



# AGRIHEALTH INSURANCE PROGRAM



# AGRIHEALTH INSURANCE PROGRAM

Health | Prescription | Dental  
Hospital | Travel

# Work with peace of mind.

Protection for yourself, your families and employees

## Benefit from membership in your association with:

- Coverage for individuals and small employee groups
- Discounted pricing due to volume
- Flexible programs for changing needs
- Coverage to age 80

Contact Member Services  
1.800.463.2555 or [agrihealth@nfp.com](mailto:agrihealth@nfp.com)

## Coverage highlights

- Hospital coverage
- Prescription drugs
- Dental
- Vision care
- Chiropractor
- Massage
- Naturopath
- Accident insurance
- Disability insurance
- Life insurance
- Second opinion consultation
- Travel insurance

For more information

- [opaca.net/member-benefits](http://opaca.net/member-benefits)
- [agrihealth@nfp.com](mailto:agrihealth@nfp.com)
- Yvonne at 1-800-463-2555

Underwritten by  
Co-operators Life Insurance Company



## Core Plan

Benefit	LifeStyle	Bronze/Bronze Mature	Silver	Gold (includes dental)
<b>Basic Life Insurance</b> <ul style="list-style-type: none"> <li>Conversion privilege</li> <li>Benefits reduce by 50% at age 65 and terminate at age 70</li> <li>Bronze Mature: Benefits reduce by additional 50% at age 70 and terminate at age 75</li> </ul>	\$25,000	\$25,000	\$50,000	\$100,000
<b>Accidental Death &amp; Dismemberment</b> <ul style="list-style-type: none"> <li>Complete 24 hour a day coverage</li> <li>Death, Loss of Use &amp; Paralysis Benefits</li> <li>Benefits reduce by 50% at age 65 and terminate at age 70</li> <li>Bronze Mature: Benefits reduce by additional 50% at age 70 and terminate at age 75</li> </ul>	\$25,000	\$25,000	\$50,000	\$100,000
<b>Dependent Life Insurance</b> <ul style="list-style-type: none"> <li>Pre-natal benefit</li> <li>Children covered from birth</li> </ul>	\$5,000 Spouse \$5,000 Child	\$5,000 Spouse \$5,000 Child	\$10,000 Spouse \$5,000 Child	\$10,000 Spouse \$10,000 Child
<b>World Care (to age 69)</b> <ul style="list-style-type: none"> <li>Second opinion for serious medical conditions</li> <li>Independent evaluation by world class physicians</li> </ul>	Included	Included	Included	Included
<b>Extended Health Care</b> Survivor benefits for dependents are included All maximums are per insured, per policy year (July 1–June 30) unless specified otherwise				
Deductibles are per policy year (July 1-June 30) unless specified otherwise	\$500 Single/\$750 Couple/ \$1,000 Family	\$25 Single/\$50 Family	Nil	Nil
<b>Co-Insurance</b> For drugs & all other eligible expenses 80% up to \$1,500 Single (incl. deductible) 80% up to \$2,000 Couple (incl. deductible) 80% up to \$3,500 Family (incl. deductible) 90% thereafter 100% Hospital/Out-of-Country/Vision		80% for drugs & all other eligible expenses 100% Hospital/Out-of-Country/Vision	80% for drugs & all other eligible expenses 100% Hospital/Out-of-Country/Vision	90% for drugs & 100% for all other eligible expenses 100% Hospital/Out-of-Country/Vision
<b>Prescription Drugs</b> (excludes lifeStyle drugs)	Unlimited	\$1,500 per person/per year	\$2,500 per person/per year	\$3,500 per person/per year
<b>Paramedical services including</b> Chiropractor, Osteopath, Podiatrist, Chiropract, Naturopath, Speech Therapy, Clinical Psychologist, Physiotherapist, Acupuncturist and Massage Therapist	\$500 per practitioner	\$500 per practitioner	\$500 per practitioner	\$500 per practitioner
Prosthetics & Medical Equipment Orthotics or Orthopedic shoes (custom) Private Duty Nursing (to age 69) Eye Exam	covered \$300 \$10,000 \$100/24 months (Adults) \$100/12 months (Under 18)	covered \$300 \$10,000 \$100/24 months (Adults) \$100/12 months (Under 18)	covered \$400 \$10,000 \$100/24 months (Adults) \$100/12 months (Under 18)	covered \$500 \$10,000 \$100/24 months (Adults) \$100/12 months (Under 18)
Vision Care (in any 24 month period) Hearing Aids (every 3 policy years) Hospital Ambulance	\$100 \$500 Semi-Private Covered	\$100 \$500 Semi-Private Covered	\$150 \$500 Semi-Private Covered	\$200 \$500 Semi-Private Covered
Out-of-Country (to age 69) — Maximum (Life time)	\$1,000,000 under 65/\$250,000 over 65	\$1,000,000 under 65/\$250,000 over 65	\$1,000,000 under 65/\$250,000 over 65	\$1,000,000 under 65/\$250,000 over 65
Out-of-Country (OOC) — Trip duration	90 days from departure under 65 60 days from departure 65 to 69	90 days from departure under 65 60 days from departure 65 to 69	90 days from departure under 65 60 days from departure 65 to 69	90 days from departure under 65 60 days from departure 65 to 69
Overall Program Maximum (Annual)	Prescription drugs unlimited/ \$100,000 for all other eligible EHC expenses/OOC as above	\$50,000/OOC as above	\$75,000/OOC as above	\$100,000/OOC as above
<b>Dental Benefits</b> Deductible Provincial Fee Guide Co-insurance: Basic Services Endodontic & Periodontic Services Major Restorative Services Recall Frequency Overall Maximum per policy year	Not Included In Core Plan Available as an Optional Benefit	Not Included In Core Plan Available as an Optional Benefit	Not Included In Core Plan Available as an Optional Benefit	Included with Gold Core Plan Nil Current  100% 100% 50% Once every 6 months \$2,000

