

# Group Benefits

## Advisor Guide

Group Benefits solutions for businesses  
with 3 to 99 employees

 **co-operators**



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A man with a beard and a woman are looking at several orange sticky notes on a whiteboard in a meeting. The man is pointing at one of the notes. The woman is looking at the notes with a focused expression. The background is a blurred office setting.

# Why partner with Co-operators for your Group Benefits solutions?

## Flexible. Simple. Affordable.

**A partner you can count on.** We're benefits specialists committed to partnering with you to help build your business with friendly, personalized service and knowledgeable advice. And we have the experience to prove it! With an average tenure of 20 years, Co-operators Group Benefits staff are dedicated to providing a consistently exceptional client experience.

**Group benefits made easy.** Everything we do centres around you. We listen, pivot, and grow with you as your needs evolve. From the quote to employee meetings, to plan sponsor training on our intuitive digital platform, our goal is to support you and make it easy for you to do business with us every step of the way.

**Rate stability.** Our right rate approach enables your clients to enjoy rate stability, now and in the future. Utilizing rate guarantees and competitive target loss ratios provide your clients with peace of mind and top value from their benefits plan.

**Expert claims management.** No matter the claim, our goal is always the same—focus on healthy outcomes for your clients. Our experts are compassionate, dedicated and well equipped to support your client's well-being when they need it most.

**Holistic well-being champion.** We empower clients to live their best life. Our flexible plans have all the elements your clients need to support the financial, physical, social, and mental well-being of their plan members.

**A proud Canadian co-operative.** People are our top priority. We're committed to community partnership, sustainability, and transparency. We take a long-term view to business decisions to foster a sustainable organization that will be there to meet the evolving needs of our clients and communities.

# Group Benefits at a glance

Summary of the competitive features of Co-operators Group Benefits benefits plans

<b>Mandatory benefits</b>	<b>Competitive features</b>
Basic Life	Living Assistance benefit
Accidental Death and Dismemberment (AD&D)	Critical Disease option starting at 11 lives
<b>Supplemental benefits</b>	
Dependent Life	Pre-natal benefit starting at 20 weeks' gestation
Short Term Disability (STD)	Designed to qualify for EI Premium Reduction Program
Long Term Disability (LTD)	Industry Leading CPP advocate program Self-serve, online disability claim management portal AI-supported detection and prevention strategies Rapid psychiatry access for mental health-related claims, improving return to work outcomes
Extended Health Care (EHC)	90-day emergency out-of-country travel coverage Flexible and comprehensive options for enhanced mental health care Easy claims submission through our mobile app; digital drug card
Dental	Includes basic, periodontal, endodontic, major, and orthodontic coverage
Group Critical Illness (CI)	25 full benefit conditions and 6 partial benefit conditions Individual or family plans are available
Health Care Spending Account (HCSA)	Offers plan members flexibility for health and dental services
Personal Spending Account (PSA)	Flexibility for health and wellness expenses
Second Opinion Medical and Mental Health Consult (SOC)	Access to timely mental health consultation for plan members and dependents Meaningful results: 95% of the time there is a change in mental health treatment plan
Employee Assistance Program (EAP)	Available around the clock, 365 days per year; mobile app Number of sessions available are assessed on a case-by-case basis (no annual or per session limits) LIFT virtual wellness and fitness
Virtual Health Care (VHC)	Convenient and confidential access to a team of health care professionals for primary health care services without leaving home; available through smart devices
<b>Optional benefits</b>	
Voluntary benefits	Optional Life, Optional AD&D, Optional CI Employee paid and may require approved medical
<b>Included with all Co-operators Group Benefits plans</b>	
Wellness Now	Health risk assessments evaluate overall health, focused on mental, physical, social, and financial well-being Self-directed care modules designed to help with relationships, mental health, and physical well-being
Cost Plus	Tax advantage for plan sponsors
Conversion options <i>for health and dental benefits</i>	Individual plans to select from for plan members who leave their job or retire (no medical required)

