

## MPC Group Benefits Plan

Benefit	Copper	Bronze	Silver	Gold	Platinum
<b>Life and AD&amp;D</b> (Member only, no coverage for dependents)					
Coverage	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Reduction	50% at age 65	50% at age 65	50% at age 65	50% at age 65	50% at age 65
Termination	Age 70	Age 70	Age 70	Age 70	Age 70
<b>Extended Health Care</b> (per year limits refer to a calendar year and are per insured person; termination at Member age 75)					
<b>Drugs</b>					
Reimbursement	70%	70%	80%	80%	90%
Maximum Per Year	\$500	\$1,000	\$2,500	\$5,000	\$5,000
<b>Paramedical Services</b> <i>Acupuncturist, Audiologist, Chiropractor, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist, Podiatrist, Psychologist/Psychotherapist/Social Worker, Speech-Language Pathologist</i>					
Reimbursement	70%	70%	80%	80%	90%
Per Practitioner Limit	\$250 per year	\$300 per year	\$400 per year	\$500 per year	\$600 per year
Combined Limit	\$750 per year	\$750 per year	\$1,000 per year	\$1,250 per year	\$1,500 per year
<b>Medical Equipment, Services &amp; Supplies</b> (subject to specified limits per benefits booklet)					
Reimbursement	70%	70%	80%	80%	90%
<b>Hospital</b>					
Reimbursement	Not covered	Not covered	Semi-Private	Semi-Private	Semi-Private
Reimbursement	N/A	N/A	100%	100%	100%
<b>Out-Of-Province Travel Medical Emergency</b> (180 days maximum per trip)					
Reimbursement	100%	100%	100%	100%	100%
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Trip Cancellation	Included	Included	Included	Included	Included
<b>Eye Exams</b>					
Reimbursement	100%	100%	100%	100%	100%
Limit Per Exam	\$75	\$75	\$75	\$75	\$75
Adult Limit	1 every 24 months	1 every 24 months	1 every 24 months	1 every 24 months	1 every 24 months
Dependent Child Limit	1 every 12 months	1 every 12 months	1 every 12 months	1 every 12 months	1 every 12 months
<b>Vision Care</b> (prescription eyeglasses/contact lenses/laser eye surgery)					
Reimbursement	Not covered	Not Covered	100%	100%	100%
Limit	N/A	N/A	\$200	\$250	\$250
Adult	N/A	N/A	Every 24 months	Every 24 months	Every 24 months
Dependent Child	N/A	N/A	Every 12 months	Every 12 months	Every 12 months
<b>Dental</b> (Basic includes Periodontics & Endodontics; per year limits refer to a calendar year; termination at Member age 75)					
Basic Reimbursement	70%	70%	80%	80%	90%
Major Reimbursement	Not covered	Not covered	Not covered	50%	50%
Maximum – Per Person	\$500 per year	\$750 per year	\$1,000 per year	\$1,250 per year	\$1,500 per year
Maximum – Per Family	\$1,500 per year	\$2,250 per year	\$3,000 per year	\$3,750 per year	\$4,500 per year
Recall Exams	9 months	9 months	9 months	9 months	9 months
Scaling Units (per year)	8 units	8 units	8 units	8 units	8 units



## MPC Group Benefits Plan Monthly Rates

Province	Coverage	Copper	Bronze	Silver	Gold	Platinum
<b>Newfoundland and Labrador</b>	Single	\$70.49	\$96.63	\$139.15	\$157.82	\$192.93
	Family	\$176.79	\$251.02	\$367.58	\$421.49	\$519.16
<b>Atlantic (NB, NS, PE)</b>	Single	\$78.46	\$107.84	\$153.35	\$172.99	\$209.49
	Family	\$200.47	\$284.24	\$409.09	\$465.47	\$567.22
<b>Ontario</b>	Single	\$85.03	\$117.09	\$165.06	\$185.51	\$223.20
	Family	\$219.99	\$311.62	\$443.34	\$501.78	\$606.96
<b>Manitoba / Saskatchewan</b>	Single	\$64.98	\$87.86	\$122.77	\$137.76	\$165.52
	Family	\$161.88	\$227.15	\$322.96	\$365.92	\$443.34
<b>Alberta</b>	Single	\$83.60	\$115.07	\$162.50	\$182.77	\$220.19
	Family	\$215.74	\$305.65	\$435.86	\$493.84	\$598.25
<b>British Columbia</b>	Single	\$74.84	\$101.54	\$139.14	\$154.78	\$183.14
	Family	\$191.45	\$268.07	\$371.44	\$415.79	\$495.14

**All rates include mandatory benefits coverage (Life, AD&D, Extended Health Care, Dental) and exclude applicable taxes.**

## MPC Group Benefits Plan Optional Benefits

Critical Illness	
Benefit Amount	\$10,000
Number of Covered Conditions	31 conditions for Members, 18 conditions for Spouses
General Limitation	Diagnosed after effective date of coverage
Pre-Existing Condition Limitation	Within 24 months prior to effective date of coverage
Termination	Age 70
Weekly Indemnity <i>(Member only, no coverage for dependents)</i>	
Benefit Formula	66.67% of weekly earnings
Benefit Maximum	\$1,200
Non-Evidence Maximum (NEM)	\$600
Benefits Commence	1 <sup>st</sup> day of injury or 8 <sup>th</sup> day of illness
Benefit Duration	17 weeks maximum
Termination	Age 70
Long-Term Disability <i>(Member only, no coverage for dependents)</i>	
Benefit Formula	<p style="color: #0070c0; margin: 0;"><b>Non-Taxable</b></p> <p style="margin: 0;">66.67% of the first \$2,500 of monthly earnings, 50% of the next \$4,000, and 40% of the remainder.</p> <p style="margin: 0;"><b>100% of premium must be Member-paid</b> for benefit to be non-taxable.</p> <p style="text-align: center; margin: 0;"><b>or</b></p> <p style="color: #0070c0; margin: 0;"><b>Taxable</b></p> <p style="margin: 0;">66.67% of monthly earnings</p>
Benefit Maximum	\$7,500
Non-Evidence Maximum (NEM)	\$1,500
Benefits Commence	120 <sup>th</sup> day of injury or illness
Benefit Duration	5 years maximum, up to age 65
Definition of Disability	24 months own occupation
Termination	Age 65 less 120 days

	Critical Illness	Weekly Indemnity	Long-Term Disability
<b>Monthly Rates</b>	\$6.91	\$0.67 per \$10 of benefit	\$2.82 per \$100 of benefit

**Please Note:**

- Optional benefits are selected at the firm level, requiring all members within your company to participate in the chosen optional benefits.
- Optional benefits remain consistent across all plan levels (Copper, Bronze, Silver, Gold, and Platinum).
- Medical Evidence is required for groups of 1-2 lives (for MPC Plan enrolment, and for Optional Benefits).

