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Your Plan At a glance

FSSS (CSN) public sector April 1st, 2024

The Inukshuk is an Inuit figure that symbolizes the importance of interpersonal relationships, mutual aid and solidarity.



LIFE INSURANCE (optional participation)

Participant's Basic Life Insurance ⁽¹⁾	1 times insurable annual salary	
AD&D ⁽¹⁾ (Accidental Death and Dismemberment)	Accidental death = 1 times insurable annual salary Accidental dismemberment = 10% to 100% of insurable annual salary, depending on loss suffered	Premium applicable from April 1 st , 2024 (per 14-day period): 0.300% of insurable salary
Participant's Optional Life Insurance	1 to 5 times insurable annual salary	See Table below
Spouse's and Dependent Children's Life Insurance ⁽¹⁾	\$5,000 / deceased person If proof is provided that participant has no spouse at time of death: \$10,000 / deceased child	April 1 st , 2024 (per 14-day
Spouse's Optional Life Insurance	\$10,000 to \$100,000 per unit of \$10,000	See Table below

Participant's Optional Life Insurance						
Cost as % of insurable salary (per 14-day period) ⁽²⁾ (for 1 times insurable salary)						
Age of participant	Fema	le	Male			
	Non-smoker	Smoker	Non-smoker	Smoker		
Under age 30	0.036%	0.057%	0.062%	0.081%		
Age 30 to 34	0.039%	0.062%	0.062%	0.081%		
Age 35 to 39	0.052%	0.083%	0.075% 0.104%			
Age 40 to 44	0.104%	0.159%	0.138% 0.182%			
Age 45 to 49	0.143%	0.213%	0.190% 0.260%			
Age 50 to 54	0.231%	0.325%	0.286% 0.400%			
Age 55 to 59	0.416%	0.549%	0.491%	0.681%		
Age 60 to 64	0.754%	0.915%	0.853%	1.157%		
Particip	ant's and Spous	se's Optional	Life Insurance			
Cost per \$10,000 of insurance (per 14-day period) ⁽²⁾						
Age of participant	Fema	le	Ma	le		
	Non-smoker	Smoker				

	NOII-SIIIOKEI	SHIOKEI	NOII-SIIIOKEI	SITIOKEI
Under age 30	\$0.14	\$0.22	\$0.24	\$0.31
Age 30 to 34	\$0.15	\$0.24	\$0.24	\$0.31
Age 35 to 39	\$0.20	\$0.32	\$0.29	\$0.40
Age 40 to 44	\$0.40	\$0.61	\$0.53	\$0.70
Age 45 to 49	\$0.55	\$0.82	\$0.73	\$1.00
Age 50 to 54	\$0.89	\$1.25	\$1.10	\$1.54
Age 55 to 59	\$1.60	\$2.11	\$1.89	\$2.62
Age 60 to 64	\$2.90	\$3.52	\$3.28	\$4.45

⁽¹⁾ Those coverages are granted by automatic registration, unless the participant opts out of these coverages.

(2) If no non-smoker's statement is provided, rates for smokers will apply. Premium rate changes subsequent to an age change are effective as of the 1st day of the premium period coinciding with or following the participant's birthday. However, for Spouse's Optional Life Insurance benefit, spouse's gender and smoking habits are used.

DENTAL CARE (optional participation)

The **coverage statuses** for this plan may be **different** between the Dental Care Insurance and the Health Insurance. For example, a participant can choose a Family status for the Health Insurance, and an Individual status for the Dental Care Insurance, and vice versa.

New employees eligible under the Health Insurance will be **automatically enrolled** in the Dental Care Insurance and the Individual status will be granted, unless the participant uses his right to opt out.

Participation Duration

Participants who have subscribed to this Dental Care Insurance must maintain their participation for at least **36 months** from the effective date of this plan.

Reimbursement of Eligible Expenses						
Basic Dental Care (Diagnostic services, prevention and space maintainers, minor restoration, periodontics, oral surgery, local anesthesia)	80% ⁽¹⁾ One recall or periodic examination per period of 9 months and one complete examination per period of 36 months					
Restorative Dental Care (Major restoration, endodontics, prosthodontics [fixed or removable])	60% maximum reimbursement of \$1,000 / calendar year					

Table of premiums applicable from April 1 st , 2024 (per 14-day period) ⁽³⁾						
Coverage Statuses INDIVIDUAL SINGLE-PARENT FAMILY						
Total Premium	\$18.08	\$29.76	\$45.00			

LONG TERM DISABILITY INSURANCE

(**compulsory participation** to option O or O+, depending on the option chosen by your certification unit)⁽²⁾

Benefit amo	ount and duration
Option O	80% of net benefit received from employer at 105 th week of disability until age 65 .
Option O+	90% of net benefit received from employer at 105 th week of disability until age 65.

Table of premiums applicable from April 1st, 2024 (per 14-day period)				
Option O	1.529% of insurable salary			
Option O+	1.809% of insurable salary			

⁽¹⁾ Eligible lab test expenses are limited to 50% of the fees detailed in the fee guide for the orodental act in question.

⁽²⁾ Please consult your local union or your employer to find out the option chosen by your certification unit.

GROUP INSURANCE PLAN - FSSS (CSN) PUBLIC SECTOR

HEALTH INSURANCE (compulsory participation)

Participation in one of the Health Insurance (Health 1, 2 or 3) is compulsory, unless entitled to an exemption. To be exempted from coverage, eligible employees must prove that they and their dependents are insured under another group insurance plan with a similar drug coverage.

