iA Financial Group

GROUP INSURANCE

2026
Your group insurance plan

Quebec Provincial Association of Teachers

Basic benefits included in your plan

	Description
Optional Life Insurance	**For you:** 1 to 6 units of $25,000 ○ Up to a maximum of $75,000 – without evidence of insurability* ○ Up to a maximum of $150,000 – with evidence of insurability ✓ Coverage terminates at your retirement **Spouse:** $10,000 ✓ Coverage terminates at plan member date of retirement **Children:** $5,000 ✓ Coverage terminates when your child is no longer considered a dependent child or the date of your retirement, whichever occurs first
Optional Additional Life Insurance	**For you:** Units of $25,000 ○ Up to a maximum of $100,000 – with evidence of insurability ✓ Coverage terminates on the first of the month following your 65th birthday or at your retirement, whichever occurs first
Optional Critical Illness	**For you:** Units of $5,000 ○ Minimum of $25,000 ○ Up to a maximum of $500,000 ○ Evidence of insurability required for all amounts ✓ Coverage terminates on the first of the month following your 70th birthday or at your retirement, whichever occurs first **Spouse:** Units of $5,000 ○ Minimum of $25,000 ○ Up to a maximum of $500,000 ○ Evidence of insurability required for all amounts ✓ Coverage terminates on the first of the month following the spouse's 70th birthday or at your retirement, whichever occurs first **Children:** Units of $5,000 ○ Minimum of $5,000 ○ Up to a maximum of $10,000 ○ Evidence of insurability on all amounts** ✓ Coverage terminates when your child is no longer considered a dependent child or the date of your retirement, whichever occurs first

Optional Accidental death and Dismemberment	**For you:** Units of $25,000 ○ Minimum of $25,000 ○ Up to a maximum of $350,000 ✓ Coverage terminates on the first of the month coinciding with or following your 75th birthday or at your retirement, whichever occurs first. **Spouse and children:** ○ If you have no children: your spouse will be insured 60% of the amount you have selected for yourself ○ If you and your spouse have children: your spouse will be insured for 50% of the amount you have selected and each child (regardless of the number) will be insured for 10% of the amount you have selected for yourself ○ If you do not have a spouse, each child will be insured for 20% of the benefit you have selected for yourself subject to a maximum of $50,000.00 and to a maximum of $75,000.00 with respect to the Child Enhancement Benefit. ✓ Coverage terminates when your child is no longer considered a dependent child or the date of your retirement, whichever occurs first
Long-Term Disability	✓ 50% of the basic monthly salary ○ Full-time teachers: mandatory ○ Part-time teachers: optional ✓ Non-taxable benefit ✓ Annual indexation based on CPI: maximum of 2% ✓ Elimination period: 104 weeks – salary continuation via the school board ✓ Coverage terminates when you reach age 65 or at your retirement, whichever occurs first

* If the application is submitted within 60 days of eligibility.

** No evidence of insurability will be required for a child who becomes covered under this benefit while the plan member has other children covered under this benefit.

Health care

Health care	
Deductible	Plan member only: $25 Family: Maximal amount of $50
Prescription drugs	✓
Preventative immunization vaccines	$500 per calendar year
Maximum on overall drugs	Unlimited
Reimbursement based on the generic version with the lowest cost	80% for the first $8,400 100% for the excess
Paramedical expenses	✓
— Physiotherapist, physical rehabilitation therapist, chiropractor, osteopath, podiatrist, dietician, acupuncturist	80% $1,000/calendar year combined
— Speech therapist, audiologist, occupational therapist	80% Unlimited
— Psychologist, psychotherapist, psychiatrist, psychoanalyst, social worker, orientation counsellor	50% $1,000/calendar year combined
Examples of eligible medical expenses	✓
Reimbursement	80%
— Cannabis for medical purposes	$500/calendar year
— Wigs and hairpieces (including Alopecia)	$500/calendar year
— Laboratory analysis fees	50% for the first $500 and 75% for the next $1,500
— Medical elastic stockings	3 pairs/calendar year
Hospitalization – Semi-private room	✓
Reimbursement	100% – no deductible
Vision care	✓
— Prescription eyeglasses, contact lenses, eye exams	100% $200/24 months combined
Out-of-province medical emergency costs	✓
Reimbursement	100% – no deductible
Maximum — Covered for 90 days	$5,000,000/lifetime

Health care coverage terminates on the first of the month coinciding with or following your retirement.

More benefit information can be found in My Client Space.

This document is intended as an overview of the group insurance plan. In the event of a discrepancy between this document and official plan documents, the latter shall take precedence.