Group benefits plan summary for organizations

November 2026

Association pour l'assurance collective des organismes communautaires du Québec

Stay the course, we've got you covered!

Solidarity with and the overall well-being of community sector employees are central to the mission of the *Association pour l'assurance collective des organismes communautaires du Québec* (AACOCQ).

We are committed to providing you with an inclusive plan that is adapted to your situation and designed to meet your diverse needs, while promoting the physical, mental and financial health of your teams.

Today, hundreds of organizations and thousands of individuals have placed their trust in us by joining our group benefits plan.

Consult this summary to discover everything it has to offer, and choose the coverage you want for your team.

Eligibility

Organizations[1]

"Employer" members of the *Association pour l'assurance collective des organismes communautaires du Québec* fall under one of these categories:

- Groups operating in the community sector and independent community action groups
- Not-for-profit organizations operating in the cultural sector or fulfilling a social mission that aligns with the values of the community sector
- Foundations

Employees

Permanent employees and contractual employees with a renewable contract who work at least 21 hours a week are eligible for the plan at the end of their probation period.

Modification rules

During the annual renewal period:

- If you have three or more eligible employees, you can review your plan selections.
- You can choose a more generous coverage option.
- You can reduce your coverage only after three years with the same option.

Coverage statuses for health and dental care

The coverage status the employee chooses will apply to both health and dental care.



Individual
Coverage for the employee only.



Single-parent
Coverage for the employee and their dependent children.



Couple
Coverage for the employee and their spouse.



Family
Coverage for the employee and their dependants.



Opt-out
The employee may waive health and dental care coverage if they are already covered by a private insurance plan (e.g., their spouse's employer-sponsored plan). In that case, proof of insurance is required.

[1] Must be a community action group, independent community action group or a group with a social or cultural purpose;
Must be a group whose mission aims for or includes social transformation;
Must be a group whose mission does not depend entirely on the government;
Can be a foundation; in this case, it must demonstrate that its sole function is not to fund a public institution, and that a significant portion of its donations provides funding to one or more community groups or independent community action groups or one or more cultural groups or groups demonstrating a social purpose.

Health care

Mandatory coverage, plan chosen by the organization

Unless otherwise indicated, the maximums apply per insured, per calendar year.

	Plan A	Plan B[2]	Plan C
Prescription drugs			
Reimbursement[3] with direct payment card	75%	75%	70%
Deductible per prescription	$7 per prescription drug	$7 per prescription drug	$7 per prescription drug
Generic substitution	Yes	Yes	Yes
Vaccines	Covered	Covered	Covered
Paramedical services	80%	75%	70%
Guidance counsellor, psychoeducator, psychologist, psychotherapist, sexologist, social worker	Combined maximum of $1,000	Combined maximum of $1,000	Combined maximum of $1,000
Audiologist, chiropractor, dietitian, occupational therapist, speech therapist, osteopath, physiotherapist, podiatrist	Combined maximum of $1,000	Combined maximum of $750	Combined maximum of $500
Acupuncturist, homeopath, massage therapist, naturopath		Not covered	Not covered
Reimbursement of other expenses			
Hospitalization (semi-private room)	100%	100%	100%
Out-of-province emergency care	100%	100%	100%
Laboratory fees	80% maximum of $1000	75% maximum of $1000	70% maximum of $1000
Vision care (eye exams, glasses and contact lenses)	$200/24 months	Not covered	Not covered
Other services (nursing care, ambulance, accident, orthotics, etc.)	80% Maximums apply	75% Maximums apply	70% Maximums apply

[2] Default choice for groups of 1 or 2 employees.

[3] Eligible prescription drugs are 100% reimbursed when the insured has reached the RAMQ's annual out-of-pocket maximum (revised annually). Consult the "Maximum contribution" section of the "Rates in effect" page on the RAMQ website for details.

What is the deductible per prescription?

The deductible is an amount that is paid before getting a reimbursement from the plan. This amount applies to the purchase or renewal of each prescription drug indicated on your physician's prescription.

What is mandatory generic substitution?

Mandatory generic substitution means replacing a brand-name drug with a generic alternative that is just as effective but costs less. The amount reimbursed is therefore based on the lowest price of the generic drug.

Max's tips and tricks to understand your plan and use it responsibly

We all have a role to play in maintaining plan costs. Thanks to AACOCQ, you have access to simple, dynamic communication tools to promote actions that help save money while taking care of your health.

Discover them in your inbox every month!

Shop around for your pharmacy

Prescription drug prices may vary among pharmacies (even from one location to another when under the same banner). Consider the quality of the services you receive and shop around for the best prices.

If there is a generic version of your medication, ask for it.

Generic drugs are just as effective and safe, but cost less.

You'll save money, and the plan will too.

Ask for a 90-day supply of your medication

Renew your prescriptions at the pharmacy for 90 days instead of 30.

You'll save on dispensing fees and make fewer trips to the pharmacy.

