

# BCAC Group Benefits Offering 2-10 Employees



More Services are available. Customized options are available upon request.

The plan is supported by **HUB International Insurance Brokers.**

Please refer to the BCAC Benefits page for more details.

## Plan Details

|   | BRONZE          | SILVER | GOLD                            | PLATINUM |
|---|-----------------|--------|---------------------------------|----------|
| <b>Life and Accidental Death and Dismemberment (AD&amp;D)</b> |                 |        |                                 |          |
| Schedule  | \$25,000 (flat) |        | \$50,000 (flat)                 |          |
| Non-Evidence Maximum  | \$25,000        |        | \$50,000                        |          |
| Overall Maximum   | \$25,000        |        | \$50,000                        |          |
| Reduction   |                 |        | Reduce by 50% at age 65         |          |
| Termination Age   |                 |        | At age 70 or earlier retirement |          |

|  | BRONZE   | SILVER   | GOLD   | PLATINUM   |
|--|--|--|--|--|
| <b>Extended Health Care</b>                |  |  |  |  |
| Drug Coverage (Pay-Direct Drug Card)       | 90% Costco, 80% All Other Pharmacies   |  |  |  |
| Drug Maximum                               | \$2,000 per insured, per year  | \$2,500 per insured, per year                          | \$5,000 per insured, per year  | \$10,000 per insured, per year   |
| Formulary                                  | Standard- Mandatory Generic Pricing Program  |  |  |  |
| Lifestyle Drugs                            | Anti-Obesity \$500/ lifetime   |  |  |  |
| Medication Management Program              | Included   |  |  |  |
| Major Medical Health Care Insurance        | 80%  | 80%  | 90%  | 100%   |
| Paramedical Practitioners                  | \$250 per insured, per practitioner, per year  | \$500 per insured, per practitioner, per year          | \$500 per insured, per practitioner, per year                                | \$500 per insured, per practitioner, per year                                |
|  | Paramedical practitioners include Acupuncturist, Audiologist, Chiropractor, Massage Therapist, Naturopath/Homeopath, Nutritionist/Dietitian, Occupational Therapist, Osteopath, Physiotherapist/Athletic Therapist, Podiatrist/Chiropracist, Psychologist/Psychotherapist/Social Worker/Clinical Counsellor, Speech Therapist. |  |  |  |
| Hospital                                   | 100% coinsurance<br>R&C Daily<br>Maximums Semi-Private<br>Included   |  |  |  |
| Ambulance Services                         | \$10,000 per calendar year; up to a maximum of \$25,000 per lifetime   |  |  |  |
| Private Duty Nurses                        | Unlimited  |  |  |  |
| Diabetic Supplies                          | \$200 per Lifetime   |  |  |  |
| Hair Pieces                                | \$500/ 3 years   |  |  |  |
| Hearing aids                               | \$250 per 2 years  | \$250 per 2 years                                      | \$750 per 3 years  | \$350 per 2 years  |
| Orthotics and Orthopedic Shoes             | \$250 per 2 years  | \$250 per 2 years                                      | \$350 per 2 years  | \$350 per 2 years  |
| Speech Aids                                | \$1,000 per lifetime   |  |  |  |
| Diagnostic Laboratory                      | \$1,000 per year   |  |  |  |
| Therapeutic Equipment                      | \$5,000 per piece  |  |  |  |
| Eye Exam                                   | Adult: \$75 per 24 months<br>Child: \$75 per 12 months   | Adult: \$75 per 24 months<br>Child: \$75 per 12 months | Adult: R&C per 24 months<br>Child: R&C per 12 months                         | Adult: R&C per 24 months<br>Child: R&C per 12 months                         |
| Vision Care                                | No Coverage  | No Coverage  | 100% Coinsurance<br>Adult: \$200 per 24 months<br>Child: \$200 per 12 months | 100% Coinsurance<br>Adult: \$300 per 24 months<br>Child: \$300 per 12 months |
| Emergency Out-of-Country Travel Assistance | 100% coinsurance<br>\$2,000,000 maximum per incident, per insured, per trip Duration maximum: 90 days<br>Travel Benefits Plus: Included  |  |  |  |
| Emergency Out-of-Country Referral          | 50% coinsurance<br>\$15,000 maximum per lifetime   |  |  |  |
| Employee Assistance Program                | Included   |  |  |  |
| Termination                                | At age 70 or earlier retirement  |  |  |  |

