

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 in your Client Centre.

### **Important**

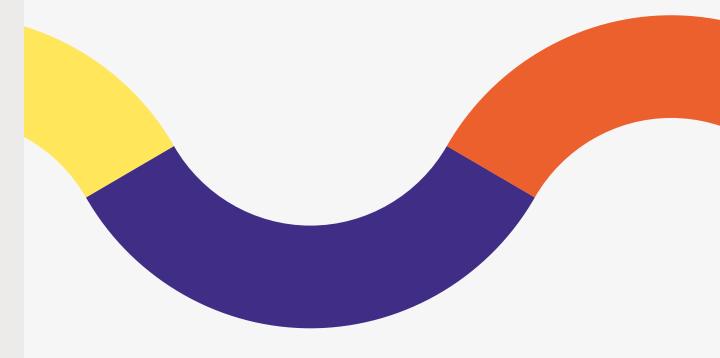
Plan selection period

You must make your coverage choices within 30 days following the date on which you become eligible. After this period, you will automatically be granted the default coverage, i.e., Module A with an individual protection plan for the health insurance benefit as well as short- and long-term disability benefits, as applicable, on the date of eligibility. Evidence of insurability may also be required for subsequent enrolment in life insurance benefits. 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.

## Group insurance plan

Schedule of coverage effective as of January 1, 2024

Contract 001008-001010





## Health insurance | Mandatory<sup>1</sup>

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.

| The maximum shown are per moured.  |   |   |   |
|--|---|---|---|
| 1. Expenses reimbursed at 100% <sup>2</sup>  |   |   |   |
| 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 drugs <sup>2</sup>   |   |   |   |
| Reimbursement  | 70% of eligible expenses up to the maximum annual contribution under the PPDIP, <sup>3</sup> 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 generic drug.  | or which a generic equivalent exists will be cal  | culated on the basis of the least expensive   |
| Annual deductible  | None  | None  | None  |
| Electronic claims payment  | Direct  | Direct  | Direct  |
| 3. Other eligible expenses <sup>2</sup>  |   |   |   |
| 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)*  | 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   |

| Health insurance   Mandatory <sup>1</sup> Care, service or supply expenses followed                               | Basic coverage<br>(Module A)  | Standard coverage<br>(Module B)   | Enriched coverage<br>(Module C)   |  |
|---|---|---|---|--|
| by an asterisk (*) require a prescription. The maximums shown are per insured.                                    | Minimum participation period: 36 months, subject to the provisions set out in the Rules table provided in this document.          |   |   |  |
| 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<br>apnea support devices   | Eligible maximum of \$500 per period of 60 consecutive months   | Eligible maximum of \$500 per period of 60 consecutive months   | Eligible maximum 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<br>calendar year<br>Maximum of 1 admission per calendar year<br>and lifetime maximum of 2 admissions | Maximum reimbursement of \$3,500 per<br>calendar year<br>Maximum of 1 admission per calendar year<br>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<br>Eligible maximum of \$75 per day and<br>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<br>Eligible maximum of \$75 per day and<br>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   |  |

## **Health insurance | Mandatory**<sup>1</sup>

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

The maximums shown are per insured.

Basic coverage Standard coverage Enriched coverage (Module A) (Module B) (Module C)

Minimum participation period: 36 months, subject to the provisions set out in the Rules table provided in this document.

| The maxima of ever are per meared.   |                      |   |  |
|--|----------------------|---|--|
| 4. Healthcare professionals <sup>2, 4</sup>  |                      |   |  |
| 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 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  |  |
| Acupuncturist, dietitian, occupational therapist, osteopath, physical rehabilitation therapist, physiotherapist, podiatrist and sports therapist | Not covered          | 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 |
| Massage therapist* kinesitherapist and orthotherapist  | Not covered          | Not covered   | professionals  |
| Special educator, <sup>5</sup> 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,<br>psychoanalyst, psychiatrist, psychologist,<br>psychoeducator, psychotherapist and social worker      | Not covered          | Eligible expenses of \$100 per visit, up to<br>a maximum reimbursement of \$1,200 per<br>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)           |
|---|--|--|
| Optional participation  Minimum participation period: 36 months, subject set out in the Rules table provided in this contraction. |  |  |
| 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                                   |

<sup>1.</sup> You can opt out of the health insurance if you are insured under a group insurance contract with similar benefits.

<sup>2.</sup> 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.

<sup>3.</sup> On July 1, 2023, the maximum annual PPDIP contribution was \$1,196.

<sup>4.</sup> 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.

