

MABC Benefits Plan Policy

Preamble:

The MABC values financial security for midwives in BC. Life insurance, Long Term Disability and Critical Illness insurance offer a financial safety net for midwives. Therefore, the MABC adopted the Benefits Plan as of January 19th, 2005.

Purpose:

The purpose of this policy is to serve as a Benefits Plan guide for the MABC Board, Staff, and Members. The policy covers such items as: interpretations and definitions, guiding principles of the Benefits Plan, enrolment in and eligibility for the Benefits Plan, authority and responsibility for the Benefits Plan, and policy specifics. This Policy was passed by the MABC Board on May 9th, 2005.

At the 2008 AGM the MABC Benefits Working Group was struck to review Bylaw Article 15 and to review the MABC Benefits Plan components. As a result of the review, this policy was updated and approved by the Board in January 23, 2012. See *Addendum A* for details of the MABC Benefits Working Group review.

IMPORTANT: The MABC Benefits Plan Policy and MABC Bylaw Article 15 pertain specifically to the MABC Benefits Mandatory Group Plan. The MABC Benefits Optional Group Plans are offered on an optional or voluntary basis by our Third Party Administrator Morneau Shepell and administered under the umbrella of the MABC Benefits Plan.

More information on the mandatory and optional coverages can be found in the Third Party Administrator's *MABC Benefits Product Guide*ⁱ and policy details are in the insurers five (5) *Policy Booklets*ⁱⁱ. These documents can be found on the *Benefits* page of the *Member's Section* at www.bcmidwives.com

Section 1: Interpretation and Definitions

1.1 In this Policy:

- a. **"Annual Renewal Date"** means the insurer's annual renewal. Premium rates may change as of the Annual Renewal date, which is February 1 of each year;
- b. **"Benefits Committee"** means the MABC Benefits Committee;
- c. **"Benefits Plan Member"** means a member of the MABC Benefits Plan;
- d. **"Benefits Plan Members Vote"** means a voting process in which only Members of the Benefits Plan are eligible to vote;
- e. **"Benefits Working Group" and "BWG"** mean the working group struck in 2008 for the purpose of a review of the MABC Benefits Plan and Bylaw Article 15;
- f. **"Board"** means the Board of Directors of the MABC;

- g. **“Eligibility Criteria”** means the criteria for eligibility to the MABC Benefits Plan (see Section 5);¹
- h. **“Eligible Midwife”** means an individual who is eligible and required to enroll for coverage under this policy;²
- i. **“General”** means a midwife with general or conditional status on the College Registry;
- j. **“Gross Annual Income”** means a midwife’s income from MSP over a period of 12 months before taxes and before expenses;
- k. **“Gross Income”** means a midwife’s “MSP Billings” and “Other Insurable Midwifery Income” before taxes and before expenses;
- l. **“Income Update Report”** means the report sent from the MABC to the Third Party Administrator in March of each year in order to keep the Long Term Disability Plan current. The 12 months ending December 31st of the previous year is the period used for the income update;^{3, 4}
- m. **“Leave”** means a period when a midwife’s registration status is non-practicing on the Registry of the College;
- n. **“MABC Benefits Plan” and “Benefits Plan” and “Plan”** mean the MABC Benefits Plan established pursuant to Article 15 of the MABC Bylaws. Bylaw Article 15 and the MABC Benefits Plan Policy pertain specifically to the MABC Mandatory Group Plan;
- o. **“MABC Mandatory Group Plan” and “Mandatory Group Plan”** mean the Life, Long Term Disability (LTD), and Critical Illness (CI), insurances;
- p. **“MABC Member” and “member”** mean voting member of the MABC;
- q. **“MABC Optional Group Plans”** mean the Extended Health Care and Dental Plan (EHC & D), the Accidental Death and Dismemberment (Vol. AD&D), and the additional Critical Illness (Vol. CI);
- r. **“Midwife”** means a person registered with the College of Midwives of BC to practice midwifery in British Columbia;
- s. **“Midwife’s Earnings”** means income as defined for the purposes of determining Long Term Disability premium and benefit; and are based on the gross MSP billings for the previous calendar year and are

