



blendable

made for you

Your Guide to Blended Benefits

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Who the Heck is blendable?



Blendable was formed over 10 years ago to provide customizable, uncomplicated benefit plans that offer incredible value for employers and benefits employees will actually use.

Our three founders, two of which are long-time group benefits advisors, agreed on three concepts:



- Health and dental costs **are going to happen**, and business owners have no control over the cost of insurance.
- Insured group health and dental benefits are **inequitable**. All plan members are treated the same, but only some use the benefits.
- Commissions and high profit margins **only provide value to advisors and insurers**. There are more valuable alternatives for plan sponsors and plan members.



Which all leads to the Blendable philosophy on group healthcare benefits:

Instead of paying health and dental premiums that will increase every year, the smart thing to do is **control your costs** while ensuring your plan members are well cared for.



How Insured Health & Dental (DON'T) Work

What is Insurance?

Insurance is a contract, represented by a policy, in which an individual or entity receives financial protection or reimbursement against losses from an insurance company. The company pools clients' risks to make payments more affordable for the insured.

- Investopedia

Are health and dental benefits insurance?

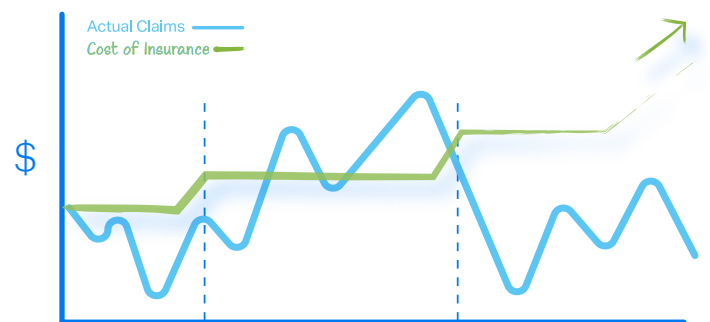
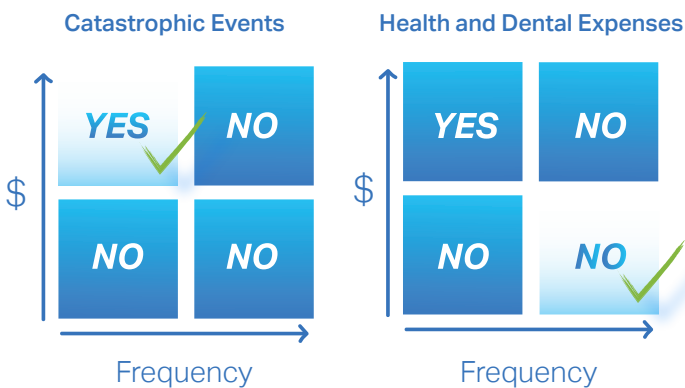
Not according to the definition above.

True insurance protects against unforeseen events that represent catastrophic loss and potential financial hardship. It is designed for **low probability, high-cost events**. You pay premiums now to guard against events that (hopefully) never happen.

As claims increase for a group, premiums increase. Plan sponsors have little option other than to accept the renewal or shop for another provider who may offer artificially low premiums to get the business.

The actual cost of health and dental claims may fluctuate, but the cost of premiums tends to trend upward. When health and dental benefits are insured, the insurance company needs to recoup their costs. So, **premium costs go up every year** (and rarely go down).

Should this be insured?



Health and dental costs, on the other hand, are low and predictable – **they're going to happen**. These costs can usually be budgeted for and rarely result in significant loss.

Regardless of how a group benefits plan is funded, the health and dental component is **transaction-based**. Unlike risk-based, pooled insurance, health claims are paid for on a money-in, money out basis and are financed by premiums paid by each individual group instead of a vast pool.

In the first year an insurer may base premiums on an estimate of claims or historical claims, then artificially lower their rates in order to win the business. In subsequent years, premiums will increase each renewal in order to match true claims, recoup the discount, and even create a surplus to help cover the insurer's costs in future years.

How Insured Health & Dental (DON'T) Work

A primer on pooled insurance

As you can see in the quadrants above, there are some cases where true insurance is a perfect fit.

For benefits such as Life, Critical Illness, and Long Term Disability, only a small percentage of policyholders will experience a loss. This risk gets spread across a huge pool of groups so premiums can be kept relatively stable. Each group pays a premium based on their share of the pool, and the entire pool compensates the unfortunate few who experience a loss.

Actuaries may not be the most fun at parties, but their attention to science and data allows insurers to estimate the probability and severity of catastrophic losses and calculate premiums accordingly.

The inequity of insured health care

The 80/20 Rule

Group health benefits follow the basic 80/20 rule:
20% of the plan members will make 80% of the claims.

Although premiums are paid equally for all participants in the plan, if a plan member doesn't use their benefits, they aren't seeing the value of this part of their compensation. Conversely, if a plan member claims as much as possible, they are getting more than their share.

Now that doesn't seem fair, does it?

