# RETHINK CONTRACTOR BENEFITS





In Canada, about 2,652,600 or 13.2% of the working population are considered selfemployed. For independent contractors, finding reliable and affordable benefits can be challenging.

Traditional benefit plans are designed for full-time employees, leaving many contractors without access to affordable health and dental care coverage, while individual plans often come with high costs, limited flexibility, and minimal family support.

That's why Bloom Benefits created its Rethink Contractor Benefits program. By offering flexible and affordable coverage, these programs provide meaningful protection that fits the way you work and live. With **no waiting period or medical underwriting requirements**, Rethink Contractor Benefits provides three different coverage options, allowing contractors peace of mind knowing the health and wellbeing of themselves and their families are covered, no matter where their next opportunity arises.

#### **FLEXIBLE PLAN OPTIONS**

Extended Health & Dental Plans, Insured by GreenShield, offer options specifically built to provide support for you and your families. Coverage includes prescription drugs, paramedical practitioners, mental health, dental and more! Choose between our three plan options for the most suitable coverage that fits your needs.

### ADDITIONAL OPTIONAL COVERAGES

In partnership with IA Special Market Solutions, we provide additional coverage options to help you with costs associated with unexpected life events.

- Life Insurance
- Dependent Life Insurance
- Travel Insurance

- Critical Illness
- Dependent Critical Illness
- Accident & Sickness Insurance

## Rethink Contractor Benefit Plan Options

#### Silver Gold **Bronze Drug Coverage:** Coinsurance at Drug Coverage: Coinsurance at **Drug Coverage:** Coinsurance at Drugs Pay Direct Drug Card - Mandatory Pay Direct Drug Card - Mandatory Pay Direct Drug Card - Mandatory Max: \$2,500/year Max: \$5,000/year Max: \$10,000/year Coinsurance: 80% Coinsurance: 100% Coinsurance: 70% **Major Medical** Hospital Stays: N/A Hospital Stays: Semi-private Hospital Stays: Semi-private **Out of Country Coverage (60 Out of Country Coverage (60 Out of Country Coverage (60** days): 100%; \$5 million per person days): 100%; \$5 million per person days): 100%; \$5 million per person per lifetime. per lifetime. per lifetime. **Orthotics / Orthopedic Shoes: Orthotics / Orthopedic Shoes: Orthotics / Orthopedic Shoes:** \$300 per year \$300 per year \$300 per year Hearing Aids: \$300 per 4 years Hearing Aids: \$300 per 4 years Hearing Aids: \$300 per 4 years Coinsurance: 100% Coinsurance: 100% Coinsurance: 100% Eye Exam Only \$150 for Lens/Frames/ \$200 for Lens/Frames/ Vision Frequency: Adult - 24mo; Contacts (Eye Exam Included) Contacts (Eye Exam Included) Child - 12 mo Frequency: Adult - 24mo; Frequency: Adult - 24mo; Child - 12 mo Child - 12 mo Coinsurance at 70% Coinsurance at 80% Coinsurance at 100% Maximum Benefit: \$300 per Maximum Benefit: \$500 per Maximum Benefit: \$500 per **Paramedical Services** practitioner per year practitioner per year practitioner per year **Medical Practitioners included: Medical Practitioners included: Medical Practitioners included:** Acupuncturist, Audiologist, Acupuncturist, Audiologist, Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Chiropractor, Dietician, Massage Chiropractor, Dietician, Massage Therapist, Naturopath, Therapist, Naturopath, Therapist, Naturopath, Occupational Therapist, Occupational Therapist, Occupational Therapist, Osteopath, Physiotherapist/ Osteopath, Physiotherapist/ Osteopath, Physiotherapist/ Athletic Therapist, Podiatrist/ Athletic Therapist, Podiatrist/ Athletic Therapist, Podiatrist/ Chiropodist, Psychologist/Social Chiropodist, Psychologist/Social Chiropodist, Psychologist/Social Worker/Psychotherapist/Clinical Worker/Psychotherapist/Clinical Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Counsellor/Psychiatrist, Speech Counsellor/Psychiatrist, Speech Language Pathologist Language Pathologist Language Pathologist **Basic Dental Coinsurance: 80% Basic Dental Coinsurance: 80% Basic Dental Coinsurance: 70% Dental Care** Maximum Benefit: \$1,000/year Maximum Benefit: \$1,500/year Maximum Benefit: \$1,000/year combined Basic, Endo/Perio, & combined Basic, Endo/Perio, & combined Basic & Endo/Perio Major Dental Coinsurance: Not **Major Dental Coinsurance: 50% Major Dental Coinsurance: 50%** Exam frequency: Recall Exam Exam frequency: Recall Exam Exam frequency: Recall Exam once per 9 months once per 12 months once per 6 months **Monthly Cost Monthly Cost Monthly Cost** Single: \$123.86 Single: \$162.44 Single: \$178.36 Family: \$270.66 Family: \$358.62 Family: \$394.84

<sup>\*</sup>rates are introductory and adjusted on an annual basis based on the overall performance of the pooled program.

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To learn more - visit our website at www.bloombenefits.ca

Scan the QR code to start your Application today!