¹ The MABC and insurer gave due deliberation in considering definitions regarding eligibility criteria and midwives’ earnings. A key choice was whether a midwife’s earnings for the purpose of determining her amount of disability insurance would be based on previous income tax returns or previous midwifery services billings. The parties that reviewed the available options strongly agreed that the billings option is superior both in terms of more accurately and fairly reflecting midwives’ earnings and in terms of significantly less administration.

² While all midwives registered with the MABC as of May 14, 2005 are required to participate in the Mandatory Group Plan, at any given time not all midwives will be enrolled (i.e. paying premiums and having coverage) in the Mandatory Group Plan. The eligibility criteria determines whether at a given time a midwife is eligible and thus required to be enrolled or is ineligible and thus not allowed to enroll. Notwithstanding exceptions, essentially at any given time, a midwife will fall into one or the other category based on objective, measurable criteria.

³ Where a midwife is on “Leave” during part or all of this 12 month period, the 12 month period will be extended by the duration of the “Leave(s)” that took place within the 12 month period.

⁴ Where a midwife is actively at work immediately following a period when she was considered disabled under the Sections of this policy, the 12 month period will be extended by the duration of the period when she was disabled. Any earnings during the period of disability, i.e. rehab earnings, are excluded in the calculation of “Gross Annual Income.”

converted to net income for insurance purposes, as per *Table 3: MABC Group Plan Earnings and Premiums*.⁵

- t. **“MSP Billings”** means a midwife’s billings to Medical Services Plan and other transfer payment agencies for midwifery services rendered in British Columbia;
- u. **“Net Annual Earnings”** means a percentage of a midwife’s “Gross Annual Income” and have been predetermined, as set out in *Table 3: MABC Group Plan Earnings and Premiums*. Net Annual Earnings in *Table 3* are calculated from gross annual income, are defined as before tax and after business expenses, and are in accordance with Section 8.2a;
- v. **“Non-voting member”** means a non-voting member of the MABC who has an open Long Term Disability claim and is therefore a “Benefits Plan Member” and as such is eligible to vote in a Benefits Plan Members Vote;
- w. **“Other Insurable Midwifery Income”** means the income from one or more categories of midwifery related work, each category having been approved by the MABC and communicated to the insurer, for which the midwife does not have other group LTD coverage;⁶
- x. **“Table 3: MABC Group Plan Earnings and Premiums”**⁷ means the table in the MABC Benefits Plan Policy which determines net income and the corresponding LTD volumes and includes the Mandatory Group Plan premiums.
- y. **“Third Party Administrator”** means the advisor and administrator of the MABC Benefits Plan which is currently Morneau Shepell.

- 1.2 The generic feminine used in this policy does not presume to exclude persons of the masculine gender.
- 1.3 In this policy, unless the context otherwise requires, words importing the singular number shall include the plural number, and vice versa, and references to persons shall include firms and corporations.
- 1.4 Unless specifically stated otherwise, all words and phrases are to be defined consistent with the MABC Constitution and Bylaws. In the event of any inconsistency, the MABC Constitution and Bylaw meaning shall prevail.

Section 2: Authority and Responsibilities for the Benefits Plan.

- 2.1 The Board is responsible for the establishment and the ongoing management and administration of the MABC Benefits Plan. The Board shall ensure that the policies, administration, and management of the Benefits Plan are consistent with the MABC Constitution and Bylaws.
 - a. It is at the Board’s discretion to amend the management and administration of the Benefits Plan. The Board may amend MABC Benefits Plan Policy from time to time provided such amendments do not represent a major change to the Plan. A proposed change is considered major if it pertains to the Policies of the Benefits Plan and is so designated by the Board. A proposed change that deals with administration or management of the Benefits Plan is not a major change.

