



CloudAdvisors

Benchmarking Benefits Plan - Comprehensive

Dunder Mifflin Paper Company

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Demo Advisory Firm


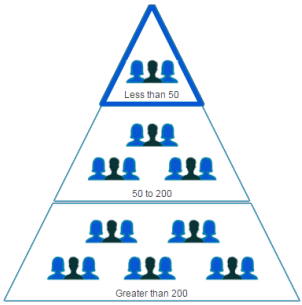
Advisor: Team - team@cloudadvisors.ca

Support:

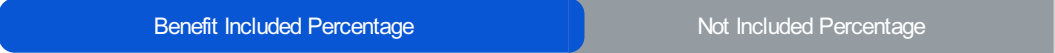
How to Read this Benchmarking Report:

This report compares your group's plan versus a comparison group of other employers.

Your Group VS. Your Selected Comparative Group

<p>Dunder Mifflin Paper Company</p> <p>Region : Ontario</p> <p>Industry : Wholesale Trade and Distribution</p> <p>Size : 37</p> <p>Provider List : All</p>	<p>Comparative Group</p> <p>Groups: 107</p> <p>No. of Benefit Plans: 223</p> <p>No. of Employees: 1361</p>
<p>Industries</p> <p>Wholesale Trade and Distribution</p>	<p>Regions</p>  <p>Ontario</p>
	<p>Size</p> 

Your Benefits VS. Comparison Group Percentage or Ranking

<p>Benefit Included</p> <p>Benefit</p> <p>Not Applicable (N/A)</p>	 <p>Benefit Included Percentage Not Included Percentage</p>
	<p>Bottom (25) Middle (50) Upper (75)</p> <p>Bottom 25% Median Benefit Top 25%</p>
	<p>No comparison marker will rank but comparison group values will be displayed.</p>

Note on Sample Size: Each benchmark may include less than total as applicable to each benefit. Minimum 5 Groups

Disclaimer:

Every reasonable effort has been made to ensure the accuracy of this report and the data represented. This report does not represent insurance advice.

Team - team@cloudadvisors.ca is a licensed insurance agent and advisor with Demo Advisory Firm. For questions or for advice regarding your employee benefits programs please email .



Benefits Plan - Comprehensive

Life Insurance

Method

Flat Amount

Flat Amount

58%

Multiple

42%

Flat Amount

\$25,000

Bottom(25th)

\$25,000

Middle(50th)

\$25,000

Upper(75th)

\$50,000

Multiple of Earnings

N/A

1x

1x

2x

Overall Maximum

\$25,000

\$25,000

\$50,000

\$250,000

Non-Evidence Maximum

\$25,000

\$25,000

\$50,000

\$150,000

AD&D Insurance

Benefit

Equal to Life Insurance

Equal to Life Insurance

99%

Dependent Life

Spousal Benefit

N/A

Bottom(25th)

\$5,000

Middle(50th)

\$5,000

Upper(75th)

\$10,000

Dependent Benefit

N/A

\$2,500

\$2,500

\$5,000

Critical Illness

Benefit

N/A

\$10,000

\$25,000

\$30,000

Covered Conditions

N/A

24

24

24



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Benefits Plan - Comprehensive

Long Term Disability

Number of Tiers

3

Tier 1 Schedule Percentage

67%

Tier 2 Schedule Percentage

50%

Tier 3 Schedule Percentage

40%

Overall Monthly Maximum

\$5,000

Non-Evidence Maximum

\$2,500

Elimination Period (days)

119

Benefit Period

5 Year

Own Occupation Definition

2 Years

Taxability

Non-Taxable

Partial Disability

Yes

Residual Disability

No

Conversion Privilege

No





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Benefits Plan - Comprehensive

Short Term Disability

Third Party Provider / Internal

N/A

Schedule Percentage

N/A

Maximum Per Week

N/A

Non-Evidence Maximum

N/A

Maximum Equal to E.I.

N/A

E.I. Reduction Applied

N/A

Illness Elimination Period (days)

N/A

Injury Elimination Period (days)

N/A

Accident Elimination Period (days)

N/A

First Day Hospital

N/A

Benefit Period (weeks)

N/A

Carve Out

N/A

Taxability

N/A

Internal

100%

Bottom(25th)

Middle(50th)

Upper(75th)

67%

67%

67%

\$547

\$650

\$900

\$650

\$800

\$1,000

Yes

No

41%

59%

No

100%

Bottom(25th)

Middle(50th)

Upper(75th)

8

7

7

1

1

1

1

1

1

Yes

100%

Bottom(25th)

Middle(50th)

Upper(75th)

17

17

17

No

100%

Taxable

Non-Taxable

68%

32%



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Benefits Plan - Comprehensive

