

### Communities make us



## **Your Plan**

At a glance



### **GROUP INSURANCE PLAN - FSSS (CSN) PUBLIC SECTOR**

This pamphlet details the changes and new premium rates effective

### **HEALTH INSURANCE PLAN** (compulsory participation)

Participation in one of the Health Insurance Plans (Health I, II or III) 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.

SSQ Insurance recommends that all group insurance participants comply with the Government of Canada's travel advisories. For more information, please consult the FAQ at <a href="mailto:sq.ca/en/coronavirus/travel">ssq.ca/en/coronavirus/travel</a>.

#### **Coverage Options and Statuses**

Participants may choose a coverage option (Health I, Health II or Health III) and a coverage status (Individual, Single-Parent or Family) for their Health Insurance Plan. They can choose a coverage option for their spouse and dependent children that is equivalent to or less generous than the option they have chosen for themselves. For example, they can choose Health III for themselves and Health II for their spouse and dependent children. The different possible combinations are indicated in the table of premiums below.

#### Participation Duration

Participants must maintain their participation to the chosen option for at least **36 months** before they can choose a less generous coverage option for themselves, their spouse or their dependent children, 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.

Reimbursement of Eligible Expenses						
Benefits	Health I	Health II	Health III			
Prescription Drugs		·				
* Prescription drugs and eligible pharmaceutical	80%	of eligible expenses up to annual	out-ot-pocket maximum of \$950,			
services		and 100% of expenses in excess pe	r certificate, per calendar year			
Emergency Care						
Ambulance		80%				
Travel Insurance and Assistance		100%, maximum reimburseme				
Travel Cancellation Insurance		100%, maximum reimburse	ment of \$5,000 / trip			
Other Medical Expenses						
* Cannabis for medical purposes		80%, maximum reimbursement	of \$2,000 / calendar year			
(subject to prior approval by SSQ)		50 /0, maximum reimbursement	or \$2,000 / Caleffual year			
* Artificial limbs and external prostheses		80%				
* Blood glucose monitor		80%, maximum reimbursement of \$240 / 36 months				
* Breast prosthesis and ostomy appliances		80%				
* Deep shoes		80%, maximum of \$150 / calendar year				
Dental surgery required following accident		80%				
Hearing aid		80%, maximum reimbursement of \$480 / 48 months				
* Hospital bed for domestic use		80%, rental or purchase if more economical				
* Insulin pump		80%, maximum reimbursement of \$6,400 / 60 months				
* Insulin pump accessories		80%, no maximum				
* Intraocular lens	Not covered	80%				
* Orthopaedic devices	140t covered	80%				
* Orthopaedic shoes		80%				
* Sclerosing injections		80%, maximum reimbursement of \$25 / treatment for the substance injected				
* Support stockings		80%, maximum of 3 pairs / calendar year				
* Therapeutic devices and breathing assistance		80%, maximum	lifetime reimbursement of \$10,000			
apparatus			· '			
* Transcutaneous electrical nerve stimulator (TENS)		80%, maximum reimbursement of \$560 / 60 months				
* Transportation and accommodation		80%, maximum reimburse	ement of \$48 / day and \$1,000 / calendar year			
* Wheelchair, surgical brassiere		80%				
* Wig required following chemotherapy		80%, maximu	m lifetime reimbursement of \$300			

Benefits 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**: 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; and Transportation

and accommodation.					
Health Care Professionals					
Acupuncturist		Not covered	80%, maximum reimbursement of \$30 / treatment		
Kinesitherapist, orthotherapist and massage therapist			80%, maximum reimbursement of \$25 / treatment and \$200 / calendar year		
Podiatrist			80%, maximum reimbursement of \$30 / treatment		
Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist	Not covered		50%, maximum reimbursement of \$1,000 / calendar year		
Audiologist, occupational therapist and speech language pathologist			80%		
Chiropractor and osteopath		80%, maximum reimbursement of \$30 per treatment and \$400 / calenda including X-rays by a chiropractor with a maximum reimbursement of \$32			
Physiotherapist and physical rehabilitation therapist		80%, ı	maximum reimbursement of \$30 / treatment		
Vision Cara					

Vision Care			
Eyeglasses, contact lenses or laser eye surgery	Not covered	Not covered	Adult and child age 13 or over: 80%, maximum of \$320 reimbursement / 36 months, including eye examinations, maximum of \$40 reimbursement 36 months Child under age 13:
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80%, maximum of \$160 reimbursement / 12 months, including eye examinations, maximum of \$40 reimbursement / 12 months