⁵ Sun Life Financial Policy Booklet page 4, *Definitions, Basic Earnings*

⁶ Currently, there are no approved categories.

⁷ *Table 3: MABC Group Plan Earnings and Premiums* referred to as “Table 2” in the 2012 and 2013 versions of the MABC Benefits Plan Policy; reverting back to “Table 3” in the MABC Benefits Plan Policy 2014.

- b. An amendment that represents a major change to the MABC Benefits Plan shall be ratified by a 2/3 majority of Benefits Plan Members who vote in a Benefits Plan Members Vote.

Section 3: Privacy and Non-Interference with Benefits

- 3.1 The Benefits Plan shall be administered in such a way as to minimize the need for personal information concerning a Member being disclosed to another Member, including members of the Board and the Benefits Committee. No personal information concerning a Member's benefits will be disclosed to any Midwife, including members of the Board and the Benefits Committee except as follows:
 - a. The Member requests that the Board and/or Benefits Committee review her individual benefits situation.
 - b. It is necessary for the Board and/or Benefits Committee to have such personal information in order to administer the Benefits Plan.
- 3.2 In a situation where a Member's personal information is made available to the Board and/or the Benefits Committee, the personal information made available shall be the minimum necessary in order to deal with the issue.
- 3.3 The Benefits Plan shall be administered in such a way to prevent the Board, the Benefits Committee, the Benefits Working Group or a Board or Committee or Benefits Working Group member from exercising political influence or interference in regards to a Member's benefits.

Section 4: Guiding Principles and Components

- 4.1 The MABC Benefits Plan shall be administered on behalf of Midwives in British Columbia.
- 4.2 The MABC Benefits Plan shall provide:
 - a. The basic safety net of the **MABC Mandatory Group Plan**:
 - i. Life insurance (Life)
 - ii. Long Term Disability insurance (LTD)
 - iii. Critical Illness insurance (CI)
 - b. The Third Party Administrator offers three optional or voluntary group plans, outlined below. The **MABC Optional Group Plans** are only available to Benefit Plan Members. The rules and provisions for the **MABC Optional Group Plans** may be found in the Third Party Administrator's *MABC Benefits Product Guide*.
 - i. Extended Health Care and Dental plan (EHC & D). This plan is available at the time of mandatory enrolment.

Note: If you complete your application for coverage for Extended Health and Dental benefits more than 31 days after you have satisfied the conditions of eligibility, you will be required to provide satisfactory medical evidence of your insurability to Green Shield. If approved for Health and Dental coverage, a dental maximum of \$125 will be implemented per covered

person for the first 12 months of Dental coverage based on the plan member's effective date.⁸

- ii. Accidental Death & Dismemberment plan (Vol. AD&D), available at the time of mandatory enrolment and anytime thereafter, without penalty.
- iii. Additional Critical Illness plan (Vol. CI), available at the time of mandatory enrolment and anytime thereafter, without penalty. Coverage is medically underwritten and will be effective upon approval from the insurer (completion of a health questionnaire is required).

Section 5: Eligibility Criteria and Exceptions

- 5.1 An MABC Member must fulfill the eligibility criteria to enrol in the MABC Benefits Plan.
- 5.2 An MABC Member *becomes* eligible for the Benefits Plan when:
 - a. She is a General Registered Midwife⁹ living and working in BC; and
 - b. She has had 15 continuous months service in the practice of midwifery in BC as a general registered midwife;¹⁰ and
 - c. She has a gross annual income equivalent to 15 courses of care.
- 5.3 A Benefits Plan Member *remains* eligible for the **MABC Mandatory Group Plan** when:
 - a. She is registered on the General Registry of the College, or on the Non Practicing Registry of the College up to a maximum of 6 months;¹¹
 - b. She has a gross annual income equivalent to 15 courses of care.
- 5.4 Exceptions to Eligibility Criteria may be considered by the insurance companies
 - a. A midwife may apply to the insurers, Sun Life Financial and SSQ Insurance Company Inc¹², to have criteria 5.2b waived. A new midwife, who can provide verification of a substantial caseload and income, may apply to have the 15 month waiting period waived and enrol as of her registration date. The insurer will consider each request on a case by case basis and has sole authority in making the decision.
- 5.5 A Benefits Plan Member *remains* a member of the **MABC Benefits Plan** when:
 - a. She has an open Long Term Disability claim and is also an MABC non-voting member in good standing.

