



# Lewer Canada Benefits

Group Benefits for 3+ Employees

[www.lewer.ca](http://www.lewer.ca)





# Welcome to Lewer

Lewer Canada has been serving the needs of small business owners across every province for more than 40 years. As a third-generation business, we understand the importance of finding the best program that makes the best sense (and cents) for your business. That's why we have developed the CLA Multi-Employer Trust that helps spread the risk of insurance over a larger group. This helps us keep your rates stable year after year.

What does it mean to be in a trust? Just like participating in your buying group or franchise program, it gives you leverage that you wouldn't otherwise have. Even if you only have a few employees, we can help. In the last decade, our average plan price increase was around 5%, which is far lower than healthcare inflation.



# How do I get started?

Follow the steps in the brochure, starting with choosing a life benefit option on the following page.

## Step 1 Mandatory

*Choose 1x salary, 2x salary or flat amount*

- Life Insurance w/ Accidental Death & Dismemberment
- Dependent Life

## Step 2 Optional

*Six options available*

- Short Term Disability
- Long Term Disability
- Critical Illness
- Health
- Dental
- Health Care Spending Account



## Step 3 Call us!

After you've designed your plan, you can contact us at 1-800-387-8244 or [service@lewer.ca](mailto:service@lewer.ca) and we'll walk you through the next steps.

# Step 1: Choose your Employee Life Benefit, Dependent Life Benefit and AD&D Benefit

## Employee Life Benefit

<b>BENEFIT AMOUNT</b>	1x or 2x salary rounded to the next higher multiple of \$1,000 or flat amount in units of \$5,000	
<b>MINIMUM BENEFIT</b>	\$25,000	
<b>MAXIMUM BENEFIT</b>	\$300,000	
<b>BENEFIT REDUCTION</b>	Reduces by 50% at age 65	
<b>LIFE INSURANCE MAXIMUM (BEFORE MEDICAL UNDERWRITING IS REQUIRED)</b>	3 to 4 employees:	\$75,000
	5 to 24 employees:	\$100,000
	25 to 49 employees:	\$150,000
	50 to 99 employees:	\$200,000
<b>CONVERSION PRIVILEGE</b>	Included	

## Dependent Life Benefit

<b>COVERAGE</b>	\$5,000 for spouse and \$2,500 per child \$10,000 for spouse and \$5,000 per child \$15,000 for spouse and \$7,500 per child \$20,000 for spouse and \$10,000 per child (Note: Spouse coverage cannot exceed the employee life coverage)	
<b>CONVERSION PRIVILEGE</b>	Included - Spouse Only	
<b>EVIDENCE OF INSURABILITY</b>	Not Required	
<b>ELIGIBILITY</b>	Spouse	Opposite sex or same sex spouse or common-law partner (co-habiting 12 months)
	Child	Natural child, stepchild, or legally adopted child or ward of the employee or of the employee's spouse under the full age of 22 years or under the age of 26 years and is a full-time student at an accredited educational institution.

## Accidental Death & Dismemberment Benefit

<b>PRINCIPLE SUM</b>	The amount in effect under the Employee Life Benefit
<b>BENEFIT REDUCTION</b>	Reduces by 50% at age 65
<b>MAXIMUM BENEFIT</b>	Equal to the Employee Life Benefit

## Plan Termination Age

Above plans terminate when the employee reaches 70 years old or retirement whichever occurs first.



**Continue to Step 2**



# Step 2: Optional Choices

## Option 1: Short Term Disability Benefit

### Short Term Disability

COVERAGE	Employee Only	
SCHEDULE	66.67% of pre-disability weekly earnings up to plan maximum	
MAXIMUM WEEKLY BENEFIT	\$1,000 per week	
WAITING PERIOD	7 days injury / 7 days sickness	
BENEFIT PERIOD	16 weeks + waiting period = 119 days	
SHORT TERM DISABILITY MAXIMUM (BEFORE MEDICAL UNDERWRITING IS REQUIRED)		
	3 to 5 employees:	\$500
	6 to 9 employees:	\$750
	10 + employees:	\$1,000
TAXABILITY	Determined by Employer	
TERMINATION	Age 65	

