



January 2026

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Canada Life Website
www.canadalife.com

OPP ASSOCIATION MEMBERS' INSURED BENEFIT & INSURANCES OVERVIEW

ADMINISTERED BY TARGET BENEFIT ADMINISTRATORS

Target Benefit Administrators (Target) has been administering the OPP Association member insured benefit program (health/dental/vision/hearing) since July 1, 2009. Target works on behalf of the OPP Association (OPPA) along with the carrier Canada Life. Target also administers the OPP Association life, accidental death and dismemberment and critical illness insurances offered through Canada Life and Sutton Special Risk.

Additional benefit information about life, accidental death and dismemberment and critical illness insurance and/or forms are available in the member's only area of the OPPA website at www.oppa.ca by clicking on "**Benefits**", then "See All Benefits" and select "Member Benefit Services – Target Benefits".

Plan Administrator: Target Benefit Administrators:

- Designated toll-free number at 1(888) 660-6055 or (416) 740-1335,
- Monday to Friday from 8:30 am to 4:30 pm,
- E-mail at target@wlvinc.com (after 4:30 pm messages will be checked the next business day).
- E-mail completed forms to targetforms@wlvinc.com

CANADA LIFE CLAIM OPTIONS:

- **Mail** – Health and Dental claims can be submitted by mail to:
London Benefit Payment Office
Canada Life
P O Box. 5111, Stn B
London, ON N6A 0C5
- **Provider E-Claims** – Pharmacies, dental offices and paramedical providers who have the capability to submit electronically to Canada Life at point of sale.
- **Member E-Claims** – submit claims through "My Canada Life at Work" via the mobile app or online www.canadalife.com. Receipts must be provided with claim.
- **Reimbursement Options** – Cheque or Direct Deposit, which is available and can be viewed through "My Canada Life at Work".
- **Claim Status and History** – available through "My Canada Life at Work" mobile app or online www.canadalife.com or contact the OPPA VIP Line with Canada Life directly at 1(888) 381-4401 to make inquiries about the status of a claim or to discuss a denied claim.

ELIGIBILITY CRITERIA FOR SPOUSE & DEPENDENT CHILDREN

Definition of a Spouse: A spouse is a person who is a resident of the same country in which the employee resides and is:

- Legally married to the insured employee; or
- If not legally married to the insured employee, cohabitates with such employee in a conjugal relationship

Definition of an Eligible Dependent Child: The child must be unmarried, is a resident of the same country in which the employee resides, and one of the following:

- A natural or legally adopted child of the employee; or
- A child living with the employee during the time of adoption probation; or
- A step-child residing in the employee's household and for whom the employee is financially responsible; or
- A child living with the employee and whom solely the employee supports, and who is a relative by blood or marriage, or is under the employee's legal guardianship.

In addition, the dependent child must be:

- A child who is under 21 years of age; or
- A child who is 21 years of age or older but not yet 26 years of age and in full-time attendance at an accredited educational institution; or
- A child who is twenty-one years of age or older who was insured under the plan prior to reaching age twenty-one and who is mentally or physically disabled and financially dependent on the employee.

Student Confirmation

- OPP Association members who have a child turning 21 who is attending an accredited educational institute on a full-time basis must submit an update prior to that child turning 21, otherwise their group insurance benefits will cease as of their 21st birthday.
- Confirmation of student status must be made on an annual basis according to the school year September 1st to August 31st.
- Information and forms regarding the student confirmation process are available on-line via the OPP Association website at www.oppa.ca by clicking on "**Benefits**", then "See All Benefits" and select "Target Benefits Forms Library".

Evidence of Insurability (medical approval)

- Evidence of Insurability (medical approval) is required unless applied for within 31 days of the following life events, i.e. marriage, cohabitation, divorce/marital breakdown, birth, adoption or death of a dependent.

UPDATING DEPENDENT/BENEFICIARY/MARITAL STATUS

Member information must be kept up to date with Target to ensure there are no coverage interruptions:

**Target Benefit
Administrators**
1(888) 660-6055
or
(416) 740-1335

Member Benefit Services
via www.oppa.ca
Members only site

- Change in name: member, spouse, dependent child
- Change in dependent child eligibility or status
- New marriage or common-law relationship or breakdown of relationship
- Change in spousal health & dental coverage
- Changes to Primary or Contingent Beneficiary and trustee appointment

All members requiring an update must complete the applicable form.

Remember to review beneficiary information when there is a change in status

Form 800 - OPP Association Group Insurance Form: to be used when updating more than one area.

Form 810 - OPP Association Beneficiary Update Form: to be used when updating beneficiary information only.

Form 820 - OPP Association Benefits Change Form: to be used when updating dependent or spousal coverage information only.