And much more, such as:

- Group insurance basics
- Understanding costs
- Choosing the right health providers
- Telemedicine service
- Employee assistance program



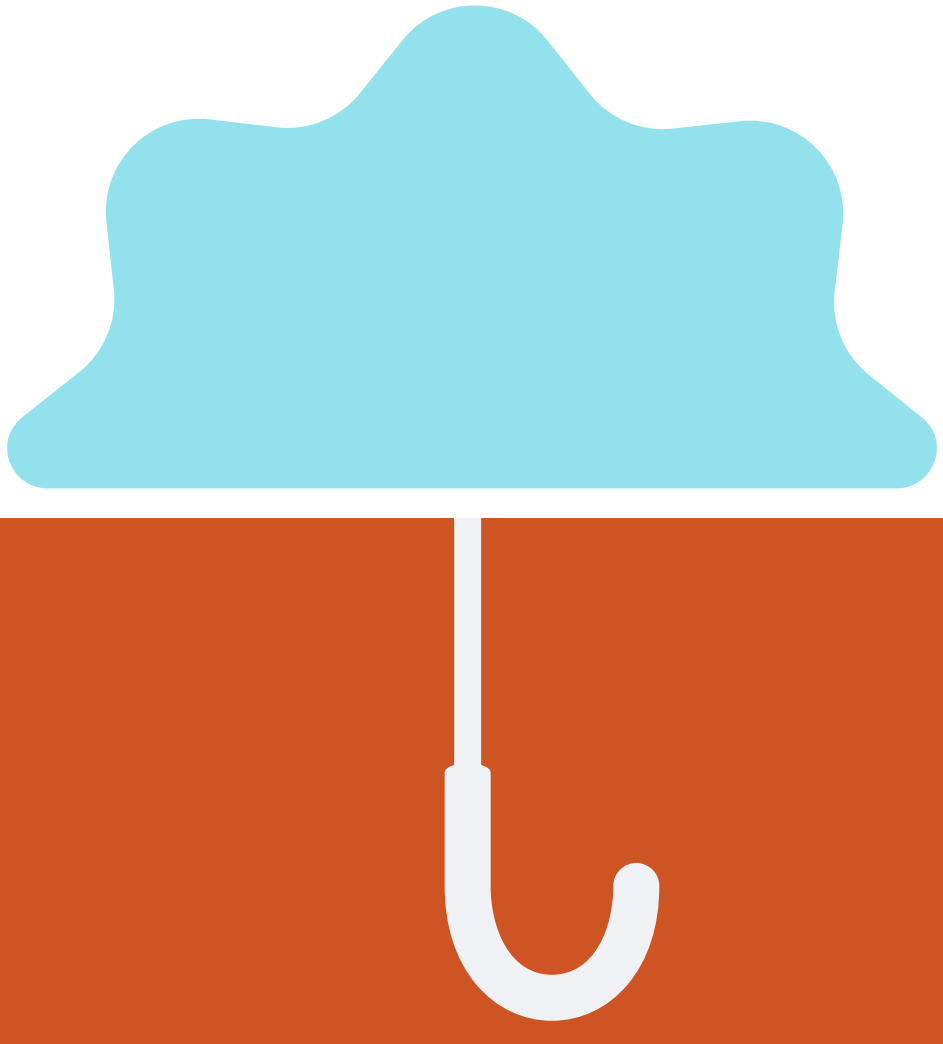
Dental care

Plan chosen by the organization

Unless otherwise indicated, the maximums apply per insured, per calendar year.

	Plan A	Plan B	Plan C[4]
Annual deductible	None	None	No coverage
Preventive care Reimbursement of recall exams, cleaning, scaling	80%	75%	
Basic care Reimbursement of fillings, root canals, endodontics, periodontics, extractions	80%	75%	
Major care Reimbursement of crowns, bridges, dentures	50%	Not covered	
Annual maximum for all care	$1,000	$1,000	n/a

[4] Default choice for groups of 1 or 2 employees.



Disability

This insurance protects the employee if they become unable to work by providing them with a certain percentage of their base salary during their absence.

Short-term disability

Plan chosen by the organization

	Employment Insurance (EI)[5]	Supplemental Unemployment Benefit (SUB) plan
Coverage		
Start of benefit payments	After 5 days	Immediately in the event of accident or hospitalization After 5 days in the event of illness
Benefits paid (taxable)	55% of gross weekly earnings	75% of gross weekly earnings
Maximum	Provided by EI	$1,500/week
Maximum benefit period	26 weeks	26 weeks
Termination of coverage	At employee's retirement	At employee's retirement or age 70, whichever comes first

Long-term disability

Mandatory coverage, plan chosen by the organization

	Non-taxable	Taxable Option 1	Taxable Option 2
Start of benefit payments	After the end of short-term disability benefits	After the end of short-term disability benefits	After the end of short-term disability benefits
Benefits paid	66.67% of the first $2,000 of gross monthly earnings + 45% of the remainder (Equal to approx. 75% of net monthly earnings)	66.67% of gross monthly earnings (Equal to approx. 75% of net monthly earnings)	75% of gross monthly earnings (Equal to approx. 85% of net monthly earnings)
Maximum without proof of good health	Maximum of $5,000/month	Maximum of $5,000/month	Maximum of $5,000/month
Termination of coverage	At employee's retirement or age 65, whichever comes first	At employee's retirement or age 65, whichever comes first	At employee's retirement or age 65, whichever comes first

[5] Default choice for groups of 1 or 2 employees.

