

Effective Date: May 1, 2021

BASIC LIFE / AD&D	FLEX LIFE 1	FLEX LIFE 2	FLEX LIFE 3	FLEX LIFE 4
Benefit	100%	200%	\$100,000	\$25,000
Maximum	\$500,000	\$1,000,000	\$100,000	\$25,000
Non-Evidence Maximum	\$380,000	\$470,000	\$100,000	\$25,000
Billed Life Rate Per \$1000:	0.190	0.190	0.190	0.190
Billed AD&D Rate Per \$1000:	0.040	0.040	0.040	0.040

**If there are owners earning dividends, they can have a Flat \$25,000 benefit with the same rate noted under each option. The class description should be Owners Earning Dividends.

DEPENDENT LIFE				
Benefit	\$10,000 / \$5,000			
Billed Rate	3.750			

WEEKLY INDEMNITY	FLEX WI 1	FLEX WI 2	FLEX WI 3	FLEX WI 4
Benefit	66.67%	66.67%	75%	75%
Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Non-Evidence Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Elimination Period				
Accident	0 days	7 days	0 days	7 days
Hospitalization	0 days	7 days	0 days	7 days
Illness	7 days	7 days	7 days	7 days
Benefit Period	16 weeks	15 weeks	16 weeks	15 weeks
Tax Status	non-taxable	non-taxable	taxable	taxable
Billed Rate Per \$10:	0.401	0.330	0.420	0.340

**If there are owners earning dividends, they can have a Flat \$750 benefit with the same rate noted under each option. The class description should be Owners Earning Dividends.

LONG TERM DISABILITY	FLEX LTD 1	FLEX LTD 2	FLEX LTD 3
Benefit	66.67% (if all earnings under \$75,000)	graded (if any earnings \$75,000+) 78% of 1st \$1,250 plus 63% of next \$5,000 plus 54% of balance	75.00%
Maximum	\$10,000	\$10,000	\$10,000
Non-Evidence Maximum	\$7,000	\$7,000	\$7,000
Own Occ Definition	3 year own occ	3 year own occ	3 year own occ
Elimination Period	112 days	112 days	112 days
Top Up	included	included	included
Survivor Benefit	none	none	none
Tax Status	non-taxable	non-taxable	taxable
Billed Rate Per \$100:	2.270	2.270	2.330

**If there are owners earning dividends, they can have a Flat \$2500 benefit without Top Up with the same rate noted under each option. The class description should be Owners Earning Dividends.

Please note: Rates noted in this document are applicable to NEW groups being added to the IBAS Association plan. Existing policies must be submitted to Group UW for pricing.

CRITICAL ILLNESS	FLEX CI 1	FLEX CI 2
Benefit	\$50,000 Basic	\$50,000 Enhanced
Billed Rate (S / F):	9.45 / 12.60	30.45 / 40.70

OPTIONAL LIFE AND OPTIONAL AD&D

Benefit included for all

HEALTH CARE BENEFITS	FLEX HEALTH 1	FLEX HEALTH 2	FLEX HEALTH 3	FLEX HEALTH 4
Hospital	80%, 30 days per person/ calendar year	100%, unlimited days	100%, unlimited days	100%, unlimited days
Travel	100%, 30 days per person/ calendar year 30 days to age 75		100%, 90 days per person/ calendar year 90 days to age 70; 60 days to age 75	
Eye Exams	80%, Maximum \$125 per person in two calendar years	80%, Maximum \$125 per person in two calendar years	100%, Maximum \$125 per person in two calendar years	100%, Maximum \$125 per person in two calendar years
Vision	not covered	not covered	Maximum \$150 per person every two calendar years	Maximum \$250 per person every two calendar years
Other	80%	80%	100%	100%
Hospital	Private	Private	Private	Private
Drugs	Sask Formulary 80%	Prescription Drugs 80%	Prescription Drugs 80%	Prescription Drugs 100%
Drug Claim Payment	pay direct drug card	pay direct drug card	pay direct drug card	pay direct drug card
Deductible per Script	\$0	\$0	\$0	\$0
Maximum	\$500	\$1,000	\$2,000	unlimited
Health Practitioners (chiropractor, chiropodist/podiatrist, physiotherapist, massage therapist, speech therapist, psychologist/ social worker/counsellor, osteopath, naturopath, acupuncturist, audiologist, dietician)	Maximum \$200 per person per calendar year for each practitioner	Maximum \$350 per person per calendar year for each practitioner	Maximum \$350 per person per calendar year for each practitioner	Maximum \$500 per person per calendar year for each practitioner
Second Opinion	included	included	included	included
Stop Loss Pooling	none	none	\$15,000	\$15,000
Billed Rate To Age 70 (S / F):	20.11 / 48.45	32.07 / 82.47	42.04 / 114.19	54.47 / 148.62
Billed Rate Age 70 - 75 (S / F):	26.21 / 61.95	38.17 / 95.97	48.14 / 127.69	60.57 / 162.12

DENTAL	FLEX DENTAL 1	FLEX DENTAL 2	FLEX DENTAL 3	FLEX DENTAL 4
Basic	80%	80%	100%	100%
Major		50%	50%	50%
Orthodontic				50%
Maximum				
Combined Basic/Major Annual	\$500	\$750	\$1,000	\$1,500
Orthodontic Lifetime				\$1,500
Fee Guide	general practitioner	general practitioner	general practitioner	general practitioner
Billed Rate (S / F):	19.83 / 55.52	22.23 / 61.57	31.18 / 84.19	34.18 / 96.94

EMPLOYEE ASSISTANCE PROGRAM

\$3.00 Single
\$3.50 Family



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