



**Communities  
make us**



# Your Plan

At a glance



**FSSS (CSN)  
public sector  
April 1<sup>st</sup>, 2024**

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



## LIFE INSURANCE (optional participation)

<b>Participant's Basic Life Insurance<sup>(1)</sup></b>	1 times insurable annual salary	
<b>AD&amp;D<sup>(1)</sup> (Accidental Death and Dismemberment)</b>	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 <sup>st</sup> , 2024 (per 14-day period): <b>0.300%</b> of insurable salary
<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 April 1 <sup>st</sup> , 2024 (per 14-day period): <b>\$0.55</b>
<b>Spouse's Optional Life Insurance</b>	\$10,000 to \$100,000 per unit of \$10,000	<b>See Table below</b>

<b>Participant's Optional Life Insurance</b>				
<b>Age of participant</b>	<b>Cost as % of insurable salary (per 14-day period)<sup>(2)</sup> (for 1 times insurable salary)</b>			
	<b>Female</b>		<b>Male</b>	
	<b>Non-smoker</b>	<b>Smoker</b>	<b>Non-smoker</b>	<b>Smoker</b>
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%

<b>Participant's and Spouse's Optional Life Insurance</b>				
<b>Age of participant</b>	<b>Cost per \$10,000 of insurance (per 14-day period)<sup>(2)</sup></b>			
	<b>Female</b>		<b>Male</b>	
	<b>Non-smoker</b>	<b>Smoker</b>	<b>Non-smoker</b>	<b>Smoker</b>
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

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

<sup>(2)</sup> 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.

## 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

<b>Basic Dental Care</b> (Diagnostic services, prevention and space maintainers, minor restoration, periodontics, oral surgery, local anesthesia)	80% <sup>(1)</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 April 1<sup>st</sup>, 2024 (per 14-day period)<sup>(3)</sup>

Coverage Statuses	INDIVIDUAL	SINGLE-PARENT	FAMILY
<b>Total Premium</b>	<b>\$18.08</b>	<b>\$29.76</b>	<b>\$45.00</b>

## LONG TERM DISABILITY INSURANCE

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

### Benefit amount and duration

<b>Option O</b>	80% of net benefit received from employer at 105 <sup>th</sup> week of disability until age 65.
<b>Option O+</b>	90% of net benefit received from employer at 105 <sup>th</sup> week of disability until age 65.

### Table of premiums applicable from April 1<sup>st</sup>, 2024 (per 14-day period)

<b>Option O</b>	1.529% of insurable salary
<b>Option O+</b>	1.809% of insurable salary

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

<sup>(2)</sup> 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 only by medical prescription.**

Coverage	Health 1	Health 2	Health 3		
<b>Prescription Drugs</b>					
<b>* Prescription drugs and eligible pharmaceutical services</b> <ul style="list-style-type: none"> <li>Health 1: RAMQ list</li> <li>Health 2 and Health 3: Regular list</li> </ul> <i>§ No deductible for a supply of at least 84 days</i>	<b>\$5 deductible</b> per purchased drug <sup>§</sup> 67% as set by the BPDIP <sup>1</sup> , up to an annual out-of-pocket maximum of \$950 per certificate, per calendar year and 100% of eligible expenses thereafter	<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	<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		
<b>* Sclerosing injections</b>	67%, 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		
<b>Emergency Care</b>					
<b>Ambulance</b>	67%	75%	80%		
<b>Travel Insurance and Assistance</b>	100%, maximum reimbursement of \$5,000,000 / trip	100%, maximum reimbursement of \$5,000,000 / trip	100%, maximum reimbursement of \$5,000,000 / trip		
<b>Travel Cancellation Insurance</b>	100%, maximum reimbursement of \$5,000 / trip	100%, maximum reimbursement of \$5,000 / trip	100%, maximum reimbursement of \$5,000 / trip		
<b>Other Medical Expenses</b>					
<b>* Cannabis for medical purposes</b> (subject to prior approval by SSQ)	67%, 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)</b> (IUDs not covered under the prescription drug insurance benefit)	67%	75%	80%		
<b>* Transportation and accommodation</b>	67%, 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>	Not covered	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>		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			
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 <b>annual out-of-pocket</b> : 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.					
<sup>1</sup> BPDIP: Basic Prescription Drug Insurance Plan					
<b>Health Care Professionals</b>					
<b>Dietitian and Nutritionist</b>	Not covered	Not covered	80%, combined maximum reimbursement of \$750 / calendar year Furthermore: kinesi therapist, ortho therapist and massage therapist: maximum reimbursement of 65\$ / treatment		
<b>Kinesitherapist (including kinotherapist), ortho therapist and massage therapist</b>					
<b>Acupuncturist</b>					
<b>Chiropractor and osteopath</b>					
<b>Physiotherapist and physical rehabilitation therapist</b>					
<b>Podiatrist</b>					
<b>Audiologist</b>				75%, maximum reimbursement of 20 treatments / calendar year	80%, maximum reimbursement of 20 treatments / calendar year
<b>Occupational therapist</b>				75%, maximum reimbursement of 20 treatments / calendar year	80%, maximum reimbursement of 20 treatments / calendar year
<b>Speech language pathologist</b>				75%, maximum reimbursement of 20 treatments / calendar year	80%, maximum reimbursement of 20 treatments / calendar year
<b>Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist</b>				50%, maximum reimbursement of \$1,000 / calendar year	50%, maximum reimbursement of \$1,500 / calendar year
<b>Vision Care</b>					
<b>Eye exam</b>	Not covered	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	Not covered	<b>Adults and children age 18+:</b> 80%, maximum reimbursement of \$400 / 36 months		

#### Table of premiums applicable from April 1<sup>st</sup>, 2024 (per 14-day period)<sup>(1)</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>Total Premium</b>	<b>\$55.19</b>	<b>\$70.00</b>	<b>\$81.02</b>	<b>\$66.24</b>	<b>\$86.86</b>	<b>\$100.51</b>	<b>\$121.47</b>	<b>\$156.03</b>	<b>\$179.81</b>

<sup>(1)</sup> 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

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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.**

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