

HEALTH
— IS —
WEALTH

Membership Benefits Plan

& *Well and Good* Art Consulting

MARCH 2011

Plan Rates, Benefits & Consulting

Our goal is to activate (often existing & underutilized) assets to create mutual value for each member. As a creative consulting agency with a commitment to contemporary art practices we take pride in creating unique opportunities for artists and clients to build value for their businesses.

Health is Wealth Membership*

Level I \$120/yr [JOIN NOW](#)

Health: Health Benefits**

Monthly e-newsletter

Level II \$25/mo \$250/yr [JOIN NOW: Monthly or Annually](#)

Health: Health Benefits**

Professional:

\$50/hr Consultation rates (33% off)

Proposal reviews \$25 each

Monthly e-newsletter plus member posting via wellandgood.ca

Access to referrals & placements through Well and Good Agency

Partner Discounts: TBD***

Level III \$50/mo \$500/yr [JOIN NOW: Monthly or Annually](#)

Health: Health Benefits**

Professional:

1hr consultation included per month

(Value \$75. Based on booking availability)

\$35/hr Consultation rates (55% off)

1 Proposal Submission included

Monthly e-newsletter plus member *Blog posting* via wellandgood.ca

Priority referrals & placements through Well and Good Agency

Partner Discounts: TBD***

* Studio & Gallery rates available

** Additional fees apply. See below for benefit details

*** Interested in becoming a partner? Contact us

Well and Good – Cultural Agency Our Consulting Services: \$75/HR

Management and Development (Career, Product & Project)
Public Art & Mural Production
Asset Management
Financial Management
Art Consulting & Corporate Services
Research, Develop and Acquire Art Collections (Private & Corporate)
Site specific commissions

Develop Comprehensive Art Programs
Art Placement and Installation
Art reproduction & Licensing
Project Assessment
Artist Placement
Project Management
What are your needs?

Who are you?:

Artists (Emerging to Established), Arts & Culture Organizations, Advertising & Marketing professionals & firms, Art Patrons & Lovers, Businesses and Corporations, Retail/Hospitality –

Looking for art?

With a wide range of artists, designers, creative thinkers and doers we can help you develop and execute any size of project.

Consultation Fees :

Pre-booked appointments only.

In Person: \$75/hr

Skype: \$50/hr

Proposal Submission: \$50 each*

*4 Pg Max incl. budget, samples/models/visuals

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Well and Good Association
Health Benefits

2011

Intro:

Health Is Wealth

Well and Good was founded on the following ideas: one person can make a difference; self-determination is to be championed; and the art processes and products in Toronto, and Canada, are of global value.

As our name implies, Wellness is at the core of what we do and we are dedicated to the wellness and vitality of our membership and community through the activities we participate in and support.

To us, wellness starts with healthy bodies and minds. That's why we're pleased to offer a new service, available exclusively to Well and Good community members.

The Members Benefit Program includes extended health, dental, drug and travel insurance coverage.

Note: Extended Benefits are provided by a 3rd Party Insurance professional and you must have valid provincial health card to qualify.

Basic Benefits

- **Accidental Death & Dismemberment** - \$100,000 24 Hour Coverage to Age 65, \$50,000 to Age 70.

- **Accident Only Weekly Indemnity** - 8th Day Accident, 52 week benefit, 66 2/3 % of Income to a maximum of \$300 per week. Benefit Terminates at Age 65.

Health Services Coverage to Age 75 at 100%

- **Emergency Transportation** - For land or air ambulance to the nearest hospital.

- **Audio** - Reimbursement will be made for standard hearing aids, repairs or replacement parts up to a maximum of \$500 once every 5 Years. Batteries are not eligible.

- **Vision** - Eye exams performed by a licensed Optometrist limited to one exam every 2 years up to of \$75.

- **Practitioner 100% benefit** - \$500 per practitioner per calendar year to a maximum of \$55.00 per visit. Practitioners include Physiotherapist, Chiropractor, Osteopath, Podiatrist/Chiropodist, Naturopath, Registered Massage Therapist, Registered Clinical Psychologist. (Some services may require referral from your physician indicating the medical necessity of treatment.)

