General Overview: Group Benefits available to Organic BC Operators

This plan is provided through ICBA Benefits Services Ltd.

Additional plan details can be found on our Group Health Benefits page.

	Entrepreneur	Bronze	Silver	Gold
	Eligible for operations of 1–2	Eligible for operations of 3 or more people.		
	people. Must be working 24 hours or more weekly.	Must be working 20 hours or more weekly to qualify for coverage.		
Monthly Pricing	Specific details + rates for options	\$128.81 Single	\$136.81 Single	\$208.43 Single
(for 2023)	can be found on our <u>Benefits page</u> .	\$246.23 Couple	\$231.76 Couple	\$412.50 Couple
	Overview Breakdown:	\$326.32 Family	\$350.61 Family	\$561.63 Family
	Membership fee \$10.50			
	+ Life Insurance starts at \$10.30 + Dependent Life - \$5.38			
	+ AD&D starts at \$0.75			
	+ Extended \$72.46-\$514.99			
	+ Dental \$75.36 – \$273.56 + Long Term Disability			
	+ Optional: Short Term Disability			
	, , , , , , , , , , , , , , , , , , ,	Life Insurance		
Basic Life	Flat \$25,000	Flat \$25,000	Flat \$25,000	Flat \$25,000
Insurance		(reduced by 50% at age	(reduced by 50% at age	(reduced by 50% at age
	Ends at age 75)	65. Ends at age 70)	65. Ends at age 70)	65. Ends at age 70)
	Fyto	anded Health Care		
		ended Health Care		
Prescription Drugs	Varies: 80% –100%	70%	80%	100%
	Up to \$5000 per year, brand name drugs paid at generic equivalent.			
Annual Deductible	Varies: \$0 – \$250	\$50 Single / \$100	\$50 Single / \$100	\$0
		Family	Family	, ,
Paramedical:	\$300 annually for each practitioner	\$350 annually each	\$500 annually each	\$500 annually each
	type	practitioner type	practitioner type	practitioner type
Paramedical typical	ly includes: Acupuncture, Chiropodist/Po Naturonath	odiatrist, Chiropractor, Cl Osteopath, Speech Thera	· · · · · · · · · · · · · · · · · · ·	gist, Massage Therapist,
Orthopedic Shoes	(see orthotics below)	\$500 adult annually /	\$500 adult annually /	\$500 adult annually /
	(2222222222222	\$300 child annually	\$300 child annually	\$300 child annually
Orthotics	\$300 annually	\$400 every 2 years	\$400 every 2 years	\$400 every 2 years
Termination Age	Age 75	Age 85 or retirement	Age 85 or retirement	Age 85 or retirement
Vision Care	100%, up to \$200 every 2 years	Not covered	Not covered	\$100 every 2 years
Eye Exams	Included in above \$200 every 2	Not covered	Not covered	\$75 every 2 years
	years			
		Dental Care		
Deductibles	\$0	\$0 70% with a \$750	\$0	\$0
Basic Dental	Varies: 80% – 100% (up to \$1500 for combined basic	70%, with a \$750 annual maximum	80%, with a \$1000 annual maximum	100%, with a \$1500 annual maximum
	and major dental annually)	amidai maximum	aimaai maxiimuiii	aililuai iliaxiililuili
Major Restorative	Varies: 0% or 50%	Not covered	Not covered	Not covered
•	(up to \$1500 for combined basic			
	and major dental annually)			
Recall Exams	Twice per year	Twice per year	Twice per year	Twice per year
Annual scaling	10 units per year	16 units per year	16 units per year	16 units per year
Termination Age	Age 75	Retirement	Retirement	Retirement