



## 2026 ENROLMENT PACKAGE

### Group Health Insurance Plan for members

We are pleased to enclose details of the coverage available under the plan sponsored by the Ordre des CPA and are confident that one of these plans will meet your needs.

Please note that in accordance with An Act Respecting Prescription Drug Insurance, it is mandatory for all Québec residents to be covered without interruption by a prescription drug insurance benefit. If you are under 65 years of age and are not covered under a group policy, through your employer or your spouse, you must sign up for coverage under the plan sponsored by the Ordre des CPA for yourself and your eligible dependents.

### ENROLMENT PROCEDURES

To ensure the confidentiality of your personal information, you must submit your enrolment form through the [VIGILIS | Secure portal](#).

To obtain your personalized access, you can complete the [online form](#) or contact the VIGILIS team, the plan administrator, by phone during regular business hours.

The Insurer will accept your request for coverage, without evidence of insurability, if your enrolment form is received **in our offices within 31 days following the termination of your previous group insurance coverage**. Satisfactory evidence of insurability will be required for any request for coverage after this 31-day period.

The Health Insurance Plan is underwritten by Beneva.

## beneva

For more information, or if you have any questions about the [VIGILIS | Secure portal](#), please contact the VIGILIS team.

**By email:** [cpa@vigilis.ca](mailto:cpa@vigilis.ca)

**By phone:** Monday to Friday between 9 a.m. and 5 p.m. (toll-free): 1-888-682-7772

# Insurance plans



BENEFIT SUMMARY AS OF JANUARY 1, 2026		BASIC PLAN	INTERMEDIATE PLAN	FULL PLAN
<b>DRUGS</b>	<b>Deductible per prescription</b> (per medication)	\$10	\$5	\$5
	<b>Reimbursement based on the lowest priced generic drug</b> 100% reimbursement for the rest of the calendar year once the maximum contribution established by the RAMQ is attained	70%	75%	80%
	<b>Eligible prescription drugs</b>	Public plan list	Drugs requiring a prescription	Drugs requiring a prescription
<b>HOSPITALIZATION</b>	<b>Reimbursement - No deductible</b>	n/a	100%	100%
	Short-term care	n/a	Two beds hospital room	Two beds hospital room
	Convalescent or rehabilitation care, per insured, per 12-month period	n/a	Two beds hospital room Maximum 180 days	Two beds hospital room Maximum 180 days
	Long-term care, per insured, lifetime maximum	n/a	Two beds hospital room Maximum 180 days	Two beds hospital room Maximum 180 days
	Detoxification treatment, per insured, lifetime maximum	n/a	\$80 per day, \$2,500 maximum	\$80 per day, \$2,500 maximum
<b>TRAVEL</b>	<b>Reimbursement - No deductible</b>	100%	100%	100%
	Out-of-province hospitalization and medical expenses resulting from an accident or a sudden illness in case of emergency, including travel assistance, per trip, per insured	First 60 days \$5,000,000 maximum	First 60 days \$5,000,000 maximum	First 60 days \$5,000,000 maximum
	Trip cancellation and interruption insurance, per trip, per insured <sup>1</sup>	\$5,000	\$5,000	\$7,500
<sup>1</sup> In order to be eligible, your plan must be in force at the time one of the insured risks prevents you from traveling.				
<b>HEALTH CARE PROFESSIONALS</b>	<b>Reimbursement - No deductible</b>	n/a	75%	80%
	<b>Combined maximum for all health care professionals, per insured, per calendar year</b>	n/a	\$1,000	\$1,500
	<b>Group 1</b> Acupuncturist, chiropractor, dietitian, kinesiologist, kinesiotherapist, massotherapist, naturopath, osteopath	s.o.	Combined maximum \$300 Maximum of \$50 per visit	Combined maximum \$500 Maximum of \$75 per visit
	<b>Group 2</b> Audiologist, certified athletic therapist, chiropodist, foot care nurse, occupational therapist, podiatrist, physical rehabilitation therapist, physiotherapist, speech therapist	n/a	Combined maximum \$500 Maximum of \$50 per visit	Combined maximum \$750 Maximum of \$75 per visit
	<b>Group 3</b> Career counsellor, psychiatrist, psychoanalyst, psychoeducator, psychologist, psychotherapist, social worker	n/a	Combined maximum \$750 Maximum of \$75 per visit	Combined maximum \$1,000 Maximum of \$100 per visit
<b>OTHER MEDICAL EXPENSES</b>	<b>Reimbursement - No deductible</b>	n/a	75%	80%
	Laboratory and diagnostic tests, per insured, per calendar year	n/a	Combined maximum \$750	Combined maximum \$1,000
	Hearing aids, per insured, per 36 month-period	n/a	\$250	\$250
	Orthopedic shoes, deep shoes and foot orthosis, per insured, per 12-month period	n/a	Combined maximum \$500	Combined maximum \$500
	Home care and assistance, per insured, per calendar year	n/a	\$500	\$500
	Home nursing care, per insured, per 12-month period	n/a	\$10,000	\$10,000
<b>VISION CARE</b>	<b>Reimbursement - No deductible</b>	n/a	100%	100%
	Eye examination, per adult, per 24-month period	n/a	One eye examination	One eye examination
	Eyeglasses, contact lenses or laser eye surgery, per adult, per 24-month period or per 12-month period for children less than 18 years of age	n/a	n/a	\$200



