

CAUS

	VALUE	VALUE PLUS
LIFE INSURANCE		
◆ For Individuals under 65	N/A	\$15,000
ACCIDENTAL DEATH		
◆ For Individuals under 65	N/A	\$15,000
◆ LONG TERM DISABILITY		
Guaranteed Issue	N/A	N/A
Maximum with medical info		
Elimination Period:		
Accident		N/A
Sickness		N/A
Benefit Duration		
EXTENDED HEALTH CARE		
◆ Benefit Duration:		
Dependents	Age 79 Age 19	Age 79 Age 19
Students	Age 25	Age 25
◆ Annual Deductible	No Deductible	No Deductible
◆ Co insurance Level:	100%	100%
◆ Semi private Hospital	N/A	\$200 per day max. 25 days
◆ Emergency travel coverage		
30 Days max per trip		
\$500,000 per family member	No	Yes
◆ Prescriptions (Pay Direct drug card)	80%	80%
Generic Drugs,	Yes	Yes
Annual Maximum	\$600	\$800
Diabetic Supplies	Yes	Yes
Diabetic Pumps	No	No
Oral Contraceptives	Yes	Yes
erectile dysfunction or other	No	No
Lifestyle medications	No	No
EXTENDED HEALTH CARE		
Other expenses per family member		
◆ Paramedical Practitioners	90%	90%
Annual Combined Maximum	\$300 per year	\$400 per year
Acupuncturist	No	Yes
Chiropractor	Yes	Yes
Massage Therapist	No	Yes
Naturopath	No	Yes
Osteopath	No	Yes
Physiotherapist	Yes	Yes
Podiatrist/Chiropracist	No	Yes
Psychologist	Yes	Yes
Speech Therapist	Yes	Yes

◆Ambulance	Yes	Yes
◆Audio Supplies (every 4 years)	\$ 300	\$ 300
◆Private Duty Nurse	\$3,000	\$3,000
◆Medical Supplies Annual Maximum	\$ 750	\$1,500
◆ VISION		
Maximum	\$125/24 months	\$150/24 months
Eye exams	\$50 every 24 months	\$50 every 24 months
DENTAL CARE		
◆ Annual Deductible	N/A	Nil
◆ Policy Year Maximum		
First Year	N/A	\$ 500
Second Year		\$ 750
Thereafter		\$1,000
◆ Basic services coinsurance levels		80%
Full mouth X- Rays		1 per 36 months
Bite Wing X-Rays		1 per 9 months
Routine checkups		1 per 9 months
Cleanings		1 per 9 months
Fluoride treatment		1 per 9 months
Periodontic Treatments		Yes
Endodontics		80%
Denture Reline & Rebasing		80%
◆ Major restorative services		No
Crowns, dentures, inlays, onlays		No
◆ Accidental Dental	\$2,500	\$2,500

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