A Story of Perceived Value

Insurance companies have done a good job of convincing businesses that they must provide extended health benefits in order to compete for talent. While plan members may not recognize the importance of insured benefits like Life, Accidental Death & Dismemberment, and Critical Illness insurance, they see the impact of health and dental coverage on their day-to-day expenses.

But how much value does insured health and dental really provide?

Consider this story:

A healthy young man was excited to take advantage of massage benefits from his new employer. He paid 25% of the healthcare premiums, and his employer paid the rest. Seems like a great deal, right?

What the employee had to pay for his share of premiums - \$1,125 per year.

What would he have paid for a year's worth of massages? Only \$720 ...

Add in the employer's portion of premiums, and this employee gave up \$4,500 in compensation for \$720 worth of massages!

Sure, he could have claimed other health and dental expenses over the year, but unless he claimed \$4,500, he still wasn't breaking even on his benefits.



What's the Alternative to Insured Health and Dental?

Ok, so insured health and dental doesn't make sense. Are there other options?

You bet there are! Alternative funding options give plan sponsors and plan members real value. They don't change the transactional nature of health benefits, but they simplify the formula to:

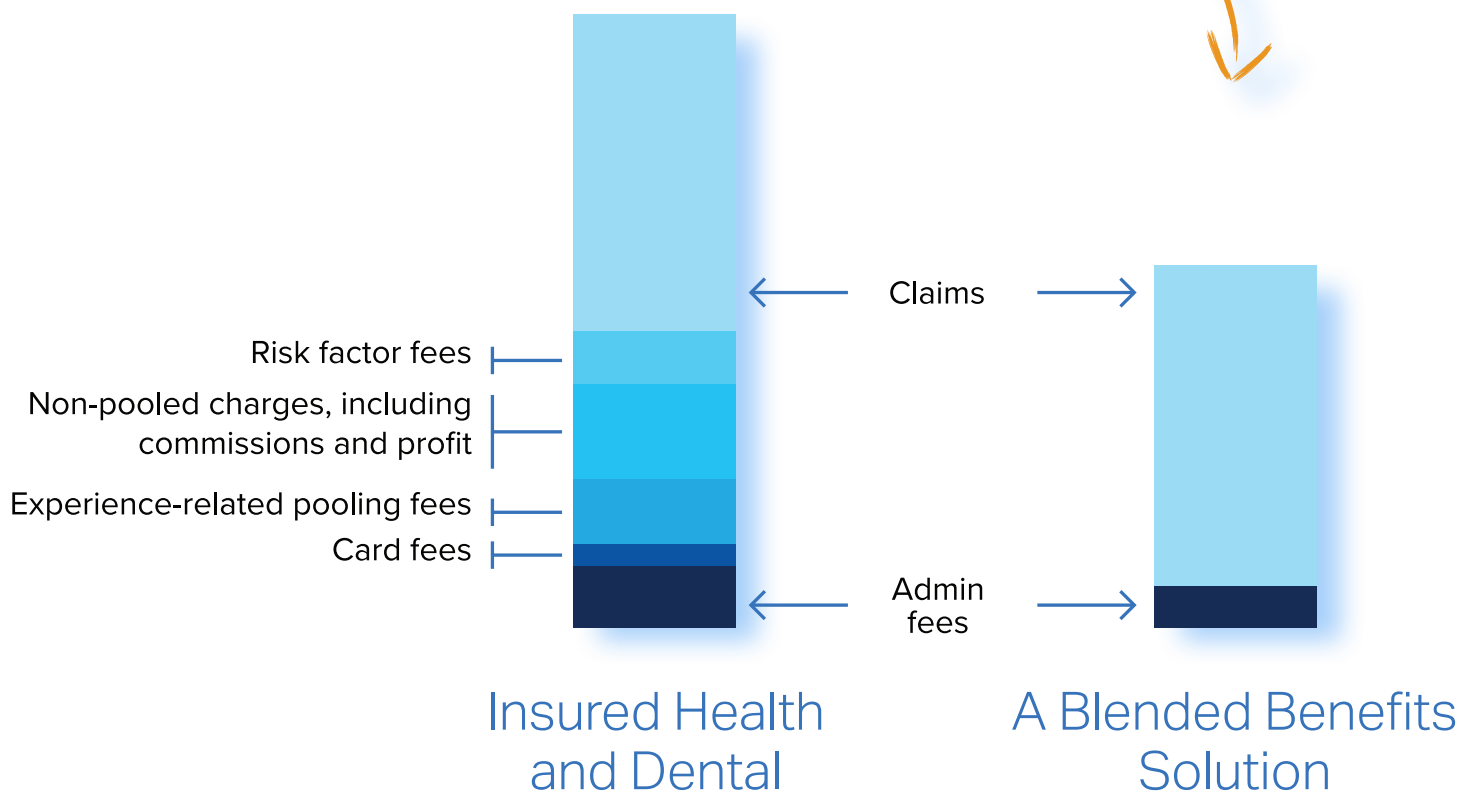
Claims + Admin Fees = Total Cost

It's that simple. Instead of paying for hidden fees, commissions, and benefits employees don't use, Blendable plan sponsors only pay the cost of actual claims, plus an admin fee.

