

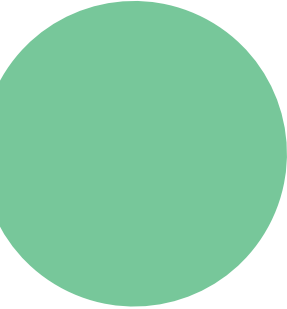


**Communities
make us**



Your Plan

At a glance



**FSSS (CSN)
RSGMF
January 1st, 2021**



GROUP INSURANCE PLAN - FSSS (CSN) RSGMF

This pamphlet details the changes and new premium rates effective

January 1st 2021

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 ssq.ca/en/coronavirus/travel.

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 services	80% of eligible expenses up to annual out-of-pocket maximum of \$950, and 100% of expenses in excess per certificate, per calendar year		
Emergency Care			
Ambulance	80%		
Travel Insurance and Assistance	100%, maximum reimbursement of \$5,000,000 / trip		
Travel Cancellation Insurance	100%, maximum reimbursement of \$5,000 / trip		
Other Medical Expenses			
* Cannabis for medical purposes (subject to prior approval by SSQ)	80%, maximum reimbursement of \$2,000 / calendar 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	80%		
* Orthopaedic devices	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 apparatus	80%, maximum lifetime reimbursement of \$10,000		
* Transcutaneous electrical nerve stimulator (TENS)	80%, maximum reimbursement of \$560 / 60 months		
* Transportation and accommodation	80%, maximum reimbursement of \$48 / day and \$1,000 / calendar year		
* Wheelchair, surgical brassiere	80%		
* Wig required following chemotherapy	80%, maximum 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		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 / calendar year, including X-rays by a chiropractor with a maximum reimbursement of \$32 per X-ray
Physiotherapist and physical rehabilitation therapist		80%, maximum reimbursement of \$30 / treatment

Vision Care

Eyeglasses, contact lenses or laser eye surgery	Not covered	Not covered	<p>Adult and child age 13 or over: 80%, maximum of \$320 reimbursement / 36 months, including eye examinations, maximum of \$40 reimbursement / 36 months</p> <p>Child under age 13: 80%, maximum of \$160 reimbursement / 12 months, including eye examinations, maximum of \$40 reimbursement / 12 months</p>
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Table of premiums applicable for the period from January 1st to June 30, 2021 (per 14-day period)⁽¹⁾

Coverage combinations and statuses	INDIVIDUAL			SINGLE-PARENT						FAMILY					
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
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	\$57.93	\$62.70	\$67.77	\$69.54	\$74.31	\$77.86	\$79.38	\$82.93	\$84.13	\$127.51	\$132.28	\$139.82	\$137.35	\$144.89	\$150.49

⁽¹⁾ 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 % ⁽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

⁽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)⁽⁴⁾

Coverage Statuses	INDIVIDUAL	SINGLE-PARENT	FAMILY
Total Premium	\$16.60	\$27.33	\$41.33

⁽⁴⁾ Before 9% provincial sales tax.

OPTIONAL PLAN I – 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
Participant's Optional Life Insurance	1 to 20 units of 20% of the maximum pensionable earnings (MPE of 2015) of the Québec Pension Plan (QPP)
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
Spouse's Optional Life Insurance	\$10,000 to \$100,000 per unit of \$10,000

⁽¹⁾ 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	0.310% of insurable salary
Spouse's and Dependent Children's Life Insurance	\$0.57

Participant's and Spouse's Optional Life Insurance

Age of participant ⁽⁴⁾	Cost per \$1,000 of insurance ⁽³⁾			
	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

⁽²⁾ Before 9% provincial sales tax.

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

⁽⁴⁾ 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.

SHORT TERM DISABILITY INSURANCE PLAN

(compulsory participation, without evidence of insurability)

Benefit amount and duration

70% of gross insurable salary at the start of the disability for a maximum duration of 24 months, without exceeding age 65. Benefits become payable after a waiting period of 14 consecutive days.

Table of premiums applicable for the period from January 1st to June 30, 2021 (per 14-day period)⁽⁵⁾

4.304% of insurable salary

⁽⁵⁾ Before 9% provincial sales tax.

OPTIONAL PLAN II – LONG TERM DISABILITY INSURANCE

Benefit amount and duration	
Option II F (optional participation)	80% of the "80% net insurable salary" chosen by the RSGMF before the start date of the disability until age 60 (age 61 as of July 1, 2019)
Option II O (compulsory participation if vote in favour / certification unit)	
Option II O+ (compulsory participation if vote in favour / certification unit)	100% of the "80% net insurable salary" chosen by the RSGMF before the start date of the disability until age 65 and integration of 65% of pension benefit payable without actuarial reduction

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

Option II F	1.508% of insurable salary
Option II O	1.290% of insurable salary
Option II O+	1.850% of insurable salary

⁽¹⁾ Before 9% provincial sales tax.

The **insurable salary** is the **gross insurable reference salary** chosen by the person responsible for a home childcare service based on the number of children under her/his care.

GENERAL INFORMATION

Eligibility for insurance

Anyone who holds certification from the *Ministère de la Famille et des Aînés* as a person responsible for a home childcare service with three subsidized children or more is eligible for insurance provided this certification is permanent. They become eligible three months after the childcare service opens, provided they have an average of three children or more during the three months, to the insurer's satisfaction. If you are not eligible for insurance, you must obtain proof from the home childcare providers' coordinating office and submit this proof to SSQ to be exempted from participating in the insurance.

For any person responsible for a home childcare service who becomes eligible for the insurance after the effective date of the RSGMF plan in an FSSS (CSN) certification unit, the effective date of the insurance is 3 months following the date the home childcare service recognized by the *Ministère de la Famille et des Aînés* begins its operations.

Gross insurable reference salary

You must choose the annual insurable reference salary based on the number of children under your care, in brackets according to the following parameters:

- 3 children: 38% of MPE of 2015
- 4 children: 38% to 52% of MPE of 2015
- 5 children: 38% to 66% of MPE of 2015
- 6 children or more: 38% to 80% of MPE of 2015

For the purposes of this scale, a disabled child counts as two children. The number of children corresponds to the average for the three months preceding the date of eligibility or during the twelve months preceding September 1 of a given year, based on subsidies received. You must provide supporting documents. Any increase in the reference salary by more than 10% of the MPE of 2015 is subject to evidence of insurability. Also, a decrease in salary of more than 10% of the MPE of 2015 must be justified by a real decrease in the number of children, to SSQ's satisfaction.

Payment of premiums: Preauthorized direct debit payments every 14 days.

Customer Centre

2 minutes to register.

48 hours to get reimbursed.

Now that's fast!

**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

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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.