

# GROUP BENEFITS EXIT LETTER

## *Affordable, Uninterrupted Health and Dental Insurance Coverage:*

- You can receive benefits with NO medical evidence, so long that it is within 60 days after termination of your benefits
- Your benefits can help pay for your family's prescription drugs, dental services, prescription eyewear, hearing aids, chiropractic visits, massage therapy, orthotics and more

No Medical Underwriting Required — Your Acceptance is Guaranteed				
	LINK Plan 1	LINK Plan 2	LINK Plan 3	LINK Plan 4
<b>PRESCRIPTION DRUGS</b>				
<b>Maximums</b>	Year 1: \$500 Year 2: \$650 Year 3+: \$800 Paid at 80% per person per year	Year 1: \$750 Year 2: \$900 Year 3+: \$1,100 Paid at 80% per person per year	Year 1: \$1,200 Year 2: \$1,350 Year 3+: \$1,500 Paid at 80% per person per year	Year 1: \$2,300 Year 2: \$2,400 Year 3: \$2,500 Year 4+: \$2,700 Paid at 80% per person per year
<b>DENTAL CARE</b>				
<b>Maximums</b>		Year 1: \$600 Year 2: \$800 Year 3+: \$1,000 per person per year	Year 1: \$750 Year 2: \$1,000 Year 3+: \$1,250 per person per year	Year 1: \$1,000 Year 2: \$1,250 Year 3+: \$1,750 per person per year
<b>Recall Frequency</b>		9 months	9 months	6 months
<b>Basic Services</b>	Not included	Paid at 80%	Paid at 80%	Paid at 80%
<b>Comprehensive Basic Services</b>		Paid at 80%	Paid at 80%	Paid at 80%
<b>Major Services</b>		Not included	Available in Year 3 - Paid at 50%	Available in Year 3 - Paid at 60%
<b>Orthodontic Services</b>		Not included	Not included	Available in Year 3 - Paid at 60%; \$2,000 lifetime maximum per person
<b>VISION CARE</b>				
<b>Vision Care</b> Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years	\$200 per person every 2 years	\$250 per person every 2 years	\$300 per person every 2 years
<b>Eye Examination</b>	\$50 per person every 2 years	\$50 per person every 2 years	\$65 per person every 2 years	\$80 per person every 2 years
<b>EXTENDED HEALTH CARE</b>				
<b>Professional Services/Registered Therapists</b>				
Chiropractor, Chiropracist/Podiatrist, Naturopath, Osteopath, Physiotherapist	\$20 per visit, 15 visits per person per practitioner, per year	\$300 per person per practitioner, per year	\$400 per person per practitioner, per year	\$600 per person per practitioner, per year; up to \$1,200 per person per year combined
Massage Therapist, Acupuncturist	\$20 per visit, 15 visits per person per practitioner, per year	\$20 per visit, 15 visits per person per practitioner, per year	\$20 per visit, 20 visits per person per practitioner, per year	\$30 per visit, 20 visits per person per practitioner, per year
Psychologist/Registered Social Worker	\$600 per person per year combined	\$600 per person per year combined	\$600 per person per year combined	\$600 per person per year combined
Speech Therapist	\$300 per person per year	\$300 per person per year	\$400 per person per year	\$600 per person per year
<b>Accidental Dental</b>	\$2,500 per person per year	\$5,000 per person per year	\$10,000 per person per year	\$10,000 per person per year
<b>Ambulance Transportation</b>	Includes land and air	Includes land and air	Includes land and air	Includes land and air
<b>Hearing Aids</b>	\$300 per person every 4 years	\$400 per person every 4 years	\$500 per person every 4 years	\$600 per person every 4 years
<b>Medical Services</b> Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per person per year	\$2,000 per person per year	\$2,000 per person per year	\$2,000 per person per year
<b>Medical Items and Home Support Services</b> (in home nursing) Separate maximums for Medical Items and Home Support Services	\$1,500 per person per benefit category, per year	\$2,500 per person per benefit category, per year	\$5,000 per person per benefit category, per year	\$5,000 per person per benefit category, per year
<b>HOSPITAL ACCOMMODATION</b>				
<b>Semi-Private and/or Private</b> Benefit pays the difference between standard ward charges and semi-private and/or private accommodation in a public general hospital	\$200 per person per day 30 days maximum per year	\$200 per person per day 30 days maximum per year	\$200 per person per day 30 days maximum per year	\$250 per person per day 30 days maximum per year
<b>TRAVEL</b>				
<b>Emergency Medical Travel Coverage</b> Out of Province/Country	10 days per trip \$5,000,000 per person per year	10 days per trip \$5,000,000 per person per year	15 days per trip \$5,000,000 per person per year	15 days per trip \$5,000,000 per person per year

