

Membership Fee Options New Brunswick (2021)

Hour Bank Benefit Plan: **\$1.68/hour/employee Merit Select, options shown below**

Hour Bank Plan Monthly Estimate (Examples show Merit Select Options 80% Prescription Drugs and 80% Basic Dental)		Office/Supervisory Plan Monthly Estimate (Examples show Merit Select Options 80% Prescription Drugs and 80% Basic Dental)		
HOURS WORKED	Either Single or Family Coverage	INCOME	SINGLE	FAMILY
150	\$252/month	\$40,000	\$167/month	\$374/month
172	\$289/month	\$60,000	\$184/month	\$390/month
		\$80,000	\$199/month	\$406/month
		\$100,000	\$215/month	\$422/month

Benefit Coverage

BENEFIT	HOUR BANK PLAN	OFFICE SUPERVISORY PLAN
LIFE INSURANCE		
Amount	<ul style="list-style-type: none"> Shown with \$70,000 New option available: \$50,000 to \$150,000 in \$10,000 increments *New 	<ul style="list-style-type: none"> One, two, or three times earnings (\$300,000 max) <i>Estimates above show two times</i>
DEPENDENT LIFE INSURANCE		
Amount	<ul style="list-style-type: none"> Spouse - \$10,000, children - \$5,000 	<ul style="list-style-type: none"> Spouse - \$10,000, children - \$5,000
Accidental Death & Dismemberment (AD&D)		
Amount	<ul style="list-style-type: none"> Shown with \$70,000 New option available: \$50,000 to \$150,000 in \$10,000 increments *New 	<ul style="list-style-type: none"> One, two, or three times earnings (\$300,000 max) <i>Estimates above show two times</i>
OPTIONAL SHORT-TERM DISABILITY (add \$0.19/hour/employee for Hour Bank) (Please request quote for Office Supervisory Plan)		
Benefit	<ul style="list-style-type: none"> Up to \$800 per week Elimination period: 0 days for accident or hospitalization, 7 days for sickness Benefit period: 120 days 	<ul style="list-style-type: none"> 67% of the first \$900 of weekly income plus 50% of the balance (non-taxable) Maximum \$1,100 weekly benefit Elimination period: 0 days for accident or hospitalization, 7 days for sickness Benefit period: 120 days

This information is a summary of the Merit Select Benefit Plan, for more information on the benefit coverages and options, please contact your Membership Development Consultant.

Benefit Coverage (continued)

BENEFIT	HOUR BANK PLAN	OFFICE SUPERVISORY PLAN
LONG TERM DISABILITY		
Amount	<ul style="list-style-type: none"> Up to \$2,000 for the first 24 monthly payments, \$2,500 thereafter to age 65 Benefits start after 120 days 	<ul style="list-style-type: none"> 67% of first \$4,000 of monthly earnings, plus 50% of balance (non-taxable) OR 75% of monthly earnings (taxable) Maximum \$6,000 per month Benefits start after 120 days
EMPLOYEE AND FAMILY ASSISTANCE PLAN		
Benefit	<ul style="list-style-type: none"> Confidential short-term counseling 	<ul style="list-style-type: none"> Confidential short-term counseling
EXTENDED HEALTH CARE		
Benefit New Options Available – please see Your Plan Your Way document	<ul style="list-style-type: none"> Prescription drugs: 80% <ul style="list-style-type: none"> After prescription claims exceed \$5,000: 90% 100% Prescription Drug coverage available * New Out-of-Country Emergency: 100% Paramedical: \$500 maximum per practitioner per calendar year (\$600 for physiotherapists) 	<ul style="list-style-type: none"> Prescription drugs: 80% <ul style="list-style-type: none"> After prescription claims exceed \$5,000: 90% 100% Prescription Drug coverage available Out-of-Country Emergency: 100% Paramedical: \$500 maximum per practitioner per calendar year (\$600 for physiotherapists)
VISION CARE		
Benefit New Options Available – please see Your Plan Your Way document	<ul style="list-style-type: none"> All expenses covered: 100% Maximum: \$350 every 2 calendar years (every calendar year under age 19) Eye Exams: \$75 every 2 calendar years (every calendar year under age 19) Prescription safety glasses (employees only): \$150 every 2 calendar years 	<ul style="list-style-type: none"> All expenses covered: 100% Maximum: \$350 every 2 calendar years (every calendar year under age 19) Eye Exams: \$75 every 2 calendar years (every calendar year under age 19) Prescription safety glasses (employees only): \$150 every 2 calendar years
BEST DOCTORS		
Benefit	<ul style="list-style-type: none"> Individuals with chronic conditions, serious illness, or pending surgery are connected, along with their treating physician, to world-renowned specialists 	<ul style="list-style-type: none"> Individuals with chronic conditions, serious illness, or pending surgery are connected, along with their treating physician, to world-renowned specialists.
DENTAL		
Benefit New Options Available – please see Your Plan Your Way document	<ul style="list-style-type: none"> Basic: 80%, Major: 50% * New option 100% Basic, 60% Major Maximum Basic and Major coverage combined: \$2,500 per calendar year Orthodontic: 50% (under age 19 only) Maximum Orthodontic coverage: \$2,500 lifetime 	<ul style="list-style-type: none"> Basic: 80%, Major: 50% * New option 100% Basic, 60% Major Maximum Basic and Major coverage combined: \$2,500 per calendar year Orthodontic: 50% (under age 19 only) Maximum Orthodontic coverage: \$2,500 lifetime

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