



# Central Okanagan Professional Caregivers Society

Contact 250-860-2159

## MEMBER BASE PLAN – June 1, 2012

|   |          |         |                       |
|---|----------|---------|-----------------------|
| Life Insurance                              | \$25,000 | Premium | \$ 3.68               |
| Accidental Death                            | \$25,000 | Premium | \$ 1.56               |
| Critical Illness                            | \$25,000 | Premium | \$ 9.65               |
|   |          |         |                       |
|   |          |         |                       |
| <b><i>Base Plan Monthly<br/>Premium</i></b> |          |         | <b><i>\$14.89</i></b> |

Presented by:

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|   | <b>Affordable Plan</b>   | <b>Beneficial Plan</b>   | <b>Comprehensive Plan</b>  |
|---|--|--|--|
| <b>Drug Deductible</b>                  | <b>Dispensing Fee. As set by individual pharmacy</b>   | <b>Dispensing Fee. This will vary depending on pharmacy.</b>   | <b>Nil Deductible</b>  |
| <b>Drug Coverage</b>                    | <b>50% on the 1st \$400/yr, 80% on the next \$500, then 100% of the remaining</b>  | <b>50% on the 1st \$400/yr, 80% on the next \$500, then 100% of the remaining</b>  | <b>80% Prescriptions</b>   |
| <b>Drug Card</b>                        | Pay direct at pharmacy. Pay direct practitioner (chiropractor, massage therapy, physio, naturopath, etc...)  | Pay direct at pharmacy. Pay direct practitioner (chiropractor, massage therapy, physio, naturopath, etc...)  | Pay direct at pharmacy. Pay direct practitioner (chiropractor, massage therapy, physio, naturopath, etc...)  |
| <b>Other Coverages<br/>100% Benefit</b> | Semi-Private hospital room, ambulance costs, eye exams, orthopaedic shoes, hearing aids, medical appliances, etc...  | Semi-Private hospital room, ambulance costs, eye exams, orthopaedic shoes, hearing aids, medical appliances, etc...                                | Semi-Private hospital room, ambulance costs, eye exams, orthopaedic shoes, hearing aids, medical appliances, etc...                                |
| <b>Vision</b>                           | Eye exams only   | Eye exams only   | Eye exams only   |
| <b>Practitioner</b>                     | \$55/visit to max. of \$500 per practitioner per calendar year   | \$55/visit to max. of \$500 per practitioner per calendar year   | \$55/visit to max. of \$500 per practitioner per calendar year   |
| <b>Travel Benefit</b>                   | \$5,000,000/yr, 90 days per trip out of province coverage  | \$5,000,000/yr, 90 days per trip out of province coverage  | \$5,000,000/yr, 90 days per trip out of province coverage  |
| <b>Dental Deduct.</b>                   | <b>Single member pays first \$25/yr<br/>Family member pays first \$50/yr</b><br>Once the deductible has been paid 80% basic coverage to max. \$1500/yr per family member (if chosen) | Nil Deductible<br>80% basic/50% major coverage to combined max. \$1500/yr per family member (if chosen)  | <b>Nil Deductible</b><br>80% basic/50% major coverage to combined max.. \$1500/yr per family member (if chosen)                                    |
| <b>Dental Coverage</b>                  | <b>80% Basic Coverage.</b> This includes root canals (endodontics/periodontics)  | <b>80% Basic Coverage.</b> This includes root canals (endodontics/periodontics)<br><b>50% Major Coverage.</b> This covers crowns, caps and bridges | <b>80% Basic Coverage.</b> This includes root canals (endodontics/periodontics)<br><b>50% Major Coverage.</b> This covers crowns, caps and bridges |
| <b>Single Rate</b>                      | <b>93.03</b>   | <b>111.09</b>  | <b>153.66</b>  |
| <b>Family Rate</b>                      | <b>209.72</b>  | <b>258.74</b>  | <b>338.72</b>  |
| <b>Couple Rate</b>                      | <b>167.45</b>  | <b>193.25</b>  | <b>252.59</b>  |