



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION
L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTÉRAPIE

Your CCPA Member Benefits Program

Eligibility

This flexible benefit plan is specifically designed with each member's financial protection and well-being in mind.

All benefits are voluntary for members. If you have elected to participate in the program, you will be required to pay the full monthly cost.

Enrollment

Current members can enroll in the program with an effective date of November 1st, 2025.

From October 1st to October 31st each year, there will be an open enrollment for any current members, with a plan effective date of November 1st.

New members can join within 31 days of their membership date or at open enrollment.

As a CCPA member, you have a choice to enroll in the CCPA Flexible Member Benefits Program!

- Modular Flex Plan available that provides choice of coverage at the member level based on each individual member requirements
- Competitive premiums
- Extended Health Care coverage available to you and your eligible family members
- Dental Care coverage available to you and your eligible family members
- Other Individual options that are available to you and your family members

Questions?

We are excited to announce our partnership with Perlinger Group Benefits (PGB). PGB's main responsibility is the full administration of the program and to be your dedicated representatives for any and all things related to the benefit plan.

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Flex Plan Details



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PHARMACARE PROVINCES (BC, MB & SK only) MONTHLY COST			
BASE	CORE	ENHANCED	PREMIUM
Single: \$122.68	Single: \$163.32	Single: \$192.48	Single: \$240.22
Family: \$264.31	Family: \$358.43	Family: \$425.74	Family: \$534.74

NON-PHARMACARE PROVINCES MONTHLY COST			
BASE	CORE	ENHANCED	PREMIUM
Single: \$151.32	Single: \$200.19	Single: \$235.79	Single: \$294.36
Family: \$330.37	Family: \$443.07	Family: \$525.25	Family: \$658.43

*Tax applies to Ontario (8%) and Manitoba (7%)

*Rates effective until November 1st, 2026

OVERALL PROGRAM DETAILS

Insurance Carrier	→ Greenshield Canada
Plan Renewal	→ November 1 st each year
Premiums	→ 100% member paid
Flex Selection	→ Choice of either Base, Core, Enhanced or Premium → Selection applies to all benefits → Members can re-select their plan on November 1 st , 2025, and every 2 years thereafter → Members can only move up or down <u>one</u> level at each re-selection period
Coverage End Date	→ Age 70 for Health & Dental or when membership terminates
Coverage Maximums	→ Per insured person/family member, unless otherwise noted
Benefit Year	→ November 1 st to October 31 st each year, unless otherwise noted
Waiting period	→ None
Deductible	→ None
Reasonable & Customary	→ Applies to all health services
General Provincial Fee Guide	→ Applies to all dental services
Termination	→ Terminate at any time → Medical evidence will be required for member (and dependents) in order to enrol again in the future → 2-year waiting period from termination date to enrol again at future date
Open Enrollment	→ Ongoing each year from October 1 st to October 31 st with a November 1 st effective date → Within 31-days of membership date for new members → Within 31-days of leaving another benefit plan

EMERGENCY TRAVEL MEDICAL (OUT OF COUNTRY)

	→ 100% coverage
Up to age 70:	→ \$5,000,000 per lifetime maximum → 60-days per trip

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HOSPITAL	
	→ 100% coverage
	→ Semi-private room
Ambulance	→ Land & air

MEDICAL SERVICES AND SUPPLIES			
BASE	CORE	ENHANCED	PREMIUM
→ 60% coverage	→ 80% coverage	→ 80% coverage	→ 90% coverage
MEDICAL SERVICES AND SUPPLIES			
	→ Private Duty Nursing	Included	
	→ Hearing Aids	Included	
	→ Orthotics/Orthopaedic Shoes	Included	
	→ Surgical Stockings	Included	
	→ Glucometer	Included	
	→ TENS Machine	Included	
	→ Wigs	Included	
	→ Wheelchairs	Included	
	→ Diagnostic Lab Tests	Included	
	→ Convalescent Home Services	Included	
	→ Brassieres	Included	
	→ Stump Socks	Included	
	→ Other Medical	View full benefits booklet	

VISION			
BASE	CORE	ENHANCED	PREMIUM
→ 50% coverage	→ 70% coverage	→ 80% coverage	→ 90% coverage
→ Eye exams covered reasonable & customary every 24 months	→ Eye exams covered reasonable & customary every 24 months	→ Eye exams covered reasonable & customary every 24 months	→ Eye exams covered reasonable & customary every 24 months
→ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$100 every 24 months	→ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$200 every 24 months	→ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$300 every 24 months	→ Eyeglasses, contact lenses & laser eye surgery covered to a maximum of \$400 every 24 months

