

## LIFE INSURANCE (optional participation)

<b>Participant's Basic Life Insurance<sup>(1)</sup></b>	1 times insurable annual salary	Premiums applicable for the period from July 1 <sup>st</sup> , 2021 to March 31, 2022 (per 14-day period): <b>0.310%</b> of insurable 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	
<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 for the period from July 1 <sup>st</sup> , 2021 to March 31, 2022 (per 14-day period): <b>\$0.57</b>
<b>Spouse's Optional Life Insurance</b>	\$10,000 to \$100,000 per unit of \$10,000	<b>See table below</b>

Participant's Optional Life Insurance				
Age of participant <sup>(3)</sup>	Cost per \$1,000 of insurance <sup>(2)</sup>			
	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 <sup>(3)</sup>	Cost per \$10,000 of insurance <sup>(2)</sup>			
	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

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

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

<sup>(3)</sup> 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 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)

Different choices and parameters are available according to the group's needs. Please refer to your local union or your employer for details about this coverage (elimination period, benefit amount, premium rates applicable to your group).

## LONG TERM DISABILITY INSURANCE

(compulsory participation to Option II F, Option II O or Option II O+, depending on the option chosen by your group)<sup>(1)</sup>

Benefit amount and duration	
<b>Option II F</b>	80% of the "80% net insurable salary" payable annually by the employer before the start date of the disability until <b>age 61</b>
<b>Option II O</b>	100% of the "80% net insurable salary" payable annually by the employer before the start date of the disability until <b>age 65</b> and integration of 65% of pension benefit payable without actuarial reduction

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


<b>Option II F</b>	1.508% of insurable salary
<b>Option II O</b>	1.290% of insurable salary
<b>Option II O+</b>	1.850% of insurable salary


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


# 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

2525 Laurier Boulevard  
P.O. Box 10500, Stn Sainte-Foy  
Quebec QC G1V 4H6  
1-888-651-8181

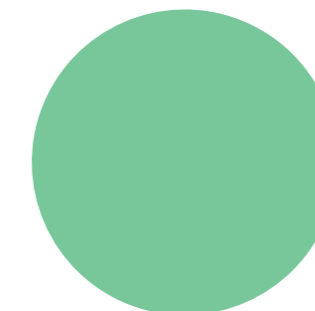
For more information, please feel free to contact SSQ Customer Service, from 8:00 a.m. to 8:00 p.m., Monday to Friday.

**SSQ**  
insurance

**Communities  
make us**

 **Group  
insurance**

**Your Plan**  
**At a glance**



**FSSS (CSN)  
private sector  
July 1<sup>st</sup>, 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 1<sup>st</sup> 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 1<sup>st</sup> 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](https://ssq.ca/en/coronavirus/travel).

### Reimbursement of Eligible Expenses

Coverage	Health 1	Health 2	Health 3
<b>Prescription Drugs</b>			
* <b>Prescription drugs and eligible pharmaceutical services</b>	<b>\$5 deductible</b> 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	<b>\$5 deductible</b> 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	<b>\$5 deductible</b> 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
• Health 1: RAMQ list			
• Health 2 and Health 3: Regular list			
* <b>Sclerosing injections</b>	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
<b>Emergency Care</b>			
<b>Ambulance</b>	65%	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)	65%, maximum reimbursement of \$2,000 / calendar year	75%, maximum reimbursement of \$2,000 / calendar year	80%, maximum reimbursement of \$2,000 / calendar year
* <b>Intrauterine devices (IUDs)</b> (IUDs not covered under the prescription drug insurance benefit)	65%	75%	80%
* <b>Transportation and accommodation</b>	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
* <b>Artificial limbs and external prostheses</b>			
* <b>Blood glucose monitor</b>			
* <b>Breast prosthesis and ostomy appliances</b>			
* <b>Deep shoes</b>			
<b>Dental surgery required following accident</b>			
* <b>Detoxification</b>	Not covered		
<b>Hearing aid</b>			
* <b>Hospital bed for domestic use</b>			
* <b>Insulin pump</b>			
* <b>Insulin pump accessories</b>			
* <b>Intraocular lens</b>			
* <b>Orthopaedic devices</b>			
* <b>Orthopaedic shoes</b>			
* <b>Support stockings</b>			
* <b>Surgical brassiere</b>			
* <b>Therapeutic devices and breathing assistance apparatus</b>			
* <b>Transcutaneous electrical nerve stimulator (TENS)</b>			
* <b>Wheelchair</b>			
* <b>Wig required following chemotherapy</b>			

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
<b>Dietitian and Nutritionist</b>			
<b>Kinesiotherapist (including kinesiologist), ortho therapist and massage therapist</b>	Not covered	Not covered	80%, combined maximum reimbursement of \$750 / calendar year  Furthermore: kinesiologist, ortho therapist and massage therapist: maximum reimbursement of 65\$ / treatment
<b>Acupuncturist</b>			
<b>Chiropractor and osteopath</b>			
<b>Physiotherapist and physical rehabilitation therapist</b>			
<b>Podiatrist</b>			
<b>Audiologist</b>	Not covered		
<b>Occupational therapist</b>			
<b>Speech language pathologist</b>			
<b>Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist</b>			
<b>Vision Care</b>			
<b>Eye exam</b>	Not covered	Not covered	<b>Adults and children age 18 or over:</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 or over:</b> 80%, maximum reimbursement of \$400 / 36 months

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

### 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

<b>Basic Dental Care</b> (Diagnostic services, prevention and space maintainers, minor restoration, periodontics, oral surgery, local anesthesia)	80 % <sup>(2)</sup>
<b>Restorative Dental Care</b> (Major restoration, endodontics, prosthodontics (fixed or removable))	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 1<sup>st</sup>, 2021 to March 31, 2022 (per 14-day period)

Coverage Statuses	INDIVIDUAL		SINGLE-PARENT		FAMILY	
	Health 1	Health 2	Health 1	Health 2	Health 1	Health 2
<b>Total Premium</b>	<b>\$16.60</b>	<b>\$27.33</b>	<b>\$27.33</b>	<b>\$41.33</b>	<b>\$41.33</b>	<b>\$41.33</b>

<sup>(1)</sup> Subtract the employer's contribution.

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