# Group eligibility requirements

## Solutions for businesses with 3 to 99 employees

Group characteristics	Features
Business continuance	Must be in business for a minimum of one year and financially sound
Employer contribution	Minimum of 25% of the overall plan premium
Work hours required	Employees must work a minimum of 20 hours per week
Participation	Minimum of three permanent full-time employees
Participation levels	If the employer does not pay 100% of employee premiums, the minimum participation requirements are: 3 to 10 lives: 100% of eligible employees must participate 11 to 99 lives: 75% of eligible employees must participate
Location	Non-residential business (conditions apply to home-based businesses)
Employee turnover	Moderate to low
Family content	For groups with 5 lives or less – if family content is greater than 50%, coverage is limited: no short-term or long-term disability coverage and Extended Health Care will have a drug maximum of \$3,000 or less
Definition of salary	Excludes bonuses. Dividends, and overtime commissions are averaged over 24 months and should be a small percentage of an employee's total earnings

### Minimum benefits required for a quote

#### 3 to 35 lives:

- Mandatory benefits: Life and Accidental Death and Dismemberment
- Minimum of two of the following Supplemental benefits: Dependent Life, STD, LTD, EHC, Dental, CI, HCSA

#### 36 to 99 lives:

- Mandatory benefits: Life and Accidental Death and Dismemberment
- Minimum of one of the following Supplemental benefits: Dependent Life, STD, LTD, EHC, Dental, CI, HCSA, PSA, EAP, SOC, VHC



# Mandatory benefits

## Life insurance

Provides basic financial protection to the named beneficiary if the plan member dies while insured.

**Living Assistance benefit** is available to plan members as an advance payment of the Basic Life insurance to help meet medical or other health and welfare expenses if the plan member becomes terminally ill.

Benefit information	Benefit provisions
Minimum amount	3 to 35 lives: \$25,000; 36 to 99 lives: \$10,000 (earnings based, flat amounts subject to plan and size restrictions)
Maximum amount	up to \$1,000,000 (size and plan restrictions apply)
Earnings multiples	1 to 5 times annual salary (size and plan restrictions apply)
Reductions	50% at age 65 and an additional 50% at age 70 for plans terminating at age 75 and an additional 50% at age 75, to a maximum of \$25,000 for plans terminating at age 80  <i>Note: If a flat amount is \$50,000 or less, only one reduction rule applies – 50% at age 65</i>
Termination	Age 65, 70, 75 or 80 (size and plan restrictions apply)
Non-evidence maximums	3 to 4 lives: \$75,000 to \$120,000 5 to 9 lives: \$100,000 to \$160,000 10 to 14 lives: \$150,000 to \$300,000 15 to 19 lives: \$150,000 to \$325,000 20 to 24 lives: \$175,000 to \$350,000 25 to 39 lives: \$200,000 to \$400,000 40 to 49 lives: \$225,000 to \$450,000 50 to 74 lives: \$250,000 to \$500,000 75 to 99 lives: \$275,000 to \$550,000
Waiver of Premium	Included
Conversion Privilege	Included – various options available
Living Assistance benefit	Included – 50% of Basic Life benefit to a maximum of \$50,000
Optional Life Benefits	Available to qualifying groups in addition to Basic Life and Dependent Life

## Accidental Death and Dismemberment (AD&D)

Accidental death and dismemberment (AD&D) provides additional coverage if a plan member dies, loses the use of a limb, is paralyzed or loses hearing, speech or sight as the result of an accident.

AD&D coverage will match the Basic Life Insurance schedule.

<b>Additional benefits</b>	<b>Benefit provisions</b>
Critical disease (optional)	Available from 11 to 99 lives 10% of the AD&D amount (see policy wording)
Rehabilitation	Up to \$10,000
Family transportation	Up to \$3,000
Home or vehicle alteration	Up to \$10,000
Education benefit	Up to \$5,000 annually for up to 4 years
Spousal occupational training	Up to \$10,000
Repatriation	Up to \$10,000
Seat belt benefit	10% of AD&D loss schedule
Surgical reattachment	50% of schedule loss



# Supplemental benefits

## Dependent Life insurance

Dependent Life insurance will provide financial assistance to the plan member in the event of an eligible dependent's death.

**Pre-natal benefit** will reimburse the plan member for funeral expenses to a maximum not exceeding the Dependent Life insurance amount for a dependent child due to a stillbirth.