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DRUG PLAN

BASE

- Pay direct drug card
- Mandatory Generic
- **70% coverage at Costco pharmacy**
- **50% coverage at all other pharmacies**
- **\$2,500 per year maximum**
- Fertility drugs are not included
- Smoking cessation is not included
 - Vaccines are not included
 - Diabetic supplies are included
 - Dispensing fee cap of \$7 per prescription

CORE

- Pay direct drug card
- Mandatory Generic
- **80% coverage at Costco pharmacy**
- **60% coverage at all other pharmacies**
- **\$3,500 per year maximum**
- Fertility drugs are not included
- Smoking cessation is not included
 - Vaccines are not included
 - Diabetic supplies are included
 - Dispensing fee cap of \$7 per prescription

ENHANCED

- Pay direct drug card
- Mandatory Generic
- **90% coverage at Costco pharmacy**
- **70% coverage at all other pharmacies**
- **\$5,000 per year maximum**
- Fertility drugs covered up to a maximum of \$2,400 per family per lifetime
- Smoking cessation is not included
 - Vaccines are included
 - Diabetic supplies are included
 - No dispensing fee cap

PREMIUM

- Pay direct drug card
- Mandatory Generic
- **100% coverage at Costco pharmacy**
- **80% coverage at all other pharmacies**
- **\$7,500 per year maximum**
- Fertility drugs covered up to a maximum of \$2,400 per family per lifetime
- Smoking cessation covered up to a maximum of \$300 per lifetime
 - Vaccines are included
 - Diabetic supplies are included
 - No dispensing fee cap

PARAMEDICAL

BASE

- **50% coverage**
- **\$250 per practitioner per year**
- **\$400 combined maximum per year for all practitioners**
- Separate \$1,000 per year for all Mental Health practitioners combined

CORE

- **70% coverage**
- **\$350 per practitioner per year**
- **\$500 combined maximum per year for all practitioners**
- Separate \$1,000 per year for all Mental Health practitioners combined

ENHANCED

- **80% coverage**
- **\$400 per practitioner per year**
- **\$750 combined maximum per year for all practitioners**
- Separate \$1,000 per year for all Mental Health practitioners combined

PREMIUM

- **90% coverage**
- **\$500 per practitioner per year**
- **\$1,250 combined maximum per year for all practitioners**
- Separate \$1,000 per year for all Mental Health practitioners combined

Included Practitioners: Massage Therapist, Speech Therapist, Physiotherapist, Naturopath, Acupuncturist, Audiologist, Osteopath, Chiropractor, Podiatrist/Chiropodist
 Included Mental Health Practitioners: Registered Psychotherapist, Registered Counselling Therapist, Licenced Counselling Therapist, Canadian Certified Counsellor, Registered Psychologist, Master of Social Work, Clinical Counsellor
 (no referrals required)

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DENTAL SERVICES

BASE

- 60% coverage for Basic services (cleanings, fillings, extractions, root canals, etc.)
- Major services not included
- \$1,000 per year maximum
 - 12-month recall
- 4 scaling units per year

CORE

- 70% coverage for Basic services (cleanings, fillings, extractions, root canals, etc.)
- 50% coverage for Major services (crowns, bridges & dentures)
- \$1,000 combined maximum per year for Basic & Major services
 - 12-month recall
- 8 scaling units per year

ENHANCED

- 80% coverage for Basic services (cleanings, fillings, extractions, root canals, etc.)
- 50% coverage for Major services (crowns, bridges & dentures)
- \$1,500 combined maximum per year for Basic & Major services
 - 12-month recall
- 8 scaling units per year

PREMIUM

- 90% coverage for Basic services (cleanings, fillings, extractions, root canals, etc.)
- 50% coverage for Major services (crowns, bridges & dentures)
- \$2,000 combined maximum per year for Basic & Major services
 - 12-month recall
- 8 scaling units per year

How do I enroll?

Please visit the QR code and enter in your details. Once the enrollment is completed, you will have access to the program! It's as easy as 1-2-3!



I have more questions, who do I contact?

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Member FAQs

Do I have to be a registered member with CCPA to access the program?

Yes, you have to be a registered member with the Canadian Counselling and Psychotherapy Association with an active membership number.

How do I sign up for CCPA membership?

Please reach out to the association. If you do not know who to contact, please let us know and we will be happy to assist.

What provinces are Pharmacare?

British Columbia, Saskatchewan & Manitoba only.

Is there tax added to the premiums?

The only provinces with tax added onto the premiums are Ontario (8%) and Manitoba (7%).