Blendable has two blended benefits options to provide health and dental coverage for your plan members without being at the mercy of insurance company premiums:

- **Enhanced Health Blends**
- **Health Spending Accounts**

Our blended benefit plans are based on this simple formula.



Enhanced Health Blends (EHB)

Enhanced Health Blends (EHB)

Like Extended Health Benefits – only better! With our Enhanced Health Blends (EHB) plan members get coverage that mimics insured health and dental but there are no surprise renewals, and the plan sponsor controls the budget.

Also known as Administrative Services Only (ASO) or self-insurance, our EHB is a self-funded version of traditional health insurance. Instead of paying premiums to an insurer for benefits that may not be used, with an EHB the plan sponsor only pays for what plan members actually claim, plus an admin fee.

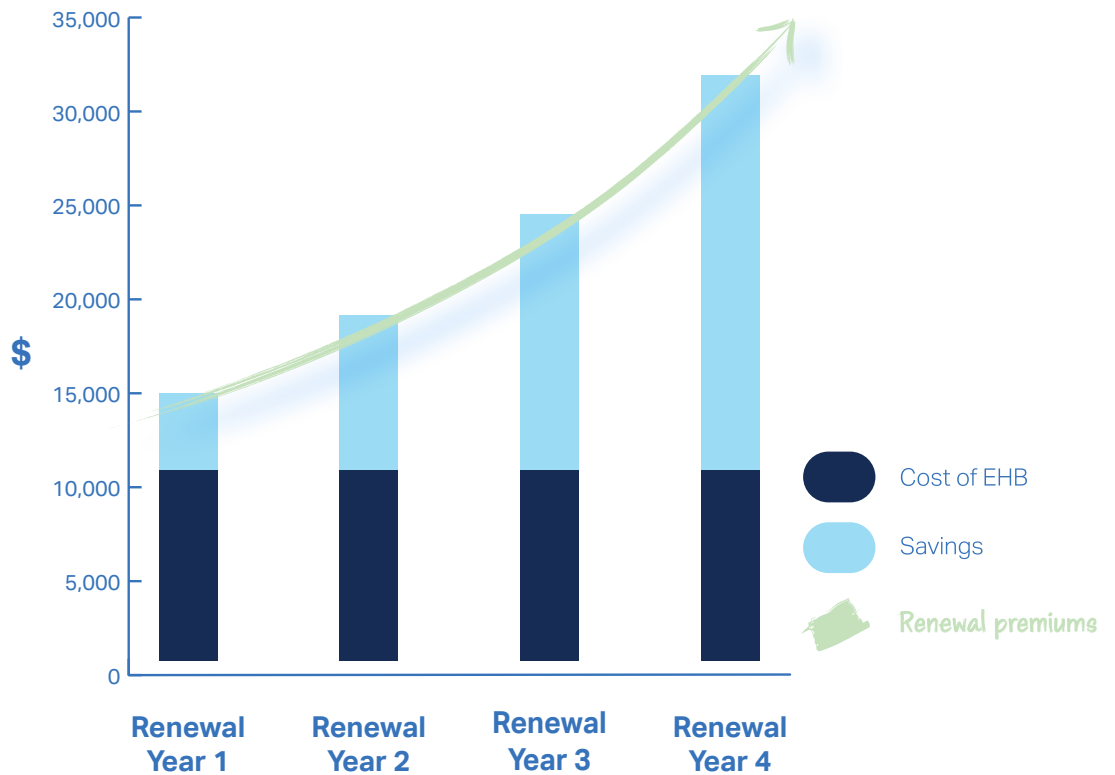
Plan members get the valuable coverage they expect, and the plan sponsor gets an affordable, flexible plan design that helps manage cashflow.

We work with you to design service maximums that limit risk, then do the heavy lifting to administer and reimburse claims. An upfront reserve is provided to pay claims. Plan members claim eligible medical expenses, just like under an insured group benefits plan. Funds are deducted from the reserve to reimburse members. A simple and transparent fee is applied to reimbursed claims.

Plan sponsors can add stop-loss insurance to limit exposure to catastrophic health claims but strategic plan design and mitigation tactics for catastrophic health issues can facilitate the same outcome.

If claims exceed forecasted budgets, the plan sponsor is responsible for the deficit. If claims are less than anticipated, the plan sponsor keeps the surplus.

Cost of Claims	\$ 10,000
Proposed Renewal	\$ 15,000
Cost of EHB	\$ 11,800
Savings, Year One	\$ 3,200




Enhanced Health Blends (EHB)

Designing your EHB

Setting up your own customized Enhanced Health Blend is easy! Our blended benefits experts will work with you to design an EHB that meets your needs and objectives. We can mimic your existing benefits plan or suggest changes to help save money and manage risk while ensuring plan members have the coverage they expect.

