



**DOING MORE**  
FOR EACH CLIENT

**Group insurance**  
Effective June 1, 2023



# AGENDA

- Plan offered
- Your costs
- Cost management
- Enrolment portal
- Cost simulator
- Members portal
- Functionalities
- Customer service

# MODULAR PLAN OFFERED

## Implementation of a modular plan:

- Optimize cost competitiveness
- Provide members with flexibility
- Foster long-term cost stability
  - Rates initially guaranteed for a 24-month period
- Limit anti-selection
  - Same module for both health and dental
- Streamline plan administration
  - One administration officer at Investia and one service representative dedicated to your group at AGA

# PLAN OFFERED

- The Investia plan provides the following benefits:
  - ✓ Life insurance (2 options)
  - ✓ Accidental death & dismemberment insurance, including critical illness coverage (\$6,000, 4 illnesses)
  - ✓ Long-term disability
  - ✓ Choice of 5 modules including health and dental care benefits
  - ✓ Travel insurance

# PLAN OFFERED

	Option 1	Option 2
<b>Life and ADD insurance (iA)</b>	\$25,000	1 x annual salary 50% reduction at age 65 Maximum without evidence: \$400,000 Maximum with evidence: \$1,000,000
<b>Critical illness (iA)</b>	\$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)
<b>Dependent life insurance</b>	Spouse: \$10,000 Children: \$5,000	Spouse: \$10,000 Children: \$5,000

# PLAN OFFERED

	<b>Basic plan available for all</b>
<b>Long-term disability</b>	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

# PLAN OFFERED

	Module 1	Module 2	Module 3	Module 4	Module 5
<b>Health care</b>					
- 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%

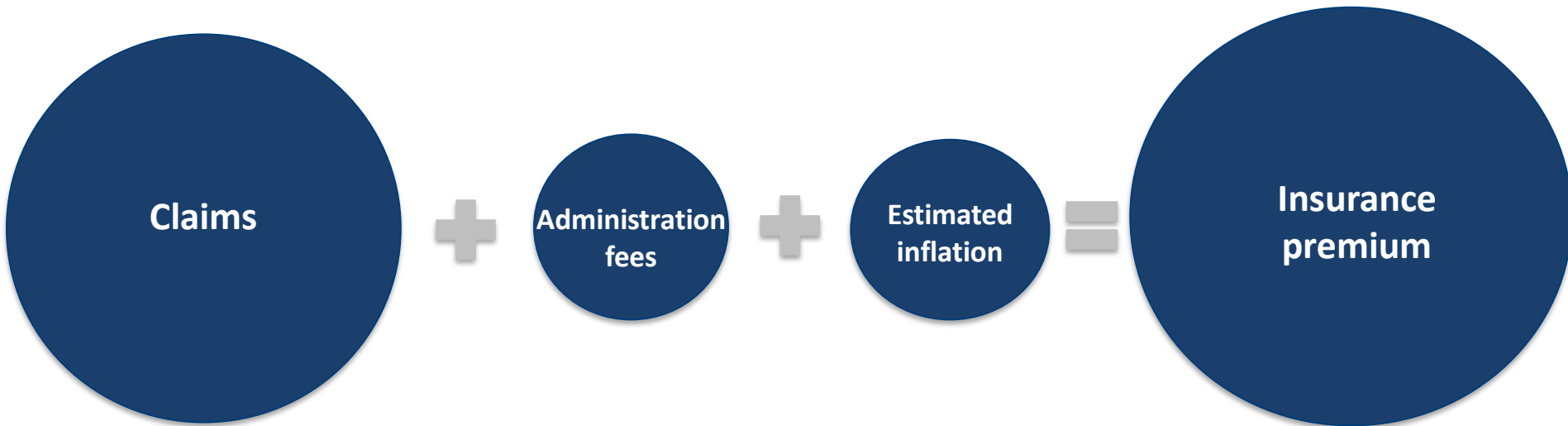
# PLAN OFFERED

	Module 1	Module 2	Module 3	Module 4	Module 5
<b>Dental care</b>					
- 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



# INSURANCE PREMIUMS - GENERAL

## Health and dental care benefits



# MANAGING COSTS

Solutions at your fingertips

## DEMAND GENERIC DRUGS



GENERICS



ORIGINALS



50 TO 60%  
LESS EXPENSIVE



## SHOP AROUND FOR YOUR PHARMACY



Between two pharmacies, the price can double

## 90 DAY SUPPLY



30% savings on pharmacist fees

## MAIL-ORDER PHARMACY



AGA  
BENEFIT  
SOLUTIONS

# ENROLMENT FORM



FIRM IN GROUP INSURANCE OF PERSONS

## RE-ENROLMENT FORM

Version 4

Any change of address or banking information must be done through the members portal. If you notice any other inaccurate information, please contact your plan administrator.

