



Chambers of Commerce
Group Insurance Plan®

**24 Reasons to choose the
Chambers of Commerce Group Insurance Plan**

- 1. No minimum number of employees is necessary**
- 2. Owners only plan:**
An owner, partners, or group of owners may choose coverage without covering employees at all.
- 3. Owners may have a different plan:**
Any owner may choose a different E.H.C. benefit than their employees. (ie: Drugs and health benefits)
- 4. Separate divisions within a firm:**
A Firm may create 2 divisions of completely different health benefits. The divisions must be clear. Example: labourers/office workers. There must be **at least 3** employees in each division.
- 5. Accessibility:**
www.my-benefits.ca is a secure electronic link for benefit administrators, allowing the firm's authorized contact to access and administer the group benefits, employee data, forms and to search for plan information. It's all at their fingertips, 24 hours a day.
- 6. Guaranteed coverage:**
With 3 or more employees on certain E.H.C. and Dental plans, there are **no health statements** or questionnaires required.
- 7. Guaranteed coverage 5+:**
With 5 or more employees on the plan, one benefit only is required. Example: Health or Dental. A firm may choose to implement one benefit, ie: Health and Cost Plus without Dental.
- 8. Guaranteed LTD:**
Guaranteed issue for a 3 and 4 employee firm to \$1,500 per employee.
Guaranteed issue for a 5+ employee firm to \$2,500 per employee.
- 9. Grandfathering of LTD :**
Any firm with 5 employees or more may move an existing plan from your present carrier to the Chambers Plan with no health statements.
- 10. 100% Travel Coverage:**
No pre-existing exclusions on Guaranteed issue plans. Unlimited dollar and up to 6 months coverage to age 65; ages 65-69 = 90 days; 70-74 = 60 days; 75-80 = 30 days.
- 11. Rate stability:**
We do not play pricing games like cutting initial rates to attract your business then hiking it up. The Chamber plan renewal is always annually **April 1**. The Chamber increases have been averaging 3.5%.
- 12. Rate Strength:**
Claims are averaged over 30,000 firms. If you have higher claims than usual one year, you won't be singled out for an increase. THIS MEANS THAT GROUPS WITH 9 EMPLOYEES OR LESS DO NOT SEE AN INCREASE IN THE PREMIUM DUE TO CLAIMS EXPERIENCE ON CERTAIN PLANS.
- 13. Managed Health Care Program:**
Some drug plans may be under the managed health care program, which pays for cost effective medications from a list of Canadian approved drugs. This list is carefully built and maintained through an independent board of physicians, pharmacists and scientists. Should an eligible drug not be included in the list it will be paid at 50%. Approximately 85% of Canadian approved drugs are on the list. I am able to determine in advance if a drug is on the list if you provide me with a D.I.N.

14. Termination:

Chambers plan continues on until close of business or age 80. O.D.A. coverage does not cover everything after age 65.

15. Guaranteed renewable:

Your firm **cannot be cancelled** as long premiums are paid and the plan is in effect. Chamber of Commerce Renewal is April 1 yearly for all firms.

16. No occupation restriction:

Firms in all industries can apply: Restaurants, Farmers and Ranchers, Home-based business, etc.

17. Easy to use:

This plan is easy to use. You can receive assistance through online administration, your Broker Lesley Burke or her assistant, or Head Office.

18. Support Chamber of Commerce:

Of course the added benefit is that you support your local Chambers of Commerce. You must be a member of the Chamber of Commerce to participate in the benefit plan.

19. Quick turnaround of claims:

Most of our health plans include drug and dental cards, other claims are paid within **2 working days** of the time we receive them. Now available: online claim submission and reimbursement!

20. Best Doctors:

The Chamber has included on the plan (at no additional charge to the client) **Best Doctors**. Should you contract certain life threatening or changing medical conditions, Best Doctors provides an in-depth review of your medical files to assist in the development and confirmation of the diagnosis and to help develop a treatment plan.

21. Full range of options:

Life Insurance / A.D&D. / Dependent Life Insurance / Short Term Disability / Long Term Disability / Posaction / E.H.C. / Dental / Critical Illness

22. Critical Illness

Critical Illness coverage is \$30,000 per employee, and is **guaranteed issue**.

23. Coordination of benefits / Late entrants:

Any employee who has health and dental coverage elsewhere may choose to waive health and dental on the plan and take only the other benefits. Should the employee lose the coverage elsewhere, they may transfer the benefits to this plan, but must do so within 30 days of loss of the original plan. Alternatively, the employee may choose to have both plans and have a coordination of benefits. If the employee chooses to coordinate benefits any time after the effective date of the benefit plan, he/she will be considered a "late entrant". Any employee that chooses to waive the benefits completely at the effective date of the plan – and then decides to implement them at a later date is also considered a "late entrant". A late entrant and dependents require health statements and will be underwritten, may have exclusions on the plan, or be declined. Dental coverage will be reduced to \$250 per person for the first 12 months of coverage for all late entrants.

24. Termination of Current Carrier:

It is imperative that a firm and their employees do not terminate the current health and dental plan until you are assured by the Broker as to the effective date of the new plan, and you receive your policy and certificate numbers. We accept no responsibility if the employee or firm terminate from their current plan and the new policy does not become active for any reason.

Please advise if you would like a quote!