⁸ Green Shield late application effective February 1, 2013 - replaces prior arrangement whereby premiums were back charged to a maximum of six months.

⁹ Excludes MABC temporary registrants – coverage is typically available only for “permanent” MABC Members and excludes non-practicing registrants from initial enrolment.

¹⁰ A waiting period was established as most new midwives have little income and couldn't easily afford the premiums. A period of 15 months provides time to establish earnings for 12 months, which is the time-frame used to determine her earnings and whether she's eligible under criteria 5.2c.

¹¹ Excludes non-practicing registrants on extended leave. With the exception of the 12 months of maternity/parental leave, insurers of the Mandatory Group Plan will extend coverage to a midwife on leave if the leave is 6 months or less.

¹² SSQ Insurance Company Inc formerly known as AXA Assurances Inc.

Section 6: Mandatory Enrolment and Late Applicant Penalties

- 6.1 Enrolment in the MABC Group Benefits Plan is **mandatory** for MABC members registered after May 14, 2005.
- a. Upon fulfilling the MABC Benefits Plan eligibility criteria, each general registered Midwife must become enrolled in the MABC Benefits Plan;
 - b. All Benefits Plan Members who have become members of the MABC since May 14, 2005 are required to participate in the MABC Benefits Plan as long as they continue to meet the eligibility criteria.
- 6.2 Members shall enrol in the Group Life, Long Term Disability and Critical Illness policies currently provided through Sun Life Financial (Life and LTD) and SSQ Insurance Company Inc. (Critical Illness), with Morneau Shepell, acting as Third Party Administrator.
- 6.3 MABC Members **must** submit enrolment forms with their original signature to the MABC office, by mail or in person, at least 30 days **before** their eligibility date.
- a. Where an eligible MABC Member submits *late* enrolment forms to the MABC she incurs a late penalty of \$50.00 which will be implemented seven (7) working days after completed enrolment forms are due.
 - b. Where an eligible MABC Member submits late enrolment forms she jeopardizes her good standing with the MABC.
 - c. Where an eligible MABC Member submits late enrolment forms she may be required to present medical evidence in a format indicated by the insurers and the insurers may limit or refuse coverage based on the medical evidence. In the situation where her coverage is refused her good standing with the MABC is jeopardized.
- 6.4 MABC Members who registered prior to May 14, 2005 and initially opted out of the Benefits Plan may apply subject to the Benefits Plan income eligibility criteria and subject to medical evidence in a format indicated by the insurers. The insurers may limit or refuse coverage based on the medical evidence. The waiting period eligibility criteria will be considered served.

Section 7: Member Good Standing and NSF Premium Payments

- 7.1 All Benefits Plan Members shall maintain their good standing in the MABC Benefits Plan.
- a. Maintaining good standing means ensuring that the required documentation is submitted (i.e. initially submitting completed enrolment forms to the MABC office and providing any documentation related to benefits that is required by the insurer or by the Third Party Administrator) and that the required premium payments to Morneau Shepell are made in a timely manner pursuant to the requirements of the MABC Benefits Plan. Please refer to the Third Party Administrator's *MABC Benefits Product Guide* for premium payment details.
- 7.2 **Morneau Shepell has a *policy* of removing customers from their benefits plan** after a fourth NSF payment *and* the MABC has a *contract* with Morneau Shepell of mandatory enrolment in the MABC

Benefits Plan; this contract may be threatened if members, due to recurrent NSF payments, are removed from the MABC Benefits Plan.¹³

- a. Each Benefits Plan member must honour the MABC Benefits Plan by ensuring all monthly premium payments are completed on the date due with sufficient funds.
- b. Where Morneau Shepell receives a second NSF payment from a Benefits Plan member the MABC office will be alerted to the situation. After a third NSF payment the MABC will notify the Benefits Plan member of her impending lack of good standing. Where a Benefits Plan member makes a fourth NSF payment she jeopardizes her right to practice in BC. The MABC will report a member's lack of good standing to the College of Midwives of BC.