Extended Health Care Overall

Maximum

No

Deductible

No

Deductible Amount - Single

N/A

Deductible Amount - Family

N/A

Hospital

Tier 1 Coinsurance

100%

Tier 2 Coinsurance

N/A

Hospital Room Type

Semi

Medical

Tier 1 Coinsurance

100%

Tier 2 Coinsurance

N/A

Stop Loss (Catastrophic)

Amount

\$10,000

Allocation

Per Insured Individual

Aggregate Amount

No

No

100%

Yes

No

13%

87%

Bottom(25th)

Middle(50th)

Upper(75th)

\$50

\$25

\$25

\$100

\$50

\$50

100%

100%

100%

60%

60%

60%

Semi

Semi

Semi

80%

100%

100%

N/A

N/A

N/A

\$10,000

\$10,000

\$10,000

Per Insured Individual

99%

No

100%



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Benefits Plan - Comprehensive

Extended Health Care Drugs

Maximum

No

Maximum Type

N/A

Maximum Amount

N/A

Drug Deductible

No

Drug Deductible Type

N/A

Per DIN Deductible Amount

N/A

Dispensing Fee Cap

No

Dispensing Fee Amount

N/A

Tier 1 Coinsurance

80%

Tier 2 Coinsurance

N/A

Tier 3 Coinsurance

N/A

Yes

No

30%

70%

Annual

100%

Bottom(25th)

Middle(50th)

Upper(75th)

\$3,000

\$5,000

\$5,000

Yes

No

25%

75%

Equal to Dispensing Fee

93%

7%

Bottom(25th)

Middle(50th)

Upper(75th)

\$2

\$2

\$2

Yes

No

28%

72%

Bottom(25th)

Middle(50th)

Upper(75th)

\$5

\$7

\$8

80%

100%

100%

80%

80%

80%

N/A

80%

80%



Benefits Plan - Comprehensive

Extended Health Care Drugs - Detailed

Tiered Formulary

No

Drug Card

Yes

Drug Card Type

Pay Direct

Preferred Pharmacy

No

Managed Formulary

No

Closed Drug Definition

Yes

Generic vs. LCA

Generic

Generic Substitution

Mandatory

Vaccines

No

Fertility

No

Anti-Obesity

No

Smoking Cessation

No

Erectile Dysfunction

No

Yes No

7%

93%

Yes (Pay Direct or Deferred)

100%

Pay Direct

100%

Yes No

7%

93%

Yes No

7%

93%

Yes (Generic / LCA)

100%

Generic

17%

83%

Mandatory

100%

Yes

No

55%

45%

Yes

No

63%

37%

Yes

No

30%

70%

Yes

No

46%

54%

Yes

No

13%

87%



Benefits Plan - Comprehensive

Extended Health Care Vision Care

Eye Exam Included

Yes

Eye Exam Benefit

N/A

Specified Amount

N/A

Eye Exam Period

N/A

Exam included in Vision Amount

No

Glasses / Contacts

Tier 1 Coinsurance

N/A

Tier 2 Coinsurance

N/A

Adult Benefit Amount

N/A

Child Benefit Amount

N/A

Adult Benefit Period

N/A

Child Benefit Period

N/A

Yes

73%

No

27%

R&C

Specified Amount

19%

81%

Bottom(25th)

Middle(50th)

Upper(75th)

\$50

\$50

\$80

Every 2 Years

88%

12%

No

100%

Bottom(25th)

Middle(50th)

Upper(75th)

100%

100%

100%

N/A

N/A

N/A

\$150

\$200

\$200

\$150

\$200

\$200

2

2

2

2

2

1



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Benefits Plan - Comprehensive

Extended Health Care Paramedical Practitioners

Tier 1 Coinsurance

100%

Tier 2 Coinsurance

N/A

Overall Combined Maximum

No

Overall Combined Amount

N/A

Per Visit Maximums

No, Reasonable & Customary

Most Common Per Visit Maximums

N/A

Per Practitioner Maximums

Yes

Most Common Per Practitioner Ma...

\$500

Doctor Referral Required

No

Combined Maximums

N/A

Bottom(25th)

80%

Middle(50th)

100%

Upper(75th)

100%

No

100%

Bottom(25th)

N/A

Middle(50th)

N/A

Upper(75th)

N/A

No, Reasonable & Customary

99%

Bottom(25th)

\$30

Middle(50th)

\$30

Upper(75th)

\$30

Yes

99%

Bottom(25th)

\$300

Middle(50th)

\$500

Upper(75th)

