

ATCMA Association Plan
British Columbia
1-2 person firm (medical evidence required)

Please note: Entire firm has to choose the same option for all employees

	Bronze	Silver	Gold
Life and AD&D Insurance			
Schedule:	Flat \$25,000	Flat \$25,000	Flat \$25,000
Reduction:	Reduces to 50% at plan anniversary following attained age 65	Reduces to 50% at plan anniversary following attained age 65	Reduces to 50% at plan anniversary following attained age 65
Termination:	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Critical Illness - Optional at the Firm Level			
Schedule:	Flat \$10,000	Flat \$10,000	Flat \$10,000
Termination:	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Weekly Indemnity - Optional at the Firm Level			
Schedule	66.67% of weekly earnings	66.67% of weekly earnings	66.67% of weekly earnings
Maximum	\$1,000	\$1,000	\$1,000
NEM	\$0	\$0	\$0
Benefits Commence	1st day injury; 8th day illness	1st day injury; 8th day illness	1st day injury; 8th day illness
Benefit Duration	17 weeks	17 weeks	17 weeks
Termination	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Long-Term Disability - Optional at the Firm Level			
Schedule	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings
Maximum	\$5,000	\$5,000	\$5,000
NEM	\$0	\$0	\$0
Benefits Commence	120th day injury or illness	120th day injury or illness	120th day injury or illness
Benefit Duration	5 year Maximum Benefit	5 year Maximum Benefit	5 year Maximum Benefit
Definition of Disability	24 months own occupation	24 months own occupation	24 months own occupation
Additional Benefits	Includes Posaction Plus	Includes Posaction Plus	Includes Posaction Plus
Termination	Plan anniversary following attained age 65	Plan anniversary following attained age 65	Plan anniversary following attained age 65
Extended Health Care			
Drug			
Deductible	Nil	Nil	Nil
Reimbursement	70% reimbursed	80% reimbursed	90% reimbursed
Maximum	\$1,000/calendar year	\$5,000/calendar year	Unlimited
Travel	100% - 180 day trip	100% - 180 day trip	100% - 180 day trip
	\$5,000,000 per person per trip	\$5,000,000 per person per trip	\$5,000,000 per person per trip
Hospital	No coverage	Semi-private	Semi-private
All Other Healthcare	70% reimbursed	80% to maximums noted below	90% to maximums noted below
Paramedicals			
Acupuncturist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Physiotherapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Chiropractor	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Naturopath/Homeopath	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Podiatrist/Chiropracist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Osteopath	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Massage Therapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Psychologist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Speech Therapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
All Practitioners Combined	\$1,500 / calendar year for all practitioners	\$1,500 / calendar year for all practitioners	\$1,500 / calendar year for all practitioners
Hearing Aids	\$500 / 5 years	\$500 / 5 years	\$500 / 5 years
Eye Exams	\$75 / 24 for adults; / 12 months for children	\$75 / 24 for adults; / 12 months for children	\$75 / 24 for adults; / 12 months for children
Dental			
Annual deductible	Nil	Nil	Nil
Basic and Comprehensive	70% reimbursed	80% reimbursed	90% reimbursed
Endodontics	70% reimbursed	80% reimbursed	90% reimbursed
Periodontics	70% reimbursed	80% reimbursed	90% reimbursed
Maximum	\$750 / person / year to a family maximum of \$5,000 per year	\$1,000 / person / year to a family maximum of \$5,000 per year	\$1,500 / person / year to a family maximum of \$5,000 per year
Recall exam	once every 9 months	once every 6 months	once every 6 months
MONTHLY COST PER EMPLOYEE (MANDATORY BENEFITS)* (Groups with no prior coverage only)			
Total cost per single ee:	\$112.73	\$138.18	\$152.18
Total cost per family ee:	\$287.41	\$357.70	\$396.32
OPTIONAL BENEFITS* (Groups with no prior coverage only)			
Critical Illness		0.69 / 1,000	
Weekly Indemnity		1.000 / 10	
Long Term Disability		3.780 / 100	