- **Private Duty Nursing** - Maximum of \$10,000 per calendar year for the services of a registered nurse (R.N.) or registered nurses assistant (R.N.A.) in the home on a full or part shift basis.
- **Accommodation** - Semi-Private Room in a public general hospital.
- **Medical Items** - Prosthetic Appliances and Durable Medical Equipment as well as replacements, repairs, fittings and adjustments of such devices.
- **Travel Benefits** - Covers the first 90 days per trip out of province coverage. \$5,000,000.00 per calendar year for Emergency Services and \$50,000.00 per calendar year for Referral Services.

Note: some limitations may apply to individual benefits. Refer to your booklet or Online Services for full coverage details.

Pay Direct Prescription Drug Coverage to Age 75

- **Drugs** - Benefits include drugs which by law require a prescription, needles and syringes. Benefits do not include medication for the treatment of anti-obesity, smoking cessation products, erectile dysfunction and Fertility. Vitamins are also ineligible unless injected and medically necessary.
- **Deductible And Reimbursement** - Dispensing Fee Deductible. Drugs reimbursed on a pay direct basis at 50% of the first \$400.00 per calendar year, 80% of the next \$500.00 per calendar year and 100% of drug costs that exceed \$900 per calendar year. These amounts are combined totals for insured persons and their dependants.

- **Maximum Amounts Payable** - Drugs are payable to a maximum of \$1000.00 for the first calendar year, \$5000 for the second calendar year and are unlimited in the third calendar year.

- **Pre-existing Drugs** - May be excluded from coverage under the plan. Failure to disclose pre-existing drugs (regardless of whether prescription was previously filled) may void your coverage.

Dental Benefit Overview

Basic Dental Services covered at 80% to Age 75

- Recalls include examinations once in a six month period, Bitewing X-rays, cleanings and fluoride treatments.
- Complete, general or comprehensive oral exams, full mouth x-rays and panoramic x-rays every 3 years.
- Basic restorations, fillings and inlays.
- Extractions and surgical services. General anesthetics and intravenous sedation only when done in conjunction with eligible extraction's and/or oral surgery. Sleep dentistry is not eligible.

Basic Dental Services covered at 80% to Age 75

- Endodontic treatment including root canal therapy.
- Periodontal treatment including scaling and/or root planing.
- Standard denture services including relining and debasing of dentures plus denture adjustments after 3 months from installation.

Deductibles and Maximums

- \$25 Single/ \$50 Family deductible per calendar year.
- Your overall dental maximum is \$1000 per person for the first calendar year for policy effective dates prior to July 1st of each year, \$750 per person for the first calendar year for effective dates after June 30th of each year, \$1500 per person for the second calendar year and \$2000 per person for each following calendar year. (Subject to current year's General Practitioners Fee Guide)

Monthly Rates

Current Member Premiums

- Single \$117.10
- Family \$235.29 TBC

Note: Monthly pricing is before HST and Well and Good membership fees

About Well and Good

Steve Ferrara and Lisa Martin are allies in life and art. These artful enigmas have combined background in business, psychology, and design as well as a lifetime of professional experience in industries as far-ranging as music, fashion, marketing and teaching. The two were brought together by their shared belief that an organization built on passion for art, collaboration by artists and an initiative to engage the local community could not only thrive, but also reach like-minds universally across the globe. Steve began Well and Good in 2007 with this goal in his sights. Lisa brought her drive and her zeal for connecting people to the endeavor in 2008. Well and Good, with a dedicated team of partners and volunteers, has since grown in repute and continues to gain recognition as Toronto's premiere alternative creative agency.



Policy #	Cert #
TPA OFFICE USE ONLY	

Section 1: Application Information - Please complete this section for APPLICANT ONLY

Last Name:	First Name:	Middle Initial:
Address:		Phone Number:
City/Postal Code:		Email:
Date of Birth: (dd/mm/yyyy)	Occupation:	Income:
Social Insurance Number:	Family Status:	Requested Start Date:

Section 2: Dependent Information - Only if applicable

If listing a dependent between the ages of 21-25, please attached proof of full-time student enrollment.

	Name:	Gender: (M/F)	Date of Birth: (mm/dd/yy)
Spouse			
1st Child			
2nd Child			
3rd Child			

Section 3: Medications - Please print clearly

Please list all medications you, your spouse/partner or any listed dependent children have taken in the last 3 months, including those for which refills are currently authorized or any medications prescribed or expected to be prescribed in the near future. If additional space is required, please attach a separate sheet. **Note: Prescription drugs include any oral medications, injectables, creams, drops or serums.**

Patient Name:	Medication:	Dosage:	Frequency:	Monthly Cost:	Treated Condition:
Example: John	Avandia	50mg 1 tab	2x day	\$55.00	Diabetes

How long is medication expected to be taken? (indicate for each medication)

List any symptoms or complaints, and/or medical tests, for which you or your dependents have not yet sought treatment, received results, follow-up, or had medications prescribed but not yet filled.