Table of premiums applicable for the period from January 1st to June 30, 2021 (per 14-day period) <sup>(1)</sup>															
Coverage combinations	11	NDIVIDUA	L			SINGLE-	PARENT					FAI	/IILY		
and statuses	A	В	С	D	E	F	G	Н		J	K	L	M	N	0
Participant	Health I	Health II	Health III	Health I	Health II	Health II	Health III	Health III	Health III	Health I	Health II	Health II	Health III	Health III	Health III
Dependent Children	_	-	-	Health I	Health I	Health II	Health I	Health II	Health III	_	_	_	_	_	-
Spouse and Dependent Children	-	-	-	-	-	-	-	-	-	Health I	Health I	Health II	Health I	Health II	Health III
Total Premium	\$56.06	\$60.68	\$65.59	\$67.30	\$71.92	\$75.36	\$76.83	\$80.27	\$81.43	\$123.39	\$128.01	\$135.30	\$132.92	\$140.21	\$145.63
Employer's Contribution <sup>(2)</sup> If Salary Scale Maximum is less than \$40,000	\$5.28	\$5.28	\$5.28	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24	\$13.24
Employee's Contribution If Salary Scale Maximum is less than \$40,000	\$50.78	\$55.40	\$60.31	\$54.06	\$58.68	\$62.12	\$63.59	\$67.03	\$68.19	\$110.15	\$114.77	\$122.06	\$119.68	\$126.97	\$132.29
Employer's Contribution <sup>(2)</sup> If Salary Scale Maximum is \$40,000 or over	\$2.39	\$2.39	\$2.39	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97	\$5.97
Employee's Contribution If Salary Scale Maximum	\$53.67	\$58.29	\$63.20	\$61.33	\$65.95	\$69.39	\$70.86	\$74.30	\$75.46	\$117.42	\$122.04	\$129.33	\$126.95	\$134.24	\$139.66

is \$40,000 or over

Before 9% provincial sales tax.

### **DENTAL CARE INSURANCE PLAN** (optional participation)

To be eligible under the Dental Care Insurance benefit, participants must be covered under the Health Insurance benefit of this plan or be exempted from it. However, **coverage statuses** may **differ** between the Dental Care Insurance Plan and the Health Insurance Plan. For example, a participant can choose a Family status for the Health Insurance benefit, and an Individual status for the Dental Care Insurance benefit, and vice versa.

New employees eligible under the Health Insurance Plan will be automatically enrolled in the Dental Care Insurance Plan and the Individual status will be granted, unless otherwise specified.

### Participation Duration

Participants who have subscribed to this Dental Care Insurance Plan must maintain their participation for at least 36 months from the effective date of this plan, even when an event

stated in the contract occurs.	
Reimbursement of Eligible Expenses	
Basic Dental Care (Diagnostic services, prevention and space maintainers, minor restoration, periodontics, oral surgery, local anesthesia)	80 % <sup>(3)</sup> 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

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

Table of premiums applicable for the period from January 1st to June 30, 2021 (per 14-day period) <sup>(4)</sup>					
Coverage Statuses	INDIVIDUAL	SINGLE-PARENT	FAMILY		
Total Premium	\$16.07	\$26.45	\$40.00		

<sup>(4)</sup> Before 9% provincial sales tax.

For salary scale maximum of less than \$40,000 and of \$40,000 or over, these contributions are coming from the FSSS public sector collective agreements. The employer's contribution is reduced by 50% for employees working less than 70% of full-time.

#### **OPTIONAL PLAN I – LIFE INSURANCE**

(optional participation)

Participant's Basic Life Insurance <sup>(1)</sup>	1 times insurable annual salary
AD&D <sup>(1)</sup> (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
Spouse's and Dependent Children's Life Insurance <sup>(1)</sup>	\$5,000 / deceased person If proof is provided that participant has no spouse at time of death: \$10,000 / deceased child
Spouse's Optional Life Insurance	\$10,000 to \$100,000 per unit of \$10,000

<sup>(1)</sup> Participant's Basic Life Insurance and AD&D Insurance as well as Spouse's and Dependent Children's Life Insurance are granted by automatic registration, unless otherwise indicated.