*Groups with existing coverage must be submitted to Sirius for pricing



**ATCMA Association Plan
British Columbia
3-9 person firm**

Please note: Entire firm has to choose the same option for all employees

	Bronze	Silver	Gold
Life and AD&D Insurance			
Schedule:	Flat \$25,000	Flat \$25,000	Flat \$25,000
Reduction:	Reduces to 50% at plan anniversary following attained age 65	Reduces to 50% at plan anniversary following attained age 65	Reduces to 50% at plan anniversary following attained age 65
Termination:	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Critical Illness - Optional at the Firm Level			
Schedule:	Flat \$10,000	Flat \$10,000	Flat \$10,000
Termination:	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Weekly Indemnity - Optional at the Firm Level			
Schedule	66.67% of weekly earnings	66.67% of weekly earnings	66.67% of weekly earnings
Maximum	\$1,000	\$1,000	\$1,000
NEM	\$600	\$600	\$600
Benefits Commence	1st day injury; 8th day illness	1st day injury; 8th day illness	1st day injury; 8th day illness
Benefit Duration	17 weeks	17 weeks	17 weeks
Termination	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Long-Term Disability - Optional at the Firm Level			
Schedule	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings
Maximum	\$5,000	\$5,000	\$5,000
NEM	\$1,500	\$1,500	\$1,500
Benefits Commence	120th day injury or illness	120th day injury or illness	120th day injury or illness
Benefit Duration	5 year Maximum Benefit	5 year Maximum Benefit	5 year Maximum Benefit
Definition of Disability	24 months own occupation	24 months own occupation	24 months own occupation
Additional Benefits	Includes Posaction Plus	Includes Posaction Plus	Includes Posaction Plus
Termination	Plan anniversary following attained age 65	Plan anniversary following attained age 65	Plan anniversary following attained age 65
Extended Health Care			
Drug			
Deductible	Nil	Nil	Nil
Reimbursement	70% reimbursed	80% reimbursed	90% reimbursed
Maximum	\$1,000/calendar year	\$5,000/calendar year	Unlimited
Travel			
	100% - 180 day trip	100% - 180 day trip	100% - 180 day trip
	\$5,000,000 per person per trip	\$5,000,000 per person per trip	\$5,000,000 per person per trip
Hospital	No coverage	Semi-private	Semi-private
All Other Healthcare	70% reimbursed	80% to maximums noted below	90% to maximums noted below
Paramedicals			
Acupuncturist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Physiotherapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Chiropractor	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Naturopath/Homeopath	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Podiatrist/Chiropracist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Osteopath	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Massage Therapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Psychologist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Speech Therapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
All Practitioners Combined	\$1,500 / calendar year for all practitioners	\$1,500 / calendar year for all practitioners	\$1,500 / calendar year for all practitioners
Hearing Aids	\$500 / 5 years	\$500 / 5 years	\$500 / 5 years
Eye Exams	\$75 / 24 for adults; / 12 months for children	\$75 / 24 for adults; / 12 months for children	\$75 / 24 for adults; / 12 months for children
Vision	No coverage	\$150 / 24 for adults; / 12 months for children	\$250 / 24 for adults; / 12 months for children
Dental			
Annual deductible	Nil	Nil	Nil
Basic and Comprehensive	70% reimbursed	80% reimbursed	90% reimbursed
Endodontics	70% reimbursed	80% reimbursed	90% reimbursed
Periodontics	70% reimbursed	80% reimbursed	90% reimbursed
Major	No coverage	No coverage	50% reimbursed
Maximum	\$750 / person / year to a family maximum of \$5,000 per year	\$1,000 / person / year to a family maximum of \$5,000 per year	\$1,500 / person / year to a family maximum of \$5,000 per year for Basic and Major combined
Recall exam	once every 9 months	once every 6 months	once every 6 months
MONTHLY COST PER EMPLOYEE (MANDATORY BENEFITS)* (Groups with no prior coverage only)			
Total cost per single ee:	\$92.67	\$118.75	\$145.96
Total cost per family ee:	\$236.71	\$307.30	\$386.64
OPTIONAL BENEFITS* (Groups with no prior coverage only)			
Critical Illness		0.69 / 1,000	
Weekly Indemnity		1.000 / 10	
Long Term Disability		3.780 / 100	

