

This document summarizes the coverage offered under the Fédération nationale des enseignantes et des enseignants du Québec (FNEEQ) group insurance plan.

It was designed to make it easier for you to make your coverage selections on enrolment and includes the information most often accessed by insureds. It also contains the terms and conditions concerning life events allowing you to review your coverage choices and the annual period provided for other change requests.

For a full description of the plan and for information on the applicable exclusions and reductions, please refer to the contract, which has been posted on the [FNEEQ](#) and [Beneva](#) websites.

Important Plan selection period

You must make your coverage choices within 30 days following the date on which you become eligible. All coverage change requests must also be submitted within 30 days following the date of the event or the situation allowing you to review your choices.

Supplementary information

Travel insurance

As of November 2020, changes have been made to travel insurance coverage based on the travel advisory risk level issued by the Government of Canada. Your contract stipulates, among other things, that for a country of destination covered under an advisory "to avoid all non-essential travel," coverage is limited to 30 days. For further information and answers related specifically to the current pandemic, please refer to Beneva's [COVID-19 FAQ](#).

Going on vacation? Before you leave, make sure your health is good and stable and that you are eligible for travel insurance. If you're unsure, contact CanAssistance, Beneva's travel assistant, for information about your eligibility and specific advice about your travel destination.

Call CanAssistance

- In Canada and the United States: 1 800 363-9050
- Collect worldwide: 514 985-2281

Certain exclusions apply, such as during a trip in which a teacher accompanies students as part of his or her duties.

Any questions?

Access your Client Centre at any time. It is a great resource for coverage and claims information.

Beneva Customer Service

1 800 463-4856

8:30 a.m. to 8:00 p.m.

Monday to Thursday

8:30 a.m. to 5 p.m. Friday

9:00 a.m. to 12:00 p.m. Saturday
(Eastern Time)

625 Jacques-Parizeau St

PO Box 1500

Quebec QC G1K 8X9



Group insurance plan

Schedule of coverage
effective as of January 1, 2023

Contract 001008-001010

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by LaCapitale

Beneva designates La Capitale Civil Service Insurer Inc. as insurer.
This document is not a contract. It merely provides an overview of the coverage available.
Only the contract may be used to settle legal issues.
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by LaCapitale

Participant's life insurance including critical illness insurance

Optional participation

• Active participant under age 70	1 x annual salary (minimum: \$75,000) or 2 x annual salary (minimum: \$75,000), as selected by the participant 50% reduction at age 65
• Active participant age 70 or over	\$10,000
Critical illness insurance	Up to \$25,000 lifetime Exclusions may apply in the event of pre-existing conditions.

Dependents' life insurance

Optional participation

• Spouse under age 65	\$10,000
• Spouse age 65 or over	\$5,000
• Dependent child	\$5,000

Optional life insurance

Optional participation

Participant	1 to 10 units of \$25,000
Spouse	1 to 10 units of \$25,000

The Insurer pays the beneficiary the life insurance amount corresponding to the age of the insured at the time of death.

Short-term disability insurance

Mandatory participation

Private sector employees and all individuals or classes of individuals approved by the FNEEQ.

Elimination period:

• LaSalle College	10 days
• Lecturers/Université Laval	180 days
• Collège Trinité	14 days
• ITHQ and ITAQ	52 weeks
• Other institutions	30 days

Maximum benefit period	24 months
Benefit amount	80% net salary
Maximum	\$5,000 per month
Indexation	Based on QPP, maximum 3%

Non-taxable benefits

Long-term disability insurance

Optional and subsequently mandatory participation

Elimination period	104 weeks + sick days
Maximum benefit period	Up to age 65
Benefit amount	80% net salary
Maximum	\$5,000 per month
Indexation	Based on QPP, maximum 6%

Own occupation	Up to age 65
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Non-taxable benefits

For non-permanent employees, participation is initially optional. It becomes mandatory on the start date of the contract following the achievement of three years of seniority as of the first eligible contract based on the official seniority list.