**MONTHLY PREMIUMS**

ON JANUARY 1, 2026 (PRIOR TO THE 9% PROVINCIAL TAX)

TYPE OF COVERAGE		BASIC PLAN	INTERMEDIATE PLAN	FULL PLAN
INDIVIDUAL	Under age 40	\$101.59	\$307.68	\$384.18
	40 to 49	\$110.57	\$340.67	\$425.46
	50 to 64	\$116.02	\$355.16	\$443.54
COUPLE	Under age 40	\$203.18	\$615.36	\$768.36
	40 to 49	\$221.14	\$681.34	\$850.92
	50 to 64	\$232.04	\$710.32	\$887.08
SINGLE PARENT	Under age 40	\$149.94	\$457.72	\$571.53
	40 to 49	\$163.29	\$506.92	\$633.01
	50 to 64	\$171.22	\$528.30	\$659.78
FAMILY	Under age 40	\$251.53	\$765.40	\$955.71
	40 to 49	\$273.86	\$847.59	\$1,058.47
	50 to 64	\$287.24	\$883.46	\$1,103.32



## Q&A - PAGE 1/2

### 1. Do I have to enrol in one of the plans?

If you are under age 65 and no longer have access to a group plan, you must at least enrol in the Basic Plan, which meets the minimum requirements under An Act respecting prescription drug insurance.

### 2. I am under age 65 and have enrolled with the Régie. What must I do?

**We remind you that if you are under age 65, the Régie's plan is not an option and you should be aware that the Régie makes periodic inspections.** If you are insured under the Régie's plan by mistake or are not presently covered, it is in your best interest to rectify the situation.

### 3. What is the deadline for enrolment?

**HEALTH:** The insurer will approve your application for coverage without evidence of insurability, under either plan, if your application form is received, along with the appropriate payment, in our offices within 31 days following the termination of your previous group insurance coverage.

**DENTAL:** The insurer will approve your application for coverage without evidence of insurability if your application form is received, along with the appropriate payment, in our offices within 31 days following the termination of your previous group insurance coverage. It is also possible to add dental coverage each year at the policy anniversary date.

### 4. What happens if my request is received after this deadline?

Under current law, the insurer must approve you for the Basic Plan, at a minimum, as of the date of reception of your duly completed form.

### 5. Can the insurer request evidence of good health at renewal?

No, as long as your premium is received within the 31 day grace period.

### 6. Are my spouse and dependent children also eligible for coverage?

Yes. In fact, under the law, you must insure your spouse, either legally married or common-law, and your dependent children under age 21, or under age 26 if full-time students. However, your children under age 21 are not eligible for coverage if they work more than 30 hours a week, unless full-time students. Your common-law spouse must have cohabitated with you for at least twelve months.

