fneeq CSN

Group insurance plan

Schedule of coverage effective as of January 1st, 2026

Contract 001008-001010

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. The terms and conditions allowing you to review your coverage choices are also described therein.

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.

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Health insurance | Mandatory[1]

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 before being able to reduce the chosen coverage: 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 drugs[2]			
Reimbursement	**68%** of eligible expenses up to the maximum annual contribution under the PPDIP,[3] and 100% of the excess[4]	**80%** of eligible expenses up to a maximum annual contribution of **$900** and 100% of the excess	**85%** of eligible expenses up to a maximum annual contribution of **$600** and 100% of the excess
Maximum contribution calculation	The maximum annual contribution is calculated separately for the participant and, where applicable, for the spouse. The dependent children's benefits are included with the participant's.		
Type of prescription drug	Available with a medical prescription and must be on the Régie de l'assurance maladie du Québec (RAMQ) list	Available with a medical prescription only (regular list)	Available with a medical prescription only (regular list)
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 expenses[2]			
Reimbursement	**68%**	**80%**	**85%**
Annual deductible	None	None	None
Ambulance	Covered	Covered	Covered
Artificial limbs* and prosthetic devices*	Covered	Covered	Covered
Breast prosthesis*	Not covered	Eligible maximum of $500 per calendar year	Eligible maximum of $500 per calendar year
Cannabis for medical purposes*	Not covered	Maximum reimbursement of $1,500 per calendar year	Maximum reimbursement of $1,500 per calendar year
Continuous glucose monitoring device*	Not covered	Eligible maximum of $5,000 per calendar year	Eligible maximum of $5,000 per calendar year
Corrective (deep) footwear*	Not covered	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	Not covered	Covered	Covered
Foot orthoses* and orthopedic devices*	Not covered	Covered	Covered
Gender affirmation surgery (including hair removal expenses)*	Not covered	Maximum reimbursement of $5,000 per year and $10,000 lifetime maximum	Maximum reimbursement of $5,000 per year and $10,000 lifetime maximum

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	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)
	Minimum participation period before being able to reduce the chosen coverage: 36 months, subject to the provisions set out in the Rules table provided in this document.		
3. Other eligible expenses[2] (cont.)			
Expenses for travel to receive treatment from a medical specialist not available in the insured's province of residence*	Not covered	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*	Not covered	Maximum reimbursement of $200 per period of 60 consecutive months	Maximum reimbursement of $200 per period of 60 consecutive months
Hearing aid*	Not covered	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*	Not covered	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)*	Not covered	Eligible maximum of $4,000 per calendar year	Eligible maximum of $4,000 per calendar year
IUD	Not covered	Covered	Covered
Medical reports	Not covered	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)*	Not covered	Purchase price, subject to a $20 deductible per pair	Purchase price, subject to a $20 deductible per pair
Oxygen therapy*	Not covered	Covered	Covered
• Purchase of an emergency battery for sleep apnea support devices	Not covered	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)	Not covered	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*	Not covered	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	Not covered	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)	Not covered	Covered	Covered
Support stockings	Not covered	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year

Health insurance | Mandatory[1]

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	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)
	Minimum participation period before being able to reduce the chosen coverage: 36 months, subject to the provisions set out in the Rules table provided in this document.		
3. Other eligible expenses[2] (cont.)			
Vaccines (including preventive vaccines)	Not covered	Covered	Covered
Wheelchair,* iron lung,* adult diapers for incontinence or therapeutic devices*	Not covered	Covered	Covered
Wig (capillary prosthesis)*	Not covered	Eligible maximum of $700 per calendar year	Eligible maximum of $700 per calendar year
4. Healthcare professionals[2, 5]			
Reimbursement	Expenses not covered	**80%**	**85%**
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 or X-ray, up to a maximum reimbursement of **$600** 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		
Massage therapist* kinesitherapist and orthotherapist	Not covered	Not covered	
Special educator,[6] speech-language pathologist and audiologist	Not covered	Eligible expenses of $100 per visit, up to a maximum reimbursement of **$900** 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 **$900** 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

