



Fully-insured benefits

Advisor guide



For businesses as small as three employees, looking for an affordable, fully-insured group benefits plan.

For advisor use only

Allow us to introduce ourselves

BENEFITS *BY* DESIGN

As a third-party administrator (TPA), Benefits by Design (BBD) manages the administration of plan member benefit plans for companies across Canada. We work with insurers and other service providers that outsource administrative services to us to improve efficiency and quality of service.

Some of those administrative services include tracking plan member eligibility, maintaining plan member data, consolidated billing, reporting, and handling plan member inquiries.

We support the independent group-focused advisor

BBD works with independent advisors who specialize in group benefits. Our goal is to help build your business and equip you with the skills and knowledge you need to be successful.

We're a benefits expert – and it's a complicated subject

Each advisor is assigned a BBD team that works tirelessly to support you and your clients' needs. You'll gain a:

Director, Partner Solutions TPA+

Your director supports you in conversations with clients, onboarding new groups, and answering questions regarding quotes, generating new business, and more!

Client Manager

Your Client Manager monitors your in—force clients' performance. Through regular check-ins, your client manager ensures the smooth operation of your clients' plan member benefits plans.

Client Specialists

Your Client Specialist handles the day-to-day administration of your clients' plans. They are the direct contact for your plan administrators.

All Directors, Partner Solutions TPA+ and Client Managers complete a group benefits associate (GBA) designation to become specialists in group benefits.

We partner with best-in-class suppliers and make benefits administration easy

We choose supplier partners that share our philosophy around creating sustainable plan member benefits plans designed to protect Canadian employers and their plan members' health, wealth, and happiness. We own and support our technology platform, which gives us the flexibility to integrate with many different supplier partners.

Fully-insured benefits

At-a-glance

Fully-insured benefits are ideal for clients with three or more employees in any approved industry. Fully-insured benefits must be at least 50% employer funded.

Our fully-insured benefits plans are a packaged group benefits solution that keeps employees healthy and financially secure. We use the term “packaged” loosely - benefits can be sold individually or on an as-needed basis. With over 40 different plan designs, our fully-insured benefits scale with your client's organizational needs.

Choose from the following benefits:

Life insurance

Insured through Empire Life

Life Insurance provides financial assistance in the event of a covered employee's death. Benefits are paid to the named beneficiary completely tax-free, and coverage is provided 24 hours a day, anywhere in the world.

Features:

- Living assistance benefit
- Non-medical conversion option
- Coverage up to standard termination age of 75
- Embedded People Connect Carepath Business Assistance Program

Specialty products

People Connect Carepath

Provided through People Corporation

When a crisis happens, employees and their families need end-to-end support. People Connect Carepath provides employees with hands-on support for a variety of mental and physical conditions, through health navigation, second opinion services, cancer assistance, and mental health support programs.

Carepath Business Assistance Program

Provided through People Corporation

In addition to access to the Carepath elements, the business assistance program (BAP) offers business owners the ability to resolve business dilemmas by accessing experts who can provide information and expertise on legal, human resources, and financial issues.

Optional life insurance

Insured through Empire Life

Optional life insurance protects employees 24 hours a day, anywhere in the world. It's available to employees and their spouses for a minimum of \$30,000 and a maximum of \$300,000 in units of \$10,000. Employees and interested spouses must apply for this coverage.

Dependent life insurance

Insured through Empire Life

Dependent life insurance provides tax-free financial assistance in the event of a covered dependent's death. Dependents can be a spouse and/or dependent child, and protection is provided 24 hours a day, anywhere in the world. Includes a prenatal benefit, providing plan members with a benefit amount for funeral expenses following a stillbirth.

Accidental death and dismemberment (AD&D)

Insured through iA Financial Group (Industrial Alliance)

Accidental death and dismemberment (AD&D) insurance provides financial assistance to a covered employee in the event of bodily harm as the result of an accident. This coverage could include, but is not limited to, the death of a plan member, loss of limb, loss of sight or hearing.

Major features:

- Critical disease benefit
- A complete schedule of enhancements including rehabilitation, spousal occupation retraining and daycare benefit

Critical illness

Insured through iA Financial Group (Industrial Alliance)

Critical illness insurance covers employee and their dependents in the event of an unexpected serious illness from a predetermined list of covered conditions. A lump sum is paid to the policyholder after diagnosis of one of the 25 covered conditions.

Major features:

- Multiple event coverage for unrelated illness
- Claims at TuGo included
- Conversion option
- AdvanceCare benefit included for coronary angioplasty and certain early stage cancers
- Dependent children are covered for the standard 25 conditions, in addition to 6 child-specific conditions.
- Pricing available with and without waiver of premium benefit (groups with 10+ lives)
- Eligibility age extended to age 69 – termination age is 75

Short-term disability

Insured through Empire Life

Short-term disability (STD) insurance provides income for a covered employee when they are unable to work as a result of hospitalization, an accident or becoming ill, up to a period of 17 or 26 weeks.

