

**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

BRITISH COLUMBIA

| | <u>BASIC PLAN *</u> | <u>PLAN I</u> | <u>PLAN II</u> |
|--------------------------|---------------------|---------------|----------------|
| Member | \$ 45.21 | \$ 79.95 | \$ 119.00 |
| Member & Spouse or Child | \$ 63.38 | \$ 128.14 | \$ 201.04 |
| Member & Family | \$ 87.37 | \$ 184.85 | \$ 313.30 |

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

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