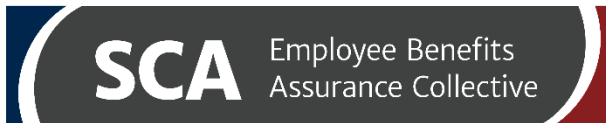


**The Corporation of the Municipality of Temagami**  
December 1, 2023

Your Advisor:





JEFF ST.CYR  
President  
GBA, RPA, CEBS  
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Your Representative:  
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Business Development Manager  
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# The Corporation of the Municipality of Temagami


## Hive 1 - All eligible employees

		Current Rates		 	
		Unit Rate	Monthly Deposit	Unit Rate	Monthly Deposit
<b>Extended Health Care Plan</b>					
Single	1	\$ 105.30	\$ 105.30	\$ 106.00	\$ 106.00
Family	12	\$ 263.26	\$ 3,159.12	\$ 251.00	\$ 3,012.00
			<b>\$ 3,264.42</b>		<b>\$ 3,118.00</b>
<b>Dental Plan</b>					
Single	1	\$ 55.05	\$ 55.05	\$ 48.00	\$ 48.00
Family	12	\$ 137.62	\$ 1,651.44	\$ 120.00	\$ 1,440.00
			<b>\$ 1,706.49</b>		<b>\$ 1,488.00</b>
<b>Inkblot EAP</b>					
Inkblot premium waived for a year					
Single	1	\$ -	\$ -	\$ -	\$ -
Family	12	\$ -	\$ -	\$ -	\$ -
<b>Total Health Account Contribution</b>			<b>\$ 4,970.91</b>		<b>\$ 4,606.00</b>
<b>Pooled Benefits</b>					
Life Insurance (/ \$1,000)	1,178,000	\$ 0.340	\$ 400.52	\$ 0.389	\$ 458.24
AD&D (/ \$1,000)	1,178,000	\$ 0.050	\$ 58.90	\$ 0.059	\$ 69.50
Dependent Life Insurance	11	\$ 3.810	\$ 41.91	\$ 3.235	\$ 35.59
Long Term Disability (/ \$100)	32,508	\$ 1.740	\$ 565.64	\$ 1.998	\$ 649.51
			<b>\$ 1,066.97</b>		<b>\$ 1,212.84</b>
<b>TOTAL MONTHLY PREMIUM</b>			<b>\$6,037.88</b>		<b>\$5,818.84</b>
Subject to Applicable Taxes					

**Overall Difference (\$)**  
**Overall Difference (%)**


**-\$219.04**  
**-4%**

<b>CARRIERS</b>		honeybee 
<b>Benefit</b>	<b>Carrier</b>	
Health and dental	GSC	
Pooled Benefits	Assumption	

<b>GUARANTEE PERIODS</b>		honeybee 
<b>Benefit</b>	<b>Guarantee Period</b>	
Health and dental rates	24 months	
Pooled Benefits	24 months	


## Hive 1 – All Eligible Employees

### LIFE INSURANCE and ACCIDENTAL DEATH & DISMEMBERMENT

honeybee 


Schedule	1.5x annual earnings
Maximum	\$300,000
Non-Evidence Maximum	\$225,000
Reduction	50% at age 65
Waiver of Premium	Included
Termination	Age 70 or earlier retirement

### DEPENDENT LIFE

honeybee 

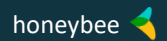
Spouse	\$10,000
Child	\$5,000
Definition of Child	From birth

### LONG TERM DISABILITY

honeybee 

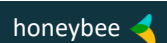
Schedule	66.67% of the monthly earnings
Maximum	\$3,000
Non-Evidence Maximum	\$3,000
Tax Status	Non-Taxable
Elimination Period	119 days
Max Benefit Period	To age 65
Definition of Disability	2-year own occupation
Termination	Age 65 or earlier retirement

**MEDICAL PLAN: DRUGS**



Coinsurance	100%
Maximum	Unlimited
Reimbursement Type	Pay Direct Drug Card
Plan Type	Mandatory Generic
Termination	Age 75 or earlier retirement
Additional Information	This plan is administered in accordance with RAMQ rules and regulations for Quebec residents, including unlimited drug maximum

**MEDICAL PLAN: PARAMEDICAL PRACTITIONERS**




Coinsurance	100%
List of Paramedical Practitioners	Honeybee List of Paramedical Practitioners: Acupuncturist Chiropractor Chiropodist/Podiatrist Naturopath Occupational Therapist Osteopath Physiotherapist Psychologist/Psychotherapy/Social Worker Registered Massage Therapist Speech Pathologist Osteopath
Maximum	\$500/per person/per practitioner

**MEDICAL PLAN: VISION CARE**



Coinsurance	100%
Maximum	\$200 every 24 months
Eye Exam	1 exam every 24 months
Maximum	\$60 every 25 months


**MEDICAL PLAN: OTHER COVERAGE**

honeybee 

Coverage for Semi-Private Hospital,  
Accidental Dental, Ambulance,  
Private Duty Nursing, Diagnostic Services,  
Hearing Aids, Home Care, and other  
Medical Supplies and Equipment

Included at 100% coinsurance

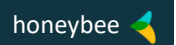
**MEDICAL PLAN: TRAVEL (Under 70)**

honeybee 

Coinsurance  
Trip Maximum  
Maximum Coverage  
Referred Services  
Trip Cancellation  
Baggage Insurance

100% with 0-day pre-existing medical condition stability period  
60 days  
\$5,000,000  
100% up to \$75,000 per lifetime  
\$5,000 per trip  
\$1,000 per trip

**DENTAL PLAN**



Basic and Preventative Services	100% coinsurance up to \$3,000
Recall examination	5 months
Scaling units	10
Fee Guide	Current year
Termination	Age 70 or earlier retirement



The Inkblot-Honeybee offering includes the following:

- a. Five (5) hours of EFAP counselling per plan member/dependent per program year. Additional sessions with the same counsellor reimbursable through their paramedical plan, Health Spending Account or paid privately.
- b. Unlimited access to Work life/Advisory services, individual crisis support and plan sponsor HR/Manager Consultation
- c. Plan sponsor access to on-line Inkblot Mental Health training for managers and plan members
- d. Promotional materials – brochures, wallet cards, posters (provided PDF), Inkblot orientation video, quarterly plan member mental health/wellness newsletters
- e. Aggregate utilization and outcome reports (self-serve and customized)
- f. Designated Account Manager to oversee program implementation, ongoing administration and seamless operation