Long-term disability

Insured through Empire Life

Long-term disability (LTD) insurance provides income for covered employees who become disabled and are unable to perform the duties of their occupation. Benefits commence after 112, 119 or 180 days, and includes a three-month survivor benefit.

Health care

Insured through GreenShield

Health care provides support and services for good health through extensive coverage designed to supplement provincial health care plans. Health care generally provides coverage for things like prescription drugs, medical items and supplies, paramedical services, and hospital costs.

Major features:

- 100% out-of-country coverage with deluxe emergency travel assistance
- Private-duty nursing
- Eye exams (one every 24 months)
- Accidental dental
- An extensive list of covered services, including physiotherapy, chiropractor treatment, and massage therapy

Dental care

Insured through GreenShield

Dental care provides coverage to employees and their dependents for eligible dental expenses, which fall under three general categories:

1. Basic services (cleanings, fillings, extractions)
2. Major restorative services (dentures, crowns, bridges)
3. Orthodontic services

Diagnostic specialist access insurance

Insured through iA Financial Group (Industrial Alliance)

Diagnostic specialist access insurance (DSAI) provides expedited access (3-4 days versus the current average of 21) to diagnostic exams (MRI and CT scans) and/or consultations with specialists in Canada. People are connected with diagnostic information faster which means faster progress on solving their health challenges.

Employee assistance program

Provided through People Corporation

An employee assistance program (EAP) provides employees and their eligible dependents access to accredited professionals to help work through some of life's challenges, including family difficulties, work-related difficulties, personal problems, addiction or dependency concerns or eldercare issues.

Major features:

- Counselling for all emotional aspects of an individual's personal and professional issues;
- Solution-focused short-term counselling;
- Work-life and wellness services related to parenting, childcare, eldercare, caregiving, financial issues, legal issues, nutrition, health, and wellness.

Virtual care

Provided by Maple through People Corporation

Virtual care provides employees and their eligible dependents with direct, online access to a general practitioner via their phones, tablets, or computers, to help manage acute and chronic health issues.

Major features:

- Consultations available 24/7/365
- Receive medical advice and treatment (including prescriptions, lab requisitions, diagnostic imaging, and more)
- Securely manage, store, and share personal health data between visits and specialties


Private health services plan: health care spending account

Provided by GreenShield

A health care spending account (HCSA) is a non-taxable, defined-contribution plan where an employer decides on an amount to provide employees for eligible health expenses. All expenses reimbursed to the employee are tax-free.

HCSA's are regulated by the Canada Revenue Agency (CRA), who determines what expenses are eligible. **The CRA has a long list of eligible expenses, but here are some common uses:**

- | | |
|----------------------|-------------------------|
| • Ambulance services | • Fertility treatments |
| • Cancer treatment | • Hearing aids |
| • Dental services | • Heart monitor devices |
| • Vision care | • Pace maker |
| • Crutches | |

This listing is based on the CRA guidelines and may not be complete. As such, we recommend that employees consult the CRA website, [here](#). 

Private health services plan: personal spending account

Provided by GreenShield

A personal spending account (PSA), sometimes known as a wellness spending account (WSA), is a taxable spending account offering coverage for a range of expenses from childcare to professional development and even gym memberships. PSA's are unique in that the employer determines the amount of money available for employees to use.

PSA's can cover a wide variety of expenses, but here are some of the common uses:

- Additional health services
- Education and personal development
- Equipment
- Fitness and gym memberships
- Additional dental services and supplies
- Family services
- Legal and financial services

Fully-insured benefits

Benefits to your client

BBD's packaged employee benefits plans protect your clients' employees from financial hardship while providing health maintenance services. These benefits are a great option for clients as small as three lives in any approved industry.

Plan design

Fully-insured, flexible benefits plan that requires at least 50% employer funding.

Selection

Your clients can build a plan that makes the most sense for them and their employees. Choose from over 40 plan combinations.

Peace of mind

Your clients and their employees will enjoy the comfort of knowing that they have the coverage they need.

Online portal

Your clients have the ability to access information about their benefits plan, complete employee change requests, download invoices, reports and other information through Nomad, our online benefits administration portal.

Exceptional client service

Your clients are given dedicated points of contact at BBD to help them navigate their benefits plan.

Fully-insured benefits

Sales support

A true back office

Whether you require assistance understanding products, quoting a group, handling a claims issue, or getting up to speed on a renewal, your BBD team is here to help.

Nomad

Our secure Nomad advisor portal provides a dashboard of your active business with BBD. Nomad is easy to use and includes resources that support your client conversations.