## Option 2: Long Term Disability Benefit

### Long Term Disability

COVERAGE	Employee Only	
BENEFIT AMOUNT	66.67% of pre-disability earnings up to Maximum Monthly Benefit	
MAXIMUM MONTHLY BENEFIT	\$5,000	
WAITING PERIOD	119 days	
BENEFIT PERIOD	To age 65	
DEFINITION OF DISABILITY	2 years own occupation, any occupation thereafter	
LONG TERM DISABILITY MAXIMUM (BEFORE MEDICAL UNDERWRITING IS REQUIRED)		
	3 to 4 employees:	\$1,500
	5 to 9 employees:	\$2,500
	10 to 15 employees:	\$3,000
	16 to 49 employees:	\$3,000
	50+ employees:	\$3,500
TAXABILITY	Determined by Employer	
TERMINATION	Age 65	

# Step 2: Optional Choices

## Option 3: Critical Illness Benefit

Critical Illness		
BENEFIT AMOUNT	\$10,000, \$25,000 or \$50,000 for employee \$10,000 or \$25,000 for spouse (group must have a minimum of 5 lives for coverage over \$10,000 and spouse benefit cannot exceed employee benefit) \$5,000 per dependent child	
REDUCTION SCHEDULE	Reduces by 50% when employee turns age 65	
GROUP / CLASS SIZE	To have this benefit, you must have 3 + employees on the plan	
PAYOUT FEATURES	One-time benefit	
PRE-EXISTING CONDITIONS	24 month waiting period on any illness diagnosed 24 months before plan start date	
CRITICAL ILLNESS (BEFORE MEDICAL UNDERWRITING IS REQUIRED)		
	3 to 4 employees:	\$10,000
	5 to 9 employees:	\$25,000
	10 to 15 employees:	\$50,000
	16+ employees:	Based on average volume and group size
TERMINATION AGE	Employee's age 70	

# Step 2: Optional Choices

## Option 4: Medical Coverage

PLAN DESIGN OPTIONS	BRONZE	SILVER	GOLD	PLATINUM
Extended Health Care				
BENEFIT YEAR	Calendar	Calendar	Calendar	Calendar
MAJOR MEDICAL REIMBURSEMENTS	80%	80%	90%	80%
PLAN TERMINATION AGE	70	70	70	70
Drug Benefits				
PAY DIRECT DRUG CARD	Yes	Yes	Yes	Yes
DISPENSING FEE CAP	\$8.00	\$8.00	\$8.00	\$8.00
DRUG PLAN TYPE	Generic Substitution	Generic Substitution	Generic Substitution	Generic Substitution
DRUG REIMBURSEMENT %	80%	80%	90%	80%
DRUG MAXIMUM	\$1,000 per person per year	\$5,000 per person per year	\$2,500 per person per year	\$15,000 per person per year
PREVENTATIVE VACCINES	Yes	Yes	Yes	Yes
Medical Services & Supplies				
PRIVATE DUTY NURSING	\$10,000 per year	\$10,000 per year	\$10,000 per year	\$10,000 per year
HEARING AIDS	\$500 per 60 months	\$500 per 60 months	\$500 per 60 months	\$500 per 60 months
ORTHOPEDIC SHOES	\$250 per year	\$250 combined for shoes and orthotics	\$250 per year	\$250 per year
ORTHOTICS	\$250 per year	\$250 combined for shoes and orthotics	\$250 per year	\$250 per year
HOSPITAL ROOM TYPE	Semi-Private	Semi-Private	Semi-Private	Semi-Private
EYE EXAM	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary
Out of Province / Country				
MAXIMUM	\$5 Million	\$5 Million	\$5 Million	\$5 Million
TRIP DURATION	60 Days	60 Days	60 Days	60 Days
TERMINATION AGE	70	70	70	70



# Step 2: Optional Choices

## Option 4 Continued: Medical Coverage

PLAN DESIGN OPTIONS (CONTINUED)	BRONZE	SILVER	GOLD	PLATINUM
Paramedical Services				
PRACTITIONER MAXIMUM	\$300 per practitioner, max aggregate \$1,200	\$50 per visit, \$300 per practitioner, max aggregate \$1,000	\$500 per practitioner	\$500 per practitioner
PER PERSON PER CALENDAR YEAR	Per person per year	Per person per year	Per person per year	Per person per year
PER PRACTITIONER / COMBINED	Practitioner	Practitioner	Practitioner	Practitioner
ACUPUNCTURIST	Yes	Yes	Yes	Yes
ATHLETIC THERAPIST	Yes	Yes	Yes	Yes
AUDIOLOGIST	Yes	Yes	Yes	Yes
CHIROPRACTOR	Yes	Yes	Yes	Yes
HOMEOPATH	Yes	Yes	Yes	Yes
MASSAGE THERAPIST	Yes	Yes	Yes	Yes
NATUROPATH	Yes	Yes	Yes	Yes
OSTEOPATH	Yes	Yes	Yes	Yes
PHYSIOTHERAPIST	Yes	Yes	Yes	Yes
PODIATRIST / CHIROPODIST	Yes	Yes	Yes	Yes
PSYCHOLOGIST	Yes	Yes	Yes	Yes
SPEECH THERAPIST	Yes	Yes	Yes	Yes
Optional Vision Care				
FRAMES & LENSES CHILDREN	\$200 – 100% per 12 months	\$200 – 100% per 12 months	\$200 – 100% per 12 months	\$200 – 100% per 12 months
FRAMES & LENSES ADULT	\$200 – 100% per 24 months	\$200 – 100% per 24 months	\$200 – 100% per 24 months	\$200 – 100% per 24 months