Benefit information	Benefit provisions
Spouse amount	Units of \$5,000 up to \$20,000
Child amount	50% of spouse amount
Pre-natal benefit	Included 3 to 35 lives, optional 36 to 99 lives
Waiver of premium	Included

## Short Term Disability (STD)

Short Term Disability is a weekly benefit to insure for temporary wage loss if a plan member becomes totally disabled due to a medically diagnosed sickness or injury and is unable to work.

Benefit information	Benefit provisions
Salary replacement	Taxable: up to 75% of weekly salary, graded schedules available Non-taxable: up to 66.7% of weekly salary, graded schedules available
Elimination period	Accident and sickness: 1 to 15 day options Hospital: First day (optional)
Duration	15, 16, 17, or 26 weeks Additional options of 52 weeks available for groups 36 to 99 lives
Occupational coverage	24-hour coverage
Definition of disability	Own occupation
Recurrent disability	4 weeks
Maximum	3 to 10 lives up to \$1,500 maximum or equal to EI maximum 11 to 35 lives up to \$2,000 maximum or equal to EI maximum 36 to 99 lives up to \$2,500 maximum or equal to EI maximum

## Long Term Disability (LTD)

Long Term Disability is a monthly benefit to insure for wage loss if a plan member becomes totally disabled due to a medically diagnosed sickness or injury and is unable to work.

Benefit information	Benefit provisions
Salary replacement	Taxable: up to 75% of monthly salary, graded schedules available Non-taxable: up to 66.7% of monthly salary, graded schedules available
Elimination period	105, 112, 119, 182 or 365 days (size and plan restrictions apply)
Duration	Age 65, 2 or 5 years
Occupational coverage	24-hour coverage
Definition of disability	2 years own occupation; any and all thereafter or any and all occupation
Partial Disability	11 to 99 lives (optional)
Cost of Living (COLA)	Up to 3% for groups with 11 to 99 employees
Non-evidence maximum	Up to \$7,500 per month (size and plan restrictions apply)
Overall maximum	Up to \$12,000 per month (size and plan restrictions apply)
All source maximum	85% (taxable and non-taxable)
Waiver of premium	Included
Contribution to pension	Available for 36 to 99 lives (must have existing Employer Pension Plan)
Survivor benefit	11 to 99 lives (optional)



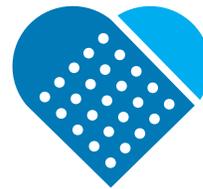
### CPP advocate

Our CPP advocate helps disability claimants complete forms, gather necessary medical documentation, and apply for CPP disability benefits resulting in higher plan offsets and reduced costs.



### Here4You@work

This management tool built into our LTD product offers concrete solutions to employee performance and absenteeism challenges.



### ASSIST program

Our fee for service ASSIST program provides a comprehensive, tailored approach to early intervention, including adjudication, rehabilitation, support, and transition services to help fully support your clients.

## Extended Health Care (EHC)

Extended Health Care (EHC) helps reimburse the cost of eligible medical and hospital expenses incurred by plan members and their dependents, that are not covered under their provincial plan. We offer a choice of annual deductible(s), co-insurance amounts and benefit maximums.

<b>Deductibles</b>	<b>Benefit provisions</b>
Single	\$0, \$25, \$50, \$75, or \$100
Family	\$0, \$50, \$100, \$150, or \$200
\$0 deductible applies to hospital, travel, and vision care	
<b>Drugs</b>	
Pay Direct Drug card	Various drug formulary options including mandatory generic, generic equivalent unless physician specifies no substitution, brand. Mandatory biosimilar pricing program. Mandatory prior authorization. Coverage for drugs requiring a prescription will vary depending on the chosen formulary. (subject to plan size)
Per-prescription deductible	\$0 to \$20 or equal to dispensing fee
Per-prescription dispensing fee caps	\$5, \$6, \$7, \$8, \$9, \$10 or reasonable and customary (R&C)
Co-insurance	50% to 100%
Maximums	\$500 to unlimited
<b>Other health care coverage</b>	
<b>Hospital</b>	100%, Semi-private or private
<b>Paramedical</b>	
Co-insurance	50% to 100% ; can be separate from EHC co-insurance
Maximums	\$250 to \$1000 per practitioner per year \$500 to \$1500 combined max
Covered practitioners	Acupuncturist, audiologist, chiropractor, massage therapist, naturopath/homeopath, nutritionist/dietician, occupational therapist, osteopath, physiotherapist, podiatrist/chiropract, psychologist/social worker/psychotherapist/clinical counsellor/, speech therapist (doctor referral not required)
Mental health coverage	Can choose separate combined max up to \$2,000 (plan and size restrictions apply)
AbilitiCBT	Included
<b>Vision</b>	
Co-insurance	100%
Maximum	\$100 to \$500 (plan and size restrictions apply)
Frequency	Adult 24 months/child 12 months, Adult 24 months/child 24 months, Adult 12 months/child 12 months
<b>Other medical supplies and equipment</b>	
Co-insurance	50% to 100%
Maximums	Apply