### 7. Can I modify my coverage at any time?

**HEALTH:** You can apply for coverage under the Full or Intermediate Plan at any time by providing satisfactory evidence of insurability. Note that coverage will only take effect once your request has been approved and you will not be allowed to reduce coverage to the Basic Plan for at least two years.

Nevertheless, should you again become eligible for group insurance coverage you can, at any time, choose the insurance plan that best suits your needs.

**DENTAL:** It is possible to add dental coverage each year at the policy anniversary date, provided you are also covered for Health Insurance. However, should you choose to do so, you will not be allowed to reduce or cancel coverage for at least two years, unless you are eligible for group insurance coverage elsewhere.



## Q&A - PAGE 2/2

### 8. I'm 65 or over but my spouse is under age 65. Can I elect to insure myself with the Régie for prescription drug coverage?

Members age 65 and over who also have access to a group plan can elect the coverage that best suits their needs. As an added feature, the plan sponsored by the Ordre des CPA du Québec gives you the possibility of insuring yourself under the Full Plan, excluding prescription drugs. It is to your advantage to insure your basic prescription drug coverage under the Régie's plan. If you choose to do so, any eligible dependents must also be covered under the government plan.

### 9. I will be turning 65 in the coming year. How do I calculate my premium?

Simply complete and sign the enrolment form, indicating that you wish to pay on a monthly basis. Shortly before your 65<sup>th</sup> birthday, we will contact you to verify which coverage you wish to maintain once you turn 65. Please note that premiums and coverage are based on your age, regardless of the age of your spouse.

### 10. What is a virtual direct payment card?

The virtual direct payment card is the equivalent of the physical card. It contains the numbers that you will need to give to your health service providers so that the insurance company can pay their portion directly. The card is accessible at all times on the Beneva Customer Center. It can also be printed if needed.

### 11. What is a generic drug and what will happen if my physician prescribes a brand name drug?

A generic drug is a copy of a brand name drug whose patent protection has expired. If your physician prescribes a brand name drug for which a generic drug exists, the reimbursement will be calculated on the cost of the lowest priced generic drug, whether you have opted for the brand name drug or the generic version.

### 12. Is the policy portable?

Yes, as it is established as a result of your membership in the Ordre des CPA du Québec and not your employment.

### 13. Are premium rates guaranteed?

No. Premium rates are established for all participating members and can increase or decrease according to plan experience.

### 14. What happens if I'm out of work?

Coverage will continue without interruption, regardless of your employment situation.

### 15. What happens if I am no longer a member in good standing of the Ordre des CPA du Québec?

As the plan is exclusively for active and retired members, you would lose your coverage.

# ENROLMENT FORM

## PRESCRIPTION DRUGS, HEALTH & TRAVEL

**Candidates for the CPA profession are not eligible.**

PERSONAL INFORMATION			
First name(s):		Name:	
CPA member no. (6 digits and begins with a 4):		New member as of:	
Sex: F M	Date of birth:	Language preference: French English	
Address:			
City:		Province:	Postal Code:
Business telephone no.:	Home telephone no.:	Cellular no.:	
E-mail:			

TYPE OF COVERAGE			
Individual	Couple	Single Parent	Family

INFORMATION RELATING TO YOUR DEPENDENT(S) for insurance purposes					
First name(s)	Last name	Relationship to Insured	Date of birth	Sex	Full-time student?
				F M	Yes No
				F M	Yes No
				F M	Yes No
				F M	Yes No

CHOSEN PLAN - PLEASE INITIAL YOUR CHOICE	
<b>Premiums are subject to change on January 1 each year.</b>	
Basic plan	Intermediate plan Full plan
I understand that by choosing this plan, I waive my right to benefit from supplementary coverage without proof of insurability.	I understand that I cannot downgrade nor terminate my coverage for a period of two years (except if I become eligible for other group insurance coverage through my employer or my spouse)
<b>PLEASE INITIAL HERE:</b>	<b>PLEASE INITIAL HERE:</b>

