



EQUITY, DIVERSITY  
AND INCLUSION (EDI)

INCLUSIVE  
COVERAGES

Today's employees expect their organization to support them fully in their multiple and diverse needs.

Having an organizational culture focused on equity, diversity and inclusion (EDI) has thus become a must, with numerous benefits for all. In fact, organizations that have succeeded in deploying EDI strategies and initiatives that meet the needs of their workforce are winners on all fronts.

iA offers inclusive coverage options to make certain drugs, care and treatments more accessible to plan members and their dependents.

## What is EDI in the workplace?

Equity, diversity and inclusion in the workplace refers to a range of policies and initiatives that encourage the representation and participation of everyone, regardless of ethnic origin, nationality, language, religious beliefs, gender identity or expression, sexual orientation, age, marital status, family situation or physical or mental disability.

These policies and initiatives also aim to ensure equitable access to benefits, resources and opportunities for advancement within the organization.

An equitable, diverse and inclusive work environment benefits both employees and organizations.

## Advantages

### For the employer

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Attract and retain workforce

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A diversified client base

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Be profitable and innovative

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### For employees

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Flexible benefits that meet their unique needs

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Freedom to express themselves and feel good about themselves

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Be more productive, committed and happy at work

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## iA's commitment to equity, diversity and inclusion

To foster a more inclusive workplace, iA has designed a range of inclusive coverage options that can be added to any of its clients' group insurance plans.

These coverage options aim to support gender affirmation and the family. They offer essential assistance to plan members and their dependents.

### À la carte inclusive coverage for a tailor-made program

As each coverage is offered *à la carte*, each organization can select those that best meet the diverse needs of its workforce.

Also, for added flexibility, we offer a flexible formula which allows organizations to choose the maximum amounts for each coverage option.

SUPPORT FOR GENDER AFFIRMATION	FAMILY SUPPORT		
Gender affirmation	Fertility	Surrogacy	Adoption

## Support for gender affirmation

### Gender affirmation

The steps involved in gender affirmation vary from person to person. For some people who wish to live fully in harmony with themselves, gender-affirming care and treatment may be an option, but the associated costs are sometimes an obstacle.

Gender affirmation coverage makes the transition more accessible for plan members and their dependents through reimbursement of care and treatment.

Gender affirmation coverage complements provincial health insurance plans and reimburses certain care and treatments not covered by the public plan. This coverage is added under the supplemental health insurance benefit.

Eligibility	<p>The insured person is eligible if they meet all the following requirements:</p> <ul style="list-style-type: none"><li>— Be 18 years of age or older</li><li>— Have been diagnosed with persistent gender dysphoria by a physician</li><li>— Have obtained authorization from the health insurance plan of the province of residence for gender affirmation surgeries</li></ul>
Coverage	<p><b>Care and treatments</b></p> <ul style="list-style-type: none"><li>— 100% reimbursement, no deductible</li></ul> <p><b>Maximum lifetime amounts</b></p> <ul style="list-style-type: none"><li>— Amount per insured person at the policyholder's choice, in \$10,000 increments<ul style="list-style-type: none"><li>— 50 to 500 plan members: up to \$20,000</li><li>— 501+ plan members: up to \$50,000</li></ul></li></ul>
Eligible expenses	<p><b>Care and treatments<sup>1</sup></b></p> <ul style="list-style-type: none"><li>— Feminization surgery</li><li>— Masculinisation surgery</li><li>— Gender-affirming care and treatments</li></ul>

<sup>1</sup> Only expenses incurred in Canada are accepted.

## Family support

### Fertility

In Canada, fertility problems affect approximately one in six couples. Since the costs associated with treatment are often substantial, Fertility coverage helps to reduce the financial stress associated with conceiving a child by reimbursing certain drugs, care and treatments.

Fertility coverage is complementary to the health insurance plan of the insured person's province of residence. This coverage is added under the supplemental health insurance benefit.

<b>Eligibility</b>	<p>The insured person is eligible if they meet all the following requirements:</p> <ul style="list-style-type: none"> <li>— Be at least 18 years of age and no more than the maximum age authorized by the laws, regulations or guidelines on assisted reproduction in effect in the province of residence or, if no such age is provided, 42 years of age</li> <li>— Have an infertility problem or an inability to reproduce and not to have undergone voluntary sterilization</li> <li>— Have obtained authorization from their provincial health insurance plan in their province of residence for one or more fertility treatments</li> </ul>	
<b>Coverage</b>	<p><b>Drugs</b></p> <ul style="list-style-type: none"> <li>— Percentage of reimbursement, deductible and annual maximum contribution apply</li> </ul> <p><b>Care and treatments</b></p> <ul style="list-style-type: none"> <li>— 100% reimbursement, no deductible</li> </ul> <p><b>Maximum lifetime amount (drugs, care and treatments)</b></p> <ul style="list-style-type: none"> <li>— Amount per insured person at the policyholder's choice, in \$10,000 increments             <ul style="list-style-type: none"> <li>— 50 to 500 plan members: up to \$10,000</li> <li>— 501+ plan members: up to \$20,000</li> </ul> </li> </ul>	
<b>Eligible expenses</b>	<p><b>Drugs</b></p> <p>Fertility-related prescription drugs, whether or not they are covered by the provincial drug plan</p>	<p><b>Care and treatments<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>— Physician, nurse and laboratory services</li> <li>— Egg, embryo and sperm fees</li> <li>— Insemination and fertilization</li> </ul>

<sup>2</sup> Only expenses incurred in Canada are accepted. Expenses must not be incurred in the context of a surrogate pregnancy.