All forms are available via the OPP Association website at www.oppa.ca by clicking on “**Benefits**”, “See All Benefits”, then click “Target Benefits Forms Library”, or members may request the form and assistance through Target at 1(888) 660-6055 or (416) 740-1335.

IMPORTANT THINGS TO REMEMBER

Active Members – Health & Dental Benefits Group Policy #44501

Retired Members and Surviving Family Members – Health & Dental Benefits Group Policy #6772

**Active Members
Group Policy 044501**

Services by an Ineligible provider will not be reimbursed under your group policy. Confirm your providers eligibility through the Resources and Find a Provider at My Canada Life at Work.

It is always advisable to submit a predetermination to Canada Life for any expense over \$200. Predeterminations may be submitted by mail to *London Benefits Payment Office, Canada Life, PO Box 5111 Stn B, London, ON N6A 0C5* or through My Canada Life at Work. Canada Life will reply in writing and advise what is eligible for payment under the health or dental plan.

**Retired Members &
Surviving Family Members
Group Policy 006772**

Inquiries/information regarding processed claims may be directed to Canada Life at 1(800) 957-9777 or accessed through the ‘My Canada Life at Work’ login through the Canada Life website at www.canadalife.com or app using a smart phone; it is also advisable to document the information received, time and date, plus the name of the person who provided the information.

LEAVES OF ABSENCE

If a leave of absence requires the member to pay for all or a portion of the premiums, an invoice will be provided with an option to maintain or opt out of insured benefits and/or insurances.

If a leave is due to illness or disability; no changes may be made to members insurance coverage except for changes to dependents under insured benefits (Health & Dental).

Any coverage that was opted out of during a leave, will be reinstated on the 1st of

the month following the return to work except for Critical Illness Insurance. If Critical Illness coverage is stopped during the leave, coverage must be re-applied for. To re-apply, a completed Group Insurance Form 800 is required, and the pre-existing condition clause will need to be re-satisfied. For coverage over the guaranteed issue amounts, a medical application is required.

The OPP Association may terminate any or all of the invoiced benefits and insurances during the leave due to a failure to respond or return a signed invoice. Upon return to work, coverage will be reinstated except for critical illness, which will remain terminated until a new application is received.

TELADOC (previously Best Doctors)

When facing the uncertainty of a medical condition, Teladoc Medical Experts provides clarity and understanding, helping to ensure the right information, the right diagnosis and the right treatment.

They provide access to more than 50,000 expert physicians in over 450 specialties and subspecialties worldwide. One call to Teladoc Medical Experts and a Registered Nurse becomes a personal health ambassador for members and eligible dependents, reaching out to the medical community on their behalf.

Teladoc Medical Experts offers an expert second opinion about surgery or a serious medical diagnosis, and will assist with finding a specialist, provide resources to understand a medical condition as well provide assistance with navigating the healthcare system.

Teladoc Medical Experts also offers Mental Health Navigator. Their mental health clinicians (a qualified nurse) will assist members throughout the care plan, from the initial visit to finding the right therapist, psychiatrist, or psychologist. Additional information may be found online at www.teladoc.ca/canadalife

Members may contact Teladoc Medical Experts at 1(877) 419-2378 or at canclientmembersupport@teladochealth.com. Your Canada Life Policy and ID number will be required.

PRESCRIPTION DRUGS

Eligible prescription drugs

- 90% coverage of reasonable fees at the pharmacy
- \$10 pharmacist dispensing fee cap
- The Canada Life pay-direct drug card will allow the pharmacy to submit the claim electronically; co-payment is required (10% plus any amounts over the dispensing fee cap or drug cost maximum).
- Non-prescription drugs (drugs sold without a prescription or over the counter medication) will not be covered by this plan.
- Vaccine coverage is included

MAXIMUMS:

Erectile dysfunction prescribed medications: \$1,000 per calendar year
Smoking cessation prescribed medications: \$1,000 lifetime maximum

Teladoc Medical Experts
1 (877) 419-2378

Teladoc.ca/medical-experts

Parents & Parents-in-Law
now have access to the
Teladoc Medical Experts
under the Extended Family
Benefit. They must provide
the member's name, Policy
and ID number.

Mental Health Navigator
Teladoc Medical Experts
1 (877) 419-2378

Teladoc.ca/medical-experts

Prior Authorization: Specific prescription drugs require approval before reimbursement can be considered. Prior authorization forms can be found at www.canadalife.com under “Find a Form” and must be completed by the treating physician and may be mailed or faxed to Canada Life.

Eligible prescription medication and vaccines may be searched through My Canada Life at Work.

Go to:

1. **Coverage**
 2. **Drugs**
 3. **Drug Search**
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E-DRUG/BENEFITS CARDS:

- Plastic cards are no longer issued or replaced but may still be used.
- Printed version can be accessed through “My Canada Life at Work” on Canada Life’s website at www.canadalife.com.
- Electronic versions can be accessed through “My Canada Life at Work” Canada Life’s app and can be saved to digital wallets on a mobile device.

