Introducing New Plan Options for The MEARIE Group Retirement Program: Health & Dental Insurance

We've reimagined The MEARIE Group Retirement Program: Health and Dental Insurance!

Following a comprehensive review of claims utilization, member demographics and needs, industry trends, and program sustainability, we are pleased to announce that, effective November 1, 2025, The MEARIE Group Retirement Program has been refreshed to give members more clarity, confidence, and value. Going forward, there will be two streamlined plan options available to new retirees. Plan one, **Essential**, provides grounded, comprehensive coverage for your everyday needs. Plan two, **Enhanced**, offers elevated coverage with added power and flexibility.

Key plan changes include:

- Enhanced reimbursement for healthcare expenses
- Enhanced coverage for Mental Health practitioners
- Enhanced coverage for Private Duty Nursing
- Enhanced coverage for Hearing Aids
- Two new options for prescription drug utilization, which are more reflective of the coordination of coverage with the Ontario Drug Benefit Program
- Enhanced coverage for drug dispensing fees
- Enhanced coverage for compression stockings/hose
- Increased maximums for dental coverage

For more information, please review the program guide or contact us at mearieretirementplan@mearie.ca or 1 (833) 420-4851 to learn more.

November 2025

The MEARIE Group Retirement Program: Health & Dental Insurance

Program Brochure

Retire with Confidence in Your Coverage

The MEARIE Group

COMPREHENSIVE BENEFIT SOLUTIONS LIMITED

canada life™

The MEARIE Group Retirement Program: Health & Dental Insurance

Protect your retirement.

The MEARIE Group Retirement Program: Health & Dental Insurance provides comprehensive and affordable insurance coverage for health and dental care. We've partnered with Canada Life to offer two great options to ensure you get the coverage you need. Plan one, **Essential**, provides grounded, comprehensive coverage for your everyday needs. Plan two, **Enhanced**, offers elevated coverage with added power and flexibility.

Available to those aged 55 and older, our program is designed to give you peace of mind. Acceptance is guaranteed—no medical questions asked!

This offer is available for a limited time. **You must apply within 90 days of loss of coverage to qualify.**

Interested? Enrolling is easy.

1) Refer to the plan options comparison and select the level of coverage that's right for you.

2) Complete the application form and email it to **mearieretirementplan@mearie.ca**.

Questions? Speak with one of our advisers. They are available during normal business hours at **mearieretirementplan@mearie.ca** or **1 (833) 420-4851,** or visit our website anytime at **www.mearie.ca** to learn more.

The MEARIE Group Retirement Program:
Your Plan Options Summary and Comparison

Benefit	ESSENTIAL	ENHANCED
Extended Healthcare		
Deductible	Nil	Nil
Reimbursement Level	80%	90%
Hospital	Semi-Private: $500 maximum per calendar year	Semi-Private: $2,500 maximum per calendar year
Private Duty Nursing	$2,000 per calendar year	$7,500 per calendar year
Medical Services and Supplies	Combined maximum of $2,000 per calendar year	Combined maximum of $6,500 per calendar year
Prescription Drugs	Maximum of $1,000 per calendar year	Maximum of $3,000 per calendar year
Paramedical Practitioners	Combined maximum of $1,500 for Mental Health practitioners per calendar year Combined maximum of $500 for all other practitioners per calendar year	Combined maximum of $1,500 for Mental Health practitioners per calendar year Combined maximum of $750 for all other practitioners per calendar year
Vision Care • **Eye Exams, Glasses, Contacts, Laser Eye Surgery**	$250 combined maximum per 24 months	$350 combined maximum per 24 months
Lifetime Healthcare Maximum	Unlimited	Unlimited
Dental Care		
Reimbursement Levels	Basic Services: 80% Major Services: 50%	Basic Services: 80% Major Services: 50%
Plan Maximums	Combined maximum of $1,000 per calendar year	Combined maximum of $2,000 per calendar year
Virtual Health Care | Best Doctors		
Coverage	Included	Included
Rates (Include Taxation)		
Single	**$189.54 per month**	**$219.73 per month**
Couple	**$315.90 per month**	**$366.88 per month**
Family	**$375.30 per month**	**$481.25 per month**

See page 4 for more coverage details, including terms and conditions.

