

## Transit

### A SMART REPLACEMENT FOR YOUR GROUP INSURANCE PLAN



Termination of employment can occur at any time for any number of reasons: career change, relocation, return to school, retirement, etc. But through it all, your insurance needs are always there. To help with this, iA Financial Group is offering you Transit, so you can replace your group insurance coverage, within 60 days of termination of employment, with individual insurance for you and your dependents.

Transit offers several formulas with different coverages:

- Health insurance Basic option, without Dental care
- Health insurance Basic option, with Dental care
- Health insurance Enhanced option, without Dental care
- Health insurance Enhanced option, with Dental care

Take the time to review the available options so that you can make the best decision for your situation.

## WHAT DOES TRANSIT COVER?

### Hospitalization

Within Canada, Transit covers your hospitalization fees for a semi-private room in the event of acute care. There is no limit on the length of stay.

Transit covers a portion of your costs for a stay in a facility licensed to provide rehabilitative or convalescent care up to a maximum per insured person per day and for a maximum duration of stay.

### Drugs

Transit reimburses a portion of prescription drug costs when dispensed by a pharmacy. However the dispensing fee will not be covered. In addition, coverage will be subject to a maximum amount per insured person per calendar year.

Reimbursement of your prescription drug costs is based on the cost of the least expensive generic version, if applicable, and your direct payment card allows you to be reimbursed directly at the pharmacy and only pay the amount not covered by Transit.

## Medical expenses

Transit reimburses a portion of the cost of services, supplies and equipment listed below up to various maximum amounts per insured person.

- Paramedical services
  - Psychologist, psychotherapist, social worker, guidance counsellor, psychoanalyst and psychiatrist
  - Physiotherapist, rehabilitation therapist, massage therapist, ortho-therapist, speech therapist, audiologist, chiropractor, osteopath, podiatrist, acupuncturist, occupational therapist and naturopath
- Purchase or rental of medical appliances and supplies when prescribed by a physician.

The appliances listed below are a few examples of the eligible appliances under your policy. The complete list of eligible appliances is in your policy.

- Diabetic monitoring and administration equipment
- Medical elastic stockings and varicose vein injections
- Orthopedic shoes and foot orthoses
- Wheelchair, hospital bed, canes, crutches, therapeutic appliances such as apnea monitors, intermittent positive pressure breathing machines and aerosol equipment and orthopedic appliances
- such as braces, back supports, head halters and cervical collars
- Hearing aids
- Wigs required as a result of chemotherapy
- Breast prostheses
- Artificial eyes and limbs
- Blood pressure control unit
- X-rays by a chiropractor
- Medical imaging services (other than x-rays by a chiropractor)
- Nursing care when performed at home
- Preventive immunization vaccines (enhanced option only)
- Dental care following an accidental injury to sound natural teeth
- Licensed ambulance service in case of medical emergency

## Emergency medical expenses incurred outside of your province of residence

Transit covers emergency hospitalization and medical expenses incurred outside the province of residence.

No expenses will be reimbursed if the emergency was due to a medical condition that was not stable and under control when you left your province of residence.

Transit also gives you access to a medical service provider able to assist you in an emergency. They can help you to find appropriate medical care, arrange necessary medical transportation and to obtain a cash advance (maximum of \$10,000) for medical treatment in an emergency.

## Vision care (enhanced option only)

Transit covers vision care without any deductible, including eye exams, glasses, contact lenses and corrective laser surgery. However, coverage is subject to a maximum amount per insured person per 24-month period.

## Dental care (optional)

This option is only available to you if you are converting from a group insurance policy that includes dental coverage.

Transit reimburses a portion of preventive, basic and major treatments costs up to a maximum amount per insured person per calendar year.

- Transit covers preventive treatments, including:
  - Oral exam every nine months
  - Dental x-rays
  - Preventative polishing and fluoride
  - Tests and laboratory examinations
- Transit covers basic treatments, including:
  - Restorations
  - Endodontics
  - Periodontics
  - Rebase and relines
- Transit covers major treatments, including:
  - Removable dentures
  - Fixed dentures
  - Crowns
  - Implants