Coverage Options and Statuses

Participants may choose a coverage option (Health 1, Health 2 or Health 3) and a coverage status (Individual, Single-Parent or Family) for their Health Insurance.

Participants must maintain their participation to the chosen option (Health 2 or Health 3) for at least **36 months** before they can choose a less generous coverage option, unless an event stated in the contract occurs (a birth or a separation, for example).

Specifications Regarding Drug Reimbursement: If an insured chooses to purchase an eligible innovative drug instead of any existing generic equivalent, the amount of reimbursement will be determined in accordance with its lowest cost generic equivalent. The amount that is included in the annual out-of-pocket is the one the insured would have paid should they have bought this lowest cost generic equivalent. However, it is possible to obtain a reimbursement based on the cost of the innovative drug that cannot be substituted for medical reasons by submitting the appropriate form duly completed by the attending physician, provided the request is approved by SSQ. To be eligible, drugs must be available <u>only by medical prescription</u>.

 Health 1: RAMQ list Health 1: RAQUE list Health 2: Regular list	Coverage	Health 1	Health 2	Health 3	
Processed drugt purchased drugt	Prescription Drugs				
* Sclerosing injections S25 / treatment for the substance injected S25 / treatment for the substanc	 pharmaceutical services Health 1: RAMQ list Health 2 and Health 3: Regular list 	purchased drug [§] 67% as set by the BPDIP ¹ , up to an annual out-ot-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses	purchased drug [§] 75%, up to an annual out-ot- pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses	purchased drug§ 80%, up to an annual out-ot- pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses	
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			75%, maximum reimbursement of	80%, maximum reimbursement of	
* Wheelchair 75% 80%	* Wheelchair		75%	80%	
	* Wig required following chemotherapy			80%, maximum lifetime reimbursement of \$300	

Eligible expenses incurred under the following coverage are included in the **annual out-of-pocket**: IUDs; Prescription drugs and eligible pharmaceutical services; Sclerosing injections; Ambulance; Artificial limbs and external prostheses; Breast prosthesis and ostomy appliances; Deep shoes; Intraocular lens; Orthopaedic devices; Orthopaedic shoes; Transportation and accommodation. * BPDIP: Basic Prescription Drug Insurance Plan

Health Care Professionals						
Dietitian and Nutritionist			80%, combined maximum reimbursement of \$750 / calendar			
Kinesitherapist (including kinotherapist), orthotherapist and massage therapist		Not covered				
Acupuncturist			year Furthermore: kinesitherapist, orthotherapist and massage			
Chiropractor and osteopath		75%, combined maximum				
Physiotherapist and physical rehabilitation therapist		reimbursement of \$500 / calendar year	therapist: maximum reimbursement of 65\$ / treatment			
Podiatrist	Not covered					
Audiologist		75%, maximum reimbursement of 20 treatments / calendar year	 80%, maximum reimbursement of 20 treatments / calendar year 80%, maximum reimbursement of 20 treatments / calendar year 80%, maximum reimbursement of 20 treatments / calendar year 			
Occupational therapist		75%, maximum reimbursement of 20 treatments / calendar year				
Speech language pathologist		75%, maximum reimbursement of 20 treatments / calendar year				
Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist		50%, maximum reimbursement of \$1,000 / calendar year	50%, maximum reimbursement of \$1,500 / calendar year			
Vision Care						
Eye exam	Not covered	Not covered	Adults and children age 18+: 80%, maximum reimbursement of \$80 / 36 months			
Eyeglasses, contact lenses or laser eye surgery	Eyeglasses, contact lenses or laser eye surgery Not covered		Adults and children age 18+: 80%, maximum reimbursement of \$400 / 36 months			

Table of premiums applicable from April 1st, 2024 (per 14-day period) ⁽¹⁾									
Coverage and statuses	INDIVIDUAL		SINGLE-PARENT			FAMILY			
Coverage and statuses	Health 1	Health 2	Health 3	Health 1	Health 2	Health 3	Health 1	Health 2	Health 3
Total Premium	\$55.19	\$70.00	\$81.02	\$66.24	\$86.86	\$100.51	\$121.47	\$156.03	\$179.81

(1) Subtract the employer's contribution (see article 23.12 of the national collective agreement). The employer's contribution is reduced by 50% for employees working less than 70% of a full-time schedule.

Important Notice

On January 1, 2023, La Capitale and SSQ Insurance combined operations to become Beneva.

Our documentation will be gradually updated with Beneva's name and logo. Accordingly, some of your contractual documents will remain with SSQ Insurance's name and logo for some time.

Client Centre

2 minutes to register. 48 hours to get reimbursed. Now that's fast!

Log in to the Client Centre! beneva.ca/en/client-centre

Discover our online services by registering today on our secure site for insureds.

Please note that this pamphlet is provided for information purposes only and in no way affects the terms and conditions of your group insurance contract.

You must add the 9% provincial sales tax to premiums provided for in this document.

2525 Laurier Boulevard P.O. Box 10500, Stn Sainte-Foy Quebec QC G1V 4H6 1-888-651-8181

beneva.ca

For more information, please feel free to contact SSQ Customer Service, from 8:00 a.m. to 8:00 p.m., Monday to Friday.