Marketing materials

Our marketing materials are available electronically through Nomad.

Nomad advisor portal



Fully-insured benefits

Request to quote

You can request a quote for a fully-insured benefits plan by emailing our quoting department: quotes@bbd.ca. Our proposals include a breakdown of the costs incurred by the organization and each individual employee.

To ensure a timely turnaround, BBD requires the following information:

- Name of client/employer
- Province the business is located in
- Nature of the business
- Requested plan design
- Employee census data
- Length of time in business

Are they presently insured? If yes, please provide the following:

- Current plan design
- Current and/or renewal rates
- Claims experience

Please also specify the following information:

- Are there eligible employees not participating?
- Do all employees work at least 20 hours/week?
- Are the employees covered by the Worker's Compensation Board (WCB)?
- What is the percentage of family content?
- Do they have any full time contract employees? If yes, what coverage is required?
- Do they have any seasonal employees?
- Are any eligible employees currently absent from work? If yes, please provide the details.
- Are any eligible employees currently disabled? If so, please provide the following:
 - Date of disability
 - Nature of disability
 - Prognosis
 - If the life waiver was approved

Fully-insured benefits

Sales process

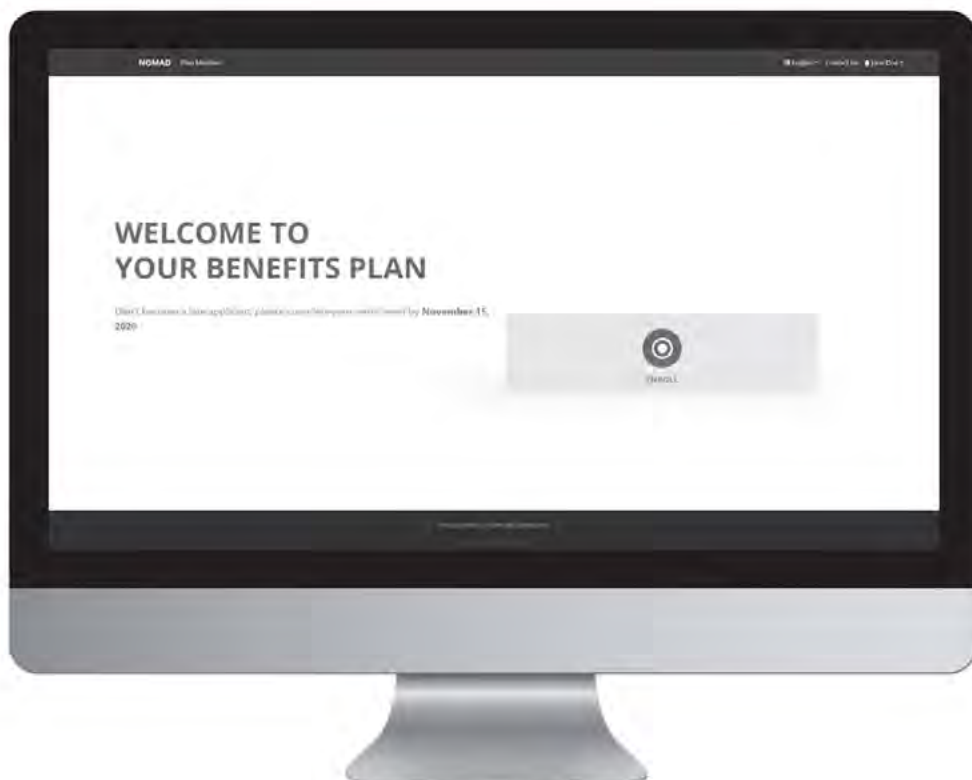
To enroll in a fully-insured benefits plan, clients complete the Master Application, and the GreenShield Addendum (if applicable) before forwarding them to sales@bbd.ca to set up the plan. With BBD benefit plans, clients have two options for enrollment:

Online enrollment

Clients can streamline the benefits enrollment process (and save a few trees) by using BBD's online enrollment tool. This tool allows plan members to easily enroll themselves in their new group benefits plan, and plan administrators can monitor their progress. This reduces the administrative burden on your clients and the amount of physical paperwork required.

Paper enrollment

If your clients prefer, they can complete their benefits plan enrollment using BBD's paper forms. Once all of the forms are collected, our implementation team sends the information to our carriers. Upon successful receipt and implementation of the plan, our implementation team transfers the sale over to our client services team who will reach out to the plan administrator to introduce themselves, and get them started with their benefits plan.