Exemption right

Are you wondering whether you can terminate your long-term disability insurance? RREGOP contributors can terminate their insurance in the two years preceding eligibility for retirement without reduction.

If you are in a different category, please refer to the contract.

Rules for changing your coverage selections

The plan allows you to, under certain conditions, review your coverage choices, each November; when you renew your annual membership or when one of the following life events occurs: acquisition of permanent status, marriage, separation, death of your spouse or child, birth or adoption of a first child. The table below shows the rules that apply to changes of coverage.

Desired change	Annual membership renewal in November (change going into effect on the following January 1)	Eligible life event
Increase my health insurance coverage	Yes, if you have at least 12 months of participation at the current level.	Yes, without evidence of insurability during the 30 days following the event.
Increase my dental care coverage	Yes, if you have at least 12 months of participation at the current level.	
Reduce my health insurance and dental care coverage	Yes, if you have at least 36 months of participation at the current level.	
Enrol in basic life insurance (participant and dependents)	Possible at any time, subject to the approval of the evidence of insurability by Beneva.	
Increase my life insurance	Possible at any time, subject to the approval of the evidence of insurability by Beneva.	
Reduce or cancel my life insurance coverage	Possible at any time.	

Benefit claims

Always indicate your contract and identification numbers as they appear on your service card. To help speed up claims processing, register for direct deposit.

• Health insurance

- Prescription drugs	Present your direct payment card to the pharmacist. You pay only the portion that is not covered.
- Other medical care expenses	Use the Beneva claim form (available in your Client Centre) or use the Beneva mobile app, which you can download for free from the App Store or on Google Play. The healthcare professional's form may also be used.

• Dental care insurance	Present your direct payment card to your dentist. You pay only the portion of expenses that is not covered.
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• Disability insurance	Use the Beneva claim form.
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• Life and critical illness insurance	Contact Beneva directly for the required forms.
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Health insurance | Mandatory¹

Care, service or supply expenses followed by an asterisk (*) require a prescription.

The maximums shown are per insured.