Together, we'll follow the steps below for each benefit (Drugs, Dental, Paramedical, Vision)

- 
- Choose a reimbursement percentage
 - Match your current plan or make your own call
 - Choose an annual maximum
 - This could be per person, per family, or per practitioner
 - Choose which practitioners or services are covered
 - Want to limit paramedical coverage to certain types of practitioners?
Cover dental checkups but not orthodontics? The choice is yours!

EHB Fees

Plan sponsors pay an 18% admin fee on all EHB contributions.

Wait, were you expecting something else? Sorry, that's it. One simple fee, paid as contributions are made. What can we say, at Blendable we do things differently!

Sample EHB Design



Drugs

Benefit Description

Reimbursement (Co-insurance)

Maximum Level

Prescription Drugs

100%

\$7,500 / person per plan year
dispensing fee caps \$9.99



Major Medical

Ambulance

80%

\$100/ person per trip

Accidental Dental

80%

\$500 max per plan year

Semi Private Hospital Room

80%

\$2,500/ family per plan year



Medical Supplies & Appliances

Assistive Devices

80%

\$1,000/ person per plan year
\$4,000/ family per plan year



Paramedical Practitioners

Chiropractor

80%

Chiropodist

80%

Nutritionist

80%

Acupuncturist

80%

Occupational Therapist

80%

Psychologist

80%

Registered Massage Therapist

80%

Naturopath

80%

Osteopath

80%

Physiotherapist

80%

Podiatrist

80%

Speech Pathologist

80%

\$300/ person/ combined per plan year
\$500/ family/ combined per plan year
\$30 max/ visit



Vision Care

Including eye exams

80%

\$300/ person per 24 months



Out of Province

Emergency Medical

100%

\$5,000,000/ person/ trip up to 60 days
(age 64 & under)

Health Spending Accounts (HSAs)

Like a bank account for each plan member, Health Spending Accounts offer the **ultimate in flexibility for plan members and unmatched cost control for plan sponsors**. Whether implemented standalone or as a complement to an EHB, HSA funds can be used by plan members to claim any eligible medical expense for themselves and any qualified dependents. There are no plan limits on any service type. The only limit is the amount available in the account.

Benefits of an HSA

The benefits below are common to every HSA we offer:

For plan sponsors:

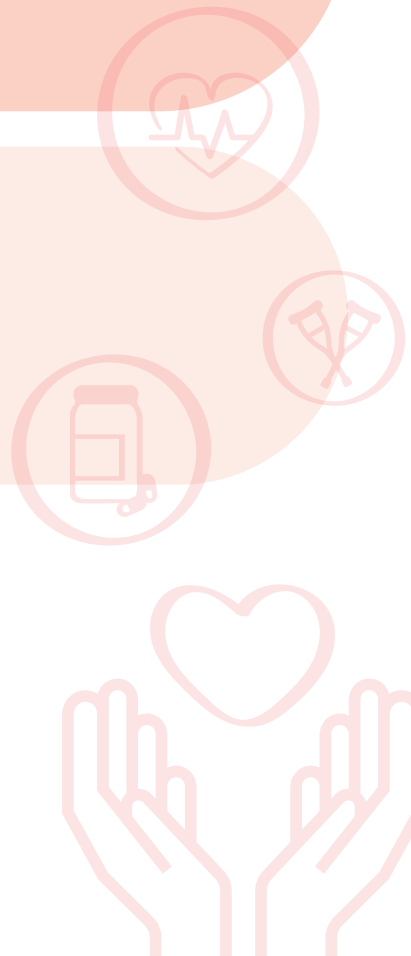
- Cost control – no surprises on renewal
- Low administration fees
- No start-up fees, annual fees, or hidden costs
- Pay only for benefits your team values
- 100% tax deductible contribution

For plan members:

- A simple claims process
- Easy online Member Centre access
- No plan limits on eligible expenses
- 100% tax free funds

We offer several variations of HSA to meet your benefits goals:

- HSA Classic – the ultimate in flexibility for plan members
- HSA Rollback – the most cost-control for plan sponsors
- HSA Rollover – gives plan members the full value of every dollar
- HSA Enhanced – pay-as-you-go, with added cost control
- HSA Wellness – promotes a healthy lifestyle
- HSA Select – for incorporated individuals



