

SUMMARY OF BENEFITS

Investia is intent on offering a plan that meets your needs, by providing financial assistance in case of physical or mental health problems. The benefits included in your highly flexible plan are summarized below:

HEALTH INSURANCE

	Module 1	Module 2	Module 3	Module 4	Module 5
Health care					
Deductible	Drugs: \$7 per prescription Other expenses: none	Drugs: \$7 per prescription Other expenses: none	Drugs: \$5 per prescription Other expenses: none	Drugs: \$5 per prescription Other expenses: none	Drugs: \$2 per prescription Other expenses: none
Drugs	65% Generic compulsory	70% Generic compulsory	80% Generic compulsory	80% Generic compulsory	90% Generic compulsory
Hospitalization	100% Semi-private room	100% Semi-private room	100% Semi-private room	100% Semi-private room	100% Semi-private room
Travel insurance	100%, maximum \$5,000,000 lifetime 60 days per trip	100%, maximum \$5,000,000 lifetime 60 days per trip	100%, maximum \$5,000,000 lifetime 60 days per trip	100%, maximum \$5,000,000 lifetime 60 days per trip	100%, maximum \$5,000,000 lifetime 60 days per trip
Paramedical practitioners	Not covered	70% Maximum \$300 per calendar year per practitioner Maximum \$50 per visit	80% Maximum \$500 per calendar year per practitioner Maximum \$60 per visit	80% Maximum \$500 per calendar year per practitioner	90% Maximum \$750 per calendar year per practitioner
Vision care	Not covered	100% 1 exam / 2 calendar years	100% 1 exam / 2 calendar years	100% 1 exam / 2 calendar years Glasses and contact lenses: \$200 / 2 calendar years	100% 1 exam / 2 calendar years Glasses and contact lenses: \$400 / 2 calendar years
Other expenses	Not covered	70%	80%	80%	90%

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Rates					
Individual	61,34	110,73	135,41	143,64	179,53
Family	185,45	292,84	358,43	380,29	475,7
Single parent	113,24	205,2	250,86	266,08	333,31
Couple	119,37	232,3	284,13	301,41	376,48

DENTAL INSURANCE

	Module 1	Module 2	Module 3	Module 4	Module 5
Dental care					
Deductible	Not covered	None	Not covered	None	None
Follow-up exams	Not covered	9 months	Not covered	9 months	9 months
Basic and preventive care	Not covered	70%	Not covered	80%	80%
Major care and dentures	Not covered	Not covered	Not covered	50%	50%
Combined maximum	Not covered	\$1,000 per calendar year	Not covered	\$1,000 per calendar year	\$1,500 per calendar year
Orthodontics	Not covered	Not covered	Not covered	Not covered	50%, \$1,500 lifetime

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Rates					
Individual		34,64		51,53	71,31
Family		96,81		144,39	199,30
Single parent		65,82		99,04	135,40
Couple		69,29		104,24	142,52

LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT, CRITICAL ILLNESS AND DEPENDENT LIFE INSURANCE

	Option 1	Option 2
Life and ADD insurance (iA)	\$25,000	1 x annual salary 50% reduction at age 65 Maximum without evidence: \$400,000 Maximum with evidence: \$1,000,000
Life insurance rates	0,362	
ADD insurance rates	0,032	
Critical illness (iA)	\$6,000 coverage for 4 illnesses (cancer, stroke, heart attack and kidney failure)	\$6,000 coverage for 4 illnesses (cancer, stroke, heart attack and kidney failure)
Rates	Included in the ADD rates	
Dependent life insurance	Spouse: \$10,000 Children: \$5,000	Spouse: \$10,000 Children: \$5,000
Rates	8,55	

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LONG-TERM DISABILITY INSURANCE

	Basic plan available for all
Long-term disability	70.0% of the first \$1,500 50.0% of the next \$3,000 45.0% of the remainder Non-taxable benefits Maximum without evidence: \$10,000 Maximum with evidence: \$10,000 Qualifying period: 112 days
Rates	1,352

Please note that a benefits booklet (brochure) detailing the plan coverage will be available once your plan is implemented.

A premium simulator will also be available to you during the open enrollment period.

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