

Comparison of enVia Health & Dental Programs

	enVia Insured Plan <i>Go online for more info</i>	enVia Deductible Plan <i>Go online for more info</i>	enVia eHSA Plan <i>Go online for more info</i>
Program Type	Individual EHC Only or EHC + Dental Program	Individual EHC Only or EHC + Dental Program	Individual Health Spending Account Program
Key Features	<ul style="list-style-type: none"> • Guaranteed Issue • Includes Pay-Direct Card 	<ul style="list-style-type: none"> • Most competitive pricing • more generous Paramedical reimbursement 	<ul style="list-style-type: none"> • Much wider range of claimable expenses • No wasted premiums - pay for only what you use • Superior tax advantages with few limits
Reimbursement	80% reimbursement to plan maximums	100% reimbursement to plan maximums	100% reimbursement up to available account balance with no maximums
Who it's best for	<ul style="list-style-type: none"> • Part-time & full-time workers • Contract workers • Self-employed, non-incorporated 	<ul style="list-style-type: none"> • Part-time & full-time workers • Contract workers • Self-employed, non-incorporated 	<ul style="list-style-type: none"> • Incorporated Business Owners / Professionals • Small firms • Flexible employers • Families with "Special Needs" children
Health Evidence Required?	NO	YES	NO
Eligibility	Part-time, Contract or Temp Workers; Working at least 20 hours per week	Part-time, Contract or Temp Workers; Working at least 20 hours per week	No minimum requirement, plus coverage can be extended to include financially dependent blood relatives, e.g. parent, sibling
Insurer	Lloyd's of London	Lloyd's of London	Lloyd's of London (for Catastrophic Insurance only)
Deductible	Nil	Single: \$250/year Couple: \$375/year Family: \$500/year (Minimum 2 per Family deductible)	Nil
Prescription Drugs	<p>Generic Drug Plan - 80% reimbursement up to \$5,000/year:</p> <ul style="list-style-type: none"> • Esorse Pay-Direct Drug card. • Anti-Smoking & fertility treatments excluded. • 24 month waiting period for drug coverage of pre-existing chronic conditions. 	<p>Generic Drug Plan - 100% reimbursement up to maximum benefit:</p> <ul style="list-style-type: none"> • \$5,000/year Single • \$10,000/year Couple • \$20,000/year Family • Reimbursement basis for claim payment • Excluded: Lifestyle, Mental, Nervous medications & Vaccines • Dispensing Fee Maximum: \$12/script 	<p>100% reimbursement up to employer contribution amount, or balance remaining in account</p> <ul style="list-style-type: none"> • All prescribed drugs eligible • Esorse Pay-Direct Drug Card • All eligible expenses as defined by Section 118.2 (2) of the Income Tax Act and Interpretation Bulleting IT-519R2, e.g. Fertility Drugs, Smoking Cessation and Lifestyle drugs can be fully covered, if desired • No maximum limits

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Professional Services	\$50 per visit maximum to a combined maximum of \$1,000 per policy year for all practitioners, including: <ul style="list-style-type: none"> • Chiropractor • Reg. Massage Therapist • Nutritionist • Osteopath • Podiatrist • Physiotherapy • Psychologist • Speech Therapist 	\$50 per visit maximum to a combined maximum of \$300 per practitioner per policy year, including: <ul style="list-style-type: none"> • Physiotherapist • Registered Massage Therapist • Chiropractor • Chiropodist • Podiatrist • Osteopath • Speech Pathologist • Psychologist • Nutritionist • Occupational Therapist • Naturopath • Acupuncturist • Chiropractic X-rays \$100 / person / policy year & \$500 / family / policy year 	100% Reimbursement up to employer contribution amount, or remaining balance <ul style="list-style-type: none"> • No referral required • Any Professional Paramedical Service may be covered as per IT-519R2, including Acupuncture, with no limit other than the amount contributed to the eHSA • No time or dollar limit imposed
Accidental Dental	80% to \$2,500/policy year	\$2,500/policy year/person \$10,000/policy year/family	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Ambulance	up to \$250/trip	\$100 per trip & \$500 annual maximum	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Medical Supplies	\$1,500/policy year	\$1,000/person/policy year \$4,000/family/policy year	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Orthopedic Footwear or Orthotics	Up to \$250/policy year	\$500 per person/24 months \$2,000/family	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Assistive Medical Devices	Up to an aggregate of \$2,000 combined with Prosthetics	Durable Medical Equipment to \$5,000/person & \$10,000/family/policy year	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Prosthetic Devices	Up to an aggregate of \$2,000 combined with Assistive Medical Devices	\$250/person/policy year \$1,000/family/policy year	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Private Duty Nursing	80% to \$5,000/policy year	\$5,000/person & \$10,000/Family/policy year	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Hearing Aids	\$500/person/5 years	\$500/person/5 years \$2,000/family/5 years	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Home Care (after Hospital)	Only Private Duty Nursing as per above	\$1,875/person/policy year \$7,500/family/policy year	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Hospital	Semi-private room – 80% reimbursement to \$175/day for 30 days duration	Semi-private room to \$200/day & \$10,000 annual maximum per person	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Vision	Vision Care 80% - Eye exams \$50/24 months; Frames/Lenses: \$200/2 years (after 6 month waiting period)	\$200/24 months/person \$800/24 months/family	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.