Plan members can log on to [Benefits Now](#) to check real-time health and dental balances, including the date of their next eye exam.



## Give your clients the peace of mind they need when traveling out of the country.

Help during a trip is available around the clock through our travel partner, Allianz Global Assistance. Plan members have world-wide support to co-ordinate and access medical care, including advance payment to secure care, so they can focus on a speedy recovery. Allianz Global Assistance will keep track of the care and services received.

Plan members can access the emergency out of country card on the go, any time, anywhere online or through our Benefits Now® mobile app.

<b>Emergency out of country</b>	<b>Benefit provisions</b>
Maximum	\$5,000,000 lifetime maximum.
Duration	90 Days
Out of Canada referral	\$15,000 per lifetime
Travel Benefits Plus included	Emergency medical transportation, qualified medical attendant, return transportation for family members, bedside attendance, return of vehicle, out of pocket allowance, repatriation benefits (subject to maximums, see policy wording)
Travel Assist included	

### **Inclusive Coverages**

Inclusive coverage options are available to meet the needs of your diverse workforce. Options include enhanced fertility drug maximums, fertility treatment, and expanded weight management drug maximums. Plan and size requirements may apply.

## Dental Care

Dental Care helps cover the cost of dental expenses incurred by plan members and their dependents for standard basic preventative and diagnostic dental treatment and coverage for fillings, root canals, extractions, and oral surgery. Additional plan options are available for other major restorative dental and orthodontic treatments based on group size.

<b>Benefit information</b>	<b>Benefit provisions</b>
<b>Co-insurance</b>	
Basic/Preventative	50% to 100%
Major Restorative	50% to 80% (available to groups with 5 or more lives)
Orthodontic treatments	50% to 60% (available to groups with 7 or more lives, Major Restorative is a prerequisite)
<b>Deductibles</b>	
\$0 to \$200, single and/or family	
<b>Annual maximums</b>	
Basic/Preventative	\$500 to unlimited
Major Restorative	up to \$2500, can be combined with Basic and Preventative
Orthodontic	\$500, \$1500, \$2000, \$2500, or \$3000 per lifetime (plan and size restrictions apply)
<b>Recall exams frequency</b>	
Fluoride and cleanings	1 per 6, 9 or 12 months
Bitewings	2 or 4 per 6, 9, or 12 months
<b>Fee guide</b>	
Current and fixed fee guide options (plan and size restriction apply)	
<b>Fee guide practitioners</b>	
3 to 10 lives	General practitioner
11 to 99 lives	General practitioner or specialist



Plan members can sign up for direct deposit and receive claims payment into their bank account usually within 1 to 3 days.

Encourage your clients to submit pre-determinations for claims over \$400.

## Group Critical Illness insurance (CI)

Group Critical Illness fills an important gap not addressed by Life or Disability insurance. It provides a one-time lump sum payment to plan members who are diagnosed with a covered critical illness and survive the 30-day waiting period (see policy wording).

Benefit information	Benefit provisions
Minimum amount	\$5,000
Non-evidence maximum	Up to \$125,000 (size and plan requirements apply)
Overall maximum amount	Up to \$200,000 in units of \$5,000, or up to 3 times salary (size and plan requirements apply)
Participation requirements	Mandatory if benefit is chosen
Conversion	Optional: 11 to 99 lives (maximums apply)
Event type	Single: 3 to 35 lives Single or Multiple: 36 to 99 lives
Covered illnesses	25 full benefits plus 6 partial
Dependent Critical Illness	Available to the plan members spouse and dependent children through our Family Plan. It includes 25 full, 6 partial and 8 child benefit conditions. *Group Critical Illness is a prerequisite to Dependent Critical Illness

