

**CPGA BENEFITS PLAN
2008
Summary of Benefits**

BENEFIT TYPE	BASIC PLAN	PLAN I	PLAN II
LIFE INSURANCE	\$5,000.	\$15,000.	\$25,000.
PERSONAL ACCIDENT	\$5,000.	\$15,000.	\$25,000
HEALTH CARE	Semi-private Hospital --- \$1,000,000. maximum \$50./person deductible \$100./family deductible 50% reimbursement Cost Plus	Semi-Private Hospital Prescription Drugs \$1,000,000. maximum \$50./person deductible \$100./family deductible 80% reimbursement Cost Plus	Semi-Private Hospital Prescription Drugs \$1,000,000. maximum \$25./person deductible \$50./family deductible 100% reimbursement Cost Plus
DENTALCARE	Basic Preventative Endodontics Periodontics \$1,000. maximum/year \$50./person deductible \$100./family deductible 50% reimbursement Cost Plus	Basic Preventative Endodontics Periodontics \$1,000. maximum/year \$50./person deductible \$100./family deductible 80% reimbursement Cost Plus	Basic Preventative Endodontics Periodontics \$1,000. maximum/year \$25./person deductible \$50./family deductible 100% reimbursement Cost Plus

MONTHLY PREMIUM

ATLANTIC PROVINCES

	<u>BASIC PLAN *</u>	<u>PLAN I</u>	<u>PLAN II</u>
Member	\$ 87.68	\$ 168.38	\$ 274.36
Member & Spouse or Child	\$ 148.00	\$ 312.21	\$ 498.31
Member & Family	\$ 226.80	\$ 498.07	\$ 829.75

[*BASIC PLAN should not be selected unless you are able to fully utilize the Cost Plus Benefit option.]

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