HSA Comparison

	HSA Classic	HSA Rollback	HSA Rollover	HSA Enhanced	Wellness Rollback	HSA Select
Eligible group size & contribution minimums	5+ members \$75/member/month	2+ members \$75/member/month	5+ members \$200/member/month	5+ members \$75/member/month	5+ members \$75/member/month	1 member \$3,000/year
Which expenses are eligible?	CRA defined health expenses.	CRA defined health expenses.	CRA defined health expenses.	CRA defined health expenses.	Wellness expenses as determined by the plan sponsor.	CRA defined health expenses.
How is it funded?	Contributions to multi-beneficiary Employee Life and Health Trust.	Contributions to plan sponsor private health services plan.	Contributions to plan sponsor private health services plan.	A reserve is collected to pay initial claims. Sponsors are billed as claims are incurred. Members receive allowances to their HSA.	Contributions to plan sponsor private health services plan.	Contributions to plan sponsor private health services plan.
What happens to unused funds at the end of a benefit period?	Carried forward for future claims.	Returned to plan sponsor company.	Returned to plan sponsor, then invested in a Group RRSP.	Reserve is held to pay future claims. Plan member notional HSA allowances are reset.	Returned to plan sponsor company.	Returned to plan sponsor company.
What happens to unused funds when a member leaves the organization?	Members can continue to use the funds in their HSA until exhausted.	Members have 30 days to submit claims, then funds are returned to plan sponsor.	Members have 30 days to submit claims, then funds are returned to plan sponsor. Plan sponsor can choose to contribute to RRSP.	Members have 30 days to submit claims.	Members have 30 days to submit claims, then funds are returned to plan sponsor.	N/A
Fees	10% fee on contributions.	10% fee on contributions.	10% fee on contributions.	12% fee on contributions.	12% fee on contributions.	10% fee on contributions.

The ultimate in flexibility and planning for members

The most cost-control features for plan sponsors

Gives plan members the full value of every dollar

Pay-as-you-go, with added cost control

Supports a healthy lifestyle for your team

For the incorporated individuals

HSA Classic



HSA Classic

With the HSA Classic, funds contributed to a member account become the asset of the individual and cannot revert to the plan sponsor or be withdrawn from the account for any purpose by the member. Funds are held in a legal trust and can only be used for the reimbursement of eligible medical expenses for the member and any qualifying dependents.

At the end of an annual benefit period, unused funds carry forward to the following year. If an employee is terminated, or the contributions cease for any other reason, the funds remain in trust for their use until exhausted.

Funds confer for use by dependents if a member passes away. If there are no dependents, they are donated to a charity of choice by the estate or the plan sponsor.

A simple admin fee is applied when funds are contributed to member accounts.

Benefits

- ✓ Flexibility for the plan members
- ✓ Plan members can save up in order to cover known future expenses
- ✓ Complete cost control for plan sponsors
- ✓ Simple administration values
- ✓ 100% tax deductible contributions



HSA Rollback



HSA Rollback

With our HSA Rollback feature, funds are contributed to member accounts for time-limited use on a cost-plus basis.

Unlike the HSA Classic, unused funds remain the asset of the plan sponsor and revert back to the organization after a pre-determined length of time, to a maximum of 2 years.

The plan sponsor can decide if unused funds should be reset each year or if the first year should be carried forward into the second and reset on a rolling annual basis going forward. This is a popular option because it allows families to accumulate funds and budget for expected costs, such as orthodontics, in the second year.

If employees are terminated, after a claim submission period of 30 days funds are returned to the plan sponsor.

The cost-plus nature of the benefit feature means that an admin fee is applied to pre-funded contributions and not returned on reset.

Benefits

- ✓ Flexibility for the plan members
- ✓ Ability to reset funds on a rolling basis and allow plan members to budget for future expenses
- ✓ Complete cost control for plan sponsors
- ✓ Plan sponsors keep ownership of funds
- ✓ Simple administration



HSA Rollover



HSA Rollover

The HSA Rollover benefit feature is a type of Rollback in that funds are reset at the end of a benefit period. However, unlike the Rollback, any funds not used are earmarked for investment to a group RRSP instead of reverting to the plan sponsor.

The plan sponsor can decide if unused funds should be reset each year or if the first year should be carried forward into the second and reset on a rolling annual basis going forward. The latter option is most popular not only for member budgeting purposes but allows for a more significant investment top up.

The feature is a blend of 2 separate plan options. The Canada Revenue Agency (CRA) doesn't allow redirection of tax-free funds intended for health claims to an RRSP. On reset, a report is prepared to allow for accounting of necessary source deductions and checks on contribution room.

Beyond that, Blendable does all of the heavy lifting in terms of RRSP setup (if needed), online member signups, and facilitation of the bulk contribution to the provider (if the sponsor agrees to work with our partner).

Benefits

- ✓ Flexibility for the plan members
- ✓ Ability to reset funds on a rolling basis and allow plan members to budget for future expenses
- ✓ Plan members get the full value of every dollar, either to reimburse claims, or as an RRSP investment
- ✓ Complete cost control for plan sponsors



HSA Enhanced



HSA Enhanced

An HSA Enhanced is a version of pay-as-you-go. Instead of making regular contributions to the HSA, you start by providing us with a reserve (generally an estimate of two month's worth of claims). Each month we then bill you based on the actual claims paid.

The big advantage a Blendable HSA Enhanced has over other providers? Cost control. Instead of paying unlimited claims, we let you allocate amounts to each plan member. This way you don't have to provide the money up front, but you'll know the maximum you could be billed.

You can allocate funds to plan members annually or monthly, just like with any of our other HSA options.