Section 8: MABC Benefit Plan Coverage

8.1 Table 1 summarizes the coverage provided under the **Mandatory Group Plan**. Please refer to policy booklets provided by the insurer and the *MABC Benefits Product Guide* for details.

Table 1: Mandatory Group Plan Coverage Summary

Category	Benefit
Life	\$75,000
Long Term Disability (LTD)	Benefit Period is to Five Years only. 60% of Net Annual Earnings (as per Table 3), to a maximum benefit of \$3,500 per month; 90 day waiting period;.
Critical Illness (CI)	\$10,000 for an illness listed in the CI Policy

8.2 Earnings and Long Term Disability (LTD) Benefit and Premium.¹⁴

- a. A midwife's earnings for the purposes of determining her LTD coverage has been calculated as a percentage of her gross MSP billings for a 12 month period. The percentage is determined by the midwife's billings - the lower the billings, the lower the percentage of "Net Annual Earnings." This is predicated on the idea that a midwife who works less and thus bills less has a higher percentage of expenses because some expenses, such as professional liability insurance, remain the same whether a midwife works full-time or part-time.
- b. To determine your Long Term Disability income coverage, monthly premium, and monthly benefit please refer to *Table 3: MABC Group Plan Earnings and Premiums* which is included in this document.¹⁵

Section 9: Annual Renewal and Income Update Report

9.1 The Annual Renewal of the MABC Benefits Plan is February 1st of each year. At this time plan usage and plan premium rates are reviewed by the insurer.

¹³ Section 7.2 is a shortened form of what was previously *Addendum #1: MABC NSF Benefits Premium Policy* (approved June 2010).

¹⁴ The goal for LTD insurance policies is to replace up to 85% of after tax income.

¹⁵ There may be limited circumstances in which an exception to the Net Annual Earnings definition will be considered by the insurance company. A midwife may apply to the insurer, Sun Life Financial, to have her "Net Annual Earnings" deemed to be higher than as determined in accordance with the *Table 3: MABC Group Plan Earnings and Premiums*. The insurer will consider each request on a case by case basis and has sole authority in making the decision.

- a. Premium rates may change each year as of February 1st. The premium rates in *Table 3: MABC Group Plan Earnings and Premiums* and the *MABC Benefits Product Guide* are updated accordingly.
- 9.2 An Annual Income Update is conducted in February and March by the MABC office. Benefit Plan Member's gross annual MSP income for the previous calendar year is confirmed with each member¹⁶. The Income Update Report is then compiled and forwarded to Morneau Shepell for Long Term Disability premium adjustments.
- a. The Annual Income Update adjustment to LTD premiums is effective as of May 1st of each year.
- 9.3 At any time a Benefits Plan Member has a significant increase or decrease to her income, she must report the change using the "*MABC Change to Midwife Status Form*"ⁱⁱⁱ. Her monthly premium will be adjusted accordingly, as per *Table 3: MABC Group Plan Earnings and Premiums*. It is not necessary to report changes to income when income remains greater than the maximum gross income insured (\$110,000).