ENHANCED GENERIC SUBSTITUTION:

A generic drug is pharmaceutically equivalent to a brand name drug. It contains the identical medicinal ingredients, in the same amounts and in similar dosage forms. If a generic drug is available and costs less than the brand name drug there are three options:

1. Purchase the generic drug at 90% coverage (\$10 dispensing fee cap)
2. Purchase the brand name drug and pay the difference in cost.

If a brand name drug is required for medical reasons the “Request for Brand Name Drug Coverage” form must be completed by the treating physician and may be found at www.canadalife.com.

HEALTH CASE MANAGEMENT:

Will apply to 13 drugs that are used to treat specific medical conditions. Plan members with one of these conditions will be connected with a health case manager to provide ongoing support in conjunction with the member and their physicians.

ONTARIO DRUG BENEFIT (ODB) – *Ontario residents only, reference the local provincial program for those living outside Ontario.*

The Ontario Drug Benefit (ODB) Program comes into effect at age 65. The group insurance coverage for prescription drugs will not change. The pharmacy will submit the claim to the ODB first and amount not covered (ODB annual deductible) will be submitted to Canada Life. ODB information can be obtained at www.health.gov.on.ca.

SUPPLEMENTARY HEALTH AND HOSPITAL (SH&H) AND LIMITED EXPENSES COVERED

Note: Reimbursement is limited to Reasonable Fees which are set by region or by province; If details of maximums are required in advance, please contact Canada Life Customer Service at 1(800) 957-9777.

- **Hospital Care**
100% coverage of reasonable fees for a semi-private room and up to \$225 per day towards the cost of a private room.

Consider submitting an estimate for a treatment, medical device or expense in excess of \$200

- **Convalescent Hospital or Chronic Care Hospital in Canada**
Eligible after three (3) days of acute care hospitalization and a direct transfer from an acute care hospital to a maximum of \$225 per day (limited to 120-day confinement in a calendar year for a person 65 or older). Does not apply for custodial care.
- **Registered Nurses' Care**
Charges for private duty in-home nursing by a Registered Nurse, Registered Nurse's Assistant or Licensed Practical Nurse for nursing services only, personal care is not considered nursing care. Coverage must be pre-approved by Canada Life.
- **Insulin Appliances and Supplies for Diabetics**
 - Flash Glucose Monitoring (FGM) system and Continuous Glucose Monitoring System (CGM) are covered at Reasonable Fees for insulin dependent diabetics.

Component	Coverage
Blood Glucose Monitoring Machines (Glucometer)	Customary fees for the purchase and/or repair of one machine per person every three (3) consecutive year period
Insulin Infusion Pumps & CGM devices	\$3,000 maximum every five (5) consecutive year period
Insulin Jet Injectors	One every five (5) consecutive year period at Customary fees
Eligible Supplies (including FGM & CGM supplies)	Customary fees; cost of eligible supplies is not subject to device maximum

- **Artificial limbs and eyes, crutches, splints, casts, trusses and braces**
As deemed medically necessary, there is no coverage if these are exclusively for sport or recreational activities. Subject to reasonable fees.
- **Dental services and dental supplies following an accident**
SH&H will cover expenses provided by a dental surgeon within a 12-month period immediately following an accident. (Expenses are limited to costs incurred for damages to natural teeth). Expenses include replacement of teeth and setting of a jaw fractured or dislocated in an accident.
- **Rental or purchase of a wheelchair or hospital bed**
Rental – coverage available for temporary therapeutic use and is limited to the purchase amount of the item.
Purchase – when required for an extended or permanent medical condition requires prior authorization. Purchase of a wheelchair also requires confirmation of any eligible expenses through the Assistive Devices Program (ADP).
- **Ambulance service to the nearest hospital (for emergency only)**
When medically required, the plan will cover the reasonable fees for professional ambulance service to transport the member/eligible dependent to the nearest

hospital for emergency treatment. This also covers travel between hospitals when medically necessary. Reimbursed at 100%. Private patient transfer services are not eligible.

- **Organ Transplants**

Reimbursement is limited to a \$25,000 lifetime maximum for eligible medical expenses. **Submission of a pre-determination to Canada Life outlining all related medical expenses is required for consideration of coverage under this benefit.**

- **Compression Hose**

Medically required compression hose must be prescribed by a physician (including the specific medical diagnosis, description of symptoms is not sufficient) to be eligible. The following limits apply:

- Hoses with a compression factor of 15 to 20 millimeters of mercury (MMHG) eligible up to a maximum of \$50 per pair, per person
- Hoses with a compression factor higher than 20 MMHG is eligible from \$180 to \$225 per pair, per person
- Custom-made compression hoses are eligible from \$330 to \$375 per pair, per person

Coverage is up to a maximum of 2 pairs or 4 sides per calendar year.