### 25 full benefit conditions:

- Alzheimer's disease
- Aortic surgery
- Aplastic anemia
- Bacterial meningitis
- Benign brain tumor
- Blindness
- Burns
- Cancer (life-threatening)
- Coma
- Coronary artery bypass surgery
- Deafness
- Heart valve replacement
- Kidney failure (end stage renal failure)
- Loss of independent existence
- Loss of limbs
- Loss of speech
- Major organ failure on waiting list
- Major organ transplant
- Motor neuron disease
- Multiple sclerosis
- Myocardial infraction (heart attack)
- Occupational HIV infection
- Paralysis
- Parkinson's disease
- Stroke or cerebrovascular accident

### 6 partial benefit conditions:

- Coronary angioplasty
- Chronic lymphoma leukemia (CLL)
- Prostate cancer stage A (T1a or T1b)
- Malignant melanoma stage 1A
- Carcinoma in situ or breast
- Thyroid cancer

### Non-evidence maximum range:

- 3 to 4 lives \$20,000
- 5 to 9 lives \$30,000
- 10 to 14 lives \$50,000
- 15 to 19 lives \$50,000 to \$60,000
- 20 to 24 lives \$50,000 to \$75,000
- 25 to 49 lives \$75,000 to \$100,000
- 50 to 99 lives \$100,000 to \$200,000

### 8 child covered conditions:

- Autism
- Congenital heart disease
- Down syndrome
- Cerebral palsy
- Cystic fibrosis
- Muscular dystrophy
- Type 1 diabetes
- Rett syndrome



## Health Care Spending Account (HCSA)

A Health Care Spending Account (HCSA) allows your clients to build additional flexibility into their benefits plan at a cost that is both predictable and manageable. Plan sponsors can control the cost through the fixed annual allocation per member. The plan member can use their HCSA funds on any eligible expense that aligns best with their individual and family health needs.

### How does it work?

Plan sponsors determine the amount of money deposited into a plan member's account each year. The target amount is determined by plan member class. Plan members can use these funds for:

- Expenses over the insured health and dental plan maximums
- Co-insurance and deductibles not reimbursed by insurance plans
- Expenses that are not covered under their benefits plan, such as orthodontics or laser eye surgery. (subject to Canada Revenue Agency guidelines)

Plan members can access their HCSA funds the year the funds were deposited plus the following year. At the end of the second year, unused funds revert to the plan sponsor.

Product availability: 3 to 99 lives

Target amount:

- Minimum deposit of \$500 per plan member
- Note: Any amounts exceeding \$25,000 per person require approval.

Funding:

- Budgeted: Plan sponsor is billed monthly, in advance, for HCSA costs (1/12 of the annual HCSA amount). This is beneficial if plan sponsor prefers predictable monthly expenses.
- Non-budgeted: Plan sponsor is billed the following month for claims paid the previous month. A claim float is required in advance to pay for the first month and is calculated as 1.5 times the monthly claims amount.

Grace period: 30, 60 or 90 days to submit claims after the end of the calendar year.

**Provide the flexibility your clients are looking for by adding an HCSA or PSA!**

## Personal Spending Account (PSA)

A Personal Spending Account (PSA) is an ideal complement to any Group Benefits plan and delivers added care and flexibility for plan members.

### How does it work?

It's simple. Plan sponsors allocate a pre-determined amount to health and wellness expenses not covered by other plan benefits. Plan members personally manage their wellness-related spending, while plan sponsors manage the available coverage and overall business costs.

Amounts claimed through the PSA are considered a taxable benefit to the plan member. A year-end reporting outlining plan member claims is available through Benefits Now® to assist plan sponsors with tax reporting.

Examples of PSA eligible expenses include:

- Fitness equipment and fitness memberships
- Pet care
- Alternative health therapies
- Childcare and elder care

Product availability: 11 to 99 lives

Annual Credits: \$100 to \$10,000 per plan member per year

Eligibility:

- Family coverage (plan member and eligible dependents)
- Single coverage (plan member only)

Credit carried forward: 0 days or 12 months

Funding:

- Head office billed groups – budgeted, or non-budgeted
- Self-reporting/TPA groups – non-budgeted only (initial deposit = 1.5 times the monthly target amount)

## Second Opinion Consult (SOC)

If diagnosed with a serious illness, SOC lets plan members and their eligible dependents get a second opinion from medical and mental health specialists at top hospitals in North America. Second opinion consulting services are provided in association with WorldCare™.