Coverage Details, Frequency Limits, and Other Terms & Conditions

Benefit	Coverage Details
Extended Healthcare	
Medical Services and Supplies	Medical services and supplies are subject to the combined annual maximums outlined in the plan options comparison (p. 3), with the following frequency limits and per-item maximums: • **Hearing Aids:** $250 every 36 months under the Essential Plan, or $600 every 36 months under the Enhanced Plan • **Ambulance**: Ground and air coverage under both plans • **Custom-Fitted Orthopaedic Shoes or Custom-Made Foot Orthotics**: 1 pair (of either orthopaedic shoes or foot orthotics) per calendar year under both plans • **Myoelectric Arms**: $1,000 per prosthesis under both plans • **External Breast Prosthesis**: 1 per calendar year under both plans • **Surgical Brassieres**: 6 per calendar year under both plans • **Mechanical or Hydraulic Patient Lifters**: $1,000 lifetime under both plans • **Outdoor Wheelchair Ramps**: $1,000 lifetime under both plans • **Blood-Glucose Monitoring Machines**: 1 every 4 years under both plans • **Transcutaneous Nerve Stimulators**: $500 lifetime under both plans • **Extremity Pumps for Lymphedema**: $1,000 lifetime under both plans • **Custom-Made Compression Hose**: 2 pairs per calendar year under the Essential Plan, 4 pairs per calendar year under the Enhanced Plan • **Wigs for Cancer Patients**: 1 wig per lifetime under both plans • **Accidental Dental Injury Coverage**: Included - unlimited maximum under both plans • **Other Medical Services and Supplies**: R&C under both plans
Prescription Drugs	• **Type (for both plan options)**: Pay Direct Drug Card, Enhanced Generic Pricing, Healthcase Management, Prior Authorization, SMART • **Fertility Drugs, ED Drugs, Smoking Cessation Drugs**: Not covered under either plan option • **Dispensing Fee Cap**: $5 under both plans • Please refer to plan options comparison (p. 3) for the annual maximums of each plan

Paramedical Practitioners	• **Eligible Practitioners (for both plans)**:
	  ◦ **Mental Health Practitioners**: Psychotherapists, Registered Psychotherapist, Licensed psychotherapist, psychotherapist, counselling psychotherapist, Psychoeducator, Eligible counsellors, Canadian certified counsellor, Certified clinical counsellor, Registered counsellor, Registered clinical counsellor, Registered professional counsellor, Registered therapeutic counsellor, Licensed counsellor, Clinical counsellor, Clinical therapist, Certified counsellor, Counselling therapist, Mental health therapist, Marriage and family therapist, Psychoanalyst, and Sexologist
	  ◦ **All Other Practitioners**: Acupuncture, Chiropractor, Massage Therapist, Naturopath, Osteopath, Physiotherapist, Podiatrist, Speech Therapist
	• Please refer to the plan options comparison (p. 3) for the combined annual maximums of each plan

Coverage Details, Frequency Limits, and Other Terms & Conditions

Benefit	Coverage Details
Dental Care	
Coverage Details (Both Plan Options)	• **Fee Guide**: Current • **Deductible**: Nil • **Recall**: 9 months • **Scaling**: 8 units per calendar year • Please refer to plan options comparison (p. 3) for the combined annual maximums of each plan
Other Terms & Conditions (For Both Plan Options)	
Coverage and Rate Details	• No waiting periods or termination ages apply. • Please note: if you enroll in the Essential Plan and subsequently decide to apply for the Enhanced Plan, you will need to complete a medical questionnaire and be approved for such coverage. • Rates are effective January 1, 2025, and are assessed annually. Rate changes may be made each January 1st, and will be communicated to you at least 31 days in advance. Premium payments will automatically be adjusted according to any rate changes.
Eligible Dependents	• **Dependent Spouse:** The retiree's spouse, legal or common-law. A common-law spouse is a person who has been living with the Plan Member in a conjugal relationship for at least 12 months. Only one spouse may be considered eligible at any one time. • **Dependent Child**: Unmarried child under 21; or unmarried child under 25, if enrolled and in full-time attendance at an accredited college, university, or educational institute; or unmarried child of any age who became totally disabled while covered under this plan, and has been continuously disabled since that time, and who is considered a dependent as defined under the Income Tax Act.

