

Thank you for your interest in the ECEBC Group Benefits Program!

Early Childhood Educators of British Columbia (ECEBC) has named HealthSource Plus as the official supplier of the ECEBC. The program will be exclusive to ECEBC members and will take advantage of our considerable buying power. We are pleased to report that many Franchisees are already taking advantage of the unique program that is designed to save you money on employee benefits programs – permanently

Who will be Eligible?

- You are a member of the ECEBC:
 - **Full Member** - Has an Early Childhood Educator's License to Practice from the Provincial Community Care Facilities Branch. Eligible to vote on provincial issues at ECEBC's Annual General Meeting.
 - **Student Member** - Is in the process of becoming professionally qualified in the field of early childhood or is in the process of completing 500 hours of work experience.
 - **Associate Member** - Holds post-secondary certification in a related field, or has been a full member of ECEBC and is now retired from the ECE field, or is currently employed in the early childhood field and is in good standing with the Provincial Community Care Facilities Branch.



Unique features of the ECEBC Group Benefits Program are:

- Low plan administration fees as a result of the large buying power of the Franchisee Plan. What this means to you is long term cost stability as employees and their families may be able to claim more without it negatively impacting the cost of the program.
- Access to a Preferred Pharmacy Network which allows employees and their families to obtain prescription medications at a significant discount.
- My Wellness Program – available to you and your eligible dependents – FREE
- Employee Assistance Program for employees and their families
- Continuation of health care benefits to dependents for 2 years after an employee's death.
- Full Out of Country Coverage + \$5,000 per insured of Trip Cancellation Insurance.
- If your dependents (children and/or spouse) are not covered under any other plan they are eligible under your plan at the family rate.
- If your spouse (legal or common law for 12 months) has a plan that provides you with sufficient health and dental care coverage, you may opt out of that portion of the ECEBC plan.



What follows in this Proposal is:

- Schedule of Benefits – provides details on what is covered under the program.
- Cost Summary – provides details on the cost to provide coverage to you and your staff.
- Value Added Services – an outline of additional FREE value added services available to employees and their families.
- Next Steps



Plan Comparison – 3 Options

	ECEBC		
Life Insurance	Option 1	Option 2	Option 3
Coverage	100% of annual income		
Maximum	\$200,000		
Non-Evidence Maximum	\$150,000		
Reduction	50% age 65		
Termination Age	70		
Accidental Death & Dismemberment			
Benefit Amount	AD&D Amount Equals the Life Insurance Amount		
EAP	Included - Ceridian Lifeworks		
Optional Life	Available in Units of \$10,000 to Max of \$200,000		
termination age	Age 65		
Long Term Disability			
Benefit Schedule	66.7% of 1st \$2,250 of gross monthly income, 50% of next \$3,500, 44% of balance		
Maximum	\$6,000/month		
Non-Evidence Maximum	\$5,000		
Elimination Period	120 days		
Benefit Duration	payage to age 65		
Termination Age	65		
Definition of Disability	2 year own occupation, then any occupation		
Extended Health Care			
Deductible	NIL	NIL	NIL
Drugs	80% of Covered Drugs	75% of Covered Drugs	70% of Covered Drugs
Dispensing Fee Cap	\$9.00	\$9.00	\$9.00
Co-Insurance	80%	80%	80%
Paramedical Practitioners			
Chiropract/Podiatrist	\$400	\$400/practitioner maximum up to a \$1,000 combined calendar year max	\$400/practitioner maximum up to a \$1,000 combined calendar year max
Chiropractor	\$400		
Naturopath	\$400		
Osteopath	\$400		
Psychologist	\$400		
athletic therapy	\$400		
Physiotherapist	\$400		
Massage Therapy	\$400		
Speech Therapist	\$400		
Dietician	\$400		



Plan Comparison, *continued*

Ambulance Services	100% Coverage		
Hospital	100% Semi-Private		
Private Duty Nursing	\$10,000/Benefit Period		
Vision	\$200 every 24 months at 100% co-insurance	\$100 every 24 months at 100% co-insurance	no vision
Eye Exams	1 Exam every 24 Months	1 Exam every 24 Months	no vision
Out of Country	\$5,000,000/Trip Maximum		
Trip Duration	180 days		
Trip Cancellation	\$5,000/insured/trip		
Termination Age	Age 70		
Dental Care	Option 1	Option 2	Option 3
Deductible	\$25 single/\$50 family	\$25 single/\$50 family	\$25 single/\$50 family
Fee Guide	Current	Current	Current
Recall Frequency	6 months	9 months	9 months
Basic Services	100%	90%	80%
Endodontic/Periodontic Services	100%	90%	80%
Major Services	50%	50%	n/a
Combined Maximum	\$1,500	\$1,500	\$1,500
Orthodontic	50%	n/a	n/a
Ortho max	\$1,500 Lifetime (max age 18)	n/a	n/a
Termination Age	Age 70	Age 70	Age 70