**Why choose Second Opinion Consult?** Most physicians are trained to recognize the symptoms of serious illnesses; however, they may not have immediate access to the most up-to-date treatments or medical innovations. SOC puts patients in contact with physicians dedicated to specific fields of medicine – experts on the front lines of specialized medicine.

**Why get a second opinion for a mental health condition?** The wait for specialized psychiatric treatment can be lengthy. SOC helps plan members access the right treatment faster by allowing them to get a professional opinion as soon as they're diagnosed with a covered condition by a primary care physician, psychologist or psychiatrist.

A second opinion mental health consult provides meaningful support and results. 95% of plan members received a change in their treatment plan after their mental health consultation.\*

*\*Based on a review of all mental health consultations from Worldcare from 2017 to 2021.*

## Here4You Employee Assistance Program (EAP)

Reach out. Get help. Feel better. This valuable service is provided by LifeWorks, an industry leader in EAP programs that offers immediate and confidential support.

- Short-term professional counselling (no session cap, clinically appropriate number of sessions)
- Seven modalities including: In-person, telephone, video, e-counseling, LifeWorks mobile app, self-directed, and online group therapy
- Financial well-being services and support with exclusive perks
- LIFT session fitness (wellness platform offering virtual fitness solutions)
- Available at your fingertips around the clock through the Lifeworks mobile app or website

Caring professionals can help plan members and their dependents access support related to the following workplace and life services:

- Anxiety and depression
- Workplace challenges
- Relationships
- Nutrition and naturopathic medicine
- Finances
- Elder care, legal, and much more

## Virtual Health Care (VHC)

This innovative service is available to all policyholders. Using a computer or mobile device, plan members and their dependents can receive convenient and confidential access to a team of health care professionals for primary health care services without leaving home.



### Access to care

TELUS Health Virtual Care clinicians and specialists are accessible from any desktop or smart device.



### Complete confidentiality

All health information is secured with bank-grade encryption and all data is stored in Canada.



### Specialist referrals

Connect with specialists to address a wide range of health care needs.



### Mental health care

A range of disciplines including psychiatry, trauma support, addiction management, and other mental health specialties.



### Peace of mind

Discrete compassionate counselling, prescription management, and referrals for diagnostic tests.



### Disease management

Condition-specific care plans with a focus on symptom management.

## Cost Plus

Corporations can take advantage of Cost Plus, automatically included in all Co-operators Group Benefits plans. It's an excellent way to provide enhanced health benefits to specific groups of employees to supplement health care, dental, and vision coverage that may be limited or not covered under a Group Benefits plan.

For more information on how Cost Plus works, contact your Co-operators account executive and advise your client to consult their tax advisor to determine whether this arrangement is right for their business.

## Conversion options

### Individual Extended Health Care and Dental Care benefits: ContinYou® and ContinYou® GOLDEN

Leaving a job or retiring doesn't mean leaving behind Group Benefits coverage. Plan members can easily transition from their group health and dental plan to an individual health and dental plan and feel at ease knowing their family is protected.

Product comparison	ContinYou®	ContinYou® GOLDEN
Who can apply?	An insured plan member or dependent losing group coverage for any reason	A plan member losing group coverage due to retirement
Application window	Within 60 days of losing coverage	Within 60 days of retirement
Health evidence requirement	No	No
Age at time of application	75 or younger	Age 50 to 75
Does prior group benefits health and dental coverage need to be with Co-operators?	Yes	No. Two years of health and dental coverage with any group insurance provider is acceptable.
When does coverage end?	Age 80	Death
When does coverage start?	First of the month following the day health and dental benefits end	First of the month following the day the application is approved
Residency requirement	Canada	Canada
Provincial/territorial coverage required	Yes	Yes
What is the rate basis?	Age and province of residence	Age, family status and province of residence
Is spousal or dependent coverage available?	Yes	Yes
How are premiums paid?	Monthly pre-authorized debit	Monthly pre-authorized debit
Survivor benefit	12 months	Spousal continuation
Administrator	Johnston Group Inc.	Co-operators

Refer to brochure for coverage details.



