

EMPLOYEE GROUP HEALTH & DENTAL INSURANCE

SEE OUR PRICES BELOW

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%)
(Chiropractor, Chiropodist, Naturopath, Osteopath,
Podiatrist, Registered Massage Therapist,
Physiotherapist/Occupational Therapist,
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

from \$188

Plus sales tax

*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
Associated with all major Group Life, Disability, Health and Dental Insurance Companies