Section 10: Leaves of Absence, Terminations and Reinstatements

Note: The rules in Section 10 apply to the **Mandatory Group Plan**. Please refer to the *MABC Benefits Product Guide* for the **MABC Optional Group Plans'** provisions regarding leaves, reinstatements and terminations.¹⁷

- 10.1. Leaves of absence (change to non-practicing status) and Benefit Plan terminations and reinstatements must be confirmed by the MABC and reported to our Third Party Administrator. When a Benefits Plan member changes status she must submit the Morneau Shepell form, "*MABC Change to Midwife Status Form*" by fax or by email to the MABC office.
- 10.2 Leave duration of less than six months:
- a. A Benefits Plan Member may choose to continue or discontinue paying premiums during a leave that will last six months or less.
 - b. A Benefits Plan Member who continues to pay premiums will have coverage continue for a maximum of six months. If she becomes disabled during the leave, she would be eligible for disability benefits as of her "Planned Return Date" or after the 90 day elimination period, whichever is later.
 - c. A Benefits Plan Member who *discontinues* paying premiums will not be covered during her leave.
- 10.3 Leave duration of more than six months:
- a. A Benefits Plan Member should discontinue paying premiums for the duration of a leave that will last more than six months because she would not qualify for coverage.
- 10.4 Maternity and parental leave provisions:
- a. A Benefits Plan Member may choose to continue or discontinue paying premiums for up to twelve months during a maternity or parental leave.

¹⁶ If a midwife responds to the income update with a different figure than is reported by MSP, a midwife's *signed statement* (a letter stating her income or her income update form) is required.

¹⁷ Your Green Shield Plan must remain in place at all times. Refer to Morneau Shepell's MABC Benefits Product Guide for the **MABC Optional Group Plan** rules and provisions.

- b. A Benefits Plan Member who continues to pay premiums will have coverage continue for a maximum of twelve months. If she becomes disabled during the leave, she would be eligible for disability benefits.
- c. A Benefits Plan Member who *discontinues* paying premiums will not be covered during her leave.

10.5 Reinstatement to the MABC Benefits Plan:

- a. If an MABC Member whose Benefits Plan has been terminated due to a leave duration longer than six months and returns to practice within 12 months, she will have her Benefits Plan reinstated effective as of the date of return to practice.

10.6 Termination and Re-enrolment:

- a. A midwife who returns to practice after 12 months of leave is treated as a new MABC Member and must fulfill the eligibility criteria.
 - i. She needs to serve the waiting period, unless she applies and is approved as per Exceptions to Eligibility Criteria (see 5.4a).
 - ii. She would be subject to the “pre-existing medical condition” restriction in both the Long Term Disability and Critical Illness insurance plans. Please refer to the insurer’s policy booklets for full details.

Section 11: Reporting Changes to Morneau Shepell

11.1 Once enrolled in the MABC Benefits Plan members must report changes to their registration status,¹⁸ changes to their personal information and changes to their payment information. Changes must be submitted to the MABC or to Morneau Shepell within 31 days using the appropriate form, indicated below. Please be aware of the third party administrator’s “**31 Day Rule**”¹⁹.

- a. **Changes to registration status** - Use the “*MABC Change to Midwife Status Form*” and submit the form to the MABC:
 - i. To report a change of status either to non-practicing or a return to general status;
 - ii. To report change to income.
- b. **Changes to personal information** - Use the “*MABC Application for Change Form*” and submit the form to Morneau Shepell or the MABC:
 - i. To report addition or termination of dependents;
 - ii. To report address change;
 - iii. To report beneficiary change;
 - iv. To report name change;
- c. **Changes to payment information** - Use the “*MS PAD Agreement*” or the “*MS CC Form*” and submit the form to Morneau Shepell or the MABC.

¹⁸ Section 10 of the MABC Benefits Plan Policy provides for *change of status* provisions and conditions.

¹⁹ Please refer to the *MABC Benefits Product Guide* for the complete “**31 Day Rule**”.

