

# EMPLOYEE GROUP HEALTH & DENTAL INSURANCE

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## Extended Health Coverage

- |   |   |
|---|---|
| - Prescription Drugs (80 %) with drug card  | \$1500 coverage (dispensing fee not included) |
| - Semi-Private Hospital (unlimited coverage) (100%)   | No daily maximum                              |
| - Ambulance (100 %)   | Included                                      |
| - Accidental Dental (100 %)   | No maximum per year                           |
| - Private Duty Nurse (R.N. & R.N.A.)(100%)  | \$10,000/year                                 |
| - Medical Supplies, Aids & Appliances (100%)  | \$300 per year                                |
| - Specialists (100%)<br>(Chiropractor, Chiropodist, Naturopath, Osteopath,<br>Podiatrist, Registered Massage Therapist,<br>Physiotherapist/Occupational Therapist,<br>Speech Pathologist, etc.) | \$300 combined specialist per year            |
| - Psychologist (100%)   | \$500 per year                                |
| - Hearing Aids (100%)   | \$500 per 3 years                             |
| - Life Insurance  | \$25000                                       |
| - AD & D Insurance  | \$25000                                       |
| - Dependant Life  | \$5000 spouse \$2500 child                    |
| - Vision Care ( optional )  | \$150 per every 2 years                       |
| - Emergency Travel Health Insurance (100%)  | \$1,000,000 – 60 day maximum stay per trip    |

## Dental Coverage

- |                                |   |
|--------------------------------|---|
| - Preventative Services (80 %) | - 6 month recall examinations, cleanings, X-rays, pit and fissure sealants. |
| - Restorative Services (80 %)  | - fillings, extractions, denture relining, rebasing and repairs, etc.       |
| - Periodontal Services (80 %)  | - included  |
| - Endodontic Services (80%)    | - included  |
| - 12 month maximum             | - <u>\$750 per person per year</u>  |

## Monthly Rates per employee

### Single

### Family

from \$68

Plus sales tax

from \$188

\*Vision Care Option Add: \$5.00 single \$15.00 family  
(Includes glasses, contacts and frames)

Some conditions may apply

Rates are subject to approval

**Call: Robert Bozzo**

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Group Health and Dental Insurance – Group Life and Disability Insurance – Personal Health Insurance  
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