Benefits

- ✓ Flexibility for your plan members
- ✓ Pay only for claims as they are incurred
- ✓ Plan sponsors keep ownership of funds
- ✓ Simple administration
- ✓ Complete cost control for plan sponsors



Wellness Rollback



HSA Wellness

HSA Wellness accounts are a variation on the Rollback benefit feature. The funds must be used within 24 months or be reset to the plan sponsor.

Unlike the other HSAs, members can use wellness funds to claim lifestyle expenses such as gym memberships, smoking cessation programs, fitness equipment etc. Those purchases are not eligible medical expenses so cannot be reimbursed on a tax-free basis. Any amounts used for lifestyle expenses are reported back to the plan sponsor to be accounted for on a taxable benefit basis.

Our wellness option is:

- [HSA Wellness Exclusive](#)

Only reimburses lifestyle expenses as a taxable benefit. It's generally used in combination with another feature to proactively demonstrate the organization's investment in member wellbeing.

Benefits

- ✓ Flexibility for the plan members
- ✓ Flexibility for plan members to use funds for a wider variety of health and wellness expenses
- ✓ Complete cost control for plan sponsors
- ✓ Plan sponsors keep ownership of funds



HSA Select



HSA Select

HSA Select is the Blendable option for incorporated individuals. It combines the flexibility and tax efficiency of an HSA with the protection of Excess Medical coverage.

The company as the Benefit Plan Sponsor contributes funds annually or monthly to a personal HSA. That HSA renews each year. Unused funds will be reset and used as a credit toward the next billing. Contributions will remain the same unless Blendable is notified otherwise.

Included in every HSA Select is Excess Medical coverage for the incorporated individual and their dependants. It's designed to go above and beyond the coverage the HSA provides, protecting the incorporated individual and their dependants in the event of unanticipated expenses.

Benefits

- ✓ Flexibility to cover expenses
- ✓ Save money by paying less tax
- ✓ Complete coverage for the individual and their dependants
- ✓ No paying out of pocket for copays or deductibles



Additional Benefits



We know that health and dental coverage are only part of the complete benefits plan your team expects. Combine your EHB or HSA with well, whatever to customize your plan to fit your needs and those of your team.

At Blendable, we have both Peace of Mind and Accessory benefits to add value to your benefits plan and protect your team.

Peace of Mind Benefits



In some cases, insurance really is the right tool for the job! When you need to protect against the huge loss that can come from low-probability, high-cost events it's insurance you want.

What insurers call catastrophic benefits (Life, Critical Illness, Disability, etc.) we call Peace of Mind Benefits. We would rather talk about the way these benefits support your team when it matters most, instead of focusing on the tragedies they protect against.

We work with insurance partners who sharpen their pencils to get you competitive rates for these benefits.

Accessory Benefits



Once health and dental expenses are taken care of, and you've built in protection with Peace of Mind benefits, you can focus on the extras that provide a bonus to plan members and boost their physical and mental health and wellbeing.

These Accessory Benefits, like Group Travel, Excess Medical, Employee and Family Assistance Programs, and Medical Second Opinion, offer great value at a low cost per plan member.

Peace of Mind Benefits



In some cases, insurance really is the right tool for the job! We have insured Peace of Mind Benefits (benefits that protect against catastrophes) to support your team when it matters most.

Life

Life Insurance helps plan members prepare for the unexpected and give their loved ones some peace of mind. A Life Insurance benefit will pay a lump sum to beneficiaries, to help them cover final expenses or maintain their lifestyle when the plan member can't provide for them.

Dependent Life

The loss of a loved one is hard enough on a family. They shouldn't have to deal with financial worries as well. Dependant Life Insurance provides some assistance in the event a plan member loses their spouse or child. The benefit will pay a lump sum to help with final expenses such as end of life care or funeral costs.

