

Contract A4999
January 1st, 2025
FSSS (CSN) – public 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)

Participant's Basic Life Insurance¹	1 times insurable annual salary	Premium applicable from January 1 st , 2025 (per 14-day period): 0.300% of insurable salary
AD&D¹ (Accidental Death and Dismemberment)	Accidental death = 1 times insurable annual salary Accidental dismemberment = 10% to 100% of insurable annual salary, depending on loss suffered	
Participant's Optional Life Insurance	1 to 5 times insurable annual salary	See Table below
Spouse's and Dependent Children's Life Insurance¹	\$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 st , 2025 (per 14-day period): \$0.55
Spouse's Optional Life Insurance	\$10,000 to \$100,000 per unit of \$10,000	See Table below

Participant's Optional Life Insurance

Age of participant	Cost as % of insurable salary (per 14-day period) ² (for 1 times insurable salary)			
	Female		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%

Participant's and Spouse's Optional Life Insurance

Age of participant	Cost per \$10,000 of insurance (per 14-day period) ²			
	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
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

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% ³ 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 January 1 st , 2025 (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)⁴

Benefit amount 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 January 1 st , 2025 (per 14-day period)	
Option O	1.529% of insurable salary
Option O+	1.809% of insurable salary

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. | 3. Eligible lab test expenses are limited to 50% of the fees detailed in the fee guide for the orodental act in question. | 4. Please consult your local union or your employer to find out the option chosen by your certification unit.

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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						
Prescription Drugs									
*Prescription drugs and eligible pharmaceutical services Health 1: RAMQ list Health 2 and Health 3: Regular list § No deductible for a supply of at least 84 days	\$5 deductible per purchased drug ^s 68% as set by the BPDIP [†] , up to an annual out-of-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses thereafter	\$5 deductible per purchased drug ^s 75%, up to an annual out-of-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses thereafter	\$5 deductible per purchased drug ^s 80%, up to an annual out-of-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses thereafter						
*Sclerosing injections	68%, maximum reimbursement of \$25 / treatment for the substance injected	75%, maximum reimbursement of \$25 / treatment for the substance injected	80%, maximum reimbursement of \$25 / treatment for the substance injected						
Emergency Care									
Ambulance	68%	75%	80%						
Travel Insurance and Assistance	100%, maximum reimbursement of \$5,000,000 / trip	100%, maximum reimbursement of \$5,000,000 / trip	100%, maximum reimbursement of \$5,000,000 / trip						
Travel Cancellation Insurance	100%, maximum reimbursement of \$5,000 / trip	100%, maximum reimbursement of \$5,000 / trip	100%, maximum reimbursement of \$5,000 / trip						
Other Medical Expenses									
* Cannabis for medical purposes (subject to prior approval by Beneva)	68%, maximum reimbursement of \$2,000 / calendar year	75%, maximum reimbursement of \$2,000 / calendar year	80%, maximum reimbursement of \$2,000 / calendar year						
* Gender affirmation surgery	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						
* Intrauterine devices (IUDs) (IUDs not covered under the prescription drug insurance benefit)	68%	75%	80%						
*Transportation and accommodation	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						
*Artificial limbs and external prostheses		75%	80%						
*Blood glucose monitor		75%, maximum reimbursement of \$240 / 36 months	80%, maximum reimbursement of \$240 / 36 months						
*Breast prosthesis and ostomy appliances		75%	80%						
*Deep shoes		75%, maximum of \$150 / calendar year	80%, maximum of \$150 / calendar year						
Dental surgery required following accident		75%	80%						
*Detoxification		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						
Hearing aid		75%, maximum reimbursement of \$480 / 48 months	80%, maximum reimbursement of \$480 / 48 months						
*Hospital bed for domestic use		75%, rental or purchase if more economical	80%, rental or purchase if more economical						
*Insulin pump	Not covered	75%, maximum reimbursement of \$6,400 / 60 months	80%, maximum reimbursement of \$6,400 / 60 months						
*Insulin pump accessories		75%	80%						
*Intraocular lens		75%	80%						
*Orthopaedic devices		75%	80%						
*Orthopaedic shoes		75%	80%						
*Support stockings		75%, maximum of 3 pairs / calendar year	80%, maximum of 3 pairs / calendar year						
*Surgical brassiere		75%, maximum lifetime reimbursement of \$200	80%, maximum lifetime reimbursement of \$200						
*Therapeutic devices and breathing assistance apparatus		75%, maximum lifetime reimbursement of \$10,000	80%, maximum lifetime reimbursement of \$10,000						
*Transcutaneous electrical nerve stimulator (TENS)		75%, maximum reimbursement of \$560 / 60 months	80%, maximum reimbursement of \$560 / 60 months						
*Wheelchair		75%	80%						
*Wig required following chemotherapy		75%, maximum lifetime reimbursement of \$300	80%, maximum lifetime reimbursement of \$300						
Health Care Professionals									
Dietitian and Nutritionist		Not covered	80%, combined maximum reimbursement of \$750 / calendar year						
Kinesitherapist (including kinotherapist), orthotherapist and massage therapist		Not covered	80%, combined maximum reimbursement of \$750 / calendar year						
Acupuncturist		75%, combined maximum reimbursement of \$500 / calendar year	Furthermore: kinesitherapist, orthotherapist and massage therapist: maximum reimbursement of 65\$ / treatment						
Chiropractor and osteopath		75%, combined maximum reimbursement of \$500 / calendar year	Furthermore: kinesitherapist, orthotherapist and massage therapist: maximum reimbursement of 65\$ / treatment						
Physiotherapist and physical rehabilitation therapist		75%, combined maximum reimbursement of \$500 / calendar year	Furthermore: kinesitherapist, orthotherapist and massage therapist: maximum reimbursement of 65\$ / treatment						
Podiatrist	Not covered	75%, combined maximum reimbursement of \$500 / calendar year	Furthermore: kinesitherapist, orthotherapist and massage therapist: maximum reimbursement of 65\$ / treatment						
Audiologist		75%, 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	80%, maximum reimbursement of 20 treatments / calendar year						
Speech language pathologist		75%, maximum reimbursement of 20 treatments / calendar year	80%, 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	Not covered	Not covered	Adults and children age 18+: 80%, maximum reimbursement of \$400 / 36 months						
Table of premiums applicable from January 1st, 2025 (per 14-day period)¹									
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
Total Premium	\$59.83	\$75.21	\$86.49	\$71.80	\$93.32	\$107.29	\$131.67	\$167.64	\$191.95

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 | 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

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