## Family support

### Surrogacy

For some people, surrogacy is the only way to start a family. Surrogacy coverage provides reimbursement of medical expenses as well as care and treatments in the context of an assisted reproduction program via a surrogate mother.

Surrogacy coverage is complementary to the health insurance plan of the plan member's province of residence. This coverage is added under the supplemental health insurance benefit.

Eligible expenses incurred by the surrogate mother are reimbursed directly to the plan member.

**Surrogate mother:** Any female person who carries an embryo or fetus on behalf of another person resulting from an assisted reproduction technique from the genes of one or more donors with the intention of giving that person the child at birth.

<b>Eligibility</b>	<p>The plan member must be at least 18 years old.</p> <p>The surrogate mother is eligible as long as she meets all of the following requirements:</p> <ul style="list-style-type: none"> <li>– Be at least 18 years of age and no more than the maximum age authorized by the laws, regulations or guidelines on assisted reproduction in effect in the province of residence or, if no such age is provided, 42 years of age</li> <li>– Be a mother with at least one child of her own;</li> <li>– Be a full-time Canadian resident and be covered by the health insurance plan of her province of residence.</li> </ul>	
<b>Coverage</b>	<p><b>Drugs</b></p> <ul style="list-style-type: none"> <li>– Percentage of reimbursement, deductible and maximum annual contribution apply</li> </ul> <p><b>Care and treatments</b></p> <ul style="list-style-type: none"> <li>– 100% reimbursement, no deductible</li> </ul> <p><b>Maximum lifetime amounts (drugs, care and treatments)</b></p> <ul style="list-style-type: none"> <li>– Amount per certificate at the policyholder's choice, in \$10,000 increments                             <ul style="list-style-type: none"> <li>– 50 to 500 plan members: up to \$10,000</li> <li>– 501+ plan members: up to \$20,000</li> </ul> </li> </ul>	
<b>Eligible expenses</b>	<p><b>Drugs</b></p> <ul style="list-style-type: none"> <li>– Fertility-related prescription drugs or drugs required for surrogacy</li> </ul>	<p><b>Care and treatments<sup>3</sup></b></p> <ul style="list-style-type: none"> <li>– Physician, nurse and laboratory services</li> <li>– Egg, embryo and sperm costs</li> <li>– Insemination and fertilization</li> </ul>

<sup>3</sup> Only expenses incurred in Canada are accepted. Expenses must be incurred in the context of a surrogate pregnancy.

## Family support

### Adoption

To help plan members who wish to expand their families through adoption, iA offers coverage to ease the financial stress of future parents. Adoption coverage, offered under an administrative services only (ASO) plan, covers eligible expenses related to the adoption process. This coverage is a taxable benefit.

The adoption agency must be licensed by the adoption authority of the plan member's province of residence.

Eligibility	<p>The plan member is eligible if they meet all of the following requirements:</p> <ul style="list-style-type: none"><li>— Be at least 18 years old and 18 years older than the child</li><li>— Adopt a child under the age of 18</li><li>— Meet the adoption requirements of their province of residence and those of the adoption authority in the child's country of origin</li></ul>
Coverage	<p>100% reimbursement, no deductible</p> <p><b>Maximum lifetime amounts</b></p> <ul style="list-style-type: none"><li>— Amount per certificate at the policyholder's choice, in \$10,000 increments<ul style="list-style-type: none"><li>— 50 to 500 plan members: up to \$10,000</li><li>— 501+ plan members: up to \$20,000</li></ul></li></ul>
Eligible expenses	<ul style="list-style-type: none"><li>— Fees paid to an adoption agency</li><li>— Court, legal and administrative fees related to an adoption order</li><li>— Translation fees for documents</li><li>— Mandatory fees paid to a foreign institution</li><li>— Canadian citizenship fees for the child</li><li>— Any other reasonable expenses related to the adoption that are required by an adoption agency or the adoption authority of the plan member's province of residence, such as:<ul style="list-style-type: none"><li>— Medical exams</li><li>— Family home study (e.g., psychosocial assessment)</li><li>— Parenting program</li></ul></li></ul>



## Ensuring overall employee health

At iA Financial Group, we team up with organizations and their advisors to design comprehensive group plans that promote the physical, mental and financial health of employees.

As well as adding inclusive coverage options, and always with the aim of offering comprehensive support that promotes the overall health of the workforce, iA advises organizations to include additional coverage or enhance services related to health and wellness.

In fact, the experience of coming to terms with gender identity or starting a family is unique to each person. A wide range of emotions can be experienced, and different obstacles will be encountered during an often lengthy process. This is why the addition of psychological support services provided by mental health specialists (psychologists, social workers, etc.) and other services are recommended to assist plan members.

Inclusive coverages are available for groups of 50 or more plan members.





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