The MEARIE Group Retirement Program: Health & Dental Insurance - Application Form

Please complete this information in full. To apply, **you must be covered by the government health plan in your province of residence**. Please refer to the Program Brochure for information on coverage available, who is eligible to join, and the cost.

Section 1: Personal Information

For Internal Use: Trace #

Applicant's Name

First Name | Last Name | Middle Initial

Applicant's Date of Birth

Month | Date | Year

Language Preference

- English
- French

Government Health Coverage?

- Yes
- No

Address

Street Number and Name | City/Town | Province | Postal Code

Contact Information

Email Address | Phone Number

Please complete this section only if you are selecting "Couple" coverage.

Spouse's Name

First Name | Last Name | Middle Initial

Spouse's Date of Birth

Month | Date | Year

Does Your Spouse Have Government Health Coverage?

- Yes
- No

Section 2: Plan Selection

Select the plan option for which you are applying. Please note: If you enroll in the Essential plan option and subsequently decide to apply for the Enhanced plan option, you will need to complete a medical questionnaire and be approved for such coverage.

I would like to enroll in the:

- Essential Plan
- Enhanced Plan

Section 3: Prior Coverage

If you are losing coverage under a benefits plan, please provide the following information:

Name of Employer/Plan

Date Benefits End

Month | Date | Year

Insurance Company

Policy Number

Certificate or Identification Number

Section 4: Payment Calculation and Method of Payment

Initial Payment: The initial payment is for two months of premiums. The initial payment will be held until the application is approved. If the application is not approved, the credit card payment will not be processed. By completing this section, I/we authorize my/our bank or financial institution to allow The MEARIE Group and its representatives to charge the initial payment from the credit card shown below

Subsequent Premium Payments: Subsequent payments will be processed in advance on the 15th of each month. By completing this section, I/we authorize my/our bank or financial institution to allow The MEARIE Group and its representatives to charge the premium payment each month from the credit card shown below. This authorization may be cancelled at any time by providing written notice.

