

SAMPLE QUOTE RISKMANAGERS.DENTAL
(rates may differ slightly in each case due to demographics)

GROUP BENEFITS PROVIDED: Benefits provided Dental Offices, include the following coverage and insurers:

Benefits: Group Critical Illness (The Wawanesa Life Insurance Company)
 Telephonic Employee Assistance Program (EAP) (HumanaCare)
 Second Medical Opinion Consultation (HumanaCare)
 Extended Health Care Insurance (Green Shield Canada)

Monthly Costs:

ESTIMATED MONTHLY GROSS PREMIUM				
Benefit	No. of Insured	Insured Volumes	Unistar Proposed Gross Rates	Unistar Proposed Gross Premium
Third Party Administration Fee	11	11	\$2.500	\$27.50
Critical Illness	11	\$275,000	\$0.431	\$118.53
EAP - Class 1	11	11	\$1.430	\$15.73
Medical Second Opinion	11	11	\$1.310	\$14.41
ESTIMATED MONTHLY GROSS PREMIUM:				\$176.17
Extended Health – Single	2	2	\$60.200	\$120.40
Extended Health – Couple	0	0	\$144.490	\$0.00
Extended Health – Family	5	5	\$169.990	\$849.95
TOTAL MONTHLY EXPERIENCE RATED GROSS PREMIUM:				\$970.35
COMBINED TOTAL MONTHLY GROSS PREMIUM:				\$1146.52

GROUP BENEFIT PLAN SUMMARY: The following summary outlines the benefits provided by this plan. Additional benefits provisions are outlined in complete detail in the benefit booklet that you receive upon enrollment in the plan.

BENEFIT	COVERAGE SUMMARY
Group Critical Illness Insurance	<ul style="list-style-type: none"> Flat amount of \$25,000 of Group Critical Illness Insurance Included 25 diseases such as Cancer, Stroke, Heart Attack, MS, Major Organ Transplant, etc. Waiver of Premium included if you are totally disabled following the 180-day qualifying period Benefit terminates at age 65 No medical questions will be asked
Telephonic Employee Assistance Program (EAP)	<ul style="list-style-type: none"> Provides professional assistance for a wide range of personal issues with respect to Life, Work, Family, Money, Health Benefit terminates at age 70
Second Medical Opinion Consultation	<ul style="list-style-type: none"> Sub-specialist radiologist, sub-specialist pathologist, sub-specialist internist, pediatrician, sub-specialist oncologist, radiotherapist, specialist or sub-specialist surgeon Benefit terminates at age 70
Extended Health Care Insurance	<ul style="list-style-type: none"> No Annual Deductible Unlimited EHC per insured person per calendar Year No Drug Deductible 80% Pay Direct Drug Card (Generic Drug Substitution) 80% Preventive Vaccines (<i>prescribed by a Physician for preventing or treating an illness</i>) - \$100 per calendar Year per insured person

	<ul style="list-style-type: none"> • 80% Sclerotherapy (<i>used in the treatment of varicosities, when this treatment is primarily for therapeutic and not cosmetic purposes</i>) \$20 per visit per insured person up to \$200 per calendar year per insured person • 80% All other covered drugs (Unlimited) • 100% Public general hospital Semi-Private Room (Reasonable and customary pricing charges) • 100% Convalescent or rehabilitation hospital - Semi-Private Room (\$40 per day to a maximum of 90 days per calendar year, per insured person) • 100% Audio (\$500 per 3 years based on date of first paid claim (<i>batteries not included</i>), per insured person) • 100% Medical Items and Services as follows: <ul style="list-style-type: none"> • custom made orthopedic boots or shoes - \$300 per calendar year, per insured person (<i>subject to medical pre-authorization</i>) • custom made foot orthotics - \$300 per calendar year, per insured person (<i>Physician prescription required</i>) • Medical Services (including diagnostics (12600) and MRI (12610) - \$1,000 per calendar year, per insured person • Mobility Aids - \$3,000 every 5 years based on date of the first paid claim, per insured person • Musculo-Skeletal - T.E.N.S. machine - \$700 per lifetime, per insured person • Prosthetic - Breast prostheses, and kind - \$150 every 2 years based on date of first paid claim, per insured person • Prosthetic - 2 per calendar year, per insured person • Cataract eyewear - \$200 per lifetime, per insured person • Respiratory/Cardiology - C.P.A.P. & A.P.A.P. - 1 combined per lifetime up to reasonable & customary charges, per insured person (<i>Physician (M.D.) referral required & GSC Pre-Authorization required</i>)(<i>related supplies subject to pre-authorization, limitations & restrictions</i>) • Respiratory/Cardiology - B.P.A.P. - 1 per lifetime up to reasonable & customary charges, per insured person (<i>Physician (M.D.) referral required & GSC Pre-Authorization required</i>) • Respiratory/Cardiology - Aero chamber - Reasonable & customary charges, only for dependent children 6 years of age and under • Compression stockings - \$100 per calendar year • Wigs - \$150 per calendar year • Private Nursing in the Home - \$10,000 per calendar year (<i>GSC pre-authorization required</i>) • Emergency Transportation - Reasonable and customary charges for land or air ambulance to the nearest hospital equipped to provide the required treatment • Professional Services – Acupuncturist, Chiropractor, Chiropodist or Podiatrist, Dietitian (Physician (M.D.) recommendation required), Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Psychologist or Counselor, Master of Social Work, Speech Therapist - Unlimited per visit maximum, up to a reasonable & customary charges, to a maximum of \$500 per specialty per calendar year • Paramedical x-rays up to \$50 maximum per x-ray • Accidental Dental - \$2,000 per Accident • Vision - Optometric Eye Examinations - • Benefit terminates at age 70
Extended Health Care Insurance (Travel Benefit Plan)	<ul style="list-style-type: none"> • Maximum Number of Days per Trip – 90 days; • Emergency Services - \$5,000,000 per covered person per incident • Referral Services - \$50,000 per covered person per calendar year • Benefit terminates at age 70