

**Contract A4999**  
**January 1, 2025**  
FSSS (CSN) – private sector



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

# Group insurance plan



**beneva**

## Life Insurance (optional participation)

<b>Participant's Basic Life Insurance<sup>1</sup></b>	1 times insurable annual salary	Premiums applicable from January 1, 2025 (per 14-day period): <b>0.310%</b> of insurable salary
<b>AD&amp;D<sup>1</sup></b> (Accidental Death and Dismemberment)	Accidental death = 1 times insurable annual salary  Accidental dismemberment = 10% to 100% of insurable annual salary, depending on loss suffered	
<b>Participant's Optional Life Insurance</b>	1 to 5 times insurable annual salary	<b>See table below</b>
<b>Spouse's and Dependent Children's Life Insurance<sup>1</sup></b>	\$5,000 / deceased person  If proof is provided that participant has no spouse at time of death: \$10,000 / deceased child	Premiums applicable from January 1, 2025 (per 14-day period): <b>\$0.57</b>
<b>Spouse's Optional Life Insurance</b>	\$10,000 to \$100,000 per unit of \$10,000	<b>See table below</b>

Participant's Optional Life Insurance				
Age of participant	Cost per \$1,000 of insurance (per 14-day period) <sup>2</sup>			
	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
Under age 30	\$0.014	\$0.023	\$0.025	\$0.032
Age 30 to 34	\$0.015	\$0.025	\$0.025	\$0.032
Age 35 to 39	\$0.021	\$0.033	\$0.030	\$0.041
Age 40 to 44	\$0.041	\$0.063	\$0.055	\$0.072
Age 45 to 49	\$0.057	\$0.085	\$0.075	\$0.103
Age 50 to 54	\$0.092	\$0.129	\$0.114	\$0.159
Age 55 to 59	\$0.165	\$0.218	\$0.195	\$0.271
Age 60 to 64	\$0.300	\$0.364	\$0.339	\$0.460

  

Spouse's Optional Life Insurance				
Age of participant	Cost per \$10,000 of insurance (per 14-day period) <sup>2</sup>			
	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
Under age 30	\$0.14	\$0.23	\$0.25	\$0.32
Age 30 to 34	\$0.15	\$0.25	\$0.25	\$0.32
Age 35 to 39	\$0.21	\$0.33	\$0.30	\$0.41
Age 40 to 44	\$0.41	\$0.63	\$0.55	\$0.72
Age 45 to 49	\$0.57	\$0.85	\$0.75	\$1.03
Age 50 to 54	\$0.92	\$1.29	\$1.14	\$1.59
Age 55 to 59	\$1.65	\$2.18	\$1.95	\$2.71
Age 60 to 64	\$3.00	\$3.64	\$3.39	\$4.60

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 1<sup>st</sup> 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.

## Short term disability insurance

([compulsory participation](#) to old plan or the new plan, either option A, B, C or D, depending on the option chosen by your certification unit)

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

New plan	
Benefit amount and duration	
<b>Option A</b>	<b>55%</b> of the gross salary declared by the employer before the start date of the disability for a maximum of 27 weeks from the start of disability. The benefit is taxable and integrated with Employment Insurance benefits.
<b>Option B</b>	<b>66.67%</b> of the gross salary payable annually by the employer before the start date of the disability for a maximum of 27 weeks from the start of disability. The benefit is not taxable.
<b>Option C</b>	<b>80%</b> of the gross salary payable annually by the employer before the start date of the disability for a maximum of 27 weeks from the start of disability. The benefit is taxable.
<b>Option D</b>	<b>80%</b> of the gross salary declared by the employer before the start date of the disability, coordinated with unemployment benefits, for a maximum of 27 weeks from the start of disability. The benefit is taxable.

  

Table of premiums applicable from January 1, 2025 (per 14-day period)	
<b>Option A</b>	0.570% of insurable salary <sup>3</sup>
<b>Option B</b>	3.224% of insurable salary
<b>Option C</b>	3.864% of insurable salary <sup>3</sup>
<b>Option D</b>	1.331% of insurable salary <sup>3</sup>

## Long term disability insurance

([compulsory participation](#))

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

Benefit amount and duration	
<b>Option II F</b>	<b>80%</b> of the “80% net insurable salary” payable annually by the employer before the start date of the disability until <b>age 61</b>
<b>Option II O</b>	<b>100%</b> of the “80% net insurable salary” payable annually by the employer before the start date of the disability until <b>age 65</b>
<b>Option II O+</b>	<b>100%</b> of the “80% net insurable salary” payable annually by the employer before the start date of the disability until <b>age 65</b>
<b>Option A</b>	<b>66.67%</b> of the gross salary payable annually by the employer before the start date of the disability until <b>age 65</b> . The benefit is not taxable.
<b>Option B</b>	<b>80%</b> of the gross salary payable annually by the employer before the start date of the disability until <b>age 65</b> . The benefit is taxable.