Credit Card Type

- Visa
- Mastercard

Credit Card Number

Credit Card Expiration Date

Month | Year

Name of Credit Card Holder

Signature of Credit Card Holder

Section 5: Agreement, Declaration, and Authorization

1. I/We acknowledge and agree that the statements and answers provided in this application will form the basis of any policy issued as a result of this application.
2. I/We declare that the statements and answers provided in this application are true and complete to the best of my/our knowledge and belief and I/we understand that if any statement or answer in this application misrepresents or fails to disclose any fact material to the insurance, any policy issued as a result of the application may be voided.
3. I/We acknowledge that I/we have had the opportunity to review information on rates, fees, limitations, features, benefits and other product information.
4. I/We authorize and consent to any physician, medical practitioner, hospital or medically related facility, insurance company or any other organization, institution or person that has any information concerning me or my health, or my spouse or children or their health, to release any such information to The Canada Life Assurance Company (Canada Life) or any organization acting on its behalf, or its reinsurer(s).
5. I/We authorize and consent to Canada Life and reinsurer(s) collecting, using and disclosing personal information as may be required for underwriting, administrative and claim purposes, including the purposes set out in the section entitled “Protecting Your Personal Information” and such other purposes as otherwise identified to or known by me. I/we have read and I/we understand and agree with the contents of the section entitled "Protecting Your Personal Information”.
6. These authorizations and consents will begin the date they are given and may be revoked at any time by written notification by me/us, subject to legal and contractual restrictions which may apply. I/We acknowledge that I am/we are aware of the reasons the information covered by my/our authorizations and consents is needed, as well as the benefits and risks of consenting or not consenting. I/We hereby apply for coverage and I/we understand that coverage shall become effective on the first day of the month following approval of this application by Canada Life provided there has been no change in insurability of the persons for whom the application is made.
7. If any benefits under the policy applied for are reimbursed for expenses incurred as a result of the actions of a third party, I/we agree to transfer any legal rights arising from such actions to Canada Life. Further, I/we agree to cooperate fully with any legal action taken by Canada Life and to reimburse Canada Life for any amounts recovered.
8. No agent is authorized to amend, alter, modify or waive any terms of this application or any contract of insurance issued.
9. I/We certify that if applying for coverage for dependents, I am/we are authorized to act on their behalf.
10. I/We agree that the use of any card issued in connection with the policy constitutes my/our agreement with any terms and conditions of the card, and that the use of any such card authorizes the use and exchange of personal information by Canada Life and its service provider with: each other, pharmacies, other healthcare providers, other insurers, reinsurers, administrators of government or other benefits programs, and other organizations and service providers when necessary to assess and manage claims and administer benefits.
11. I/We request that this application, the policy, and all related documents be in English. Je demande / Nous demandons que la présente proposition, la police et tous les documents s’y rapportant soient rédigés en anglais.
12. I/We confirm that a photocopy or an electronic copy of this declaration and authorization is as valid as the original.

Signed at Location

City/Town

Province

Signed on Date

Month

Date

Year

Signature of Applicant

Signature of Spouse (If Applied for Spousal Coverage)

Section 6: Protecting Your Personal Information

Further to an application for any product or service, Canada Life establishes a confidential file that contains personal information concerning you. The file is kept in the office of Canada Life or of third parties acting on our behalf. Rights of access to personal information in the file are limited to our staff or persons authorized by us (e.g. service providers), whether located in Canada or elsewhere who require it to perform their duties to you and persons authorized by you, and, as personal information may be collected, used, or disclosed in or from Canada or elsewhere, access may also be had by persons authorized by the laws of Canada or elsewhere, as applicable. Your rights of access and correction of any inaccuracies may be exercised by writing: *The Ombudsman, The Canada Life Assurance Company, 255 Dufferin Avenue, London, ON N6A 4K1*

We collect, use and disclose your personal information to: (1) process this application and, if this application is approved provide and service the financial product(s) and/or service(s) applied for, (2) advise you by telephone or otherwise of products and services to help you plan for financial security, (3) respond to, investigate and process claims, (4) create and maintain records concerning our relationship as appropriate, and (5) fulfill such other purposes as are directly related to the preceding. Note: In accordance with legal requirements, a copy of the entire application, including personal information, may be included with the policy or be provided separately to the owner. For a copy of our Privacy Guidelines or for questions about our personal information policies and practices (including with respect to service providers), write to Canada Life’s Chief Compliance Officer or refer to www.canadalife.com.

Section 7: Advisor/Consultant Info

Advisor/Consultant Name

Comprehensive Benefit Solutions Limited

Commission Account Number

137490

Branch/Sales & Marketing Centre

MIS

Address

Street Number and Name

2020 Winston Park Drive, Suite 102

City/Town

Oakville

Province

ON

Postal Code

L6H 6X7

Office Phone Number

1 (833) 420-4851

Fax

(905) 869-2108

Email Address

mearieretirementplan@compben.com

THE INSURANCE FOR WHICH YOU ARE APPLYING IS SUBJECT TO LIMITATIONS AND EXCEPTIONS.
If Canada Life approves your application, you will be issued a policy setting out the definitions, limitations and exceptions. We recommend you read the policy carefully upon delivery.

Questions?

If you have any questions or need help filling out your form, please contact Comprehensive Benefit Solutions:

Phone: 1 (833) 420-4851
Email: mearieretirementplan@compben.com

Return This Completed Form

Return your completed application to your advisor.

Email: mearieretirementplan@compben.com
Fax: (905) 896-2108