Table 3: MABC Group Plan Earnings and Premiums as of May 1, 2015

Gross Annual Income		Expense Percent	Net Annual Earnings	Monthly LTD Benefit	Monthly LTD Premium	Monthly Life Premium	Monthly CI Premium	Total Monthly Mandatory Premium *
(MSP Billings)		(Deemed)	Deemed Expenses					
less than 15 coc	46,089		no coverage					
46,089	to 47,999	53%	22,000	1,100	\$32.68	\$10.28	\$5.50	\$48.46
48,000	to 48,999	53%	23,000	1,150	\$34.17	\$10.28	\$5.50	\$49.94
49,000	to 50,999	52%	24,000	1,200	\$35.65	\$10.28	\$5.50	\$51.43
51,000	to 52,999	52%	25,000	1,250	\$37.14	\$10.28	\$5.50	\$52.91
53,000	to 53,999	51%	26,000	1,300	\$38.62	\$10.28	\$5.50	\$54.40
54,000	to 55,999	51%	27,000	1,350	\$40.11	\$10.28	\$5.50	\$55.88
56,000	to 56,999	50%	28,000	1,400	\$41.59	\$10.28	\$5.50	\$57.37
57,000	to 58,999	50%	29,000	1,450	\$43.08	\$10.28	\$5.50	\$58.85
59,000	to 59,999	50%	30,000	1,500	\$44.57	\$10.28	\$5.50	\$60.34
60,000	to 61,999	49%	31,000	1,550	\$46.05	\$10.28	\$5.50	\$61.83
62,000	to 62,999	49%	32,000	1,600	\$47.54	\$10.28	\$5.50	\$63.31
63,000	to 64,999	48%	33,000	1,650	\$49.02	\$10.28	\$5.50	\$64.80
65,000	to 65,999	48%	34,000	1,700	\$50.51	\$10.28	\$5.50	\$66.28
66,000	to 67,999	48%	35,000	1,750	\$51.99	\$10.28	\$5.50	\$67.77
68,000	to 68,999	47%	36,000	1,800	\$53.48	\$10.28	\$5.50	\$69.25
69,000	to 70,999	47%	37,000	1,850	\$54.96	\$10.28	\$5.50	\$70.74
71,000	to 71,999	47%	38,000	1,900	\$56.45	\$10.28	\$5.50	\$72.22
72,000	to 72,999	46%	39,000	1,950	\$57.93	\$10.28	\$5.50	\$73.71
73,000	to 74,999	46%	40,000	2,000	\$59.42	\$10.28	\$5.50	\$75.20
75,000	to 75,999	46%	41,000	2,050	\$60.91	\$10.28	\$5.50	\$76.68
76,000	to 76,999	45%	42,000	2,100	\$62.39	\$10.28	\$5.50	\$78.17
77,000	to 78,999	45%	43,000	2,150	\$63.88	\$10.28	\$5.50	\$79.65
79,000	to 79,999	45%	44,000	2,200	\$65.36	\$10.28	\$5.50	\$81.14
80,000	to 80,999	44%	45,000	2,250	\$66.85	\$10.28	\$5.50	\$82.62
81,000	to 82,999	44%	46,000	2,300	\$68.33	\$10.28	\$5.50	\$84.11
83,000	to 83,999	44%	47,000	2,350	\$69.82	\$10.28	\$5.50	\$85.59
84,000	to 84,999	43%	48,000	2,400	\$71.30	\$10.28	\$5.50	\$87.08
85,000	to 86,999	43%	49,000	2,450	\$72.79	\$10.28	\$5.50	\$88.56
87,000	to 87,999	43%	50,000	2,500	\$74.28	\$10.28	\$5.50	\$90.05
88,000	to 88,999	42%	51,000	2,550	\$75.76	\$10.28	\$5.50	\$91.54
89,000	to 89,999	42%	52,000	2,600	\$77.25	\$10.28	\$5.50	\$93.02
90,000	to 91,999	42%	53,000	2,650	\$78.73	\$10.28	\$5.50	\$94.51
92,000	to 92,999	42%	54,000	2,700	\$80.22	\$10.28	\$5.50	\$95.99
93,000	to 93,999	41%	55,000	2,750	\$81.70	\$10.28	\$5.50	\$97.48
94,000	to 94,999	41%	56,000	2,800	\$83.19	\$10.28	\$5.50	\$98.96
95,000	to 95,999	40%	57,000	2,850	\$84.67	\$10.28	\$5.50	\$100.45
96,000	to 97,999	40%	58,000	2,900	\$86.16	\$10.28	\$5.50	\$101.93
98,000	to 98,999	40%	59,000	2,950	\$87.64	\$10.28	\$5.50	\$103.42
99,000	to 99,999	40%	60,000	3,000	\$89.13	\$10.28	\$5.50	\$104.91
100,000	to 100,999	39%	61,000	3,050	\$90.62	\$10.28	\$5.50	\$106.39
101,000	to 101,999	39%	62,000	3,100	\$92.10	\$10.28	\$5.50	\$107.88
102,000	to 102,999	39%	63,000	3,150	\$93.59	\$10.28	\$5.50	\$109.36
103,000	to 104,999	38%	64,000	3,200	\$95.07	\$10.28	\$5.50	\$110.85
105,000	to 105,999	38%	65,000	3,250	\$96.56	\$10.28	\$5.50	\$112.33
106,000	to 106,999	38%	66,000	3,300	\$98.04	\$10.28	\$5.50	\$113.82
107,000	to 107,999	38%	67,000	3,350	\$99.53	\$10.28	\$5.50	\$115.30
108,000	to 108,999	37%	68,000	3,400	\$101.01	\$10.28	\$5.50	\$116.79
109,000	to 109,999	37%	69,000	3,450	\$102.50	\$10.28	\$5.50	\$118.27
110,000	or more	37%	70,000	3,500	\$103.99	\$10.28	\$5.50	\$119.76