  

Table of premiums applicable from January 1, 2025 (per 14-day period)	
<b>Option II F</b>	1.694% of insurable salary
<b>Option II O</b>	1.449% of insurable salary
<b>Option II O+</b>	2.079% of insurable salary
<b>Option A</b>	3.580% of insurable salary
<b>Option B</b>	4.297% of insurable salary <sup>3</sup>

3. Subtract the employer's contribution, if applicable.

# Group insurance plan - FSSS (CSN) private 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 Beneva. **To be eligible, drugs must be available only by medical prescription.**

Coverage	Health 1	Health 2	Health 3
<b>Prescription Drugs</b>			
<b>* Prescription drugs and eligible pharmaceutical services</b> Health 1: RAMQ list Health 2 and Health 3: Regular list <sup>§</sup> No deductible for a supply of at least 84 days <b>* Sclerosing injections</b>	<b>\$5 deductible</b> per purchased drug <sup>§</sup> 68% as set by the BPDIP <sup>†</sup> , up to an annual out-of-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses thereafter 68%, maximum reimbursement of \$25 / treatment for the substance injected	<b>\$5 deductible</b> per purchased drug <sup>§</sup> 75%, up to an annual out-of-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses thereafter 75%, maximum reimbursement of \$25 / treatment for the substance injected	<b>\$5 deductible</b> per purchased drug <sup>§</sup> 80%, up to an annual out-of-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses thereafter 80%, maximum reimbursement of \$25 / treatment for the substance injected
<b>Emergency Care</b>			
<b>Ambulance</b>	68%	75%	80%
<b>Travel Insurance and Assistance</b>	100%, maximum reimbursement of \$5,000,000 / trip		
<b>Travel Cancellation Insurance</b>	100%, maximum reimbursement of \$5,000 / trip		
<b>Other Medical Expenses</b>			
<b>* Cannabis for medical purposes (subject to prior approval by Beneva)</b>	68%, maximum reimbursement of \$2,000 / calendar year	75%, maximum reimbursement of \$2,000 / calendar year	80%, maximum reimbursement of \$2,000 / calendar year
<b>* Gender affirmation surgery</b>	Not covered	75%, maximum reimbursement of \$10,000 / calendar year and a maximum lifetime reimbursement of \$30,000	80%, maximum reimbursement of \$10,000 / calendar year and a lifetime maximum reimbursement of \$30,000
<b>* Intrauterine devices (IUDs) (IUDs not covered under the prescription drug insurance benefit)</b>	68%	75%	80%
<b>* Transportation and accommodation</b>	68%, maximum reimbursement of \$48 / day and \$1,000 / calendar year	75%, maximum reimbursement of \$48 / day and \$1,000 / calendar year	80%, maximum reimbursement of \$48 / day and \$1,000 / calendar year
<b>* Artificial limbs and external prostheses</b>		75%	80%
<b>* Blood glucose monitor</b>		75%, maximum reimbursement of \$240 / 36 months	80%, maximum reimbursement of \$240 / 36 months
<b>* Breast prosthesis and ostomy appliances</b>		75%	80%
<b>* Deep shoes</b>		75%, maximum of \$150 / calendar year	80%, maximum of \$150 / calendar year
<b>Dental surgery required following accident</b>		75%	80%
<b>* Detoxification</b>		75%, maximum reimbursement of \$50 / day and maximum lifetime reimbursement of \$3,000	80%, maximum reimbursement of \$85 / day and maximum lifetime reimbursement of \$5,000
<b>Hearing aid</b>		75%, maximum reimbursement of \$480 / 48 months	80%, maximum reimbursement of \$480 / 48 months
<b>* Hospital bed for domestic use</b>		75%, rental or purchase if more economical	80%, rental or purchase if more economical
<b>* Insulin pump</b>		75%, maximum reimbursement of \$6,400 / 60 months	80%, maximum reimbursement of \$6,400 / 60 months
<b>* Insulin pump accessories</b>	Not covered	75%	80%
<b>* Intraocular lens</b>		75%	80%
<b>* Orthopaedic devices</b>		75%	80%
<b>* Orthopaedic shoes</b>		75%	80%
<b>* Support stockings</b>		75%, maximum of 3 pairs / calendar year	80%, maximum of 3 pairs / calendar year
<b>* Surgical brassiere</b>		75%, maximum lifetime reimbursement of \$200	80%, maximum lifetime reimbursement of \$200
<b>* Therapeutic devices and breathing assistance apparatus</b>		75%, maximum lifetime reimbursement of \$10,000	80%, maximum lifetime reimbursement of \$10,000
<b>* Transcutaneous electrical nerve stimulator (TENS)</b>		75%, maximum reimbursement of \$560 / 60 months	80%, maximum reimbursement of \$560 / 60 months
<b>* Wheelchair</b>		75%	80%
<b>* Wig required following chemotherapy</b>		75%, maximum lifetime reimbursement of \$300	80%, maximum lifetime reimbursement of \$300
<b>Professionnels de la santé</b>			
<b>Dietitian and Nutritionist</b>		Not covered	80%, combined maximum reimbursement of \$750 / calendar year
<b>Kinesitherapist (including kiotherapist), orthotherapist and massage therapist</b>			Furthermore: kinesitherapist, orthotherapist and massage therapist: maximum reimbursement of 65\$/ treatment
<b>Acupuncturist</b>		75%, combined maximum reimbursement of \$500 / calendar year	80%, maximum reimbursement of 20 treatments / calendar year
<b>Chiropractor and osteopath</b>			80%, maximum reimbursement of 20 treatments / calendar year
<b>Physiotherapist and physical rehabilitation therapist</b>			80%, maximum reimbursement of 20 treatments / calendar year
<b>Podiatrist</b>		75%, maximum reimbursement of 20 treatments / calendar year	80%, maximum reimbursement of 20 treatments / calendar year
<b>Audiologist</b>	Not covered	75%, maximum reimbursement of 20 treatments / calendar year	80%, maximum reimbursement of 20 treatments / calendar year
<b>Occupational therapist</b>		50%, maximum reimbursement of \$1,000 / calendar year	50%, maximum reimbursement of \$1,500 / calendar year
<b>Speech language pathologist</b>			
<b>Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist</b>			
<b>Vision Care</b>			
<b>Eye exam</b>		Not covered	<b>Adults and children age 18+:</b> 80%, maximum reimbursement of \$80 / 36 months
<b>Eyeglasses, contact lenses or laser eye surgery</b>		Not covered	<b>Adults and children age 18+:</b> 80%, maximum reimbursement of \$400 reimbursement / 36 months