<sup>5.</sup> The RSA (Meeting of Member Unions) adopted a recommendation to mandate the FNEEQ Insurance and Pensions Committee to analyze claims for reimbursement of fees charged by special educators who are not members of ADOQ, under special circumstances. Contact your union to find out how to proceed.

## Participant's life insurance including critical illness insurance

#### **Optional participation**

| Active participant<br>under age 70                        | 1 x annual salary (minimum:<br>\$75,000) or 2 x annual<br>salary (minimum: \$75,000),<br>as selected by the participant<br>50% reduction at age 65 |
|---|--|
| <ul> <li>Active participant<br/>age 70 or over</li> </ul> | \$10,000   |
| Critical illness<br>Insurance                             | Up to \$25,000 lifetime<br>Exclusions may apply in<br>the event of pre-existing<br>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 | One to 10 units of \$25,000 |
|-------------|-----------------------------|
| Spouse      | One 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   | 25 days                     |
|---|-----------------------------|
| Lasalle College   | 25 days                     |
| <ul> <li>Lecturers/Université Laval</li> </ul>                | 180 days                    |
| <ul> <li>Collège Trinité<br/>and Collège Universel</li> </ul> | 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,<br>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% of net salary           |
| Maximum                | \$5,000 per month           |
| Indexation             | Based on QPP,<br>maximum 6% |
| Own occupation         | Up to age 65                |
| 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 entitlement**

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.

### **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.

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 assistor, for information about your eligibility and specific advice about your travel destination.

#### Call CanAssistance

• In Canada and the United States: 1855 635-9460

• Collect worldwide: 418 780-9460

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

#### **Rates**

Premium rates per 14-day period from January 1 to December 31, 2024

## **Health insurance\***

| Coverage<br>status                    | Basic<br>coverage<br>(Module A) | Standard<br>coverage<br>(Module B) | Enriched<br>coverage<br>(Module C) |
|---------------------------------------|---------------------------------|------------------------------------|------------------------------------|
| Participant und                       | er age 65                       |                                    |                                    |
| Individual                            | \$56.09                         | \$77.90                            | \$95.82                            |
| Single-Parent                         | \$86.94                         | \$120.74                           | \$148.51                           |
| Family                                | \$138.54                        | \$192.41                           | \$236.67                           |
| Couple                                | \$129.00                        | \$179.17                           | \$220.38                           |
| Participant age                       | 65 or over reg                  | jistered with th                   | ne RAMQ                            |
| Individual                            | \$20.27                         | \$28.96                            | \$35.62                            |
| Single-Parent                         | \$35.48                         | \$50.68                            | \$62.34                            |
| Family                                | \$54.74                         | \$78.19                            | \$96.18                            |
| Couple                                | \$46.63                         | \$66.61                            | \$81.93                            |
| Participant age 6<br>Additional premi |                                 |                                    | the RAMQ                           |
| Individual                            |                                 | \$137.56                           |                                    |
| Single-Parent                         |                                 | \$137.56                           |                                    |
| Family                                |                                 | \$275.14                           |                                    |
| Couple                                |                                 | \$275.14                           |                                    |

<sup>\*</sup> 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<br>status | Basic coverage<br>(Option 1) | Enriched coverage<br>(Option 2) |
|--------------------|------------------------------|---------------------------------|
| Individual         | \$12.40                      | \$16.50                         |
| Single-Parent      | \$23.57                      | \$31.35                         |
| Family             | \$31.26                      | \$41.58                         |
| Couple             | \$28.53                      | \$37.95                         |

|   | Required<br>rate | Rate with<br>a 50%<br>premium<br>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                          | \$0.496 |
| Collège Trinité<br>and Collège Universel | \$0.565 |
| ITHQ and ITAQ                            | \$0.112 |
| Other colleges and universities          | \$0.464 |
|  |         |

## Long-term disability insurance

|                              | Required rate | Rate with premium holiday |
|------------------------------|---------------|---------------------------|
| (rate per \$1,000 of salary) | \$0.446       | \$0.405                   |

# Participant's and spouse's optional life insurance

(rate per \$1,000 of insurance coverage)

|              | Male           |           | Female         |         |
|--------------|----------------|-----------|----------------|---------|
|              | Non-<br>smoker | Smoker    | Non-<br>smoker | Smoker  |
| Age group    | Rate w         | ith 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.

## 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            |  |
| 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.                  | the 30 days following the event. |  |
| 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.  |
| Disability insurance                | Use the <u>Beneva</u> claim form.  |
| Life and critical illness insurance | Contact Beneva directly for the required forms.  |



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

For business hours, go to <u>beneva.ca</u>
Beneva Customer Service 1 888 235-0606
625 rue Jacques-Parizeau, CP 1500, Québec QC G1K 8X9

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