|  | BRONZE                               | SILVER                        | GOLD                          | PLATINUM                      |
|--|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <b>Dental Care</b>                     |                                      |                               |                               |                               |
| Basic Coverage                         | 80%                                  | 90%                           | 90%                           | 100%                          |
| Basic Maximum                          | \$1,000 per insured, per year        | \$1,000 per insured, per year | \$1,500 per insured, per year | \$1,500 per insured, per year |
| Major Coverage                         | No coverage                          | No coverage                   | 50%                           | 50%                           |
| Major Maximum                          | No coverage                          | No coverage                   | \$500                         | \$1,500                       |
| Recall Exam                            | 1 per 9 months                       |                               |                               |                               |
| Cleaning                               | 1 per 9 months                       |                               |                               |                               |
| Bitewing                               | 2 per 9 months                       |                               |                               |                               |
| Fluoride Treatments                    | Child (up to age 21): 1 per 9 months |                               |                               |                               |
| Complete X-rays                        | 1 per 24 months                      |                               |                               |                               |
| Complete exams                         | 1 per 36 months                      |                               |                               |                               |
| Reline/Repair Dentures                 | 1 per 36 months                      |                               |                               |                               |
| Oral Hygiene Instruction               | Not covered                          |                               |                               |                               |
| Pit and Fissure Sealants               | Available for children up to age 14  |                               |                               |                               |
| Periodontic Scaling                    | 8 units per year                     |                               |                               |                               |
| Root Planing                           | 8 units per year                     |                               |                               |                               |
| Occlusal Adjustment and Equilibrations | 8 units per year                     |                               |                               |                               |
| Termination age                        | At age 70 or earlier retirement      |                               |                               |                               |

## Rates

### BRONZE RATES:

Single: \$90.70 monthly  
 Couple: \$154.70 monthly  
 Family: \$203.00 monthly

### SILVER RATES:

Single: \$115.89 monthly  
 Couple: \$196.43 monthly  
 Family: \$254.91 monthly

### GOLD RATES:

Single: \$143.50 monthly  
 Couple: \$247.46 monthly  
 Family: \$322.74 monthly

### PLATINUM RATES:

Single: \$152.89 monthly  
 Couple: \$264.91 monthly  
 Family: \$346.20 monthly

**\*\*fully pooled plans for rate stabilization\*\***  
**\*\*first renewal will be April 1st, 2026 / April 1st of every year after 2026\*\***

## Optional Product Add-Ons

|                                     | BRONZE                          | SILVER | GOLD | PLATINUM |
|-------------------------------------|---------------------------------|--------|------|----------|
| <b>Health Care Spending Account</b> |                                 |        |      |          |
| Underwriting Arrangement            | Non-Budgeted                    |        |      |          |
| Fee                                 | 9.00% of paid claims            |        |      |          |
| Benefit Amount                      | Flat \$500 per year             |        |      |          |
| Termination Age                     | At age 70 or earlier retirement |        |      |          |

|                                  | BRONZE  | SILVER | GOLD | PLATINUM |
|----------------------------------|---|--------|------|----------|
| <b>Optional Critical Illness</b> |   |        |      |          |
| Plan member benefit amount       | Units of \$5,000 to a maximum of \$250,000                                      |        |      |          |
| Spouse benefit amount            | Units of \$5,000 to a maximum of \$250,000                                      |        |      |          |
| Child benefit amount             | Units of \$5,000 to a maximum of \$25,000                                       |        |      |          |
| Non-evidence maximum             | Health evidence required from 1st dollar, with the exception of child coverage. |        |      |          |
| Event type                       | Single Event  |        |      |          |
| Partial benefit                  | Not available for dependent children  |        |      |          |
| Pre-existing condition exclusion | 24/24 (applies to child only)   |        |      |          |
| Termination age                  | 65  |        |      |          |

Still have question or not seeing what you're looking for?

### Contact Information:

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