## Survivor Benefit - 24 Months

# Step 2: Optional Choices

## Option 5: Dental Coverage (Levels must match)

PLAN DESIGN OPTIONS	BRONZE	SILVER	GOLD	PLATINUM
Dental				
BENEFIT YEAR	Calendar	Calendar	Calendar	Calendar
FEE GUIDE	Current	Current	Current	Current
OVERALL DEDUCTIBLE	\$25 Single / \$50 Family	\$25 Single / \$50 Family	No Deductible	No Deductible
BASIC, PREVENTATIVE, ENDODONTICS, PERIODONTICS	Yes	Yes	Yes	Yes
REIMBURSEMENT %	80%	80%	90%	80%
SCALING UNITS	12	12	12	12
RECALL FREQUENCY	9 Months	9 Months	6 Months	6 Months
ANNUAL MAXIMUM	\$1,000	\$1,000	\$1,500	\$1,500
MAJOR RESTORATIVE (5+ EE)	Optional	Optional	Optional	Optional
MAJOR REIMBURSEMENT %	50%	50%	50%	50%
MAJOR MAXIMUM	Combined with Basic	Combined with Basic	Combined with Basic	Combined with Basic



# Step 2: Optional Choices

## Option 4 Continued: Medical Coverage for 10+ Employees

PREMIUM PLAN DESIGN OPTIONS	SILVER +	GOLD +	PLATINUM +
Extended Health Care			
BENEFIT YEAR	Calendar	Calendar	Calendar
MAJOR MEDICAL REIMBURSEMENTS	70%	80%	100%
PLAN TERMINATION AGE	70	70	70
Drug Benefits			
PAY DIRECT DRUG CARD	Yes	Yes	Yes
DISPENSING FEE CAP	\$8.00	\$8.00	\$8.00
DRUG PLAN TYPE	Generic Substitution	Generic Substitution	Generic Substitution
DRUG REIMBURSEMENT %	70%	80%	100%
DRUG MAXIMUM	\$7,500 per person per year	\$10,000 per person per year	\$15,000 per person per year
PREVENTATIVE VACCINES	Yes	Yes	Yes
Medical Services & Supplies			
PRIVATE DUTY NURSING	\$10,000 per year	\$10,000 per year	\$10,000 per year
HEARING AIDS	\$500 per 60 months	\$500 per 60 months	\$500 per 60 months
ORTHOPEDIC SHOES	\$250 per year	\$250 per year	\$250 per year
ORTHOTICS	\$250 per year	\$250 per year	\$250 per year
HOSPITAL ROOM TYPE	Semi-Private	Semi-Private	Semi-Private
EYE EXAM	Reasonable & Customary	Reasonable & Customary	Reasonable & Customary
Out of Province / Country			
MAXIMUM	\$5 Million	\$5 Million	\$5 Million
TRIP DURATION	60 Days	60 Days	60 Days
TERMINATION AGE	70	70	70