## COVERAGE SUMMARY TABLE — Health insurance

COVERAGE	TYPE OF CARE	BASIC	ENHANCED
<b>Hospitalization</b>			
Hospitalization	Semi-private room	100% reimbursement	100% reimbursement
	Room and board in a facility licensed to provide rehabilitative or convalescent care	80% reimbursement \$80 per day; combined maximum of 90 days per calendar year	80% reimbursement \$200 per day; combined maximum of 180 days per calendar year
<b>Prescription drugs</b>		75% reimbursement	90% reimbursement
	Prescription drugs (not on the drug list covered by the province of residence)	\$1,500 per calendar year Mandatory generic substitution	\$3,000 per calendar year Mandatory generic substitution
<b>Medical expenses</b>		75% reimbursement	90% reimbursement
Paramedical services	Psychologist, psychotherapist, social worker, guidance counsellor, psychoanalyst and psychiatrist	Maximum of \$300 per person per calendar year	Maximum of \$750 per person per calendar year
	Physiotherapist, rehabilitation therapist, massage therapist, ortho-therapist, speech therapist, audiologist, chiropractor, osteopath, podiatrist, acupuncturist, occupational therapist and naturopath	Maximum of \$300 per person per calendar year	Maximum of \$750 per person per calendar year
Medical appliances and supplies <sup>1</sup>	Diabetic monitoring and administration equipment	No maximum	No maximum
	Medical elastic stockings	\$100 per calendar year	\$200 per calendar year
	Varicose vein injections	\$25 per visit	\$50 per visit
	Orthopedic shoes and foot orthoses	\$300 per calendar year	\$450 per calendar year
	Wheelchair, hospital bed, canes, crutches, therapeutic appliances such as apnea monitors, intermittent positive pressure breathing machines and aerosol equipment and orthopedic appliances such as braces, back supports, head halters and cervical collars	No maximum	No maximum

<sup>1</sup> When prescribed by a physician.

## COVERAGE SUMMARY TABLE — Health insurance

COVERAGE	TYPE OF CARE	BASIC	ENHANCED
Medical appliances and supplies <sup>1</sup>	Hearing aids	\$500 every 36 months	\$750 every 36 months
	Wigs required as a result of chemotherapy	\$150 every 24 months	\$300 every 24 months
	Breast prostheses	\$150 every 24 months	\$300 every 24 months
	Artificial eyes and limbs	No maximum	No maximum
	Blood pressure control unit	\$150 every 60 months	\$150 every 60 months
Medical imaging services	X-rays by a chiropractor	Maximum of \$50 per person per calendar year	Maximum of \$50 per person per calendar year
	Medical imaging services (other than x-rays by a chiropractor)	Maximum of \$1,000 per person per calendar year	Maximum of \$1,000 per person per calendar year
Other services	Nursing care when performed at home	Maximum of \$5,000 per person per calendar year	Maximum of \$10,000 per person per calendar year
	Preventive immunization vaccines	Not covered	\$300 per calendar year
	Dental care following an accidental injury to sound natural teeth	No maximum	No maximum
	Licensed ambulance service in case of medical emergency	100% reimbursement No maximum	100% reimbursement No maximum
<b>Emergency medical expenses incurred outside the province of residence</b>		100% reimbursement	100% reimbursement
	All types of emergency medical expenses	During the first 30 days of your stay outside the province	During the first 90 days of your stay outside the province
<b>Vision care</b>		Not covered	100% reimbursement
	Eye exams, glasses, contact lenses and corrective laser surgery	Not covered	\$300 every 24 months

<sup>1</sup> When prescribed by a physician.

NOTE: All amounts shown are eligible amounts per insured per calendar year, unless otherwise indicated.

# DENTAL CARE

COVERAGE	TYPE OF CARE	OPTIONAL
<b>Dental care</b>		Maximum of \$1,000 per person per calendar year
Preventive treatments	Oral exam every nine months	80% reimbursement
	Dental x-rays	
	Preventive polishing and fluoride	
	Tests and laboratory examinations	
Basic treatments	Restorations	80% reimbursement
	Endodontics	
	Periodontics	
	Rebase and reline	
Major treatments	Removable dentures	50% reimbursement
	Fixed dentures	
	Crowns	
	Implants	

NOTE: All amounts shown are eligible amounts per insured per calendar year, unless otherwise indicated.

## What is Transit's lifetime maximum?

Transit reimburses a lifetime maximum of \$1,000,000 per insured person for all non-emergency care received in Canada.

Transit reimburses a lifetime maximum of \$5,000,000 per insured person for all emergency care received outside your province of residence.



## Exclusions and limitations

The coverages provided under your policy are subject to exclusions and limitations.

These include, but are not limited to: no benefit being payable if the expenses are for services or supplies resulting from a self-inflicted injury, an injury or illness caused by civil unrest or war (declared or undeclared), for care or treatment that is not medically necessary, or costs

that would not have been incurred were it not for your insurance coverage.

A full listing of the limitations and exclusions applicable to the coverage will be included in your policy.

For more information, contact our Customer Service Department:

iA Financial Group  
Administration  
PO Box 790, Station B  
Montreal, QC H3B 3K6

Toll-free, across Canada:  
1-877-422-6487

This brochure only provides a summary of Transit. For a complete description, including exclusions and reductions, please refer to your policy.

Rates are available on our website at [ia.ca](http://ia.ca). To access the rates table, go to Companies and Groups/Group Insurance/Coverage and Plans/Transit.

## INVESTED IN YOU.

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1-877-422-6487

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