### Table of premiums applicable from January 1, 2025 (per 14-day period)<sup>4</sup>

Coverage and statuses	Individual			Single-parent			Family		
	Health 1	Health 2	Health 3	Health 1	Health 2	Health 3	Health 1	Health 2	Health 3
<b>Premium</b>	<b>\$61.81</b>	<b>\$77.70</b>	<b>\$89.37</b>	<b>\$74.20</b>	<b>\$96.43</b>	<b>\$110.88</b>	<b>\$136.05</b>	<b>\$173.24</b>	<b>\$198.35</b>

## 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.

<b>Reimbursement of Eligible Expenses</b>	
<b>Basic Dental Care</b> (Diagnostic services, prevention and space maintainers, minor restoration, periodontics, oral surgery, local anesthesia)	80 % <sup>5</sup> One recall or periodic examination per period of 9 months and one complete examination per period of 36 months
<b>Restorative Dental Care</b> (Major restoration, endodontics, prosthodontics [fixed or removable])	60%, maximum reimbursement of \$1,000 / calendar year

### Table of premiums applicable from January 1, 2025 (per 14-day period)<sup>4</sup>

Coverage Statuses	Individual	Single-parent	Family
<b>Premium</b>	<b>\$18.68</b>	<b>\$30.75</b>	<b>\$46.50</b>

Coverages indicated with an asterisk (\*) require a medical prescription to be eligible for reimbursement. | 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 | 4. Subtract the employer's contribution, if applicable. | 5. Eligible lab test expenses are limited to 50% of the fees detailed in the fee guide for the orodental act in question.

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2525 Laurier Boulevard  
Quebec QC G1V 2L2

**1 888 235-0606**

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