CONTACT YOUR ADVISORS TODAY!

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Monthly Rates for Residents of:		British Columbia			Alberta			Saskatchewan, Manitoba, Northwest Territories, Yukon Territory and Nunavut Territory			Ontario			Quebec			New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador		
LINK 1	AGE	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY
	18-44	\$77	\$143	\$201	\$77	\$143	\$201	\$75	\$138	\$193	\$92	\$168	\$235	\$84	\$156	\$220	\$92	\$168	\$235
	45-54	\$96	\$176	\$246	\$96	\$176	\$246	\$89	\$167	\$234	\$110	\$204	\$286	\$103	\$189	\$267	\$110	\$204	\$286
	55-64	\$104	\$190	\$269	\$104	\$190	\$269	\$99	\$178	\$251	\$121	\$222	\$318	\$114	\$207	\$296	\$121	\$222	\$318
	65+	\$89	\$163	\$220	\$89	\$163	\$220	\$82	\$150	\$200	\$103	\$188	\$256	\$110	\$201	\$275	\$103	\$188	\$256
LINK 2	18-44	\$136	\$253	\$365	\$138	\$257	\$376	\$117	\$216	\$312	\$155	\$288	\$417	\$140	\$259	\$368	\$139	\$258	\$377
	45-54	\$152	\$281	\$400	\$154	\$285	\$405	\$127	\$240	\$339	\$169	\$320	\$451	\$155	\$285	\$405	\$157	\$289	\$403
	55-64	\$163	\$299	\$420	\$165	\$304	\$433	\$136	\$253	\$358	\$184	\$339	\$479	\$166	\$303	\$427	\$166	\$307	\$437
	65+	\$132	\$242	\$340	\$134	\$249	\$346	\$109	\$200	\$280	\$150	\$275	\$382	\$153	\$279	\$389	\$136	\$253	\$350
LINK 3	18-44	\$166	\$312	\$460	\$163	\$306	\$450	\$154	\$281	\$414	\$180	\$338	\$495	\$179	\$328	\$486	\$168	\$317	\$459
	45-54	\$184	\$343	\$508	\$180	\$335	\$496	\$176	\$329	\$478	\$199	\$374	\$543	\$209	\$385	\$567	\$186	\$350	\$511
	55-64	\$201	\$380	\$558	\$196	\$367	\$544	\$194	\$362	\$529	\$219	\$409	\$595	\$228	\$422	\$624	\$204	\$383	\$559
	65+	\$176	\$323	\$460	\$167	\$309	\$439	\$141	\$263	\$370	\$187	\$343	\$494	\$196	\$364	\$516	\$174	\$325	\$456
LINK 4	18-44	\$198	\$370	\$543	\$193	\$362	\$532	\$209	\$388	\$568	\$210	\$393	\$575	\$200	\$369	\$549	\$201	\$371	\$541
	45-54	\$231	\$428	\$633	\$224	\$416	\$622	\$243	\$454	\$664	\$246	\$459	\$670	\$234	\$438	\$642	\$231	\$436	\$636
	55-64	\$250	\$474	\$693	\$244	\$458	\$678	\$268	\$499	\$729	\$268	\$503	\$734	\$260	\$481	\$705	\$253	\$475	\$695
	65+	\$217	\$402	\$574	\$208	\$383	\$548	\$190	\$354	\$501	\$236	\$435	\$618	\$248	\$462	\$659	\$228	\$427	\$604