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Overall EHC Maximum	\$25,000/person/policy year	\$1,000,000/person/lifetime	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Catastrophic Insurance	Not Included	Not Included	Automatically includes up to \$25,000 per year of additional insurance protection for Drugs, Private Duty Nursing and Hospital expenses (after a deductible of \$2,500 per person has been satisfied through drug, nursing or hospital expenses claimed from eHSA, or paid out-of-pocket). \$1M lifetime maximum. 24 month waiting period for pre-existing conditions/medications.
Out-of-Country Emergency Hospital/ Medical	100% reimbursement to \$2M maximum for trips of up to 30 days duration. Includes Emergency Travel Assistance	Not Included - available on an Optional Basis	Not Included - available on an Optional Basis
Dental	No Deductible	No Deductible	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Preventative Services	80% Reimbursement, max. \$1,000 per policy year for: <ul style="list-style-type: none"> • Level 1 Basic Services with 6 month recall • Diagnostic, Preventative & General services: fillings, extractions & minor surgery, denture repair, rebase & reline • Endodontics at 80% • Periodontics at 50% • Pay-Direct Card included 	80% Reimbursement, max. \$1,000 per policy year for: <ul style="list-style-type: none"> • Basic, Preventative & Diagnostic Services with 9 month recall • Fillings, extractions & minor surgery, denture repair, rebase & reline • Endodontics at 80% • Periodontics at 50% 	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Major Restorative Services	Not Included	Not Included	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Orthodontia	Not Included	Not Included	100% Reimbursement up to employer contribution amount, or remaining balance. No maximum limit.
Overall Dental Maximum	\$1,000/person/policy year based on reasonable & customary charges	\$1,000/person/policy year based on reasonable & customary charges	No Limit - limited only by employer contribution amount

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Monthly Premium Costs December 2009					
Program Highlights	<ul style="list-style-type: none"> • 80% Reimbursement • Premium rates apply in all provinces • No Health Evidence - guaranteed issue. • Includes Pay-Direct Card • Lloyd's of London 		<ul style="list-style-type: none"> • 100% Reimbursement after deductible • Premium rates apply in all provinces • Health Evidence required • No Pay-Direct Card • Lloyd's of London 		<ul style="list-style-type: none"> • Much wider range of claimable expenses • No wasted premiums - pay for only what you use • 100% Reimbursement • Employer contribution costs include Admin. Fees & Catastrophic Insurance • Uniform in all Provinces • No Health Evidence Required • Includes Pay-Direct Card
Single: Ages 20 - 44 Ages 45 - 54 Ages 55 - 59 Ages 60 - 65	EHC Only \$65.92 \$74.07 \$86.13 \$100.68	EHC + Dental \$113.14 \$121.29 \$133.35 \$147.90	EHC Only \$61.52 \$68.36 \$73.15 \$80.66	EHC + Dental \$104.02 \$115.58 \$123.67 \$136.38	Employer Contribution, All Ages: \$1,000/year = \$112.00 \$2,000/year = \$212.00 \$3,000/year = \$312.00 \$5,000/year = \$512.00
Couple: Ages 20 - 44 Ages 45 - 54 Ages 55 - 59 Ages 60 - 65	EHC Only \$127.40 \$148.14 \$172.25 \$194.48	EHC + Dental \$221.84 \$252.58 \$276.69 \$298.92	EHC Only \$123.04 \$136.71 \$146.28 \$161.32	EHC + Dental \$208.04 \$231.15 \$247.33 \$272.76	Employer Contribution, All Ages: \$1,000/year = \$124.00 \$2,000/year = \$224.00 \$3,000/year = \$324.00 \$5,000/year = \$524.00
Family: Ages 20 - 44 Ages 45 - 54 Ages 55 - 59 Ages 60 - 65	EHC Only \$200.25 \$215.32 \$250.85 \$283.20	EHC + Dental \$338.30 \$353.37 \$388.90 \$421.25	EHC Only \$153.80 \$170.89 \$182.85 \$201.65	EHC + Dental \$270.67 \$300.74 \$321.79 \$354.87	Employer Contribution, All Ages: \$1,000/year = \$130.00 \$2,000/year = \$230.00 \$3,000/year = \$330.00 \$5,000/year = \$530.00
Single Parent w/1 child: Ages 20 - 44 Ages 45 - 54 Ages 55 - 59 Ages 60 - 65	EHC Only \$99.22 \$124.02 \$155.03 \$175.03	EHC + Dental \$184.21 \$209.02 \$240.03 \$260.02	EHC Only \$95.36 \$105.95 \$113.37 \$125.02	EHC + Dental \$161.23 \$179.14 \$191.68 \$211.39	Employer Contribution, All Ages: \$1,000/year = \$124.00 \$2,000/year = \$224.00 \$3,000/year = \$324.00 \$5,000/year = \$524.00

Errors & omissions excepted. Maclagan Inc. December 9, 2009.



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