- **Paramedical Services**

Services covered to a maximum of \$75 per visit with an annual maximum of \$1,200 per person for each type of service.

Coverage is available to those who have exhausted any provincial benefits (i.e. OHIP) covering these services.

- Acupuncturist
- Chiropractor
- Chiropodist
- Naturopath
- Physiotherapist
- Osteopath
- Podiatrist *
- Registered Massage Therapist
- Speech Therapist
- Occupational Therapist

*Also included in the \$1,200 is a \$100/yr maximum allowance for in office surgery performed by a Podiatrist

- **Out-of-hospital licensed psychological treatment**

Will cover individual, family and group therapy, unlimited. A prescription or referral from a physician is not required.

Confirming practitioner eligibility with Canada Life is highly recommended prior to any visit. This will require the practitioner's name, registration number and contact information:

A Psychologist or Psychological Associate must be registered with the Governing College in the **Province** where they practice. The governing college in Ontario is the College of Psychologists and Behavioural Analysts of Ontario (CPBAO).

Reasonable & Customary fees for paramedical services are available through My Canada Life at Work mobile app or online

A Social Worker must have a Master of Social Work (MSW), be a Registered Social Worker (RSW) with the Governing College in the “Province” where they practice and provide services that would otherwise be provided by a psychologist. The governing college in Ontario is the Ontario College of Social worker and Social Service Workers (OCSWSSW).

Assessments: educational assessments and certain psychological assessments may be eligible under psychology coverage. To confirm eligibility, submit a pre-determination.

- **Vision Care**

Eligible expenses include the purchase, fitting or repair of prescription eyeglasses and contact lenses, or any combination thereof to a maximum **\$600** every consecutive 24-month period. For children 12 years old or younger every consecutive 6-month period.

Laser Eye Surgery – Lifetime maximum of \$1,500. Does not include refractive lens exchange surgery or cataract surgery.

Eye exams – reimbursed at Reasonable fees, one every 24 months.

- **Hearing Aids**

Expenses for the purchase or repair of hearing aids (excluding batteries) have a maximum of **\$1,500** per person every 3 consecutive years period. Prior authorization is recommended. An estimate should be submitted to Canada Life, which includes confirmation of eligible expenses through the Assistive devices program (ADP). A Prescription is required from an audiologist or an otolaryngologist.

- **Audiologist Testing**

100% of the Reasonable Fee of one audiologist test in any consecutive 24-month period.

- **Sleep Apnea Treatment**

An estimate for a positive airway pressure (PAP) machine or supplies should be submitted to Canada Life for confirmation of coverage. Eligible expenses through the provincial healthcare program must be included. For Provinces without PAP machine program, include the Request for Coverage for Positive Airway pressure machine Assessment Form available through www.canadalife.com or the members website www.oppa.ca by clicking on “**Benefits**”, “See All Benefits”, then click “Target Benefits Forms Library” and select Positive Airway Machine.

- **Orthopedic Shoes**

Pre-approval of orthopedic shoes is highly recommended prior to purchase. Must be prescribed by a Physician, Chiropodist, Podiatrist or Orthopedic Surgeon and must state the medical condition. The footwear must meet the criteria of an orthopedic shoe, be custom made or modified and must be considered reasonable treatment for the diagnosed medical condition.

Coverage: 75% of the cost of one pair or one repair to custom made/modified orthopedic shoes to a maximum of \$500 per calendar year.

- **Orthotics**

Pre-approval of orthotics is highly recommended prior to purchase.

Must be prescribed by a Physician, Chiropodist, Podiatrist or Orthopedic Surgeon and must state the medical condition. The orthotic must be custom made and must be considered reasonable treatment for the diagnosed medical condition.

Coverage: 100% of the cost of one pair of custom orthotics to a maximum of \$500 per calendar year.

DENTAL INSURANCE

Basic Dental Coverage:

- **Reimbursed at 90%**
- **Fee Guide - Ontario Dental Association Suggested Fee Guide for General Practitioners.** Specialists' fees and charges over the General Practitioners Fee Guide are not covered or are reduced to the General Practitioners Fee Guide
- **Maximum** – no annual maximum

Alternate Treatment – Where any two or more courses of treatment covered under this benefit would produce a professionally adequate results of a given condition, Canada Life will pay benefits as if the least expensive course of treatment were used.