Life insurance

Mandatory basic coverage for all organizations

This insurance provides beneficiaries with a lump sum in the event of an insured's death.

	Basic	Optional, chosen by the employee
For the employee		
Insurance amount	1 x annual earnings ($30,000 minimum), $150,000 maximum without proof of good health	Units of $10,000, maximum of $200,000
Reduction of coverage	50% reduction at age 65	n/a
For dependants		
Insurance amount	Spouse: $10,000 Per child: $5,000	Spouse: Units of $10,000, maximum of $100,000 Children: Not covered
Termination of coverage	At employee's retirement, or age 70, whichever comes first	At employee's retirement, or age 65, whichever comes first

Accidental death and dismemberment insurance

Mandatory basic coverage for all organizations

This insurance provides the employee with a lump sum payment if an accident results in the loss of a sense, such as hearing or vision, or the loss of a limb, such as an arm or a leg. This coverage also includes support for rehabilitation. It also provides beneficiaries with a lump sum in the event of the employee's accidental death.

	Basic
For the employee only	
Insurance amount	1 x annual earnings ($30,000 minimum), $150,000 maximum without proof of good health
Reduction of coverage	50% reduction at age 65
Termination of coverage	At employee's retirement, or age 70, whichever comes first

Additional services

Optional, additional services chosen by the organization

Several additional services are available to help employees take care of their health and well-being. Check out the following services to learn more.

Health Spending Account (HSA)

Employees and their dependants can use the HSA to reimburse health and dental care expenses that are not covered or only partially covered by the plan.

The annual amount is chosen by the organization (minimum $250/employee)

Examples of eligible expenses:

- The portion of costs the employee has to pay out of pocket (deductible and coinsurance)
- Eye exams, glasses
- Paramedical services
- Orthodontics
- For a complete list of eligible expenses, visit the Canada Revenue Agency webite.

Employee and Family Assistance Program (EFAP) provided through Dialogue

This completely confidential service offers 24/7 support, resources and tools to better equip the employee and their dependants to face various personal or professional challenges.

- Stress or anxiety
- Difficulties at work
- Domestic or family issues
- Financial problems
- Legal issues
- And much more!

Telemedicine service provided through Dialogue

Telemedicine makes it quick and easy to obtain a video consultation with a physician or specialized nurse to quickly resolve your non-urgent health concerns.

- Rashes
- Colds
- Digestive problems
- Quitting smoking
- Anxiety
- And much more!



Critical illness insurance

This insurance pays a lump sum amount of $10,000 in the event of a diagnosis of one of the covered illnesses in order to help cover any resulting expenses.

- Stroke
- Coma
- Major organ transplant
- Paralysis
- Etc.

Service accessible to all employees with health and/or dental care coverage

Health is Cool 360° – Desjardins Insurance

A one-stop shop for health care. This interactive platform features various resources such as the Health PACT service, which provides telephone access to health care professionals who can support the employee in managing a wide range of health conditions.

- Stress, anxiety, and depression
- Musculoskeletal disorders
- Prediabetes and type 2 diabetes
- Neck and back pain
- High cholesterol and high blood pressure

To access the platform,

log in[6] to your Desjardins online group insurance site.

Click the ***Tools and resources*** tab, then select ***Health is Cool 360°***.

[6] desjardins.com/qc/en/assurances/collective.html

Plan cost sharing

Chosen by the organization, according to the following rules

Employer-paid

Minimum of 25%
of the total premium

Employee-paid

At least the full premium for long-term disability insurance

If the non-taxable option is chosen; for benefits to be non-taxable in the event of disability.

Questions?

About the plan, administration and costs

VIGILIS Group
Monday to Friday
9 a.m. to 5 p.m.

1-877-781-0433
aacocq@vigilis.ca

vigilis.ca/aacocq

100-1800 Berlier Street
Laval, QC
H7L 4S4
Canada

About coverage and claims

Desjardins Insurance
Monday to Friday
8 a.m. to 8 p.m.

1-800-463-7843

desjardins.com/qc/en/insurance/group.html

For general questions about AACOCQ and its activities

AACOCQ
Monday to Friday
9 a.m. to 5 p.m.

514-316-7702
direction@aacocq.com

aacocq.com

1-135 Radisson Street
Trois-Rivières, QC
G9A 2C5
Canada

Association pour l'assurance collective des organismes communautaires du Québec

This summary was prepared for Quebec community organizations by Association pour l'assurance collective des organismes communautaires du Québec for informational purposes only. It does not constitute a contractual document and does not replace the insurer's detailed booklet.

Updated: November 2026