*Groups with existing coverage must be submitted to Sirius for pricing

**ATCMA Association Plan
British Columbia
10+ person firm**

Please note: Entire firm has to choose the same option for all employees

	Bronze	Silver	Gold
Life and AD&D Insurance			
Schedule:	Flat \$25,000	Flat \$25,000	Flat \$25,000
Reduction:	Reduces to 50% at plan anniversary following attained age 65	Reduces to 50% at plan anniversary following attained age 65	Reduces to 50% at plan anniversary following attained age 65
Termination:	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Critical Illness - Optional at the Firm Level			
Schedule:	Flat \$10,000	Flat \$10,000	Flat \$10,000
Termination:	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Weekly Indemnity - Optional at the Firm Level			
Schedule	66.67% of weekly earnings	66.67% of weekly earnings	66.67% of weekly earnings
Maximum	\$1,200	\$1,200	\$1,200
NEM	\$1,200	\$1,200	\$1,200
Benefits Commence	1st day injury; 8th day illness	1st day injury; 8th day illness	1st day injury; 8th day illness
Benefit Duration	17 weeks	17 weeks	17 weeks
Termination	Plan anniversary following attained age 70	Plan anniversary following attained age 70	Plan anniversary following attained age 70
Long-Term Disability - Optional at the Firm Level			
Schedule	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings	Non-Taxable: 66.67% of first \$2,500 of monthly earnings, 50% of the next \$4,000 and 40% of the remainder Taxable: 66.67% of monthly earnings
Maximum	\$7,500	\$7,500	\$7,500
NEM	\$3,500	\$3,500	\$3,500
Benefits Commence	120th day injury or illness	120th day injury or illness	120th day injury or illness
Benefit Duration	5 year Maximum Benefit	5 year Maximum Benefit	5 year Maximum Benefit
Definition of Disability	24 months own occupation	24 months own occupation	24 months own occupation
Additional Benefits	Includes Posaction Plus	Includes Posaction Plus	Includes Posaction Plus
Termination	Plan anniversary following attained age 65	Plan anniversary following attained age 65	Plan anniversary following attained age 65
Extended Health Care			
Drug			
Deductible	Nil	Nil	Nil
Reimbursement	70% reimbursed	80% reimbursed	90% reimbursed
Maximum	\$1,000/calendar year	\$5,000/calendar year	Unlimited
Travel			
	100% - 180 day trip	100% - 180 day trip	100% - 180 day trip
	\$5,000,000 per person per trip	\$5,000,000 per person per trip	\$5,000,000 per person per trip
Hospital	No coverage	Semi-private	Semi-private
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Paramedicals			
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Osteopath	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Massage Therapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Psychologist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
Speech Therapist	\$300 / person / practitioner / year	\$500 / person / practitioner / year	\$500 / person / practitioner / year
All Practitioners Combined	\$1,500 / calendar year for all practitioners	\$1,500 / calendar year for all practitioners	\$1,500 / calendar year for all practitioners
Hearing Aids	\$500 / 5 years	\$500 / 5 years	\$500 / 5 years
Eye Exams	\$75 / 24 for adults; / 12 months for children	\$75 / 24 for adults; / 12 months for children	\$75 / 24 for adults; / 12 months for children
Vision	No coverage	\$150 / 24 for adults; / 12 months for children	\$250 / 24 for adults; / 12 months for children
Dental			
Annual deductible	Nil	Nil	Nil
Basic and Comprehensive	70% reimbursed	80% reimbursed	90% reimbursed
Endodontics	70% reimbursed	80% reimbursed	90% reimbursed
Periodontics	70% reimbursed	80% reimbursed	90% reimbursed
Major	No coverage	No coverage	50% reimbursed
Maximum	\$750 / person / year to a family maximum of \$5,000 per year	\$1,000 / person / year to a family maximum of \$5,000 per year	\$1,500 / person / year to a family maximum of \$5,000 per year for Basic and Major combined
Recall exam	once every 9 months	once every 6 months	once every 6 months
MONTHLY COST PER EMPLOYEE (MANDATORY BENEFITS)* (Groups with no prior coverage only)			
Total cost per single ee:	\$69.81	\$90.13	\$106.88
Total cost per family ee:	\$175.52	\$230.27	\$278.91
OPTIONAL BENEFITS* (Groups with no prior coverage only)			
Critical Illness		0.69 / 1,000	
Weekly Indemnity		1.000 / 10	
Long Term Disability		3.780 / 100	

*Groups with existing coverage must be submitted to Sirius for pricing