Clinical Oral Examinations

- Complete or new patient oral examinations once every 3 years
- Recall oral examinations once every 9 months (except children 12 years of age and under every 6 months)

X-rays

- Panoramic x-rays once every 3 years
- Complete full month series of x-rays once every 2 years
- Bite-wing x-rays once every 6 months

Preventative Services

- Teeth cleaning, **fluoride treatments are limited to eligible dependent children only** and oral hygiene instruction once every 6 months
- Pit and fissure adhesive sealants (adults and children) to one application per tooth surface per lifetime

Restorative Services

- Amalgam, silicate, acrylic and composite fillings
- Retentive pins
- Temporary cement restorations

Surgical Services

- Removal of erupted teeth (uncomplicated)
- Surgical removal of teeth

Adjunctive General Services

- Denture repairs, relines and rebases
- Drugs, medications and injections given in the dentist's office

- General anesthesia
- Professional consultations and visits

Prosthodontics Services and Repairs

- In office lab charges when applicable to the above procedures

Endodontics Services

- Pulp capping, pulpotomy, root canal therapy, apexification, periapical services, root amputation and other endodontics procedures
- Hemisection
- Bleaching (endodontically treated tooth)
- Intentional removal, apical filling and replantation
- Emergency procedures

Consider submitting an estimate for treatment or dental services in excess of \$200

Periodontal Services

- Non-surgical services, surgical services and adjunctive periodontal services

Major Dental Coverage:

- **Reimbursement - 60%**
- **Fee Guide** – Expenses are payable based on the applicable Suggested Fee Guide for the province of residence for the General Practitioner.
- **Maximum – \$2,500** annually per person

Alternate Treatment – Where any two or more courses of treatment covered under this benefit would produce a professionally adequate results of a given condition, Canada Life will pay benefits as if the least expensive course of treatment were used

Denture Services

- Complete dentures, upper and/or lower, once every 3 years
 - Partial dentures, once every 3 years
 - In office lab charges and diagnostic costs when applicable to the above procedures
 - Repairs to existing bridgework not earlier than 3 months after insertion
- The dental plan pays 90% of the cost of denture repairs according to Ontario Dental Association Fee Guide for General Practitioners.*

Dental procedure must start within 90 days of the pre-determination estimate approval

Orthodontic Services

- Observation and adjustment
- Orthodontic appliances
- Preventative services
- Diagnostic services

Major Restorative Services

- Crowns and Bridges
- Such restorative services as gold foil restorations, metal inlay restorations, retentive pins, etc.
- Such prosthodontic services as evaluation of extensive restorative dentistry, porcelain repair, pontics, etc.

In office, lab charges and diagnostic costs when applicable to the above procedures are eligible at 60% of the General Practitioner's fee guide.

HEALTH CARE SPENDING ACCOUNT (HCSA)

Effective April 1, 2026 for Active Members Only (Policy 44501)

For the most current list of expenses eligible under the HCSA, please visit the CRA website by clicking [HERE](#) or visiting the following site:

<https://www.canada.ca>

Effective April 1, 2026, each member will receive an annual HCSA allocation of **\$650** (combined maximum between member & dependents). This account can be used for eligible medical, dental, and vision expenses to help offset co-pay and coverage limits in your insured benefits plan.

Unused balances may be carried forward for **one calendar year** and must be used by **December 31st of the following year**. All claims incurred must be submitted in the same calendar year that the service was performed.

The Canada Revenue Agency provides a guide to eligible expenses on its website. This list is subject to change without notice.

OUT OF COUNTRY / TRAVEL ASSISTANCE

Travel Assistance provides access to a team of coordinators who are available 24/7/365, anywhere in the world, to help find the appropriate medical treatment, assist with arranging billing under the group benefit plan or assist with travel arrangements following an emergency. The plan provides benefits for the medical costs associated with an unexpected emergency for expenses such as but not limited to doctor's fees, lab fees, room fees and diagnostic testing. Provincial Health Care must be in effect to be eligible for Out of Country benefits.

An unexpected emergency would include sudden unexpected injury, an acute medical condition that was not previously identified or an acute episode previously identified but considered stable and controlled for a period of three months immediately prior to travel. In some cases, there may be a requirement to provide medical documentation indicating there were no complications such as hospitalizations, medication changes or doctors' visits, as well as no new or ongoing symptoms for that condition during the three-month period immediately prior to the departure date. Prescriptions required because of a medical emergency are eligible for reimbursement according to the guidelines set by the province of Ontario.

There is no coverage for scheduled testing and/or treatment even if deemed urgent when a patient's condition permits the member to return to Canada and no coverage for continued medical care following an emergency. Additionally, there is no coverage for purchase of maintenance medications or any paramedical services. There is no coverage for expenses related to pregnancy or delivery within 9 weeks from the expected due date of pregnancy or at any time prior to the 9th week if the patient's Canadian physician considers the pregnancy high risk.