### ADMINISTRATIVE INFORMATION

Employer/Policyholder name Char-Pol inc	Group No. V024	Division No. 015	Department	Class 02
Employee's last name Tremblay	First name Gabriel	Employee's No. 1000		
Date of birth 1995-06-23	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Marital status <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Common-law spouse		
Address (No. / Street / Apt.) 600, des Génévriers				
City LA BAIE	Province Quebec - QC	Postal code G7B 4P1	Phone	
Date of full-time employment 2021-03-01	Occupation Responsable dev. des affaires	Email gtremblay@charpol.com		
Earnings 94 744,00 \$	<input checked="" type="radio"/> Annual <input type="radio"/> Weekly <input type="radio"/> Hourly			
YES, I would like to receive my claims reimbursements directly into my bank account. <input checked="" type="radio"/> YES <input type="radio"/> NO				
Branch 70019 1262, 6E AVENUE, LA BAIE, QC	Bank 815 Caisse Desjardins de La Baie	Account number 0403667		

Branch Transit : 30512      Institution Number : 815      Account Number : 1234567

It is the member's responsibility to ensure the accuracy of the banking information entered on the Enrolment form. If banking information is incorrect, please note that AGA cannot be held responsible for amounts not received by the member.

NEXT



# PLAN COSTS

**AGA BENEFIT SOLUTIONS**  
FIRM IN GROUP INSURANCE OF PERSONS

REQUIRED COVERAGE AND/OR PLAN CHOICE / INFORMATION ON SPOUSE AND/OR CHILDREN

**PLAN CHOICE**  
01-Basic

**REQUIRED COVERAGE - HEALTH CARE**  
 Single  Single parent  Couple  Family  Opt-out

**REQUIRED COVERAGE - DENTAL CARE**  
 Single  Single parent  Couple  Family  Opt-out

**SPOUSE AND/OR CHILDREN IDENTIFICATION**  
The Dependent Life benefit coverage, if part of your plan, may be mandatory with some insurers if you have eligible spouse and/or children. You must indicate all information regarding your eligible spouse and/or children if you choose a «Single» coverage or if you choose to «Opt-out».

		Last name	First name	Sex		Date of birth	18 years of age or more, please specify:		Are the spouse/children covered by another plan ?			
				M	F		Full-time student	Handicapped	Health care		Dental care	
									YES	NO	YES	NO
<input type="radio"/>	Spouse	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Child	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>												

**COSTS OF THE PLAN**  
**DISPLAY THIS SCENARIO'S COSTS**

**RE-INITIALIZE DATA** **PREVIOUS** **NEXT**



**Click on the tab and the cost simulator will be available in the downloads.**

# SERVICES OFFERED BY AGA

## Members portal

**INNOVATION AND PASSION**  
AT THE SERVICE OF OUR CUSTOMERS



**HAVE ANY QUESTIONS?**  
[CONTACT US](#)

Montreal area 514 935-5444  
Toll free 1 800 363-6217

3500, De Maisonneuve Blvd West, Suite 2200  
Westmount, Quebec, H3Z 3C1

[service.client@aga.ca](mailto:service.client@aga.ca)  
Monday to Friday, from 8:30 a.m. to 8:00 p.m. Eastern Time

**DOING MORE**  
FOR EACH CLIENT

### LOGIN

CERTIFICATE NUMBER

PASSWORD

[Forgot your password?](#)

[OPEN A SESSION](#)

[I DON'T HAVE AN ACCOUNT](#)

[SIGN UP](#)

# SERVICES OFFERED BY AGA

## Members portal



[MY ACCOUNT](#)

[MY CLAIMS](#)

[SUBMIT A CLAIM](#)

[COMPARE DRUG COSTS](#)

[MY GROUP INSURANCE](#)

[MY FILE](#)

[CONTACT US](#)

FR [LOGOUT](#)

Group No. : 1850  
Certificate No. : OUTA30001

### LAST PROCESSED CLAIMS

SEPTEMBER 30TH 2014

Submitted  
\$24.99

Paid  
\$15.99

SEPTEMBER 23RD 2014

Submitted  
\$24.57

Paid  
\$15.66

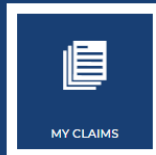
AUGUST 26TH 2014

Submitted  
\$24.99

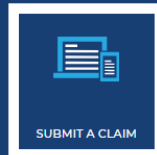
Paid  
\$15.99

[LIST OF CLAIMS](#)

### MY ACCOUNT



MY CLAIMS



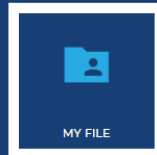
SUBMIT A CLAIM



COMPARE DRUG COSTS



MY GROUP INSURANCE



MY FILE



PRESS RELEASES

INNOVATION AND PASSION  
AT THE SERVICE OF OUR CUSTOMERS

### DOING MORE FOR EACH CLIENT



# SERVICES OFFERED BY AGA

## Members portal – Features offered

- View your insurance volumes
- Consult your healthcare benefits
- View your wallet card and travel insurance card
- Print your insurance certificate
- Change your personal and your dependent information
- Sign up for direct deposit or change your banking information
- Confirm student status for your children over the age of 21
- Change your password
- View communications

# SERVICES OFFERED BY AGA

- Customer service open from 8:30 a.m. to 8:00 p.m.
- Members portal accessible at all times [www.aga.ca/en](http://www.aga.ca/en)
- Pay-direct card (for prescription drugs and dental care)
- Electronic claims payment within 48 hours
- Direct deposit

**1-800-363-6217**  
**Monday to Friday**  
**8:30 a.m. to 8:00 p.m.**





**QUESTIONS?**