe Burns
- Stroke

Unique Features

Hip or Knee Replacement Surgery
(10% of Principal Sum to max. of $10,000)

Early Stage Prostate Cancer Treatment
(20% of Principal Sum to max. of $20,000)

Ductal Carcinoma In Situ (DCIS)
(20% of Principal Sum to max. of $20,000)

Loss of Independence
(25% of Principal Sum)

Second Event Benefit

Pre-Existing Medical Condition Provision

Means a sickness, disease or disorder suffered from or injury sustained by an insured person for which, he or she sought or received medical advice, consultation, investigation, diagnosis, or treatment was required or recommended by a physician during the 24 months immediately prior to the insured person's effective date of insurance or any increased amount of insurance and which directly or indirectly causes the condition to occur within the first 24 months from the insured person's effective date of insurance or any increased amount of insurance.

Note: This material describes in summary form, the benefits contained in the SelectFlex Benefits Plan. In the event of any discrepancy between any information contained herein and the group benefits contract and policies, the terms of the group benefits contract and policies will apply.

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Plan Advantages

- Convenience of a drug card for medications that legally require a prescription.
- Electronic dental claims submission (EDI) directly from the dental office.
- Existing LTD rates can be matched if renewed within 6 months (minimum 10 lives).
- Added flexibility with Health Care Spending Accounts for other expenses:
    - Eligible expenses according to Income Tax Act guidelines – very broad definitions – wider range of eligible items than any conventional benefits plan.
    - Employees may also claim amounts not paid by the Extended Health Care and Dental Care Benefit.
    - Coordination of benefits for expenses not covered under spousal plans, or amounts that exceed other plan maximums.

Plan Enrollment

- No medical questionnaire required for employees.
- Complete membership kit for employees with benefits booklets, drug/dental card, claim forms, travel assist cards.
- Direct deposit available for plan members.
- Monthly billing for plan sponsors, with pre-authorized payment.
- Applications received by the 10th of the month will take effect on the 1st of the following month.

Participation Guidelines

- Minimum 3 Employees
- Eligible Employees must work a minimum of 24 hours per week.
- Waiting period for Full Time Employees is three (3) months unless waived in full by the Employer upon enrollment. Waiting period does not apply to Eligible Employees currently on payroll as of effective date of benefits plan.
- Coverage ceases at age 70.
- Health Care Spending Account contributions must be fully employer funded in accordance with Revenue Canada guidelines.
- Plan will renew annually on your policy anniversary date.

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Premium Calculation Worksheet

A fillable version of the worksheet is available on the website

Mandatory Benefits

Extended Health Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	$ 66.37	x		=	$ -
Family	$ 151.39	x		=	$ -
	A: Total Extended Health Care Premiums			**A**	**$ -**

Optional Benefits

Pooled Benefits Premiums (Minimum 3 lives for EACH benefit)

	Monthly rate	x	# Employees	=	Monthly Premiums
Life Insurance	$11.25	x		=	$ -
Accidental Death & Dismemberment	$1.25	x		=	$ -
Critical Illness	$24.25	x		=	$ -
Dependant Life	$3.45	x		=	$ -
	B: Total Pooled Premiums			**B**	**$ -**

Dental Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	$ 45.09	x		=	$ -
Family	$ 121.74	x		=	$ -
	C: Total Dental Care Premiums			**C**	**$ -**

Health Care Spending Account Premiums

Amount as determined by the plan sponsor.

	Annual amount	/ 12 =	Monthly amount	x	# Employees	=	Monthly Premiums
Class A		/ 12 =	$ -	x		=	$ -
Class B		/ 12 =	$ -	x		=	$ -
Class C		/ 12 =	$ -	x		=	$ -
					Total HCSA per Month		**$ -**

Administration Fee	15% of HCSA Premiums	Total HCSA per Month x 15%		$ -
	D: Total HCSA & Admin per Month		**D**	**$ -**

Calculating the Deposit

Step 1	Total Extended Health Care per month	A	Mandatory	$ -
Step 2	Total Pooled per Month	B		$ -
Step 3	Total Dental Care per month	C		$ -
Step 4	Total HCSA & Admin per Month	D		$ -
Step 5	**Overall Total**	(A+B+C+D)	**Deposit**	**$ -**

* Applicable provincial and federal sales taxes will apply to monthly invoices

Applications received by the 10th of the month will take effect on the 1st of the following month

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For more information, please contact:

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