When travelling it is advisable to bring a valid Provincial Health Card, Canada Life wallet ID benefits Card and Valid Passport. In addition, the following documents may be printed from the My Canada Life at Work profile at www.canadalife.com:

- Confirmation of medical coverage letter
- Printout of eligible dependents

Dental services performed out of country must have been eligible for

Travel Assistance

Canada & USA
1-855-222-4051

All other
1-204-946-2577

reimbursement in Canada to be considered. If vision care services are obtained out of country, reimbursement is subject to the same limits and frequency guidelines as if purchased in Canada.

Eye Exams are not covered outside of Canada.

OPP LIFE INSURANCE PLANS

(premium rates include 8% Ontario Premium Tax unless otherwise indicated)

BASIC LIFE – 1 times Annual Salary (Policy# 44501- Active and #6772- Retired)

- Active Members - Employer pays the premium
- Retired Members - The policy amount reduces to \$2,000 upon retirement at no cost to member.
 - Retired members have the option to waive the policy (irrevocable if waived)

SUPPLEMENTARY LIFE – OPTIONAL – 1-, 2- or 3-times Annual Salary (Policy# 158009)

- Active Members - \$0.28/thousand/month (effective January 1, 2026)
 - The amount of coverage for active members is based on current annual salary
 - Purchase additional insurance within 31 days of a life event: marriage, cohabitation, divorce/marital breakdown, birth, adoption, or death of a dependent.
 - If off work due to disability or illness, coverage cannot be purchased until the member returns to work
 - Evidence of Insurability (medical approval) required outside 31 days
 - Coverage terminates at age 75
- Retired Members - \$0.28/thousand/month (effective January 1, 2026)
 - The amount of coverage for retirees is based on annual salary at the date of retirement.
 - Coverage cannot be purchased/increased after retirement
 - Coverage terminates at age 65

DEPENDENT LIFE – OPTIONAL – One or More than One (Policy#158009)

- One dependent (spouse or child) - \$0.15/month
- More than one dependent (spouse & child(ren)) - \$0.30/month
- If off work due to disability or illness, coverage **cannot be purchased until the member returns to work**
- This policy is payable to the member upon death of the dependent. An eligible spouse is covered for \$2,000 and each eligible dependent child is covered for \$1,000.
- This policy terminates upon retirement

OPP ASSOCIATION LIFE, AD&D, AND CRITICAL ILLNESS INSURANCE PLANS

BASIC LIFE (Policy# 335354)*

- \$10,000 Basic Life insurance on members only
- Premiums paid by the OPP Association
- Coverage terminates at age 75 for both active and retired members

BASIC LIFE INCREASE – OPTIONAL (Policy# 335354)*

- \$10,000 Life Insurance on members only
- Active Members:
 - Premium is \$2.70 monthly
 - Purchase this insurance within 31 days of a life event: marriage, cohabitation, divorce/marital breakdown, birth, adoption or death of a dependent.

- Evidence of Insurability (medical approval) required outside 31 days
- If off work due to disability or illness, coverage cannot be purchased until the member returns to work
- Retired Members:
 - Premium is \$2.70 monthly
 - Cannot be purchased in retirement
- Coverage terminates at age 75 for both active and retired members

**Total Life coverage is \$20,000 when the increase in basic life of \$10,000 is elected. Both the insurance chart and insurance confirmation letter will reflect \$20,000 if applicable.*

LIFE INSURANCE (Policy# 167997)

- \$20,000 Life Insurance on members only
- Active Members:
 - Premium is \$7.23 bi-weekly
 - This policy is mandatory for active members
- Retired Members:
 - Premium is \$15.72 per month
 - This policy is optional in retirement
- Coverage termination age: none

BASIC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) (Policy#022557A)

- \$10,000 Basic Accidental Death and Dismemberment on members only
- Premiums paid by the OPP Association
- Both Active and Retired members eligible
- Coverage terminates at age 75 for active and retired members

BASIC RETIREE ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) (Policy#022557A)

- \$25,000 Basic Accidental Death and Dismemberment purchased at retirement on members only
- Premiums paid by the OPP Association
- Coverage terminates at age 65

BASIC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INCREASE – OPTIONAL (Policy#022557A)

- \$10,000 Accidental Death and Dismemberment on members only
- Active Members:
 - Premium is \$0.60 per month
 - Must be approved for \$10,000 basic life increase for this coverage to be in place
 - If off work due to disability or illness, coverage cannot be purchased until the member returns to work
- Retired Members:
 - Cannot be purchased in retirement
 - Premium is \$0.60 per month
- Coverage terminates at age 75 for both active and retired members

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) – OPTIONAL (Policy# 022558A)

- Coverage available is \$50,000 to \$500,000, in units of \$25,000
- Single and Family options available
- Policy terminates at member's age 70
- Active Members:
 - Coverage may be purchased by election - no medical application required