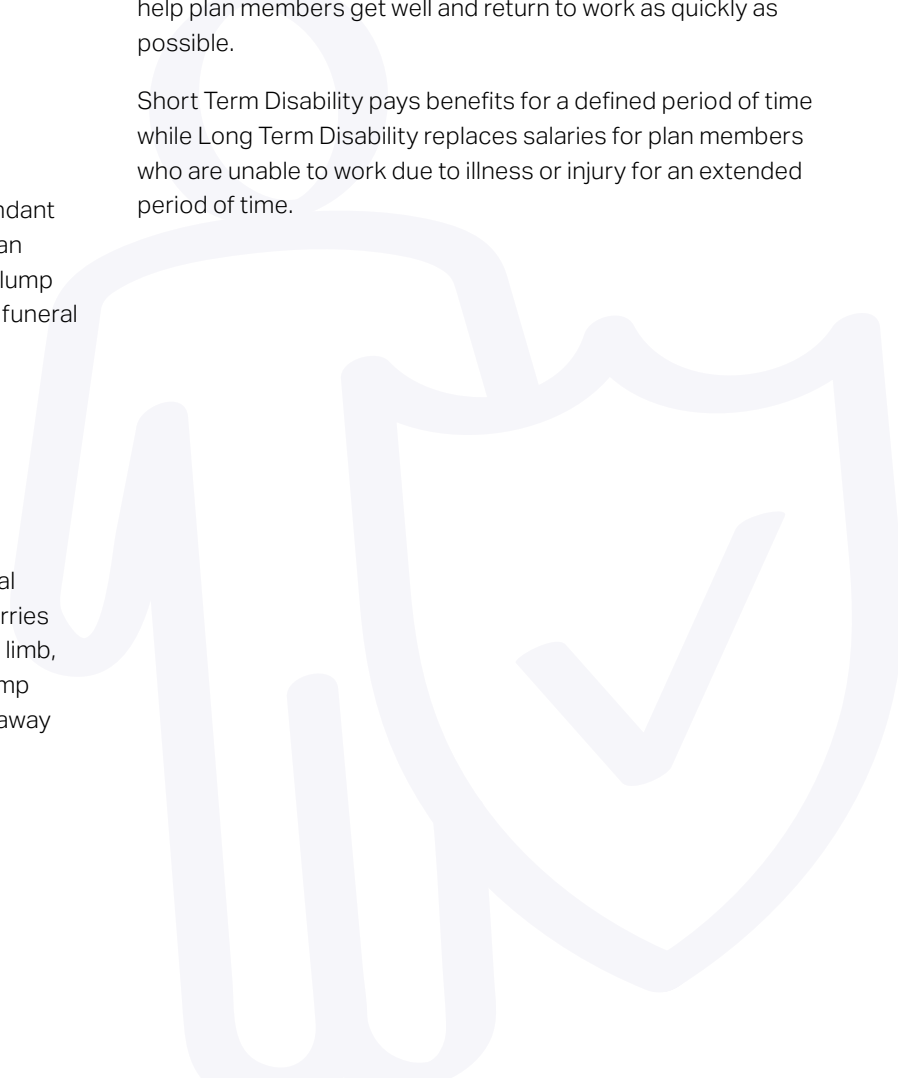
Accidental Death & Dismemberment

Accidents can happen in an instant. If a plan member has an accident, on or off the job, Accidental Death and Dismemberment (AD&D) coverage provides some financial security to their family. AD&D can help relieve financial worries by providing payments for injuries that cause the loss of a limb, sight, hearing, or speech as a result of an accident, or a lump sum payment to beneficiaries if the plan member passes away as a result of the accident.

Disability Insurance

It can be difficult to be away from work due to an illness or injury. Disability Insurance acts as a safety net, providing a partial salary replacement that plan members can rely on while they focus on recovery. Claims management by our partners help plan members get well and return to work as quickly as possible.

Short Term Disability pays benefits for a defined period of time while Long Term Disability replaces salaries for plan members who are unable to work due to illness or injury for an extended period of time.



Peace of Mind Benefits



Critical Illness

Being diagnosed with a serious illness can be life changing. It could also mean struggling to find savings to help pay medical bills or take the time needed to recover. Critical Illness Insurance provides some financial support to help ease the burden. This benefit pays a lump sum which can be used as needed, letting plan members focus on getting better.

Dependent Critical Illness

Coping with a serious illness is one of the greatest challenges a family can face. Dependant Critical Illness Insurance provides some financial support to help ease the burden while the plan member's spouse or child is recovering. This benefit pays a lump sum to help pay for any expenses as their family navigates a difficult time.



Accessory Benefits



Add value to your plan and boost your plan members' physical and mental health and wellbeing by blending in any of our Accessory Benefits.

Group Travel

Mishaps happen to even the most careful globe-trotters

We offer group and individual solutions provided by Allianz Global Assistance to keep your plan members safe and sound while out of province.

Available as an add-on to any HSA or EHB, our pre-negotiated Emergency Travel plan offers affordable monthly premiums for 60-day, \$5 million coverage.

Coverage includes emergency medical, meals and accommodation, trip cancellation and more. Premiums are \$8 for families and \$5 for single coverage.

Your team will value that extra assurance when they're away from the office.

Excess Medical

Coverage that goes above and beyond for those unanticipated events and expenses

Available as an optional add-on to any HSA or EHB, Excess Medical coverage assists plan members with uncovered, unanticipated expenses that are a result of a catastrophic accident, a chronic medical condition, or a critical illness.

- Covered expenses include:
- Semi-private hospital room differential
- Nursing
- Prescription drugs
- Ambulance transportation
- Paramedical services
- And more...

Available for our pre-negotiated low monthly premium of \$20 for families and \$10 for single members, this option will provide assurance if something happens at home or on the road. \$1M, 60-day emergency medical travel coverage is included.

Looking for enhanced travel coverage for your plan members? Combine Group Travel and Excess Medical coverage.

Accessory Benefits



Employee and Family Assistance Program

Protect what matters most

A healthy team is a more productive and motivated team. An Employee and Family Assistance Program (EFAP) is designed to keep them that way.

By supporting your members' health and well-being adding an EFAP to your HSA or EHB, you're also investing in your organization. Happier, healthier members means:

- Reduced absenteeism
- Reduced disability or health benefits costs
- Improved employee engagement
- A healthy and productive work environment

Blendable's EFAP, delivered by HumanaCare, provides confidential support and short-term counselling for plan members and their families 24 hours a day, seven days a week, 365 days a year. Counselling can be provided face-to-face, virtually, or over the phone.

