



GROUP BENEFIT PROGRAM

The CDWA Group Benefits Program | Description

The CDWA is pleased to be able to offer Life Health and Dental Benefits as part of your membership package.

Our plan is a 30/70 Co-Pay plan. You pay 30% of the benefits you are eligible for and the rest is covered by your premium. In other words, our group plan provides substantial financial relief for health and dental care services. If you have coverage for health and dental care through another source, you can (and only then) waive the health and dental benefits (and costs) through the CDWA. Even then, you would retain the Life Insurance portion of the CDWA Benefit Program.

This is our starting place as a young Association and Membership. We are forced to start small and build from there.

The Group Benefits Program includes:

Life Insurance - \$10,000.00 benefit

\$10,000.00 death benefit until age 65 | reduces by 50% to \$5,000 at age 65 | reduces another 50% at age 70 | benefits ends at age 75 (or earlier retirement)

This is a mandatory inclusion in Group Benefits Programs.

Zero Deductible

This Program has a \$0.00 deductible for all health and dental benefits

Prescription Drugs - \$1,000.00 annual maximum, per covered individual

70% coverage of eligible mandatory prescription generic drugs. A drug card will be issued to you upon activation and receipt of your initial three-months' payment. Excludes fertility, anti-smoking, anti-obesity, and ED (erectile dysfunction) drugs

Dental Care - 70% coverage of up to \$1,000.00 per year, per covered individual

For preventative and basic services (ie: cleanings/fillings, Endodontic and Periodontic). Two visit maximum per year.

Vision - 70% coverage of up to \$200 per covered individual, every 24 months

Applies to prescription glasses or contact lenses

Paramedical - 70% coverage of up to \$300/year, per practitioner, per covered individual

Paramedical practitioners include: Massage Therapist, Physiotherapist, Chiropractor



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Emergency out of province/country coverage - \$5,000,000.00 lifetime maximum
Limited to first 60 days of travel per trip

Benefits Card

You will receive a Benefits Card which will work at all pharmacies and dental offices (95%) and some paramedical practitioners. At the pharmacy, you will only pay your 30% with the remainder being processed through the card. Other providers have different reimbursement policies that may allow your claims to be processed in this manner, or you may have to pay for the services up front and submit the receipt (online, through the mobile app or via snail mail) to be reimbursed for the 70% of the eligible expense.

The Group Benefits Plan | Monthly Pricing

Rate per single member: \$90.00 per month + RST

Rate per staff member (for employers): \$90.00 per month + RST

Rate per member family: \$210.00 per month + RST

Life Insurance coverage rate (if Health & Dental is waived): \$20.00 per month + RST

- > Family is defined as two adults and all eligible dependents, under age 21 or up to age 25, if enrolled in post-secondary education.
- > For Employers, each staff member counts as a single individual plan member. Have each individual complete an enrolment form.
- > Retail Provincial Sales Tax (RST) is charged at 8% within Manitoba and Ontario, and at 9% in Quebec.

The Group Benefits Program | Registration

To apply for benefits, please complete and return all of the pieces requested below.

CDWA Member Group Benefits Enrollment Form

This is a fillable PDF. You won't be able to save it to your system once it is filled in, so be sure to complete it, print TWO copies, sign it and send CDWA one print out with an original signature. Keep the second print out for your records.

CDWA Terms & Conditions (this document)

This is the contract you will have with CDWA for provision of your benefits. Please sign and return with your enrollment form.

Picture I.D.

Please include copies of two pieces of picture I.D. It must be government-issued identification (driver's licence, health card), and a copy of your city permit, if you have one.



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VOID Cheque

Payment will be debited from your account by pre-authorized debit, monthly. Please supply a void cheque, along with these other components.

Mail Benefits Applications and supporting documents to:

Canadian Dog Walkers Association
P.O. Box 65002, Chester PO
Toronto, ON, M4K 3Z2

Important Information

In Year One of the CDWA Group Benefits Program, we are all in a position where we must prove ourselves. Plan participants must build credit and repute with the CDWA and CDWA must build credit and repute with the Insurer. The success of the CDWA Group Benefits Program, and our ability to negotiate a strong deal in future years, relies on it.

- There is a three-month waiting period for benefit coverage. However, there is some flexibility to that. Two scenarios exist:
 - i. you can pay monthly, for three months, then the application is sent on receipt of the third payment and benefits activation is granted (allow 2-4 weeks for receipt of the Benefits Card);
 - ii. Or you can fast track the waiting period by paying three months in advance with your application, and benefits activation is granted (allow 2-4 weeks for receipt of the Benefits Card).
- CDWA is invoiced for the entire Group Benefits Program monthly. CDWA pays the invoice with fees paid to CDWA by Members for the Group Benefits Program.
- CDWA offers payment by pre-authorized debit only. Payments are due and will be automatically debited on the 15th of every month, or whichever business day follows the 15th.
- NSF payments will be charged at \$75.00 per.
- Plan participants whose payments are more than two months in arrears will be suspended from all CDWA Member programs, including Benefits, until the Group Benefits Program payments are up to date.



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TERMS + CONDITIONS

In connection with Application for the CDWA Group Benefits Program and accompanying Schedule of Benefits (collectively, "the application"), the Plan Participant ("CDWA Member"):

A. Commits to 1 year membership in CDWA which includes the obligation of contributing 30% of the monthly Group Benefits premium plus applicable taxes for a minimum of 1 year, out-of-pocket. The monthly cost may vary through this period based on changes in your individual eligibility subject to the contract provisions. The monthly cost is subject to change annually at CDWA's contract renewal with the insurer, or when CDWA makes changes to the Group Benefits Program;

B. Agrees that a deposit equal to the first three months of coverage is payable to CDWA and is required to be submitted with the completed application and other requested components in one pre-authorized debit, or in three pre-authorized debits (see fast tracking scenarios, Page 3)

- i. to activate benefits after the waiting period is reached
- ii. the deposit will be applied as a payment towards their equivalent in premiums once coverage is approved;
- iii. when full payment for the first three months is received with the initial application, because Fast Tracking is requested, the three month waiting period will be waived and coverage will be effective as of the date of fast tracked activation;

C. Acknowledges that CDWA is the plan administrator in all matters pertaining to monthly premium billings, premium payments, Plan Participant enrollment, group records, Participant records, insurer reports, and the Group Benefit Program management;

D. Understands that claims details remain confidential with the insurer and only aggregate claims information that adheres to PIPEDA guidelines will be available to CDWA for Group Benefits Program management purposes;

E. Understands that all forms, documents, group records, participant records, reports and other materials used in the administration of this Benefits Program, whether in paper or electronic form, are the property of the Insurer;

F. Agrees to abide by and be subject to all the terms, conditions, rules, regulations, policy particulars, definitions, and other provisions as set out in booklet, including any additions or amendments thereto, copies of which are available to view at the offices of BBD during normal business hours and available through the insurer's Member Online Site;



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CDWA MEMBER, PLAN PARTICIPANT APPROVAL

I agree in full to the terms and conditions, as stated in this document, CDWA's Terms + Conditions, for Group Health Plan Benefits.

Name of Applicant/Plan Participant (please print)

Date

Signature of Applicant/Plan Participant

Date