



Vancouver Post Alliance Benefit Program

A comprehensive benefits offering is available to you, as an active member of the Vancouver Post Alliance.

All plans include the following, for Basic Life, AD&D, Dependent Life, Critical Illness, Health and Dental:

Basic Life Insurance

COVERAGE DEFINITION	TERMINATION*
\$25,000; reduces 50% at age 65.	At age 70

Accidental Death & Dismemberment (AD&D)

COVERAGE DEFINITION	TERMINATION*
\$25,000; reduces 50% at age 65.	At age 70

Dependent Life

Couple/Family Plans Only

COVERAGE DEFINITION	TERMINATION*
\$10,000 Spouse; \$5,000 Each Child.	At age 70

Critical Illness

COVERAGE DEFINITION	TERMINATION*
\$10,000 ; Covered conditions include: Alzheimer's Disease, Deafness, Motor Neuron Disease, Aorta Surgery, Heart Attack, Dismemberment, Multiple Sclerosis, Benign Brain Tumour, Heart Valve Replacement, Occupational HIV Infection, Blindness, Paralysis, Cancer, Loss of Speech, Parkinson's Disease, Coma, Major Organ Failure, Severe Burns, Coronary Artery Bypass Surgery, Major Organ Transplant, Stroke, Loss of Independence.	At age 65

Dental Care

See Plan Coverage Levels Below

COVERAGE DEFINITION	TERMINATION*
Coinsurance and maximums are based on the plan level chosen. All options include: No deductibles, and option for direct payment of claims at the dental office! Basic Dental Services ; recall exam every 12 months. Major Dental Services includes Crowns, Bridges and Dentures (<u>excluded from Copper Plan</u>). Coverage is based on the current general practitioner fee guide in the province of residence.	At age 75

Extended Health

See Plan Coverage Levels Below

COVERAGE DEFINITION	TERMINATION*
<p>Coinsurance and maximums are based on the plan level chosen. All options include: No deductibles, and a pay direct claim payment card!</p> <p>Drug Coverage, for generic drugs only (brand is eligible when there is no generic alternative).</p> <p>Paramedical Coverage, for the following practitioners: Acupuncturist, Chiropractor, Massage Therapist, Naturopath, Osteopath, Physiotherapist, Podiatrist/Chiropodist, Psychologist/MSW/Counselor, and Speech Therapist. *dr. referral may be required. . Maximums specified in each plan are available per practitioner, with a combined maximum per insured of \$1,000. There is an overall maximum per certificate (family) based on plan chosen.</p> <p>Ambulance Coverage, transportation to the nearest hospital.</p> <p>Eye Exams, up to \$75 every 24 months for adults or 12 months for children.</p> <p>Medical Services & Supplies, covered at 100% up to Reasonable and Customary limits, includes:</p> <ul style="list-style-type: none"> ● Private Duty Nurse, up to \$10,000 every 2 calendar years ● Custom Orthotics, up to \$200 every calendar year ● Orthopedic Shoes, up to \$350 every calendar year ● Hearing Aids, up to \$500 every 60 consecutive months ● Insulin Pump, up to \$500 lifetime (1 device) <p>Hospital Coverage, for semi - private room.</p> <p>Accidental Dental Treatment, covered at 100% up to Reasonable and Customary limits.</p> <p>Emergency Travel Coverage, covered at 100% for unforeseen medical emergencies, during the first 60 days of travel, up to a lifetime maximum of \$5,000,000.</p>	<p>At age 75</p>

*Coverage terminates at the earlier of the termination age or retirement (you must be actively working in order to be eligible for coverage).

Plan Coverage Levels

There are several plan options to choose from allowing you to obtain the coverage that best meets the needs of, you and your family.

PLAN	DRUG	PARAMEDICAL	DENTAL
COPPER	80% up to \$1,500	80% up to \$300 each Combined max of \$1,000 Per cert max of \$1,200	80% Basic Services Maximum of \$750
BRONZE	80% up to \$2,500	80% up to \$400 each Combined max of \$1,000 Per cert max of \$1,200	80% Basic Services, 50% Major Services Combined max of \$1,000
SILVER	80% up to \$2,500	80% up to \$400 each Combined max of \$1,000 Per cert max of \$1,600	80% Basic Services, 50% Major Services Combined max of \$1,000
GOLD	80% up to \$3,500	80% up to \$500 each Combined max of \$1,000 Per cert max of \$1,600	80% Basic Services, 50% Major Services Combined max of \$1,500
EMERALD	90% up to \$5,000	90% up to \$500 each Combined max of \$1,000 Per cert max of \$2,000	80% Basic Services, 50% Major Services Combined max of \$1,500

Monthly Cost (British Columbia)

	SINGLE	COUPLE	FAMILY
COPPER	\$98.33	\$184.31	\$244.62
BRONZE	\$124.08	\$237.41	\$320.33
SILVER	\$129.83	\$249.13	\$336.64
GOLD	\$152.45	\$297.26	\$402.99
EMERALD	\$163.94	\$320.68	\$435.48

Plan offerings cannot be modified. No medical evidence is required for all plans. Benefit offerings, rates, administration and claim procedures are subject to change.

Enrolment Eligibility

- You will be eligible for benefits 60 days after joining the VPA. You will then have 31 days to enroll without having to provide medical evidence.
- Applications received after the enrolment period may result in restricted benefits, medical questionnaires, pre-existing exclusions, etc.
- All eligible dependents must be included on the initial application – dependents can be exempted from the health and dental benefits as long as alternate coverage information is provided on the application (eg spouse has coverage). If you are exempting coverage, and later lose the alternate policy, ensure you notify Effortless Admin within 31 days in order to activate your health and dental coverage without providing medical evidence.
- Members will have the option to modify their coverage up or down by one level (copper/bronze/silver/gold/emerald) every 24 months of active coverage, or at the time of a life event. A life event is defined as an event that would result in a change to your dependent status (single/couple/family), such as marriage, divorce or having your first child.

Medical Requirements

- None if application is submitted within 31 days of becoming eligible for benefits.
- If an application is received after 31 days from the date coverage was to commence, medical will be required before the member or dependent can join the plan.
- An eligible dependent who was not added at the time of the member would be required to provide medical evidence if they wish to join at a later date.
- If coverage is cancelled, it cannot be applied for until after 12 months from the date of termination, and medical underwriting will be required.
- If medical approval is required, there is a dental restriction of \$250 per insured for the first 12 months of coverage.

Member Enrollment Process

- Email Arbutus Financial Services Ltd. at info@arbutusfinancial.com with:
 - your name
 - date of birth
 - email address
 - plan choice (Copper, Bronze, Silver, Gold, Emerald)
 - family status (single, couple, family)
- You will receive an email prompting you to log in and complete your enrolment.
- The unique link in the email is tied to your personal information. You will be required to verify your identity using your name and date of birth.
- The enrolment wizard will walk you through a series of steps to add your contact, dependent, beneficiary, and alternate coverage information.
- Once completed you will be instructed to print the forms, sign where indicated and return the original to Effortless Admin.
- You are required to send in the original enrolment forms, along with a copy of a void cheque for pre-authorized withdrawal of the monthly premiums.
- If the original forms are not received within two weeks, a reminder notice will be sent. Failure to return the original forms with banking details within six weeks will result in termination of coverage retroactive to the initial effective date.

Once the original forms have been received, a benefit package will be sent to your home with your “Benefits At A Glance” booklet, benefit statement, pay direct drug cards, and brochures on how to submit claims using the online system, or mobile app.



For more information please contact

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Plan Administered By

Effortless Admin
www.effortlessadmin.com