



GR Group insurance program - Privilege Members 2021-22

Benefits summary according to the model chosen



Privilege membership required: Cost \$249 + tx per per business

Monthly cost per covered person and Benefits description	Without dental		With dental			
	Module A - Basic	Module B - Enhance	Module C - Basic	Module D - Enhance	Module E - Enhance	Module F - Enhance
Individual plan from age 18	\$ 101.83	\$ 131.67	\$ 138.88	\$ 188.40	\$ 216.71	\$ 305.53
Family plan from age 18	\$ 241.51	\$ 328.96	\$ 324.86	\$ 456.92	\$ 856.80	\$ 748.19
Life insurance	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00
AD&D (Industrial Life)	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00
Dependant life insurance	\$5000 spouse \$2500 per child	\$5000 spouse \$2500 per child	\$5000 spouse \$2500 per child	\$5000 spouse \$2500 per child	\$5000 spouse \$2500 per child	\$5000 spouse \$2500 per child
Health insurance						
Drugs - % reimbursement	68%	68%	68%	68%	80%	100%
Franchise - Individual plan	\$195 per year	\$10 per prescription	\$195 per year	\$10 per prescription	\$10 per prescription	Aucune
Franchise - Family plan	\$390 per year	\$10 per prescription	\$390 per year	\$10 per prescription	\$10 per prescription	Aucune
<i>Reimbursement base on generic cost</i>						
Paramedical / other - reimbursement	70%	70%	70%	70%	80%	100%
Franchise / other	None	None	None	None	None	None
Eye exam	No coverage	No coverage	No coverage	No coverage	No coverage	Less than 18 : \$50 per 12 months 18 and older : \$50 per 24 months
Glasses / Lenses / Laser	No coverage	No coverage	No coverage	No coverage	No coverage	Less than 18 : \$250 per 12 months 18 and older : \$250 per 24 months
Paramedics (No massage therapy is included)	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage
Max annual	\$ 250.00	\$ 350.00	\$ 250.00	\$ 350.00	\$ 500.00	\$ 500.00
Example : Chiro, Podiatrist, Physio.						
Additional benefits in the enhance plans						
Deantal benefits	None	None				
% Reimbursement			70%	80%	80%	100%
Franchise (annual)			\$50 individual \$100 family	\$50 individual \$100 family	\$50 individual \$100 family	\$50 individual \$100 family
Maximum annual reimbursement			\$ 750.00	\$ 1,000.00	\$ 1,500.00	\$ 1,500.00
Diagnostic, prevention, minor restoration, endodontics, periodontics						
No major restoration and orthodontic coverage						
Exam and frequency			1 per 24 months	1 per 24 months	1 per 24 months	1 per 24 months
Recall exam and frequency			1 per 24 months	1 per 24 months	1 per 24 months	1 per 24 months
Travel insurance	Same coverage in all modules					
Medical coverage	\$2 000 000 per year per person					
Luggage coverage	\$500 per person per trip					
Cancellation coverage	\$5000 per person per trip in case of cancellatio or interruption					
Duration of protection (number of travel days)	180 consecutive days prior to age 65 - 60 consecutive days at age 65 and older					

Premiums are revised yearly on May 1st

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***Definition**

AD&D = accidental death and dismemberment

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