

**Group Insurance for you and your employees
Health and Dental Insurance
Basic Life, Accidental Death & Dismemberment &
Dependent Life Insurance**

This plan is available to you and your employees *without medical evidence of insurability being required, provided you enroll within 30 days of becoming a member of the Atlantic Business Alliance.*

The following is a brief description of some of the benefits provided on this plan. *Additional benefits are also included and will be outlined in complete detail in the benefit booklet that you will receive upon enrollment in the plan.*

Health Care:

Prescription Drug Benefit: You will receive a pay direct drug card whereby you pay 20% of the prescription cost.

Semi-Private Hospital: 100% insurance for a semi-private hospital room.

Vision Care: 80% of services up to a maximum reimbursement of \$115.00 every 2 calendar years plus one eye exam per calendar year will also be covered.

Medical Services & Supplies: Medical services and supplies will be reimbursed at 80%, for example: Private duty nursing up to \$10,000 per calendar year, Orthopaedic shoes up to \$150.00 per calendar year, orthotics to a maximum of \$400/3 years, Hearing Aids up to \$500.00 per 5 calendar years.

Includes other medical services and supplies as outlined in benefit book.

Professional Services: Professional Practitioners will be reimbursed at 80% up to a maximum of \$300.00/calendar year/practitioner. Includes: Chiropractor, Massage Therapist, Naturopath, Osteopath, Physiotherapy, Podiatrist, Psychologist, and Speech Therapist.

Out of Country Emergency Medical Insurance:

You will be insured for out of country emergency medical insurance up to \$1,000,000 lifetime. Please note this is an emergency medical plan and your pre existing conditions may not be insured. Prior to travel you should call the insurer.

Dental Benefits:

The Plan provides for coverage of 80% of Basic and Supplementary Services. Basic Services include but is not limited to such services as diagnostic, preventative and general services, fillings, extractions and minor surgery, denture repair, rebase and reline. Supplementary Services include but is not limited to such services as oral surgery & periodontics.

The annual maximum of \$1,000 per person/ calendar year for all dental services.

Fee Guide: Current General Practitioners

Basic Life Insurance, Accidental Death & Dismemberment:

\$25,000 basic life insurance plus \$25,000 Accidental Death & Dismemberment insurance for primary insured

Dependent Life Insurance:

\$5,000 life insurance for spouse, \$2,500 life insurance for each dependent child

Monthly Cost:

<i>Benefit</i>	<i>Monthly Premium Single Coverage</i>	<i>Monthly Premium Family coverage</i>
<i>Basic Life Insurance</i>		
<i>Basic Accidental Death & Dismemberment</i>		
<i>Basic Dependent Life</i>		
<i>Extended Health Benefits</i>		
<i>Dental Benefits</i>		
<i>Total Monthly Cost</i>		

These rates are guaranteed until November 1, 2010.

Enrollment:

To apply for coverage there are 3 simple steps:

An enrollment form is required for yourself and/or each of your employees,

An employer form is required

A cheque marked "void" for premiums to be deducted from your bank account.

The monthly premium for all employees enrolled under your business will be deducted on the 5th of each month.

You will receive drug cards and a detailed benefit booklet shortly after enrollment.

For Additional Enrollment forms go to Atlantic Business Alliance website or call:

In Prince Edward Island (902)628-3537 or 1-800-371-9516

In Nova Scotia (902)453-9543 or 1-800-453-9543

Forward Enrollment form, Employer form and Void cheque to:

In Prince Edward Island: Johnson Inc. 111 Kent Street, Charlottetown, PEI C1A 1N3

In Nova Scotia forward to: Johnson Inc. Suite 200, 84 Chain Lake Drive, Halifax, NS B3K 5S4

This package is provided solely for the purpose of outlining your benefits.

All rights with respect to your benefits as a member of this plan will be governed by the Group Insurance contract.