COST SUMMARY by Option, Annual Income, Coverage Status

Annual Income	Coverage Status	Option 1 Cost	Option 2 Cost	Option 3 Cost
\$20,000	single	\$102.85	\$98.55	\$89.40
	family	\$219.05	\$207.45	\$183.94
\$25,000	single	\$108.81	\$104.51	\$95.36
	family	\$225.01	\$213.41	\$189.90
\$30,000	single	\$114.76	\$110.46	\$101.31
	family	\$230.96	\$219.36	\$195.85
\$35,000	single	\$120.70	\$116.40	\$107.25
	family	\$236.90	\$225.30	\$201.79
\$40,000	single	\$123.45	\$119.15	\$110.00
	family	\$239.65	\$228.05	\$204.54
\$45,000	single	\$128.17	\$123.87	\$114.72
	family	\$244.37	\$232.77	\$209.26
\$50,000	single	\$132.89	\$128.59	\$119.44
	family	\$249.09	\$237.49	\$213.98
\$55,000	single	\$137.62	\$133.32	\$124.17
	family	\$253.82	\$242.22	\$218.71
\$60,000	single	\$142.34	\$138.04	\$128.89
	family	\$258.54	\$246.94	\$223.43

To determine your monthly cost:

1st select your estimated annual income

Next select your coverage status (single or family).

Lastly select which plan option you would like.

Example: I earn \$35,000/yr., I require family coverage and I want Plan Option 2. **My monthly cost would be \$225.30 + tax.**

Value Added Programs

As a member of the ECEBC Group Benefits Program you have access to several value added programs. These include:

▶ Access to a full service Wellness program—**MY WELLNESS**

MY WELLNESS includes:

A monthly wellness communication by way of email, Your Wellness Connection which includes:

- Body Bulletin, National Health Observance, Tip of the Month, Links to Article and Recipe of the month
- Wellness Website
- Wellness Needs and Interest Survey
- Ask the Expert (email support for nutrition related questions or inquiries)
- Selfhelpworks - an innovative suite of online learning programs designed to assist your employees and their families –
 - **Quit smoking with Livingfree**
Helps you stop smoking in just 5 days regardless of how long you've smoked, or how many times you've tried to quit.
 - **Manage weight through proper nutrition with Livinglean**
Helps you transform your relationship with food and change your eating patterns to support a healthy lifestyle.
 - **Lower stress levels with Livingeasy**
Is about creating calm where there was fear, creating fulfilling relationships where there was anger and creating clarity where there was overwhelm.
 - **Target substance abuse with Livingsmart**
Helps individuals break unhealthy drinking habits. It empowers participants to make rational rather than emotional decisions about what, where, when and how much to drink.
 - **Make exercise a regular and enjoyable part of your life with Livingfit.**

▶ Access to Preferred Provider Networks which provide discounts at the pharmacy and on vision care products:

Loblaw Pharmacies

- Reduced dispensing fees
- Reduced mark up costs

Loblaw Optical and Eyewear locations

- Discounts on frames and lenses, contact lenses and safety glasses

Sobeys by Mail

- Sign up and receive prescriptions by mail at reduced costs



- ▶ My Preferred Benefits – opportunities for cost containment, choice and convenience.
 - Visit www.peoplecorporation.com/my-preferred-benefits, your one stop to access information and start taking advantage of resources to assist you in using your benefits plan wisely.

Here's what you'll find:

MY PREFERRED PHARMACY – A program overview and link to the Loblaw pharmacy locator tool.

MY PREFERRED VISION CARE – A program overview and link to the Loblaw store locator tool. Once at the store locator, you check 'optical' and it will provide the closest location.

MY PREFERRED BRAND MEDICATIONS – A program overview and a link to the innoviCares site for interested members to register for their card.

NEXT STEPS

For more information or for a “Group Enrolment Kit” please contact:

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