INFORMATION CONCERNING YOUR PREVIOUS GROUP INSURANCE COVERAGE		
<b>GROUP INSURANCE</b>	TERMINATION DATE:	INSURER (OR EMPLOYER):
<b>PUBLIC PLAN (RAMQ)</b>	TERMINATION DATE:	
<b>NOT INSURED</b>		

PREMIUM PAYMENT OPTION	
<b>MONTHLY BANK WITHDRAWAL</b>	<b>1 - COMPLETE AND SIGN the attached pre-authorized debit (PAD) agreement</b> <b>2 - INCLUDE a sample cheque</b>
<b>PREMIUM BILLING (CHEQUE)</b>	Annual (premium payable to <b>December 31, 2026</b> )
Please include a cheque, payable to " <b>Gestion VIGILIS</b> ", for the appropriate amount as per the monthly premium indicated for the plan of your choice in the enclosed summary. <b>You must add the 9% Quebec Insurance Tax.</b>	

### AUTORIZATION AND SIGNATURE

I hereby authorize the insurer and VIGILIS Solutions Collectives to obtain and exchange any personal information, including medical information about myself, my spouse or my children, from health professionals, health or social services establishments, public organizations (within the applicable laws), and I authorize these persons to communicate such information to the insurer and to VIGILIS Solutions Collectives for the process of any claim that may be submitted on my behalf under this contract. I also authorize the insurer and VIGILIS Solutions Collectives to communicate details of my coverage to any other Insurance Company or broker as designated by the order.

I understand that I must be a member in good standing of The Ordre des comptables professionnels agréés du Québec to participate in this program.

**Member's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

## IMPORTANT (Please read carefully.)

I/We authorize Gestion VIGILIS, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin variable deductions as instructed for regular recurring insurance premium payment. Regular monthly payments will be debited to my/our specified account on the 1<sup>st</sup> day of each month. Premiums payments are subject to the insurance provisions outlined in the contract. Gestion VIGILIS requires 10 days written notice to make any alterations or changes to this PAD Agreement.

I/We may revoke my/our PAD authorization at any time by providing 10 days written notice. To obtain a cancellation form, or for more information on my/our right to cancel this PAD Agreement, I/we may contact my/our financial institution, Gestion VIGILIS or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Life Insurance, Critical Illness Insurance, Long Term Disability Insurance, Office Overhead Insurance, Health and Dental Insurance Policies.

I/We have waived my/our right to receive pre-notification of the amount of the PAD and agreed that I/we do not require advance notice of the amount of PAD(s) before the debit is processed.

The re-resentation of a payment returned due to not-sufficient funds or funds not cleared can occur only once and must be within 30 days of the original debit. If the payment is returned a second time, the method of premium payment will be altered to annual, direct billing and cannot be changed until the next policy anniversary. The proportion of the annual premium calculated to the next policy anniversary becomes immediately payable. A new PAD Agreement is required to return to the PAD method of payment.

I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution, Gestion Vigilis or visit [www.cdnpay.ca](http://www.cdnpay.ca).

If the policy/account is for individual coverage, then the PAD will be setup as a personal PAD and if the policy/account is corporately owned, then the PAD will be setup as a business PAD.

## INSURED / POLICY OWNER INFORMATION (Please print.)

Main insured:

Policy Number(s) or Identification Number:

Policy owner - Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

Signature of policy owner(s):

Date :

Signature of policy owner(s):

Date :

## PAYOR, ACCOUNT HOLDER INFORMATION (Please print.)

Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

Address (number, street, apartment number, city, province, postal code):

Category of service:    Personal                      Business

\_\_\_\_\_

Please initial to confirm that you are the only signature authorized for the firm.