- If off work due to disability or illness, coverage cannot be purchased until the member returns to work
- Retired Members:
 - coverage cannot be increased in retirement
- If existing, the \$10,000 accidental death and dismemberment component is replaced by the chosen amount of coverage under the optional accidental death and dismemberment plan.
- **Family Coverage:** Spouse (up to age 70) is insured for 50% of coverage and eligible dependent children (who meet the Definition of an Eligible Dependent Child) are insured for 15% of coverage. If the member does not have eligible dependent children, the spouse is insured for 60%, and if the member only has eligible dependent children, they are insured for 20%.
- **Note:** If both the Member and the Member's spouse are members of the OPPA, the overall maximum allowable under the Policy is \$500,000 per Member and \$75,000 per child. If both the Member and the Member's spouse choose family coverage and have children, the maximum Principal Sum each can elect is \$250,000. However, if there are no children, the maximum Principal Sum each can elect is \$300,000.

Critical Illness Rider – Member: A member who is diagnosed with a Critical Illness ("Critical Illness" means Blindness, Life-threatening Cancer, Severe Burns, Heart Attack, Kidney Failure, Stroke, Aplastic Anemia and Multiple Sclerosis, as defined by carrier) is eligible for 10% of the principal amount of AD&D in place up to a maximum of \$10,000. The plan must be in effect for over 90 days and the member must survive more than 30 days after being diagnosed, pre-existing condition clause in effect.

Critical Illness Rider – Spouse / Child(ren):

- An eligible Spouse (up to age 70) who is diagnosed with a Critical Illness (as listed above) is eligible for 10% of the volume in place for AD&D Optional Family Plan, up to a maximum of \$5,000.
- An eligible child(ren) who is diagnosed with Blindness, Life Threatening cancer or Severe Burns will be eligible for 10% of the volume in place for AD&D Optional Family Plan, up to a maximum of \$5,000.

Note: Pre-existing condition clause – for 24 months from the effective date no claim will be paid for a medical illness or condition that has been known by testing or diagnosed in the preceding 24 months.

Aggregate limits in place for those members who have coverage under a spouse's plan; the total amount payable under a claim is: member \$500,000 and child \$75,000

Rate Table for Accidental Death & Dismemberment:

8% Ontario Premium Tax is included in all premium rates shown on the chart. For Quebec and Manitoba residents, actual premiums will reflect the applicable tax rate of 9% and 7%, respectively.

Principle Sum	Single	Family	Principle Sum	Single	Family	Principle Sum	Single	Family
\$500,000	\$30.24	\$39.96	\$325,000	\$19.66	\$25.97	\$175,000	\$10.58	\$13.99
475,000	28.73	37.96	300,000	18.14	23.98	150,000	9.07	11.99
450,000	27.22	35.96	275,000	16.63	21.98	125,000	7.56	9.99
425,000	25.70	33.97	250,000	15.12	19.98	100,000	6.05	7.99
400,000	24.19	31.97	225,000	13.61	17.98	75,000	4.54	5.99
375,000	22.68	29.97	200,000	12.10	15.98	50,000	3.02	4.00
350,000	21.17	27.97	For more detailed information please visit the OPPA website at www.oppa.ca , click on "Benefits", then "See All Benefits" and select "Member Benefit Services – Target Benefits" and then "My Benefits"					

DEPENDENT LIFE (Policy# 335354)

- \$6,000 Optional Dependent Life:
 - Eligible spouse or dependent child (who meet the Definition of an Eligible Dependent Child)
 - Purchase this insurance within 31 days of a life event: marriage, cohabitation, divorce/marital breakdown, birth, adoption or death of a dependent.
 - Evidence of Insurability (medical approval) required outside 31 days

- If off work due to disability or illness, coverage cannot be purchased until the member returns to work
- Cannot be purchased after retirement
- Coverage set up at new hire for members with family status
- Premiums paid by the OPP Association until retirement
- Premium after retirement is \$1.40 monthly.
- Spouse covered until member attains the age of 65 and dependent children (must meet the Definition of an Eligible Dependent Child) or the member attains age 65, whichever comes first.

SPOUSAL LIFE INSURANCE – OPTIONAL (Policy# 335355)

- Coverage available \$30,000 or \$60,000 until age 65 and then reduces by half to \$15,000 or \$30,000
- Evidence of Insurability (medical approval) always required
- If off work due to disability or illness, coverage cannot be purchased until the member has returned to work
- Cannot be purchased after retirement
- Coverage terminates at spouses age 70

Rate Table for Spousal Life Insurance: Rates are based on spouse's date of birth

8% Ontario Premium Tax is included in all premium rates shown on the chart. For Quebec and Manitoba residents, actual premiums will reflect the applicable tax rate of 9% and 7%, respectively.