# Optional benefits

Plan sponsors can make optional benefits available to their plan members and/or dependents to supplement their benefits plan. Plan members are responsible for premium payments; the plan administrator collects and remits the premium to Co-operators, along with their regular monthly premium remittance.

## **Optional Life:**

Available to both employee and spouse in units of \$10,000 up to a maximum of \$500,000

Conversion privilege included for both employee and spouse

## **Optional CI:**

Available to employee, spouse or child in units of \$5,000 to a maximum of:

- Employee: \$250,000 (NEM may be available when applying within 31 days of eligibility, depending on group size)
- Spouse: \$25,000 (NEM may be available when applying within 31 days of eligibility, depending on group size)
- Child: \$25,000

Covered conditions: 25 plus 6 partial conditions

Pre-existing condition exclusion may apply

Conversion privilege included

## **Optional AD&D:**

Available to employee only or family plan in units of \$10,000 to a maximum of \$300,000



# Benefits Now<sup>®</sup> online administration for your clients

## Investing in technology to serve you better

Our secure, digital platforms are available around the clock in English and French and offer:

- An intuitive, easy-to-use online experience
- Real-time processing
- Ask a Question feature

Sign up for direct deposit and enjoy claims payment into your bank account usually within 1 to 3 days.

### Benefits Now<sup>®</sup> for Plan Sponsors:

- Self-serve reporting
- Enrol, update, and terminate employee information online
- Convenient access to monthly e-bills available for download
- Access to administration manuals, e-learning courses, information updates, and forms

### Benefits Now<sup>®</sup> Online Enrolment:

- Simple online group set-up for new and existing groups
- Enrol using a computer, smart phone or tablet
- Automatic plan member e-mail notification to enrol in plan
- Digital signature

### Benefits Now<sup>®</sup> for Plan Members:

- Access to health care, dental and spending account coverage and claims information
- Direct deposit of health care and dental claims payments to plan members' bank account
- View of benefit maximums, including eye exam recall date and real-time balances
- E-claims submission, view claims history, and access wellness resources

Plan members can access their benefits securely through the **Benefits Now<sup>®</sup> app**. Features include:

- Access to drug and emergency medical travel cards on the go
- Photo claims submission and tracking of claims history and pending claims
- View of benefit maximums and real-time balances



Benefits Now<sup>®</sup> provides plan members access to wellness resources, such as health risk assessments to evaluate overall health and self-directed care modules to help with relationships, mental health, and physical well-being.

# Advisor support and quote process

Our team is dedicated to you. We respect and value your business, and we're committed to delivering the highest service standards.

**Our regional Group Sales account executives** are your primary point of contact for advice on new business, renewal business, problem resolution, and support. They customize their approach to you and your client and are accountable to ensure a smooth transition to operations after implementation.

**Our Group Underwriting support team** collects proposal requests and works with you and your associates to ensure all quote guidelines and requirements are met.

**Our Group Sales and Services associates** provide in-house, ongoing support to you and your clients. They work with you through the sales implementation process, answer your questions, and co-ordinate plan sponsor and administrator training sessions once a group has been implemented.

**Our in-house Group Client Services team** delivers outstanding and responsive service by supporting day-to-day questions about claims, online services, billing, and changes for in-force groups.

**Our secure Benefits Now® for advisors** digital platform is available around the clock in English and French, and gives you access to information you need to manage your business.

- Commission statements
- Group listing, bills, and reports
- Benefit booklets
- Product and service information updates