# Step 2: Optional Choices

## Option 4 Continued: Medical Coverage for 10+ Employees

PREMIUM PLAN DESIGN OPTIONS	SILVER +	GOLD +	PLATINUM +
Paramedical Services			
PRACTITIONER MAXIMUM	\$400 per practitioner	\$500 per practitioner	\$600 per practitioner
PER PERSON PER CALENDAR YEAR	Per person per year	Per person per year	Per person per year
PER PRACTITIONER / COMBINED	Practitioner	Practitioner	Practitioner
ACUPUNCTURIST	Yes	Yes	Yes
ATHLETIC THERAPIST	Yes	Yes	Yes
AUDIOLOGIST	Yes	Yes	Yes
CHIROPRACTOR	Yes	Yes	Yes
HOMEOPATH	Yes	Yes	Yes
MASSAGE THERAPIST	Yes	Yes	Yes
NATUROPATH	Yes	Yes	Yes
OSTEOPATH	Yes	Yes	Yes
PHYSIOTHERAPIST	Yes	Yes	Yes
PODIATRIST / CHIROPDIST	Yes	Yes	Yes
PSYCHOLOGIST	Yes	Yes	Yes
SPEECH THERAPIST	Yes	Yes	Yes
Optional Vision Care			
FRAMES & LENSES CHILDREN	\$200 – 100% per 12 months	\$200 – 100% per 12 months	\$200 – 100% per 12 months
FRAMES & LENSES ADULT	\$200 – 100% per 24 months	\$200 – 100% per 24 months	\$200 – 100% per 24 months
Survivor Benefit - 24 Months			



# Step 2: Optional Choices

## Option 5 Continued: Dental Coverage for 10+ Employees (Levels must match)

PREMIUM PLAN DESIGN OPTIONS	SILVER +	GOLD +	PLATINUM +
Dental			
BENEFIT YEAR	Calendar	Calendar	Calendar
FEE GUIDE	Current	Current	Current
OVERALL DEDUCTIBLE	\$25 Single / \$50 Family	No Deductible	No Deductible
BASIC, PREVENTATIVE, ENDODONTICS, PERIODONTICS	Yes	Yes	Yes
REIMBURSEMENT %	70%	80%	100%
SCALING UNITS	12	12	12
RECALL FREQUENCY	9 Months	9 Months	6 Months
ANNUAL MAXIMUM	\$1,000	\$1,500	\$2,000
MAJOR RESTORATIVE (5+ EE)	Optional	Optional	Optional
MAJOR REIMBURSEMENT %	50%	50%	50%
MAJOR MAXIMUM	Combined with Basic	Combined with Basic	Combined with Basic

# Added Value

## Arete HR, Inc.

**WHEN YOU SIGN UP FOR A LEWER EXTENDED HEALTH CARE PLAN YOU'RE AUTOMATICALLY ENROLLED IN THE ARIVE EMPLOYEE ASSISTANCE PROGRAM AND THE ACUMIN BUSINESS ASSISTANCE PROGRAM THROUGH ARETE HR INC.**

### ARIVE®

#### EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Arive EAP provides support for employees as they work through challenges affecting their well-being, and in turn, productivity and focus on the job. Up to 12 hours\* of face-to-face professional counselling, plus 3 hours each of legal and financial telephone guidance, in a confidential, self-referral environment. Services and available calendar year hours can be shared with eligible dependents. Full program details available at [www.aretehr.com](http://www.aretehr.com)

### ACUMIN®

#### BUSINESS ASSISTANCE PROGRAM (BAP)

The Acumin program fills a gap experienced by many business owners who don't have the financial resources for expensive legal and financial advice pertaining to business dilemmas. Two hours per calendar year of access to experts in those fields, in addition to unlimited human resources guidance (2 hours maximum per issue), provide tools that can make a difference to success. Through Acumin, managers can refer employees with performance concerns related to personal issues to confidential counselling support\*. Full program details available at [www.aretehr.com](http://www.aretehr.com)

*\*The total number of counselling hours available when both Arive and Acumin are accessed is twelve (12) per insured employee in a calendar year.*

## We are a Third-Party Administrator and Third-Party Payor

### What does that mean?

#### Extended health and dental claims are processed and paid in-house

- Reimbursements of claims have a maximum turnaround time of one week

#### Online Portal and Mobile App claims submission

- If clients enroll on our Portal or Mobile App you can get reimbursed within 2-3 business days
- Clients will also get access to EDI so dentists can submit claims electronically directly to us
- Benefit exchange allows direct claims submission from paramedical service providers to us

**Clients enrolled in the Extended Health Care benefit will receive a drug card which can be used at the pharmacy to purchase prescription medications**

**A real human being will answer the phone and address your inquiry right away as opposed to having to wait on hold or go through a tedious automated phone system process**



## Step 3: Contact Us

**You've finished selecting your benefit options,  
now what do you do?**

It's time to contact your Lewer Licensed Benefit  
Advisor to discuss how to put your plans into action.

**Contact Us**

**1-800-387-8244**

**service@lewer.ca**



[www.lewer.ca](http://www.lewer.ca)



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