What is Single coverage and what is Family coverage, shown under the total monthly premiums?

Single would be yourself (as the member with no eligible dependents). Family would be yourself (as the member) and all eligible dependents (spouse & children).

How are the monthly premiums paid?

Via pre-authorized withdrawal. Banking details will be entered on enrollment. Bills are produced on the last day of the month for the following month, and premiums are withdrawn on the 10th of each month.

Do the monthly premiums increase each year?

Rates are guaranteed until November 1st, each year. Group benefit plans are renewed each year based on the total premium collected by the insurance company, compared to the total claims paid out over the past 12 months. Each year in October members will be notified of the new plan rates for the upcoming year, which will be effective November 1st each year.

Is there a yearly deductible for the Health or Dental plan?

No, there is no deductible for any of the plan selections.

Is there a waiting period?

No, full benefits are available to you and your dependents upon your plan effective date.

Do I or any of my dependents need to provide a medical questionnaire?

No, the plan does not require any medical evidence, upon your initial registration. All members and their dependents will have full coverage upon the effective date regardless of any pre-existing conditions (limits to travel coverage may apply, check the Greenshield Canada Booklet for more information).

Does the plan direct bill?

Yes, through ProviderConnect. You can find a list of registered providers using the Greenshield Canada plan member site or mobile app. If your provider does not direct bill, you will be required to pay for the claim in full and submit this through Greenshield Canada for reimbursement. Reimbursement of these claims can take between 2-5 business days (or longer depending on volume).

If my drug does not have a generic equivalent, will the brand name be covered?

Yes, if your drug is eligible under the drug program and does not have a generic equivalent, it will be covered at the listed co-insurance.

What is Basic Dental vs. Major Dental?

Major Dental services include crowns, bridges or dentures. Basic Dental is all other services such as exams, cleanings, scaling, fillings, extractions, root canals, etc. For a full listing of eligible items please refer to the Greenshield Canada Benefits Booklet.

Are Orthodontics included?

Unfortunately, Orthodontics are not included under any of the plan selections.

Where can I see a full list of coverages?

Please refer to the Greenshield Canada Benefits Booklet or visit your Greenshield Canada plan member site or mobile app. Please reach out to Perlinger Group Benefits for a copy of this booklet.

When can I enroll?

There is open enrollment for all current members from October 1st to November 1st for the 2025 year, with a plan effective date on the 1st of November. Open enrollment each year is from October 1st to October 31st, with a November 1st effective date. If an enrollment inquiry is received after that date, members will not be able to register for the program until November 1st of the following year and each year thereafter. For new members, you can enroll within 31 days of your membership commencement date or at open enrollment.

How do I enroll?

Perlinger Group Benefits will send you a link that you may use to register for the program. You will provide your membership details and complete your digital enrollment using this link.

What happens once I complete my enrollment?

You will receive a “Welcome Email” from Effortless Admin that provides access to your account. Plan members will receive access to Effortless Admin to make any personal updates to their plan (such as adding a child, updating address or banking information, etc.). Any of these changes can also be made through Perlinger Group Benefits. You will also receive a “Welcome Email” from Greenshield Canada that will provide you with registration information to access the Greenshield Canada plan member site and mobile app.

Who is Effortless Admin?

Effortless Admin is the administration platform used for the program.

Who is Greenshield Canada?

Greenshield Canada is the insurance carrier. You will submit & view claims through Greenshield Canada and if you have any claim questions, these would be directed to Greenshield Canada or Perlinger Group Benefits.

Can I switch plans?

The first reselection where you may switch from any plan (Base, Core, Enhanced or Premium) to another plan will be on November 1st, 2025; reselections will then be **every two years** thereafter. You may only move **one level** up or down during the reselection periods. You may however make a change to your plan within 31 days of a life event, such as birth of a child, marriage, separation, or loss of spousal coverage.

Do I have to add my dependents to the plan, or can I sign on as Single and change to Family at a later date?

If you have a family member (spouse or child), you can only waive coverage for those dependents if they have coverage elsewhere. If you do not add your dependents upon the plan effective date, and want to add them at a later date, they will be considered late applicants and will then have to complete medical evidence before being allowed onto the program.

What happens when I retire?

The plan will terminate; however, Greenshield Canada offers individual plans (Health Assist) as an option for retired employees.

Can I terminate the plan at any time?

Yes, however, if you want to come back onto the plan at a later date, you will have to wait a 2-year period from your termination date and provide medical evidence for yourself and family members (if applicable).

Still have questions? Please reach out to PGB:

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