## Table of premiums applicable for the period from January 1st to June 30, 2021 (per 14-day period) $^{(2)}$

Basic Life Insurance and AD&D	0.300% of insurable salary
Spouse's and Dependent Children's Life Insurance	\$0.55

### Participant's and Spouse's Optional Life Insurance

	Cost per \$1,000 of insurance <sup>(3)</sup>						
Age of participant <sup>(4)</sup>	Fema	ale	Male				
participant	Non-smoker	Smoker	Non-smoker	Smoker			
Under age 30 Age 30 to 34 Age 35 to 39	\$0.014 \$0.015 \$0.020	\$0.022 \$0.024 \$0.032	\$0.024 \$0.024 \$0.029	\$0.031 \$0.031 \$0.040			
Age 40 to 44 Age 45 to 49	\$0.020 \$0.040 \$0.055	\$0.032 \$0.061 \$0.082	\$0.029 \$0.053 \$0.073	\$0.040 \$0.070 \$0.100			
Age 50 to 54 Age 55 to 59	\$0.033 \$0.089 \$0.160	\$0.125 \$0.211	\$0.075 \$0.110 \$0.189	\$0.154 \$0.262			
Age 60 to 64	\$0.290	\$0.352	\$0.328	\$0.445			

### OPTIONAL PLAN I - LIFE INSURANCE (continued)

### **Participant's Optional Life Insurance**

Age of	Cost as % of insurable salary <sup>(3)</sup> (for 1 times insurable salary)					
participant <sup>(4)</sup>	Fema	ıle	Male			
	Non-smoker	Smoker	Non-smoker	Smoker		
Under age 30 Age 30 to 34 Age 35 to 39 Age 40 to 44 Age 45 to 49 Age 50 to 54 Age 55 to 59 Age 60 to 64	0.036% 0.039% 0.052% 0.104% 0.143% 0.231% 0.416% 0.754%	0.057% 0.062% 0.083% 0.159% 0.213% 0.325% 0.549% 0.915%	0.062% 0.062% 0.075% 0.138% 0.190% 0.286% 0.491% 0.853%	0.081% 0.081% 0.104% 0.182% 0.260% 0.400% 0.681% 1.157%		

<sup>(2)</sup> Before 9% provincial sales tax.

## OPTIONAL PLAN II – LONG TERM DISABILITY INSURANCE

Benefit amount and duration				
Option II F (optional participation)	80% of net benefit received from employer at 105 <sup>th</sup>			
<b>Option II O</b> (compulsory participation if vote in favour)	week of disability until <b>age 60</b> ( <b>age 61</b> as of July 1, 2019)			
Option II O+ (compulsory participation if vote in favour)	100% of net benefit received from employer at 105 <sup>th</sup> week of disability until <b>age 65</b> , with integration of 65% of pension benefit payable without actuarial reduction			

## Table of premiums applicable for the period from January 1<sup>st</sup> to June 30, 2021 (per 14-day period)<sup>(1)</sup>

(per 14-day period)	
Option II F	1.460% of insurable salary
Option II O	1.248% of insurable salary
Option II O+	1.790% of insurable salary

## Examples of insurable salaries and corresponding premiums per 14-day period<sup>(1)</sup>

per 14-day period <sup>17</sup>						
Annual insurable salary	\$25,000	\$30,000	\$35,000	\$40,000	\$50,000	\$60,000
Option II F	\$14.04	\$16.85	\$19.65	\$22.46	\$28.08	\$33.69
Option II O	\$12.00	\$14.40	\$16.80	\$19.20	\$24.00	\$28.80
Option II O+	\$17.21	\$20.65	\$24.10	\$27.54	\$34.42	\$41.31

<sup>(1)</sup> Before 9% provincial sales tax.

<sup>(3)</sup> If no non-smoker's statement is provided, rates for smokers will apply.

<sup>(4)</sup> Premium rate changes subsequent to an age change are effective as of January 1 coinciding with or following the participant's birthday. However, for Spouse's Optional Life Insurance benefit, spouse's gender and smoking habits are used.

## **Customer Centre**

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## With so many advantages, why pass on it?



Submit a claim online and the reimbursement will be directly deposited in your account within **48 hours** (for most types of health care expenses).



Never look for your insurance documents (statements, proof, card) again.



Consult your claims easily.



Always know the details of your insurance coverage.

# Log in to the Customer Centre! customer-centre.ssq.ca

"Your At a glance" pamphlet covers only the most often-consulted elements about your Group Insurance Plan. For more detailed information, please refer to the insurance brochure available via the secure site for insureds at ssq.ca or from your employer. Please note that the pamphlet of last year (which contains significant modifications to your plan) is also available at the same place.

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.

#### **Head Office**

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

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