Please note: If the medical information provided in your application form prevents The Co-operators from issuing the plan that you applied for, another plan may be available. Contact Member Services for more details.

## Group Benefit Plan Selection

## Optional Benefits

Dental	LifeStyle/Bronze/ Bronze Mature	Silver
Deductible	\$25 Single \$50 Family	Nil
Provincial Fee Guide	Current less 1 Year	Current
Co-Insurance: Basic Services	80%	80%
Endodontic and Periodontic Services	50%	80%
Major Restorative Services	Not included	50%
Overall maximum per policy year	\$500 first policy year and \$1,000 every year thereafter (per person)	\$500 first policy year and \$1,500 every year thereafter (per person)
Recall Frequency	Once every 6 months	Once every 6 months

### Long Term Disability

Benefit	Available to Members only
Monthly Benefit Amount:	<ul style="list-style-type: none"> <li>Incremental Units \$ 500</li> <li>Minimum Benefit \$ 1,000</li> <li>Maximum Benefit \$ 3,000</li> </ul>
Elimination Period Choices	90/120/180 days
Definition of Disability	Two Year Own Occupation; Any Occupation Thereafter
Offsets	CPP Primary and 85% All Source
Pre-Existing Conditions	3 months prior to effective date/ 12 months after effective date
Taxability	Non-Taxable
Maximum Benefit Period	To age 65

### Optional Life Insurance & Accidental Death & Dismemberment

Benefit	Available to Members and/or Spouses
Benefit Amount Maximum Benefit	Available in units of \$25,000 \$250,000
Waiver of Premium & Conversion Privilege Termination	Yes Age 65

For a quote please contact:

Member Services  
1-800-463-2555 or email  
agrihealth@nfp.com

The preceding summary is intended to provide a brief description of the benefits available under the OPACA group insurance plan. This material does not create or confer any rights. If there are any discrepancies between this brochure and the policy contract, the policy contract will prevail without exception.