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After the sale

Things you need to know

- Your BBD client manager will reach out to you by email with information, including:
 - Group policy numbers
 - Renewal dates
 - Commissions
 - Details of timing and processing of the sale
- Your BBD client manager will also loop you in on the welcome email to the plan administrator once their plan is effective
- BBD is here to help you navigate your client's benefits plan through our Focus 3/6/9 program.
 - At three months after your client's plan starts with us, you'll receive a personalized check-in from your BBD Client Services team. We make sure every question is answered.
 - At six months, we review the claims experience of the group and bring any high claiming patterns to your attention. We ensure the plan design is still a good fit for the group and offer suggestions if plan changes are recommended.
 - At nine months, we guide you through our renewal process. We make sure your clients can look forward to another successful year.
- Nomad, BBD's online benefits administration platform, contains all of the information about your clients' group benefits plans. View their booklet, plan summary, benefits coverage, invoices, and claims experience from your desktop, tablet, or phone.

Things your client needs to know

- Your clients will receive a welcome email which includes:
 - Policy ID numbers
 - Invoicing details
 - General details of their plan
 - Nomad information
 - Digital employee onboarding kits
- Your clients will also receive their Nomad plan administrator portal access via email. Should they request it, our client services team is happy to provide a walk through of Nomad.
- To ensure the best possible onboarding experience for your clients, your Client Services team:
 - Reaches out at one week, to check in on the plan administrator and answer any questions.
 - Reaches out at two weeks, to let the plan administrator know that their employee packages will be arriving.
 - Reaches out at three weeks, to see if the group has any questions about their employee packages.
 - Reaches out at three months, as a general touch base on their plan.

Commission

You may choose monthly or annualized commission payments (annualized payments require a minimum of three in-force groups with BBD and are subject to an annualization factor). This table illustrates the standard level of commission we will quote, based on premium amount:

Monthly premium	Commission
Under \$2,000	10%
\$2,000 – \$4,000	8%
\$4,000 – \$5,000	7%
Over \$5,000	6%

Commission payment is automatically deposited into your account on the last working day of every month.

Sales commission bonus

Advisors placing a minimum of three new sales and \$50,000 in new annualized insured premium in a calendar year will be eligible to earn a sales commission bonus.

To qualify as a new sale for this annual bonus, a group must:

- Be in-force at time of payout;
- Have insured premium; amounts billed for uninsured benefits, like Health Care Spending Accounts (HCSA) and Administrative Services Only (ASO) are not eligible;
- Have an effective date in the same calendar year.

Sales (annual insured premium)	Bonus (% new annual insured premium)
< \$50,000	0%
\$50,000 - \$99,999	1.25%
\$100,000 - \$149,000	1.75%
\$150,000 - \$249,999	2.25%
\$250,000 - \$499,999	2.75%
> \$500,000	3.25%

Commission bonuses are paid at the end of the first quarter of the following year.

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Renewal process

Renewal process

Every time a new group is placed with BBD, the group is guaranteed their sold rates for a certain length of time - known as a rate guarantee. Rate guarantees vary depending on the benefit and are reviewed at their first renewal.

Renewals are completed annually and are required to ensure the group plan is being properly funded based on their usage and demographic makeup. At time of renewal, BBD evaluates both the claims experience of the group, trend and inflation, as well as demographic information (age, gender, occupations, and salary).

There is a four-month lag time from when a group's renewal period ends, to when the renewal rates are implemented. This time allows:

- BBD to analyze and prepare the renewal,
- BBD to supply the renewal to advisors,
- Advisors to present the renewal to their clients, and
- Advisors to review plan design and put in (if any) requests for negotiations.

Renewals are provided directly to advisors a minimum of 60 days prior to the client's renewal date.

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Common FAQ's

Q. What is the minimum premium required for fully-insured benefits?

A. We require at least \$100 of insured monthly premium.

Q. Does BBD offer stand-alone coverage?

A. As long as the benefit plan includes at least \$100 in insured monthly premium, we offer these products on a stand-alone basis (underwriting review may be required):

- Extended health coverage (EHC)
- Travel insurance
- Dental* (*available for groups with 10+ participating lives)
- Critical illness insurance (CI)
- Employee assistance plan (EAP)
- Diagnostic specialist access insurance (DSAI)
- Accidental death & dismemberment (AD&D)
- Life insurance
- Virtual Care

We also offer stand-alone coverage for health care spending accounts (HCSAs), wellness spending accounts (WSAs) and combination spending accounts under our Standalone® product line. These products require no pre-funding, and can be offered to incorporated companies with less than three employees and/or have been in business for less than one year.

Q. Does GreenShield's HCSA coverage require a security deposit at the time of sale?

A. GreenShield requires a security deposit equal to two months of anticipated claims as well as administration fees and applicable taxes (three months if the plan is not on pre-authorized payments). The deposit is not applied to first month's HCSA claims paid, and will be fully refunded if the HCSA arrangement is discontinued.



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