An EFAP can assist with challenges related to:

- Relationships, families, parenting and couples
- Stress, anxiety, or depression
- Substance use
- Legal and financial
- Grief and bereavement
- Career coaching
- Crisis and trauma
- And more...

On top accessing HumanaCare's stellar team of counsellors, members of groups with an EFAP can self-serve from a number of online resources. The HumanaCare Employee Portal is accessible via computer or mobile device. It includes videos, webinars, articles, courses, and assessments accessible to help prioritize health.

For only \$5 per plan member per month, an Employee and Family Assistance Program can be blended into any plan.

Medical Second Opinion

Expert advice so you're confident in your care

A serious medical diagnosis can leave plan members wondering whether they're getting the right treatment, or what options are available.

With a Medical Second Opinion, a network of world-class specialist physicians is available to review your plan members' medical file and identify the appropriate diagnosis and treatment.

Their team will gather medical records and review the clinical information in order to make a treatment recommendation. The MSO team will also support plan members as they navigate the healthcare system and present the review and recommendations to their physician.

MSO is available as an addition to any plan for \$2 per plan member per month.

Give your team the ultimate in peace of mind. Bundle an EFAP and MSO together for only \$6 per member per month.

The Blendable Experience

Picture a traditional insurance company. Yeah, well that's not us.

There are no suits and ties, our internal culture is easygoing and helpful, and when we're thinking, we're never confined to a box.

We listen. We listen to companies and advisors and help them put together a custom benefits plan that makes sense.



Starting Up Your Plan

Blended benefits are simple to set up.

For a Health Spending Account and Accessory Benefits all we need is employee names and email addresses. We set up payments that fit your schedule to fund the HSAs, and we're off to the races!

Enhanced Health Blends and Peace of Mind benefits require a little more work behind the scenes to make sure we get your mix of benefits just right. Of course, we do the heavy lifting and keep things on your end nice and easy.

Once your plan is set up, members receive a welcome email with instructions for accessing their Member Centre to make claims. We believe in digital first, so no need to distribute paper booklets or cards – it's all easily accessible online!

Administering Your Plan

Plan Sponsor and Plan Admin Superpowers

Plan Sponsors and Plan Admins have the power to make changes to plan members online. No pesky forms necessary.

In our Plan Centre plan sponsors and plan admins can take care of:

- Adding new plan members
- Removing plan members
- Accessing Statements

Making Changes to Your Plan

Life moves fast and things change for your organization and your plan members. Your benefits shouldn't be stuck in stone.

While there are some legislative rules we need to follow to protect you from negative tax implications, there are opportunities to make changes to your plan. You can:

Make any plan changes at renewal

Add or remove members as your team changes

Change the HSA contributions mid-year if a plan member has had an unanticipated life change (change in job, change in dependents, change in spousal coverage, etc.)



The Blendable Experience

The Claims Experience

Some companies design online tools to look flashy. Some companies design online tools as cheaply as possible. Some companies design online tools to squeeze more revenue from their customers.

We design online tools for the best customer experience.

Members can submit claims online through our Member Centre 24/7. It's clean and simple to use.

Our Development Team is nimble. They are constantly reviewing our Member Centre for improvements and are ready to pivot on a dime. Because while we love picking up the phone to chat with members and answer questions, we know a smooth, seamless claims process is what members expect.

Claim Turnaround Times

We get it, your members want money back in their wallets. No one likes waiting for a reimbursement cheque. Most Blendable claims are processed in 3-5 business days, and with Direct Deposit claims are reimbursed lickety-split.

But we'll do you one better: we also work to maximize reimbursements. The funds are there for plan members to use after all. They should get as much as possible from the contributions you're giving them (when was the last time you heard an insurance company say that?)

Finally, our claims team is proactive and helps members throughout the claims process. Forgot a receipt? We'll reach out right away instead of declining your claim and forcing you to resubmit it. This saves time and headaches for members who aren't benefits experts (that's our job!)

Customer Experience

Everyone says they have great customer service. We can back it up with a 92% retention rate.

Our groups stay with us and refer their friends because on top of a custom benefits plan, they get exceptional support from real people who care about finding solutions, not ending a phone call. Everyone who reaches out is a name, not a case number, and in that moment they're the most important person in our world.

We don't just love helping people, we have fun doing it! No jargon or scripts here. We talk like regular people and explain things in plain language.

The Blendable team is proudly Canadian, just like you! Pick up the phone and you could get a Blendable team member in Castlegar, Edmonton, Waterloo, or Montreal.





It's your benefit plan. Let's build it together

You deserve flexibility in your benefits and your benefit plan provider.

We're here to partner with you and ensure your business is successful. With blended benefits you can save money while keeping your team happy and healthy.

If you want more information about any of these options, or just want to share a funny joke, say hello@blendable.ca



blendable

made for you