



BC ASSOCIATION OF FARMERS' MARKETS

BENEFIT OPTIONS

BENEFIT OPTIONS	Plan 1 Guaranteed Issue	Plan 2 Affordable Plan	Plan 3 Comprehensive Plan
Life Insurance	Not Available	\$25,000	\$25,000
Accidental Death	\$100,000	\$25,000	\$25,000
Dependant Life Insurance	Not Available	Optional	Optional
Critical Illness	Not Available	\$10,000	\$10,000
EXTENDED HEALTH			
Prescription Drugs	50% of first \$400, 80% to \$900, 100% of the balance	50% of first \$400, 80% to \$900, 100% of the balance	50% of first \$400, 80% to \$900, 100% of the balance
Drug Maximums	\$1000/first year, \$5000/second year, unlimited in third year (Combined Family Total)	Unlimited	Unlimited
Pay Direct Drug Card	Yes	Yes	Yes
Dispensing Fee	Yes	Yes	Yes
Pre-existing medications	Excluded	May be considered	May be considered
Co-Insurance	100%	100%	100%
Hospital Benefit	Semi -Private	Semi -Private	Semi -Private
Medical Supplies: Crutches, casts, Oxygen Supplies, hearing aids	Reasonable and customary	Reasonable and customary	Reasonable and customary
Wheelchairs	Yes	Yes	Yes
Nursing Care	\$10,000/year	\$10,000/year	\$10,000/year
Vision	Eye Exams \$75/24 month	Eye Exams \$200/24 month	Eye Exams \$200/24 month
Ambulance	Yes	Yes	Yes
Orthotics	\$300/36 months	\$250/year	\$250/year
Travel Benefit out of County/Province	\$1,000,000, 60 days/trip	\$1,000,000, 60 days/trip	\$1,000,000, 60 days/trip



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PARAMEDICAL SERVICES

Massage (RMT)		\$500/person per year	\$500/person per year
Chiropractor		\$500/person per year	\$500/person per year
Physiotherapist		\$500/person per year	\$500/person per year
Acupuncturist	<i>\$60 for initial visit, \$60 each subsequent visit to a maximum of 10 visits per calendar year for all practitioners combines</i>	\$500/person per year	\$500/person per year
Psychologist		\$500/person per year	\$500/person per year
Acupuncturist		\$500/person per year	\$500/person per year
Naturopath		\$500/person per year	\$500/person per year
Podiatrist/Chiropodist		\$500/person per year	\$500/person per year
Acupuncturist		\$500/person per year	\$500/person per year
Speech Therapist		\$500/person per year	\$500/person per year

DENTAL BENEFITS

Annual Maximum per Family member	<i>\$1000 1st Year, \$1500 2nd Year \$2000 3rd Year</i>	\$1500 <i>Basic Dental Only</i>	\$1500 <i>Basic and Major</i>
Deductible	<i>\$50/Single, \$100 Family</i>	<i>\$25/Single, \$50/Family</i>	<i>No Deductible</i>
Basic Dental: Diagnostic, Preventative, Restorative, Cleaning, Bite-Wing X-ray, Root Canals, Scaling	Every 6 months	Every 6 months	Every 6 months
Co-Insurance	80%	80%	80%
Full Mouth X-Ray	3 years	3 years	3 years
Root Canals	80% to maximums	80% to maximums	80% to maximums
Major Dental: Crowns, Caps, Bridges, Veneers, Dentures	Not Covered	Not Covered	50%

MONTHLY PREMIUMS

Single	\$98.46	\$103.53	\$117.34
Couple	\$153.89	<i>Not Applicable</i>	<i>Not Applicable</i>
Family	\$179.82	\$190.83	\$239.91

SEE NEXT PAGE FOR DISABILITY OPTIONS

Jody C. Wright – Ocean Sun Financial
 401-1630 Pandosy Street, Kelowna BC V1Y 1P7
 250.300.9547 Email: jody@oceansunfinancial.com



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SHORT TERM DISABILITY (Optional Benefit)	ACCIDENT ONLY (included in plan premium)	ACCIDENT AND SICKNESS Optional Coverage Available Contact for a quote	ACCIDENT AND SICKNESS Optional Coverage Available Contact for a quote
Gross weekly income	66%	66%	66%
Maximum Weekly Benefit	\$300/week	\$750/week	\$750/week
Elimination Period	8 Days	15 day Accident, 15 Day Sickness	15 day Accident, 15 Day Sickness
Benefit Period	52 Weeks	15 Weeks	15 Weeks
LONG TERM DISABILITY (Optional Benefit)	NOT AVAILABLE	ACCIDENT AND SICKNESS Optional Coverage Available Contact for a quote	ACCIDENT AND SICKNESS Optional Coverage Available Contact for a quote
Gross monthly income		66%	66%
Maximum monthly benefit		\$5000/Month	\$5000/Month
Benefit period		Age 65	Age 65
Elimination period		17 Weeks	17 Weeks
Own occupation		2 year	2 year
Pre-existing condition		1 year	1 year

Disclaimer: Benefits differ for each plan design with the major differences outlined in blue. Plans outside the guaranteed issue plan (Plan 1) are subject to medical underwriting. Both short and long term disability require proof of income for Plan designs 2 and 3 and rates are NOT included in the premiums quoted above. Rates for disability are based on age, level of income and gender. This illustration is for the purpose of comparing plans and does not constitute an offering of coverage. Rates may change without notice.

Please contact us for any question you may have.