Coverage takes effect on the 1st of the month following notification of approval.

Please proceed to Section 4 on reverse side of this page.

Well and Good application form continued.

Section 4: Beneficiary Designation

I hereby name the following revocable (irrevocable in Quebec) beneficiary(ies) of any life benefits payable under this plan. If not specified, the Beneficiary will be the Estate. If any Beneficiary is a minor, a Trustee should be named on their behalf.

Last Name	First Name/Middle Initial	Relationship to Employee	%

I appoint _____ who is my _____
(Full Name) (Relationship to You)

as Trustee to receive any payments on behalf of any named Beneficiary, during his or her minority. The Trustee may apply such payments solely for the support, maintenance, education and benefit of such a Beneficiary at the discretion of the Trustee.

Section 5: Agreement and Declaration

1. I declare that I, my spouse/partner and all listed dependents have provincial health care coverage.
2. I agree that the statements contained herein are true and complete, to the best of my knowledge and form the basis for any coverage approved and that ABC Insurance Solutions Inc. reserve the right to validate the answers to these questions.
3. I understand that failure to disclose or falsifying information regarding my health and/or that of my spouse/partner and/or listed dependents could result in denial of a claim and the cancellation or modification of the coverage.
4. I am authorized to release information concerning my spouse/partner and my dependent child(ren) for the purpose of determining their eligibility for benefits.
5. I hereby authorize any licensed physician, or other medical practitioner, medical or medically related facility, that has any records or knowledge of me or my health, or that of my spouse/partner or any listed dependents, to exchange any such information as is needed to administer benefit claims and/or confirm the accuracy of the information with ABC Insurance Solutions Inc. and/or Green Shield Canada. I may request and receive a copy of any medical information obtained with this authorization. A photographic copy of this authorization shall be as valid as the original.
6. I hereby understand that the coverage applied for shall be effective on the 1st of the month following approval. I understand that it is my obligation to inform ABC Insurance Solutions Inc. of a change in my health or that of my listed dependents due to either injury or illness which occurs after the date of this application and prior to the effective date of the policy.
7. I declare that I am able to read and/or speak English or French and acknowledge having read this notice I acknowledge the disclosure from agent or broker to myself that they remunerated by commissions from ABC Insurance Solutions Inc. depending upon volume of sales, may qualify for bonuses, awards and/or trips.

Signed at: _____ Date: (mm/dd/yy) _____

Signature of applicant: _____

Section 6: Health & Dental Benefit Selection (Please Select One)

I wish to enroll in the following selected Health and Dental Plan

Option - A

Option - B

Option - C

Section 7: Pre-Authorized Chequing (PAC) - PLEASE ATTACH A VOID CHEQUE

I hereby request/authorize you to debit my account, as shown on the attached void cheque, for each month's premium payable to ABC Insurance (The Administrator) and it's successors or assigns. Your treatment of each payment shall be as if it were a cheque drawn on you and signed personally by me. This authorization may be cancelled at any time upon 10 days written notice by me. Under this premium payment method, the company(s) shall not be required to give notice of premiums due. The expression "cheque" used in this request includes magnetic or computer paper tape that is or purports to be a direction to credit any amount to the company and debits such amount to the account described. If a pre-authorized cheque is returned due to non-sufficient funds, the company is authorized to redeposit the cheque or add the appropriate amount to the next cheque. A \$25.00 service fee will be applied by ABC Insurance Solutions Inc. to all NSF cheques. Notification of any change to the account information shall be given to ABC Insurance Solutions Inc. by the payor, no less than 5 days prior to the next scheduled withdrawal date. **Premiums will be withdrawn on the 1st of each month.**

Name of Bank: _____ Transit #: _____ Institution#: _____ Account #: _____

Date: _____ Signature: (as it appears on bank records) _____

Date: _____ Signature: (if required for joint account) _____

Section 8: Association Program Contact Information



Ferrara Ledingham Financial Services
Suite 400 -247 East Main St
Welland Ont. L3B 3X1 Canada
Ph: +1 (905) 788-9884