

LIFE INSURANCE (optional participation)

Participant's Basic Life Insurance ⁽¹⁾	1 times insurable annual salary	Premiums applicable for the period from July 1 st , 2021 to March 31, 2022 (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 July 1 st , 2021 to March 31, 2022 (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 ⁽³⁾	Cost per \$1,000 of insurance ⁽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 ⁽³⁾	Cost per \$10,000 of insurance ⁽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 benefits are granted by automatic registration, unless the participant opt out of these coverage.

⁽²⁾ If no non-smoker's statement is provided, rates for smokers will apply.

⁽³⁾ 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.

Disability Insurance coverage modified

SHORT TERM DISABILITY INSURANCE

(compulsory participation to option A, B or C, depending on the option chosen by your group)⁽¹⁾

Benefit amount and duration	
Option A	55% of the gross salary payable annually by the employer before the start date of the disability for a maximum of 16 weeks. Benefits are taxable, and coordinated 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 16 weeks. Benefits are 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 16 weeks. Benefits are taxable.

Table of premiums applicable for the period from July 1st, 2021 to March 31, 2022 (per 14-day period)

Option A	0.34% of insurable salary ⁽²⁾
Option B	1.92% of insurable salary
Option C	2.30% of insurable salary ⁽²⁾

LONG TERM DISABILITY INSURANCE

(compulsory participation to option A or B, depending on the option chosen by your group)⁽¹⁾

Benefit amount and duration	
Option A	66.67% of the gross salary payable annually by the employer before the start date of the disability until age 65 with integration of 65% of pension benefit payable without actuarial reduction. Benefits are not taxable.
Option B	80% of the gross salary payable annually by the employer before the start date of the disability until age 65 with integration of 65% of pension benefit payable without actuarial reduction. Benefits are taxable.

Table of premiums applicable for the period from July 1st, 2021 to March 31, 2022 (per 14-day period)

Option A	3.750% of insurable salary
Option B	4.500% of insurable salary ⁽²⁾


⁽¹⁾ Please consult your local union or your employer to find out the option chosen by your group.


⁽²⁾ Subtract the employer's contribution, if applicable.


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.

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.

SSQ
insurance

**Communities
make us**

 **Group
insurance**

Your Plan
At a glance



**FSSS (CSN)
private sector
July 1st, 2021**

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

fSSS 
CSN

GROUP INSURANCE PLAN - FSSS (CSN) PRIVATE SECTOR

This pamphlet details the changes and new premium rates effective

July 1st 2021

Coverage modified 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. As of **July 1st 2021**, coverage status chosen by the participant is applicable to the spouse and dependent children. 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 Prescription Drugs	Health 1	Health 2	Health 3
* Prescription drugs and eligible pharmaceutical services <ul style="list-style-type: none"> Health 1: RAMQ list Health 2 and Health 3: Regular list 	\$5 deductible per prescribed 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 65%, maximum reimbursement of \$25 / treatment for the substance injected	\$5 deductible per prescribed 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 75%, maximum reimbursement of \$25 / treatment for the substance injected	\$5 deductible per prescribed 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 80%, maximum reimbursement of \$25 / treatment for the substance injected
* 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
* 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		75%	80%
* Blood glucose monitor		75%	80%
* Breast prosthesis and ostomy appliances		75%, maximum reimbursement of \$240 / 36 months	80%, maximum reimbursement of \$240 / 36 months
* Deep shoes		75%	80%
Dental surgery required following accident		75%, maximum of \$150 / calendar year	80%, maximum of \$150 / calendar year
* Detoxification		75%	80%
Hearing aid		75%	80%
* 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

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

	Health 1	Health 2	Health 3	Health 1	Health 2	Health 3	Health 1	Health 2	Health 3
Dietitian and Nutritionist									
Kinesitherapist (including kiotherapist), orthotherapist and massage therapist				Not covered					
Acupuncturist									
Chiropractor and osteopath									
Physiotherapist and physical rehabilitation therapist									
Podiatrist				Not covered					
Audiologist									
Occupational therapist									
Speech language pathologist									
Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist									
Vision Care									
Eye exam				Not covered			Not covered		
Eyeglasses, contact lenses or laser eye surgery				Not covered			Not covered		

Table of premiums applicable for the period from July 1st, 2021 to March 31, 2022 (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	\$47.60	\$62.66	\$72.33	\$57.14	\$77.76	\$89.73	\$104.78	\$139.71	\$160.55

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	Restorative Dental Care
(Diagnostic services, prevention and space maintainers, minor restorations, periodontics, oral surgery, local anesthesia)	(Major restoration, endodontics, prosthodontics [fixed or removable])
80% ⁽²⁾	One recall or periodic examination per period of 9 months and one complete examination per period of 36 months 60%, maximum reimbursement of \$1,000 / calendar year

Table of premiums applicable for the period from July 1st, 2021 to March 31, 2022 (per 14-day period)

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

⁽¹⁾ Subtract the employer's contribution.

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