



**Communities
make us**



Your Plan

At a glance



**FSSS (CSN)
private sector
April 1st, 2023**

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



LIFE INSURANCE (optional participation)

Participant's Basic Life Insurance⁽¹⁾	1 times insurable annual salary	Premiums applicable for the period from April 1 st , 2023 to March 31, 2024 (per 14-day period) : 0.310% of insurable 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 5 times insurable annual salary	See table below
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	Premiums applicable for the period from April 1 st , 2023 to March 31, 2024 (per 14-day period) : \$0.57
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 per \$1,000 of insurance (per 14-day period) ⁽²⁾			
	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) ⁽²⁾			
	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 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.

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	
Option A	55% 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.
Option B	66.67% 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.
Option C	80% 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.
Option D	80% 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 for the period from April 1st, 2023 to March 31, 2024 (per 14-day period)

Option A	0.503% of insurable salary ⁽¹⁾
Option B	2.843% of insurable salary
Option C	3.407% of insurable salary ⁽¹⁾
Option D	1.175% of insurable salary ⁽¹⁾

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	
Option II F	80% of the "80% net insurable salary" payable annually by the employer before the start date of the disability until age 61
Option II O	
Option II O+	100% of the "80% net insurable salary" payable annually by the employer before the start date of the disability until age 65
Option A	66.67% of the gross salary payable annually by the employer before the start date of the disability until age 65 . The benefit is not taxable.
Option B	80% of the gross salary payable annually by the employer before the start date of the disability until age 65 . The benefit is taxable.

Table of premiums applicable for the period from April 1st, 2023 to March 31, 2024 (per 14-day period)

Option II F	1.694% of insurable salary
Option II O	1.449% of insurable salary
Option II O+	2.079% of insurable salary
Option A	3.580% of insurable salary
Option B	4.297% of insurable salary ⁽¹⁾

⁽¹⁾ Subtract the employer's contribution, if applicable.

GROUP INSURANCE PLAN - FSSS (CSN) PRIVATE SECTOR

This pamphlet details the group insurance plan and new premium rates effective **April 1st, 2023**

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.**

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.

Reimbursement of Eligible Expenses			
Coverage	Health 1	Health 2	Health 3
Prescription Drugs			
* Prescription drugs and eligible pharmaceutical services <ul style="list-style-type: none"> Health 1: RAMQ list Health 2 and Health 3: Regular list New [§] No deductible for a supply of at least 84 days	\$5 deductible per purchased drug [§] 65% of eligible expenses up to annual out-of-pocket maximum of \$950 and 100% of expenses in excess per certificate, per calendar year	\$5 deductible per purchased drug [§] 75% of eligible expenses up to annual out-of-pocket maximum of \$950 and 100% of expenses in excess per certificate, per calendar year	\$5 deductible per purchased drug [§] 80% of eligible expenses up to annual out-of-pocket maximum of \$950 and 100% of expenses in excess per certificate, per calendar year
* Sclerosing injections	65%, 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	65%	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 SSQ)	65%, 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)	65%	75%	80%
* Transportation and accommodation	65%, 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	Not covered	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		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

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.

Health Care Professionals			
Dietitian and Nutritionist	Not covered	Not covered	80%, combined maximum reimbursement of \$750 / calendar year Furthermore: kinesiologist, orthotherapist and massage therapist: maximum reimbursement of 65\$/ treatment
Kinesiologist (including kinesiologist), orthotherapist and massage therapist			
Acupuncturist			
Chiropractor and osteopath			
Physiotherapist and physical rehabilitation therapist			
Podiatrist			
Audiologist			
Occupational therapist			
Speech language pathologist			
Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist			
	75%, maximum reimbursement of 20 treatments / calendar year	80%, maximum reimbursement of 20 treatments / calendar year	
	75%, maximum reimbursement of 20 treatments / calendar year	80%, maximum reimbursement of 20 treatments / calendar year	
	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 reimbursement / 36 months

Table of premiums applicable for the period from April 1st, 2023 to March 31, 2024 (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
Premium	\$52.31	\$67.03	\$78.17	\$62.80	\$83.19	\$96.98	\$115.15	\$149.46	\$173.48

DENTAL CARE (optional participation)

To be eligible under the Dental Care Insurance, participants must be covered under the Health Insurance of this plan or be exempted from it. However, **coverage statuses** may differ 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, even when an event stated in the contract occurs. However, the participant may change **coverage status** if 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 % ⁽²⁾ 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 for the period from April 1st, 2023 to March 31, 2024 (per 14-day period)⁽¹⁾

Coverage Statuses	INDIVIDUAL	SINGLE-PARENT	FAMILY
Premium	\$18.68	\$30.75	\$46.50

⁽¹⁾ Subtract the employer's contribution, if applicable.

⁽²⁾ Eligible lab test expenses are limited to 50% of the fees detailed in the fee guide for the orodental act in question.

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 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.