Optional participation

	Basic coverage (Option 1)	Enriched coverage (Option 2)
	Minimum participation period before being able to reduce the chosen coverage: 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%
Endodontics, periodontics, denture adjustments and repairs	Not covered	80%
Maximum reimbursement	$1,000 per calendar year	$1,000 per calendar year
Annual deductible	None	None

1. You can opt out of the health insurance if you are insured under a group insurance contract with similar benefits. | 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 1st, 2025, the maximum annual PPDIP contribution was $1,232. | 4. The reimbursement percentage and maximum amount payable for covered drugs is adjusted on January 1 of each year according to the RGAM rates determined on the preceding July 1st. | 5. 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. | 6. 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

• **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
• **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.

When the basic life insurance amount is reduced at age 70, it is possible to transfer the amount lost into additional life insurance, up to a maximum of 2 units of $25,000, as long as these amounts have not already been used.

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 and Spouse under age 70	One to 10 units of $25,000
Participant and Spouse age 70 or over NEW	One to 2 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
• Lecturers/Université Laval	180 days
• Collège Trinité and Collège Universel	14 days
• ITHQ and ITAQ	52 weeks
• Other institutions	30 days
Maximum benefit period	24 months
Benefit amount	**75%** net salary
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	**75%** net salary
Indexation	Based on QPP, 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?

Employees may waive coverage under the long-term disability insurance benefit within the 2 years preceding the date they become eligible for the employer's pension benefits without reduction.

The employees referred to in schedules III and IV may waive coverage as of their 58th birthday or when they have accumulated 33 years of service.

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: 1 855 635-9460
- 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 1st to December 31st, 2026

Health insurance*

Coverage status	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)
Participant under age 65			
Individual	$60.95	$88.34	$113.07
Single-Parent	$91.43	$132.50	$169.60
Family	$146.28	$212.01	$271.37
Participant age 65 or over registered with the RAMQ			
Individual	$22.32	$32.35	$41.41
Single-Parent	$33.48	$48.53	$62.11
Family	$53.57	$77.64	$99.38
Participant age 65 or over not registered with the RAMQ Additional premium for prescription drugs			
Individual		$164.38	
Single-Parent		$164.38	
Family		$328.79	

* The employer's share, if applicable, 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	$13.41	$17.84
Single-Parent	$25.49	$33.90
Family	$32.19	$42.82

	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	$0.279
Lasalle College	$0.500
Collège Trinité and Collège Universel	$0.570
ITHQ and ITAQ	$0.113
Other colleges and universities	$0.468

Long-term disability insurance

	Required rate
(rate per $1,000 of salary)	$0.440

Participant's and spouse's optional life insurance

(rate per $1,000 of insurance coverage)

	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
Age group	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.

Rules for changing your coverage selections NEW

Starting January 1st, 2026, you can **increase** your health and dental insurance coverage at any time. You can **reduce** your coverage once you have completeted the 36-month minimum participation period or within 30 days of an eligible life event.

Eligible life events: 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	
Increase my health insurance and dental care coverage	Possible at any time.
Enrol in dental care insurance	Possible at any time.
Reduce my health insurance and dental care coverage	Possible if you have at least 36 months of participation at the current level or within 30 days of an eligible life 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	Submit your claims online by using your Client Centre or the Beneva mobile app, which you can download for free from the App Store or on Google Play.
• **Dental care insurance**	Present your direct payment card to your dentist. You pay only the portion of expenses that is not covered.
• **Disability insurance**	Submit your claim online by using your Client Centre or the Beneva mobile app, which you can download for free from the App Store or on Google Play.
• **Life and critical illness insurance**	Contact Beneva directly for the required forms.

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

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

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