



MPC Group Benefits Plan

Life and AD&D (Member Only, no coverage for dependents)	Benefit	Copper	Bronze	Silver	Gold	Platinum		
Reduction	Life and AD&D (Membe	r only, no coverage fo	or dependents)					
Termination	Coverage	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000		
Extended Health Care per year limits refer to a calendar year and are per insured person; termination at Member age 75) Drugs Reimbursement 70% 70% 80% 80% 90% Maximum Per Year \$500 \$1,000 \$2,500 \$5,000 \$5,000 Paramedical Services Acupuncturist, Audiologist, Chiropodist, Chiropractor, Dieticlian, Message Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist, Podiatrist, Psychologist/Psychotherapist/Social Worker, Speech-Language Pathologist Reimbursement 70% 80% 80% 90% Per Practitioner Limit \$250 per year \$300 per year \$400 per year \$1,250 per year \$600 per year Combined Limit \$750 per year \$750 per year \$1,000 per year \$1,500 per year \$1,500 per year Medical Equipment, Services & Supplies (subject to specified timits per benefits booklet) 80% 80% 90% Reimbursement 70% 70% 80% 80% 90% Hospital Not covered Semi-Private Semi-Private Semi-Private Reimbursement N/A N/A 100% 100% 100%	Reduction	50% at age 65	50% at age 65	50% at age 65	50% at age 65	50% at age 65		
Drugs Reimbursement 70% 70% 80% 90% Maximum Per Year \$500 \$1,000 \$2,500 \$5,000 \$5,000 Paramedical Services Acupuncturist, Audiologist, Chiropodist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist, Pediatrist, Psychologist/Psychotherapist/Social Worker, Speech-Language Pathologist 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 \$600 per year Medical Equipment, Services & Suppties (subject to specified limits per benefits booklet) Reimbursement 70% 80% 80% 90% Hospital Not covered Not covered Semi-Private Semi-Private Semi-Private Reimbursement N/A N/A 100% 100% 100% 100% Cut-Of-Province Travel Medical Emergency (180 days maximum per trip) Reimbursement 100% 100% 100% 100%	Termination	Age 70	Age 70	Age 70	Age 70	Age 70		
Reimbursement 70% 70% 80% 80% 90% 80% 80% 90% 80%	Extended Health Care	Extended Health Care (per year limits refer to a calendar year and are per insured person; termination at Member age 75)						
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Per Practitioner Limit \$250 per year \$300 per year \$400 per year \$1,250 per year \$1,500 pe	Acupuncturist, Audiologist, Chiropodist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist,							
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Reimbursement 70% 80% 80% 90% Hospital Not covered Not covered Semi-Private Advited 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	Combined Limit	\$750 per year	\$750 per year	\$1,000 per year	\$1,250 per year	\$1,500 per year		
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Vision Care (prescription eyeglasses/contact lenses/laser eye surgery)ReimbursementNot coveredNot Covered100%100%100%LimitN/AN/A\$200\$250\$250AdultN/AN/AEvery 24 monthsEvery 24 monthsEvery 24 monthsDependent ChildN/AN/AEvery 12 monthsEvery 12 monthsEvery 12 monthsDental (Basic includes Periodontics & Endodontics; per year limits refer to a calendar year; termination at Member age 75)Basic Reimbursement70%70%80%80%90%Major ReimbursementNot coveredNot covered50%50%Maximum – Per Person\$500 per year\$750 per year\$1,000 per year\$1,250 per year\$1,500 per yearMaximum – Per Family\$1,500 per year\$2,250 per year\$3,000 per year\$3,750 per year\$4,500 per yearRecall Exams9 months9 months9 months9 months	Adult Limit	1 every 24 months	1 every 24 months	1 every 24 months	1 every 24 months	1 every 24 months		
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Maximum – Per Family\$1,500 per year\$2,250 per year\$3,000 per year\$3,750 per year\$4,500 per yearRecall Exams9 months9 months9 months9 months	Major Reimbursement	Not covered	Not covered	Not covered	50%	50%		
Recall Exams 9 months 9 months 9 months 9 months	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		
Scaling Units (per year) 8 units 8 units 8 units 8 units	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
Newfoundland and Labrador	Single	\$70.49	\$96.63	\$139.15	\$157.82	\$192.93
	Family	\$176.79	\$251.02	\$367.58	\$421.49	\$519.16
Atlantic (NB, NS, PE)	Single	\$78.46	\$107.84	\$153.35	\$172.99	\$209.49
	Family	\$200.47	\$284.24	\$409.09	\$465.47	\$567.22
Ontario	Single	\$85.03	\$117.09	\$165.06	\$185.51	\$223.20
	Family	\$219.99	\$311.62	\$443.34	\$501.78	\$606.96
Manitoba / Saskatchewan	Single	\$64.98	\$87.86	\$122.77	\$137.76	\$165.52
	Family	\$161.88	\$227.15	\$322.96	\$365.92	\$443.34
Alberta	Single	\$83.60	\$115.07	\$162.50	\$182.77	\$220.19
	Family	\$215.74	\$305.65	\$435.86	\$493.84	\$598.25
British Columbia	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 (Member only, no coverage for dependents)					
Benefit Formula	66.67% of weekly earnings				
Benefit Maximum	\$1,200				
Non-Evidence Maximum (NEM)	\$600				
Benefits Commence	1 st day of injury or 8 th day of illness				
Benefit Duration	17 weeks maximum				
Termination	Age 70				
Long-Term Disability (Member only, no coverage for dependents)					
Benefit Formula	Non-Taxable 66.67% of the first \$2,500 of monthly earnings, 50% of the next \$4,000, and 40% of the remainder. 100% of premium must be Member-paid for benefit to be non-taxable. or Taxable 66.67% of monthly earnings				
Benefit Maximum	\$7,500				
Non-Evidence Maximum (NEM)	\$1,500				
Benefits Commence	120 th 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
Monthly Rates	\$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).