	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)
Minimum participation period: 36 months, subject to the provisions set out in the Rules table provided in this document.			
1. Expenses reimbursed at 100%²			
Hospitalization	Semi-private room	Semi-private room	Semi-private room
Extended care	Semi-private room, maximum of 180 days per calendar year	Semi-private room, maximum of 180 days per calendar year	Semi-private room, maximum of 180 days per calendar year
Travel insurance	Maximum lifetime reimbursement of \$2,000,000	Maximum lifetime reimbursement of \$2,000,000	Maximum lifetime reimbursement of \$2,000,000
Trip cancellation insurance	Maximum of \$5,000 per trip	Maximum of \$5,000 per trip	Maximum of \$5,000 per trip
2. Prescription drugs²			
Reimbursement	70% of eligible expenses up to the maximum annual contribution under the PPDIP ³ and 100% of the excess, per certificate.	80% of the first \$2,500 of eligible expenses and, 100% of the excess, per certificate.	90% of the first \$2,500 of eligible expenses and, 100% of the excess, per certificate.
Substitution	The reimbursement of a prescription drug for which a generic equivalent exists will be calculated on the basis of the least expensive generic drug.		
Annual deductible	None	None	None
Electronic claims payment	Direct	Direct	Direct
3. Other eligible expenses²			
Reimbursement	70%	80%	90%
Annual deductible	None	None	None
Ambulance	Covered	Covered	Covered
Artificial limbs,* prosthetic devices,* foot orthoses* and orthopedic devices*	Covered	Covered	Covered
Breast prosthesis*	Eligible maximum of \$500 per calendar year	Eligible maximum of \$500 per calendar year	Eligible maximum of \$500 per calendar year
Cannabis for medical purposes*	Maximum reimbursement of \$1,500 per calendar year	Maximum reimbursement of \$1,500 per calendar year	Maximum reimbursement of \$1,500 per calendar year
Continuous glucose monitoring device*	Eligible maximum of \$5,000 per calendar year	Eligible maximum of \$5,000 per calendar year	Eligible maximum of \$5,000 per calendar year
Corrective (deep) footwear*	Eligible maximum of \$100 per pair and of 2 pairs per calendar year	Eligible maximum of \$100 per pair and of 2 pairs per calendar year	Eligible maximum of \$100 per pair and of 2 pairs per calendar year
Dental surgery following accident	Covered	Covered	Covered
Gender affirmation surgery (including hair removal expenses)* NEW	Maximum reimbursement of \$5,000 per year and \$10,000 lifetime maximum	Maximum reimbursement of \$5,000 per year and \$10,000 lifetime maximum	Maximum reimbursement of \$5,000 per year and \$10,000 lifetime maximum
Expenses for travel to receive treatment from a medical specialist not available in the insured's province of residence	Maximum reimbursement of \$750 per trip	Maximum reimbursement of \$750 per trip	Maximum reimbursement of \$750 per trip
Eye exam	Not covered	Eligible maximum of \$100 per consecutive 24-month period	Eligible maximum of \$100 per consecutive 24-month period
Glucometer,* dextrometer* or other similar appliance*	Maximum reimbursement of \$200 per period of 60 consecutive months	Maximum reimbursement of \$200 per period of 60 consecutive months	Maximum reimbursement of \$200 per period of 60 consecutive months
Hearing aid*	Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 12 consecutive months	Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 12 consecutive months	Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 12 consecutive months
Insulin pump			
• Device*	Maximum reimbursement of \$6,000 per period of 60 consecutive months	Maximum reimbursement of \$6,000 per period of 60 consecutive months	Maximum reimbursement of \$6,000 per period of 60 consecutive months
• Accessories (tubes, catheters)	Eligible maximum of \$4,000 per calendar year	Eligible maximum of \$4,000 per calendar year	Eligible maximum of \$4,000 per calendar year
IUD	Covered	Covered	Covered
Medical reports	Maximum reimbursement of \$40 per report and \$500 per calendar year	Maximum reimbursement of \$40 per report and \$500 per calendar year	Maximum reimbursement of \$40 per report and \$500 per calendar year
Orthopedic shoes (custom-made)*	Purchase price, subject to a \$20 deductible per pair	Purchase price, subject to a \$20 deductible per pair	Purchase price, subject to a \$20 deductible per pair
Oxygen therapy*	Covered	Covered	Covered
• Purchase of an emergency battery for sleep apnea support devices NEW	Maximum reimbursement of \$500 per period of 60 consecutive months	Maximum reimbursement of \$500 per period of 60 consecutive months	Maximum reimbursement of \$500 per period of 60 consecutive months
Private clinic (treatment of alcoholism, drug addiction or compulsive gambling)	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions
Registered nurse* or licensed practical nurse*	Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year	Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year	Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year
Rehabilitation centre	Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization	Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization	Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization
Serums and fluids injected for curative purposes* (including injections administered for artificial insemination)	Covered	Covered	Covered
Support stockings	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year
Vaccines (including preventive vaccines)	Covered	Covered	Covered
Wheelchair,* iron lung,* adult diapers for incontinence or therapeutic devices*	Covered	Covered	Covered
Wig (capillary prosthesis)*	Eligible maximum of \$700 per calendar year	Eligible maximum of \$700 per calendar year	Eligible maximum of \$700 per calendar year
4. Healthcare professionals^{2,4}			
Reimbursement	Expenses not covered	80%	90%
Assessment performed by a psychologist, a neuropsychologist, a special educator or a speech-language pathologist	Not covered	Eligible maximum of \$1,250 per calendar year for all of these professionals	Eligible maximum of \$1,250 per calendar year for all of these professionals
Chiropractor	Not covered	Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$800 per calendar year for all of these professionals	Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals
Acupuncturist, dietitian, occupational therapist, osteopath, physical rehabilitation therapist, physiotherapist, podiatrist and sports therapist	Not covered	Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$800 per calendar year for all of these professionals	Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals
Massage therapist* kinesiologist and orthotherapist	Not covered	Not covered	Not covered
Special educator, speech-language pathologist and audiologist	Not covered	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals
Guidance counsellor in private practice, psychoanalyst, psychiatrist, psychologist, psychoeducator, psychotherapist and social worker	Not covered	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals

