

# Package Comparisons



BLOOM BENEFITS

Single: \$4,000+ of additional coverage  
Couple: \$8,000+ of additional coverage  
Family: \$16,000+ of additional Coverage

Single: \$7,000+ of additional coverage  
Couple: \$14,000+ of additional coverage  
Family: \$28,000+ of additional Coverage

Single: \$9,000+ of additional coverage  
Couple: \$18,000+ of additional coverage  
Family: \$36,000+ of additional Coverage

Competitor Current Offering		<div></div> <div>Basic</div> <div>For those looking for basic benefits coverage.</div>	<div></div> <div>Comfort</div> <div>For those looking for a boost to their benefits coverage.</div>	<div></div> <div>Premium</div> <div>For those looking for premium coverage across all categories.</div>
Drugs	<b>Drug Coverage:</b> Coinsurance at 70%, Max \$750/year	<b>Drug Coverage:</b> Coinsurance at 70%, Max \$1000/year <b>Vaccines:</b> \$100/year	<b>Drug Coverage:</b> Coinsurance at 80%, Max \$3000/year <b>Vaccines:</b> \$100/year	<b>Drug Coverage:</b> Coinsurance at 80%, Max \$5000/year <b>Vaccines:</b> \$100/year
Major Medical	<b>Coinsurance:</b> 100% <b>Hospital Stays:</b> Semi-private & private <b>Out of Country Coverage (60 days):</b> 100%; \$5 million per person per incident. <b>Orthotic Inserts:</b> \$200/year <b>Orthopedic Shoes:</b> \$250/year <b>Hearing Aids:</b> \$600 per 4 year <b>CPAP/ APAP/ BPAP:</b> \$1,500 every 5 years <b>MRI:</b> N/A <b>Private Duty Nursing:</b> \$15,000/year	<b>Coinsurance:</b> 80% <b>Hospital Stays:</b> Semi-private <b>Out of Country Coverage (90 days):</b> 100%; \$5 million per person per incident. <b>Orthotic Inserts:</b> \$300/year <b>Orthopedic Shoes:</b> \$300/year <b>Hearing Aids:</b> \$500 per 3 year <b>CPAP/ APAP/ BPAP:</b> 1 machine per lifetime with a doctor's referral <b>MRI:</b> \$1000/year <b>Private Duty Nursing:</b> \$10,000/year	<b>Coinsurance:</b> 90% <b>Hospital Stays:</b> Semi-private <b>Out of Country Coverage (90 days):</b> 100%; \$5 million per person per incident. <b>Orthotic Inserts:</b> \$300/year <b>Orthopedic Shoes:</b> \$300/year <b>Hearing Aids:</b> \$500 per 3 year <b>CPAP/ APAP/ BPAP:</b> 1 machine per lifetime with a doctor's referral <b>MRI:</b> \$1000/year <b>Private Duty Nursing:</b> \$10,000/year	<b>Coinsurance:</b> 100% <b>Hospital Stays:</b> Semi-private <b>Out of Country Coverage (90 days):</b> 100%; \$5 million per person per incident. <b>Orthotic Inserts:</b> \$300/year <b>Orthopedic Shoes:</b> \$300/year <b>Hearing Aids:</b> \$500 per 3 year <b>CPAP/ APAP/ BPAP:</b> 1 machine per lifetime with a doctor's referral <b>MRI:</b> \$1000/year <b>Private Duty Nursing:</b> \$10,000/year
Vision	No coverage	<b>Eye Exam</b> only	<b>Coinsurance:</b> 90% <b>Glasses, Contacts, Etc.:</b> \$150 every 24 months	<b>Coinsurance:</b> 100% <b>Glasses, Contacts, Etc.:</b> \$250 every 24 months
Paramedical Services	<b>Coinsurance:</b> 100% <b>Medical Practitioners:</b> \$480 per practitioner per year, includes: \$40 per visit for Physiotherapist, Speech Therapist, Chiropracist  <b>Mental Health Practitioner:</b> \$500/year, includes: \$50/visit for Psychologists	<b>Coinsurance</b> at 80% <b>Medical Practitioners:</b> \$400 per practitioner per year, includes: Acupuncturist, Chiropractor, Chiropracist/ Podiatrist, Dietitian, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Speech Therapist. <b>Mental Health Practitioner:</b> \$750/year, includes: Psychologist/ Counselor/ Social Worker.	<b>Coinsurance</b> at 80% <b>Medical Practitioners:</b> \$400 per practitioner per year, includes: Acupuncturist, Chiropractor, Chiropracist/ Podiatrist, Dietitian, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Speech Therapist. <b>Mental Health Practitioner:</b> \$750/year, includes: Psychologist/ Counselor/ Social Worker.	<b>Coinsurance</b> at 80% <b>Medical Practitioners:</b> \$500 per practitioner per year, includes: Acupuncturist, Chiropractor, Chiropracist/ Podiatrist, Dietitian, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Speech Therapist. <b>Mental Health Practitioner:</b> \$750/year, includes: Psychologist/ Counselor/ Social Worker.
Dental Care	<b>Dental Care:</b> \$750/year with no deductible. <b>Exam frequency:</b> 12 mo Adults, 6 mo Child with 6 units of scaling per patient. <b>80% Coinsurance</b> for Basic, Endodontic, Surgical and Preventative Services <b>60% Coinsurance</b> for Periodontic Services <b>Major Dental Coverage:</b> No Coverage	<b>Dental Care:</b> \$1000/year with no deductible. <b>Exam frequency:</b> 12 mo Adults, 6 mo Child with 8 units of scaling per patient. <b>Basic and Periodontic Dental Coinsurance:</b> 80%	<b>Dental Care:</b> \$1000/year with no deductible. <b>Exam frequency:</b> 9 mo Adults, 6 mo Child with 8 units of scaling per patient. <b>Basic and Periodontic Dental Coinsurance:</b> 80% <b>Major Dental Coinsurance:</b> 50%	<b>Dental Care:</b> \$1500/year with no deductible. <b>Exam frequency:</b> 6 mo Adult or Child with 8 units of scaling per patient. <b>Basic and Periodontic Dental Coinsurance:</b> 80% <b>Major Dental Coinsurance:</b> 50%
Other	<b>Health Care Spending Account*:</b> User Determined Annual Amount <i>*not included in annual cost</i>	<b>Health Care Spending Account*:</b> User Determined Annual Amount <i>*not included in annual cost</i>	<b>Health Care Spending Account*:</b> User Determined Annual Amount <i>*not included in annual cost</i>	<b>Health Care Spending Account*:</b> User Determined Annual Amount <i>*not included in annual cost</i>
<div>Monthly Cost</div> <div>Single \$79.40 Couple \$158.80 Family \$219.90</div>		<div>Monthly Cost</div> <div>Single \$109.59 Couple \$211.92 Family \$248.48</div>	<div>Monthly Cost</div> <div>Single \$132.88 Couple \$257.91 Family \$302.60</div>	<div>Monthly Cost</div> <div>Single \$147.52 Couple \$289.85 Family \$340.17</div>