* Total Monthly Mandatory Premium (does not include Optional premiums for Extended Health, Dental, AD&D, Optional CI)

Addendum A: MABC Benefits Working Group Review 2008-2010

Benefits Review. At the 2008 AGM, members voted in favour of a MABC Benefits Plan Review. The **MABC Benefits Working Group (BWG)** was struck to review MABC Bylaw Article 15 and to review the MABC Benefit Group Plan components.

The BWG reviewed the current group plan, surveyed the membership, and analyzed other insurance options. In September 2009, phase one of this review culminated in an Special General Meeting and a subsequent Special Resolution vote to determine whether the current group benefits plan would remain in place or be disbanded. In October 2009 Article 15 was elected by a Special Resolution vote to remain in place. Sixty percent (60%) of participating MABC voting members voted in favour of keeping the current plan.

The MABC Benefits Plan New Design. In 2010, the BWG continued to review the Benefit Plan. The review looked at ways to reduce the premium costs and ways to enhance the plan. The options were presented at the AGM 2010 and voted on in June 2010 by the MABC Benefit members and the 'New Design' was implemented in October 2010.

Benefits Plan New Design implemented October 2010

The most significant change to the MABC Benefits plan was made to the Long Term Disability coverage (LTD). In changing the coverage from "to 65 years of age" to "5 years of coverage" the LTD premium was reduced by 30% (reduced by \$16 to \$54 per month, depending on income).

Other changes that improve the MABC Benefits Plan include:

- Basic Critical Illness, with a coverage amount of \$10,000, added to the mandatory portion;
- Accidental Death and Dismemberment (AD&D) moved from the mandatory to the optional portion of the plan; and
- PharmaCare tie-in for prescription drugs removed from the optional Extended Health portion of the plan.

ⁱ Morneau Shepell's *MABC Benefits Product Guide*

ⁱⁱ Insurer's Policy booklets (5):

1. SL - MABC Mandatory Plan
2. Midwives Comp CI 9229186
3. Green Shield AIS-37506
4. Midwives Vol ADD 9229188
5. Midwives Vol CI 9229187

ⁱⁱⁱ Morneau Shepell change forms (4):

1. *MABC Change to Midwife Status Form*
2. *MABC Application for Change Form*
3. MS PAD Agreement Form
4. MS CC Form