Age Band	\$30,000	\$60,000
Under 40	\$1.67	\$3.34
40 to 44	3.33	6.67
45 to 49	5.48	10.97
50 to 54	8.34	16.69
55 to 59	14.31	28.62
60 to 64	20.98	41.96
65-69- coverage reduces by 50%	\$15,000	\$30,000
	\$15.85	\$31.70

CRITICAL ILLNESS – OPTIONAL (Policy# 024565A)

- Member coverage for a minimum of \$5,000, increased by \$5,000 increments to a maximum of \$250,000.
 - No evidence of insurability (medical approval) is required for coverage up to \$50,000.
 - 31 covered critical illnesses
- Eligible spouse can be covered for a minimum of \$5,000, increased by \$5,000 increments to a maximum of \$250,000.
 - No evidence of insurability (medical approval) is required for coverage up to \$25,000.
 - 31 covered critical illnesses
- Eligible dependent child(ren) can be covered for \$5,000, \$10,000, \$15,000, \$20,000 or \$25,000.
 - No evidence of insurability (medical approval) is required
 - 16 covered critical illnesses
- Aggregate limits in place for those members who have coverage under a spouse's plan; the total amount payable under a claim for a child is \$25,000.
- Coverage available for member and spouse under age 70 and eligible dependent child (who meets the Definition of an Eligible Dependent Child)
- Coverage terminates at member's age 70, spouse's age 70 or dependent child when they no longer meet the Definition of an Eligible Dependent Child, which ever comes first
- If off work due to disability or illness, coverage cannot be purchased until the member returns to work
- Cannot be purchased in retirement

Rate Table for Critical Illness – rates are per \$5,000 of coverage per month

8% Ontario Premium Tax is included in all premium rates shown on the chart. For Quebec and Manitoba residents, actual premiums will reflect the applicable tax rate of 9% and 7%, respectively.

Age Band	Male		Female		Gender Undisclosed	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
20 – 24	\$0.59	\$0.67	\$0.46	\$0.52	\$0.52	\$0.58
25 – 29	0.79	0.97	0.79	0.95	0.79	0.96
30 – 34	0.88	1.09	0.97	1.33	0.95	1.26
35 – 39	1.00	1.41	1.21	1.83	1.15	1.71
40 – 44	1.43	2.36	1.57	2.78	1.53	2.66
45 – 49	2.38	4.65	2.26	4.57	2.31	4.61
50 – 54	3.71	8.30	3.09	6.55	3.34	7.25
55 – 59	6.04	14.47	4.15	8.70	4.91	11.01
60 – 64	10.29	24.20	6.13	9.91	7.80	15.63
65	13.70	33.89	8.19	15.81	10.40	23.05
66	15.05	35.42	9.02	17.39	11.44	24.61
67	16.68	38.96	9.93	19.12	12.63	27.06
68	18.22	42.87	10.90	21.03	13.83	29.77
69	20.02	47.15	12.00	23.13	15.21	32.74

Child Critical Illness	
Coverage Amount	Premium
\$5,000	\$3.14
10,000	\$6.28
15,000	\$9.42
20,000	\$12.56
25,000	\$15.70

Examples

- Male, 45, non-smoker, \$25,000 = \$12.85 per month
- Female, 30, non-smoker, \$50,000 = \$10.50 per month
- Gender Undisclosed, 35, non-smoker, \$50,000 = \$12.40 per month

For more detailed information please visit the OPPA website at www.oppa.ca, click on “Benefits”, then “See All Benefits” and select “Member Benefit Services – Target Benefits” and then “My Benefits”.

PREMIUM DEDUCTIONS

PREMIUM DEDUCTIONS

- OPP insurances are monthly (second pay of each month)
- OPP Association optional insurances are monthly
- Members requiring further details on the deduction amounts on their pay stub, should contact Target Benefit Administrators.

Please Note: To reduce or cancel any Insurance coverage a signed cancellation letter is required to cease coverage and stop applicable premiums. Changes to coverage will take effect the 1st of the month following the date the letter is received. Allow one to two pay cycles for deduction amounts to update.

INSURANCE CONFIRMATION STATEMENT: OPP Association members may request an insurance confirmation statement through the member’s only area of the OPPA website at www.oppa.ca by clicking on “Benefits”, then “See All Benefits”, then select “Member Benefit Services – Target Benefits” and select “Insurance Confirmation” for Active or Retired member. Members without computer access may contact Target Benefit Administrators at 1(888) 660-6055 or (416) 740-1335 to request a statement.

CONVERSION OF LIFE AND AD&D INSURANCE: Some of the above Life and AD&D insurances are eligible to convert to a private policy within 31 days of resignation, termination or retirement with the applicable carrier. Please contact Target Benefit Administrators at 1(888) 660-6055 or (416) 740-1335 or by email at target@wlvinc.com for further information and assistance.