



CloudAdvisors

# Benefit Plan Summary

## Sample Group

Produced: October 14, 2021

## CloudAdvisors

Advisor(s): [team@cloudadvisors.ca](mailto:team@cloudadvisors.ca)



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## Employee Benefit Program Overview

### Equitable Life

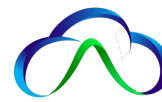
Division	Class	Provinces	Employees Included
1-All	A-All	BC	

Axe Capital

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## Eligibility Criteria

**Equitable Life Div.1 - Class A**

**Division 1 All - Class A All**

Benefit Included	Participation	Waiting Period in Month	Hours Per Week	Termination Age
Life Insurance	Mandatory	6	25	Retirement
Dependent Life Insurance	Mandatory	3	25	70
AD&D	Mandatory	3	25	70
Long Term Disability	Mandatory	3	25	65
Short Term Disability	Mandatory		25	70
Extended Health Care	Mandatory		25	70
Dental Care	Mandatory		25	70



## Benefit Summaries

**Provider: Equitable Life**  
**Division 1 All - Class: A All**

Life Insurance	
Amount	
Non-Evidence Maximum	
Overall Maximum	
Dependent Life	
Spouse	\$5,000
Each Dependent Child	\$2,500
AD&D	
Benefit	Lower than Life Amount
Long Term Disability	
Guaranteed Standard Issue (GSI)	No
Taxability	Taxable
Schedule	40.00% of the first 2,000
Schedule	45.00% of the first 1,200
Schedule	67.00% of the first 500
Overall Maximum	\$2,000
Non-Evidence Maximum	\$2,500
Elimination Period	30
Benefit Period	To Age 65
Own Occupation Period	5 Years
Partial Disability	No
Residual Disability	No
Conversion Benefits	No
Short Term Disability	
Taxability	Taxable
Schedule	
Weekly Maximum	2,000
Non-Evidence Maximum	2,000
Elimination Period-Injury	7 Days

Elimination Period-Illness		7 Days
Elimination Period-Accident		0 Days
First Day Hospital		Yes
EI Carve-Out		No
Benefit Period		17
<b>Extended Health Care</b>		
OVERALL	Maximum	No
	Deductible	\$0.00-Single
	Deductible	\$0.00-Family
	Stop Loss	
	Aggregate Stop Loss	No
Drugs	Deductible	None
	Coinsurance	90%
	Definition	No
	Dispensing Fee Cap	
	Preferred Pharmacy	
	Smoking Cessation Drugs	Yes
	Vaccines	No
	Anti-Obesity	No
	Fertility Drugs	Yes
	Erectile Dysfunction	No
	Maximum	No
Hospital	Coinsurance	30%
	Coinsurance	70%
	Room Type	Private
Major Medical	Medical Cannabis	Yes
Eye Exams	Adult Coverage	
	Child Coverage	
	Included in Vision Maximum	Yes
Vision Care(Glasses,Contacts)	Coinsurance	100%
	Adult Coverage	\$200 every 2 years
	Dependent Child Coverage	\$200 every 2 years
Paramedical Practitioners	Overall Maximum	\$1,000
	Per Practitioner	\$500
	Referral	No
Out of Country/Emergency Travel Medical	Coverage	\$2,000,000 Per Year
	Maximum Travel Days	
	Travel Assist	Yes

	Pooling from 1st Dollar	Yes
<b>Dental Care</b>		
Overall	Family Maximum	Yes
	Deductible	\$20 Single
	Deductible	
	Fee Guide	2 Year Family
	Recall Exam	6 months Adult
	Recall Exam	5 months Child
	Scaling Units	0
Basic Dental	Coinsurance	90%
Major Dental	Coinsurance	50%
	Combined Maximum	Yes
	Maximum	\$1,500
Orthodontics	Coinsurance	
	Lifetime Maximum	\$3,000
	Adult Orthodontics	Yes
<b>Employee Assistance Program</b>		
		INCLUDED



## Advisor Commentary

There are no additional notes or commentary at this time.