Dental care insurance

	Basic coverage (Option 1)	Enriched coverage (Option 2)
Minimum participation period: 36 months, subject to the provisions set out in the Rules table provided in this document.		
Preventive services	80% (1 examination per 9-month period)	80% (1 examination per 9-month period)
Basic restorative care	80%	80%
Major restorative care	Not covered	80%
Maximum reimbursement	\$1,000 per calendar year	\$1,000 per calendar year
Annual deductible	None	None

Rates

Premium rates per 14-day period
From January 1 to December 31, 2023

Health insurance*

Coverage status	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)
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Participant under age 65

	Rate with premium holiday		
Individual	\$48.83	\$67.81	\$82.05
Single-Parent	\$78.12	\$108.50	\$131.29
Family	\$124.50	\$172.92	\$209.24
Couple	\$107.42	\$149.19	\$180.52

Participant age 65 or over registered with the RAMQ

	Rate with premium holiday		
Individual	\$17.50	\$25.73	\$31.14
Single-Parent	\$35.00	\$51.46	\$62.27
Family	\$52.49	\$77.20	\$93.41
Couple	\$38.50	\$56.61	\$68.50

Participant age 65 or over not registered with the RAMQ | Additional premium for prescription drugs

Individual	\$122.50
Single-Parent	\$122.50
Family	\$245.03
Couple	\$245.03

*For the private sector and universities, the employer's share must be deducted from the premium indicated for health insurance coverage.

Dental Care insurance

Coverage status	Basic coverage (Option 1)	Enriched coverage (Option 2)
Individual	\$11.22	\$14.92
Single-Parent	\$21.31	\$28.34
Family	\$29.61	\$39.38
Couple	\$24.68	\$32.82

	Required rate	Rate with a 50% premium holiday
Participant's basic life insurance (rate per \$1,000 of insurance coverage)	\$0.0568	\$0.0284
Participant's critical illness insurance	\$1.67	\$0.84
Dependents' life insurance	\$0.59	\$0.30

Short-term disability insurance

Rate per \$1,000 of salary)	
Université Laval	\$0.277
LaSalle College	\$0.598
Collège Trinité	\$0.565
ITHQ and ITAQ	\$0.112
Other colleges and universities	\$0.464

Long-term disability insurance

Rate with premium holiday	
(rate per \$1,000 of salary)	0.368 \$

Participant's and spouse's optional life insurance

Age group	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
Rate with a 50% premium holiday				
Under age 25	\$0.009	\$0.013	\$0.005	\$0.006
Age 25 to 29	\$0.009	\$0.013	\$0.005	\$0.006
Age 30 to 34	\$0.009	\$0.013	\$0.005	\$0.006
Age 35 to 39	\$0.012	\$0.015	\$0.006	\$0.007
Age 40 to 44	\$0.017	\$0.025	\$0.009	\$0.013
Age 45 to 49	\$0.028	\$0.040	\$0.013	\$0.019
Age 50 to 54	\$0.042	\$0.063	\$0.024	\$0.029
Age 55 to 59	\$0.067	\$0.104	\$0.036	\$0.057
Age 60 to 64	\$0.113	\$0.164	\$0.056	\$0.084
Age 65 to 69	\$0.156	\$0.255	\$0.088	\$0.131

A declaration of good health must be provided as evidence of insurability for optional life insurance.

The 9% sales tax is not included in these premium rates.

1. You can opt out of the health insurance module if you are covered under your spouse's employer's health insurance plan.
2. Eligible expenses are those reasonably justified by the seriousness of the case as well as by current medical practice and the customary and reasonable charges in effect in the area.
3. On July 1, 2022, the maximum annual PPDIP contribution was \$1,161.
4. All of the healthcare professionals referred to in this document must be duly licensed under governing legislation and be members in good standing of a professional order recognized by legislative authority or of a professional association recognized by the insurer. The insured may not have more than one treatment or consultation per day with the same healthcare professional.