## General Provisions

## Highlights

Large Group Benefits for Small Group clients!

## Who is eligible?

All Royal LePage Franchise Owners and Royal LePage Corporate Brokerage Managers; plus Full-Time Support Staff working a minimum of 20 hours per week. Sales staff are not eligible to join this program.

For more information contact: humanresources@royallepage2.com

### When can I join?

For current employees there is no waiting period.

Newly hired employees must wait 90 days before they are eligible.

## Is participation mandatory?

Yes. All eligible members of a participating franchise must enroll.

## Are all benefits mandatory?

Yes. Except Health and Dental benefits, which can be waived if you are currently covered by your spouse/partner. (1 year co-habitation period for common-law spouse/partner)

## Who pays the premium?

Long-Term Disability must be 100% Employee paid. All other benefits must be a minimum of 50% Employer paid. (Employer contributes as determined by the Franchise Owner/Broker)

- 100% Guaranteed Acceptance No medical questions to answer!

- No pre-existing medical exclusions for Health and Dental benefits!
- Higher benefit limits, broader coverages, get more for your dollar!
- -Take advantage of large group pricing!
- -Flexibility means choice! Choose the Health and Dental option that is best for you and your family!



## Corporate Benefit Consultants Ltd.

3075 - 14th Avenue, Unit 11 Markham, ON L3R 0G9

Phone: 905-943-4450 Toll Free: 1-866-802-3884 Fax: 905-943-7601

#### For more information:

Email: carla.kennedy@corporatebenefits.ca Website: www.corporatebenefits.ca/ royallepage



Group Insurance
Program for



Broker/Owners
& Full-Time
Support Staff

## Core Benefits

Underwritten by



## Life and AD&D Insurance

1 X Earnings up to maximum of \$250,000

## Dependant Life Insurance

\$10,000 for spouse & \$5,000 per dependant child

## Long-Term Disability Insurance

your long-term income replacement coverage!

- Receive up to \$7,000 of tax-free monthly benefit (depending on your salary).
- Benefits are payable after four months of continuous and total disability.
- All benefits include a 3% cost of living allowance (COLA) this means your benefit amount will increase as the cost of living goes up!

## Voluntary Life Insurance\*\*

Employee up to \$500,000, Spouse up to \$250,000, Child up to \$10,000 \*\*subject to medical underwriting

#### Voluntary Critical Illness

Provided by FutureBright Insurance Group Inc.
Employee and Spouse up to \$25,000
Guaranteed Acceptance
No Medical Evidence Required.

Underwritten by

Manulife Financial

# Optional Benefits

Each eligible participant must enroll in all Core Benefits PLUS A, or B, or C below for a minimum of two years. Changes in coverage (one Plan level up or down) may be elected once the lock-in period has expired.

Benefits	Plan A	Plan B	Plan C
Deductible (Not applicable to Hospital, Drugs or Vision Care)	\$50 Single / \$100 Family	NIL	NIL
Reimbursement Levels	80%	80%	100%
Drug Coverage  • Deductible  • Maximum	Pay-Direct Drug Card \$10 per prescription Unlimited	Pay-Direct Drug Card \$10 per prescription Unlimited	Pay-Direct Drug Card \$10 per prescription Unlimited
Hospital	Semi-private	Semi-private	Semi-private
Private-Duty Nursing	\$10,000 per year*	\$10,000 per year*	\$10,000 per year*
Professional Services	Physiotherapist, Chiropractor, Osteopath, Naturopath, Podiatrist, Massage Therapist, Psychologist, Audiologist & Speech Therapist		
	\$300 per practitioner per year*	\$500 per practitioner per year*	\$750 per practitioner per year*
Travel Insurance with Manuassist	No deductible 100% reimbursement	No deductible 100% reimbursement	No deductible 100% reimbursement
Vision Care	None	\$300 every 2 years*	\$400 every 2 years*
Orthopedic Shoes	\$200 every 2 years*	\$200 every 2 years*	\$300 every 2 years*
Hearing Aids	\$400 every 4 years*	\$400 every 4 years*	\$400 every 4 years*
Overall Maximum	\$1,000,000 Lifetime	\$1,000,000 Lifetime	\$1,000,000 Lifetime
Dental Coverage Deductible per year  Basic Services • Maximum  Major Services • Maximum  Recall Exams Dental Fee Guide	\$50 Single / \$100 Family 80% \$1,000 per year* None N/A Every 6 Months Current	NIL 80% \$1,000 per year* 50% \$2,000 per year* Every 6 Months Current	Nil 100% Unlimited 50% \$2,000 per year* Every 6 Months Current

<sup>\*</sup> In every case "year(s)" refers to "calendar year(s)"