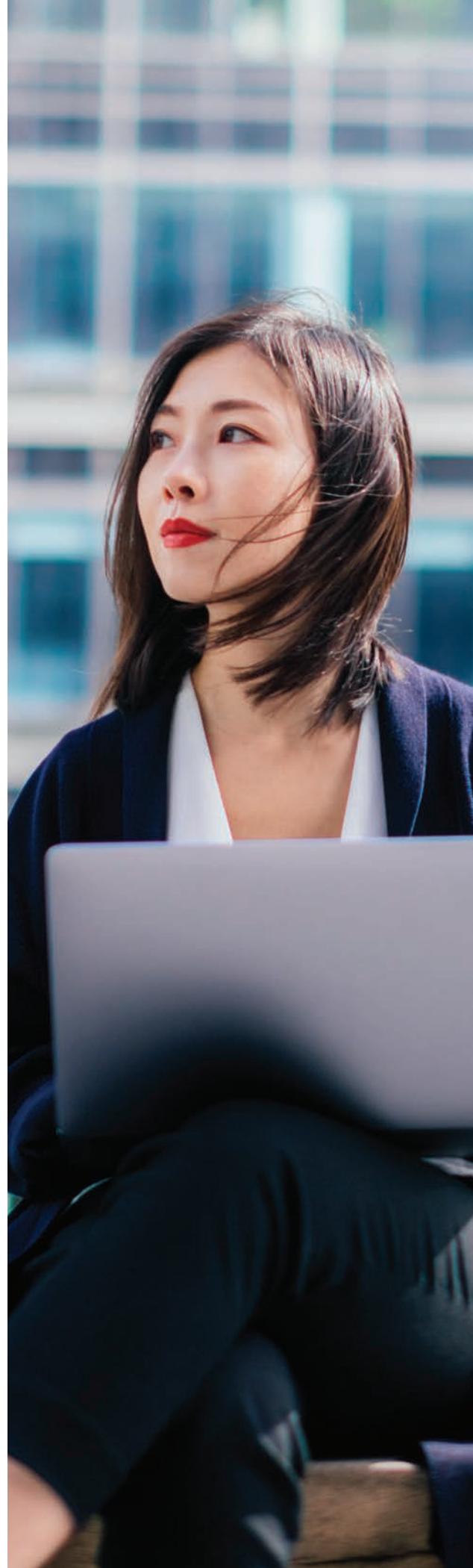
## **The minimum amount of information required to prepare a competitive proposal:**

- Name, location, and type of business
- Sex, age, salary, occupation, and dependent status (single, family, couple) for each plan member
- Benefits requirements (plan design)
- Name of present insurance carrier and benefits offered (if applicable)
- Length of time with current insurance carrier
- Rate and claims history (if applicable)

## **The following additional information will help us effectively assess the risk:**

- Any members not actively at work due to disability, maternity leave or other types of leave
- Any occupations involving hazardous activities

Submit quote requests to [cooperators\\_group\\_quotes@cooperators.ca](mailto:cooperators_group_quotes@cooperators.ca).



# Our pricing and renewal philosophy

## **We focus on providing clients with sustainable, long-term rate stability.**

We rate our Group Benefits plans based on a combination of your client's experience and our pooled rates. The impact that a client's experience has on their rates is determined by their credibility. Credibility is affected by product type, group size, and length of time the insurance has been active. We also consider projected trends in benefit usage and costs, demographic changes to the group, and the costs associated with administering the benefit plan.

We understand the importance of effectively managing your client's Group Benefits plan and are committed to building strong partnerships. Our pricing standards ensure that we can continue providing quality products at competitive prices.

Co-operators is a leader in client retention with a retention rate well above the industry average.



# We're here to help. Contact us today!

## Partner with our regional sales account executives.

We can help with new and existing Group Benefits business, advice, and support.

### Regional offices

#### Atlantic

1-855-548-7874

[Atlantic\\_group\\_benefits@cooperators.ca](mailto:Atlantic_group_benefits@cooperators.ca)

#### Ontario

1-855-548-7874

[Ontario\\_group\\_benefits@cooperators.ca](mailto:Ontario_group_benefits@cooperators.ca)

#### Manitoba/Saskatchewan

1-855-548-7874

[Regina\\_group\\_benefits@cooperators.ca](mailto:Regina_group_benefits@cooperators.ca)

#### Alberta/NWT/Nunavut

1-855-548-7874

[Alberta\\_group\\_benefits@cooperators.ca](mailto:Alberta_group_benefits@cooperators.ca)

#### BC/Yukon

1-855-548-7874

[BC\\_group\\_benefits@cooperators.ca](mailto:BC_group_benefits@cooperators.ca)

Our Group Client Service Centre can help answer administrative questions, including:

- Billing
- Forms
- Claims
- Online services
- Enrolments (how to make changes)
- Pay Direct Drug cards
- Travel card

Monday to Friday between 8:00 a.m. and 8:00 p.m. ET

1-800-667-8164

[group\\_client\\_services@cooperators.ca](mailto:group_client_services@cooperators.ca)

[cooperators.ca](http://cooperators.ca) | 1-800-667-8164