\$500

No

98%

Yes

No

28%

72%



Benefits Plan - Comprehensive

Extended Health Care Paramedical Practitioners

Psychologist	Yes	Yes	99%
Physiotherapist	Yes	Yes	100%
Occupational Therapist	Yes	Yes	100%
Acupuncturist	Yes	Yes	100%
Chiropractor	Yes	Yes	100%
Registered Massage Therapist (RMT)	Yes	Yes	100%
Naturopath	Yes	Yes	100%
Chiropractist / Podiatrist	Yes	Yes	100%
Clinical Counsellor	Yes	Yes	97%
Master of Social Work	Yes	Yes	100%
Traditional Chinese Medicine	No	No	100%
Dietician	No	Yes	100%
Homeopath	No	Yes	100%
Kinesiologist	No	No	100%
Audiologist	No	Yes	100%
Marriage / Family Therapist	No	No	100%
Midwife	No	No	100%
Psychotherapist	No	No	100%
Sexologist	No	No	100%
Speech Therapist	No	Yes	100%



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Extended Health Care Emergency Travel Medical

Out of Province Coverage

Yes

Yes

99%

Unlimited Coverage

No

Yes No

8%

92%

Overall Maximum Amount

N/A

Bottom(25th)

\$3,000,000

Middle(50th)

\$5,000,000

Upper(75th)

\$5,000,000

Overall Maximum Type

Per Year

Yes

Yes

43%

No

57%

Per Incident

No

No

97%

Lifetime

No

Yes

45%

No

55%

Other

No

No

100%

Travel Day Limit

N/A

Bottom(25th)

60 days

Middle(50th)

60 days

Upper(75th)

60 days

Travel Assist Included

No

Yes

99%

Pooling from 1st Dollar

No

Yes

100%



Benefits Plan - Comprehensive

Dental Care

Deductible

No

Deductible Amount - Single

N/A

Deductible Amount - Family

N/A

Overall Family Maximum

No

Overall Family Maximum Amount

N/A

Basic Dental

Tier 1 Coinsurance

90%

Tier 2 Coinsurance

N/A

Unlimited Basic Dental

No

Basic Dental Maximum

\$1,500

Scaling Units

10

Adult Recall Exam

9 Months

Child Recall Exam

9 Months

Yes

No

25%

75%

Bottom(25th)

Middle(50th)

Upper(75th)

\$25

\$25

\$25

\$50

\$50

\$50

No

99%

Bottom(25th)

Middle(50th)

Upper(75th)

N/A

\$1,500

\$1,500

Bottom(25th)

Middle(50th)

Upper(75th)

80%

80%

90%

100%

N/A

N/A

N/A

Yes

No

10%

90%

Bottom(25th)

Middle(50th)

Upper(75th)

\$1,000

\$1,500

\$1,500

8

10

10

9 Months

6 Months

6 Months

9 Months

6 Months

6 Months



Benefits Plan - Comprehensive

Dental Care

Dental Fee Guide

Current

Specialist Fee Guide

No

Combined Maximum

Yes

Major Dental

Tier 1 Coinsurance

50%

Tier 2 Coinsurance

N/A

Unlimited Major Dental

No

Major Dental Maximum

\$1,500

Orthodontics

Coinsurance

N/A

Orthodontics Lifetime Maximum

N/A

Adult Orthodontics Included

N/A

Unlimited Orthodontics

N/A

Current

100%

No

100%

Yes

88%

No

12%

Bottom(25th)

50%

Middle(50th)

50%

Upper(75th)

50%

N/A

N/A

N/A

No

100%

Bottom(25th)

\$1,500

Middle(50th)

\$1,500

Upper(75th)

\$2,000

50%

50%

60%

\$1,500

\$1,500

\$2,000

No

100%

No

100%



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Flex Spending Health Care Spending Lifestyle Spending

Combined HSA / LSA Amount

N/A

Flex to Retirement Savings

N/A

Pro-Rated

N/A

Annual Roll-Over

N/A

Health Allotment

N/A

Lifestyle Allotment

N/A

HSA (in lieu of vision benefit)

N/A

HSA (in lieu of paramedical benefit)

N/A

HSA (in lieu of dental benefit)

N/A

HSA (in lieu of orthodontic benefit)

N/A

HSA (with drug benefit only)

N/A

No

100%

No

100%

Yes

No

90%

10%

Yes

No

30%

70%

Bottom(25th)

Middle(50th)

Upper(75th)

\$500

\$9,500

\$9,500

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

\$2,500

\$2,500

\$3,500

N/A

\$500

\$500

N/A

N/A

N/A



Benefits Plan - Comprehensive

Flex Benefits and Optional Coverage

Flex Benefits

No

No

99%

Flex Type

Modular

N/A

No

99%

Cafeteria

N/A

No

100%

Defined Contribution

N/A

No

100%

Other

N/A

No

100%

Optional Coverages

Life

No

Yes

12%

No

88%

AD&D

No

No

97%

Dependent Life

No

No

96%

Short Term Disability

No

No

100%

Long Term Disability

No

No

100%

Critical Illness

No

No

100%

Optional Critical Illness Only

No

No

100%

Optional & Regular Critical Illness

No

No

100%



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Advisor Commentary

There are no additional notes or commentary at this time.