Signature of account holder(s):

Date:

Signature of account holder(s):

Date:

## BANK ACCOUNT INFORMATION (Please attach a personalized VOID CHEQUE.)

Name of financial institution (FI):

FI Transit number (branch: 5 digits / institution: 3 digits):

FI Account number:

Address of branch:





**BENEFIT SUMMARY UNDER THE GROUP DENTAL INSURANCE PLAN AS OF JANUARY 1, 2026**

	BASIC PLAN	FULL PLAN*
<b>Combined maximum reimbursement per insured, per calendar year</b>	<b>\$1,000</b>	<b>\$1,500</b>
Guide des tarifs de la province où les frais sont engagés, selon la spécialité**	Current year	Current year
<b>Reimbursement</b> - Preventive services - (maximum 2 routine checkups per calendar year) x-rays, diagnostic exams and services	<b>80%</b>	<b>80%</b>
<b>Reimbursement</b> - Basic services - basic restorative services, denture maintenance, oral surgery, anesthesia, extractions	<b>80%</b>	<b>80%</b>
<b>Reimbursement</b> - Endodontic and periodontal services - root canal therapy and treatment of gum disease	<b>50%</b>	<b>50%</b>
<b>Reimbursement</b> - Major restorative services (prosthodontic care) - crowns, implants installed to support dentures, onlays, dentures and bridgework (when required to replace one or more teeth extracted while the person is covered)	n/a	<b>50%</b>
<b>Reimbursement</b> - Orthodontic services (per dependent children aged 6 to 18 when treatment starts)	n/a	<b>50%, Lifetime maximum \$1,500 \$</b>

**MONTHLY PREMIUMS AS OF JANUARY 1, 2026 (PRIOR TO THE 9% PROVINCIAL TAX)**

<b>INDIVIDUAL</b>	\$58.34	\$109.05
<b>COUPLE</b>	\$116.68	\$218.10
<b>SINGLE PARENT</b>	\$84.46	\$149.93
<b>FAMILY</b>	\$142.80	\$258.98

\*

You can opt for the basic plan with any level of coverage under the Health plans. However, the Full Dental plan is only available if you have opted for the Intermediate or Full Health plans.

\*\*

The Provincial Dental Association issues a yearly fee guide for its members. Reimbursement is based on the lower of the incurred cost or the suggested fee as per the most current published fee guide of the province where treatment is rendered, as per the speciality.

# ENROLMENT FORM

## DENTAL CARE

**Candidates for the practice of the profession are not eligible.**

### PERSONAL INFORMATION

First name:	Last name:
CPA member no. (6 digits and begins with a 4):	
New member as of:	

### SELECT THE DESIRED DENTAL CARE INSURANCE PLAN - PLEASE INITIAL YOUR CHOICE

Premiums are subject to change on January 1 each year.

Basic Plan	Full plan
<p>I understand that I must maintain my coverage for a period of at least two years, except in the event I have access to an other group plan.</p> <p>I also understand that I will only be able to increase to the Full Plan, once a year, at the policy anniversary date and only if I am covered under the Intermediate or Full Plan for Health Insurance.</p> <p>PLEASE INITIAL HERE: _____</p>	<p>I understand that I cannot decrease, nor terminate my coverage for a period of at least two years, except in the event I have access to an other group plan.</p> <p>PLEASE INITIAL HERE: _____</p>

**PREMIUM PAYMENT OPTION** The premium payment option will be the same as that of the Health Insurance Plan

### AUTORIZATION AND SIGNATURE

I hereby authorize the insurer and VIGILIS Solutions Collectives to obtain and exchange any personal information, including medical information about myself, my spouse or my children, from health professionals, health or social services establishments, public organizations (within the applicable laws), and I authorize these persons to communicate such information to the insurer and to VIGILIS Solutions Collectives for the process of any claim that may be submitted on my behalf under this contract. I also authorize the insurer and VIGILIS Solutions Collectives to communicate details of my coverage to any other Insurance Company or broker as designated by the order.

I understand that I must be a member in good standing of The Ordre des comptables professionnels agréés du Québec to participate in this program.

**Member signature** \_\_\_\_\_ **Date** \_\_\_\_\_