

DENTAL CARE INSURANCE PLAN

Participation is compulsory for employees if the certification unit votes in favour, unless exempted from coverage

Routine Dental Care

- Diagnostic services (80%)
- Preventive services and space maintainers (80%)
- Minor restorative services (80%)
- Periodontal treatments (80%)
- Oral surgery (80%)

Major Restorative Dental Care

Maximum reimbursement of \$500 per insured for the calendar year underway at the time plan comes into force, \$750 for the following calendar year and \$1,000 per calendar year thereafter.¹

- Major restoration and fixed prosthetics (60%)
- Endodontics (60%)
- Removable dentures (60%)
- Bridges and fixed prosthodontics (60%)
- Rebase, reline, adjustment and repair of removable dentures (60%)
- General services (60%)

¹ The maximum reimbursement per calendar year for major restorative dental care is the same for all insureds belonging to the same group.

Premium rates as of January 1, 2017, per 14-day period *

Individual: \$16.88 Single-Parent: \$23.98 Family: \$45.24

* 9% provincial sales tax has not been included in premium rates.

LONG TERM DISABILITY INSURANCE PLAN

Optional Participation

Monthly benefits

- 65% of insurable salary used to calculate the 104th week of disability insurance benefits from the employer

Elimination period

- 104 weeks following the start of the disability

Maximum duration of benefits

- Until age 65

Indexation

- QPP index minus 3%, up to a maximum benefit indexation of 5%.

Premium rates as of January 1, 2017, per 14-day period *

- 1.528% of insurable salary

* 9% provincial sales tax has not been included in premium rates.

LIFE INSURANCE PLAN

Optional Participation

Participant's Basic Life Insurance

1 x the insurable annual salary

Participant's AD&D (Accidental Death & Dismemberment)

1 x the insurable annual salary

Participant's Optional Life Insurance

1, 2 or 3 x the insurable annual salary

Dependents' Life Insurance

Spouse: \$4,000 / Children: \$2,000

Spouse's Optional Life Insurance

1 to 5 units of \$10,000

Premium rates as of January 1, 2017, per 14-day period*

Participant's Basic Life Insurance:

\$0.111 / \$1,000 of insurance or 0.290% of insurable salary

AD&D: \$0.015 / \$1,000 of insurance or 0.039% of insurable salary

Dependent's Life Insurance: Single-Parent: \$0.15 Family: \$0.44

| Participant's and Spouse's Optional Life Insurance Premium rates based on age, gender and smoking habits* | | | | | | | | |
|--|-------------------------------|---------|---------|---------|---|--------|--------|--------|
| Age of participant** | Rates per \$1,000 of coverage | | | | Rates in % of insurable salary (for 1 times insurable salary) | | | |
| | Non-smoker | | Smoker | | Non-smoker | | Smoker | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Under age 30 | \$0.027 | \$0.026 | \$0.043 | \$0.027 | 0.070% | 0.068% | 0.112% | 0.070% |
| Age 30 to 34 | \$0.027 | \$0.026 | \$0.050 | \$0.034 | 0.070% | 0.068% | 0.130% | 0.089% |
| Age 35 to 39 | \$0.034 | \$0.027 | \$0.059 | \$0.043 | 0.089% | 0.070% | 0.154% | 0.112% |
| Age 40 to 44 | \$0.050 | \$0.034 | \$0.100 | \$0.068 | 0.130% | 0.089% | 0.261% | 0.177% |
| Age 45 to 49 | \$0.100 | \$0.059 | \$0.170 | \$0.120 | 0.261% | 0.154% | 0.444% | 0.313% |
| Age 50 to 54 | \$0.160 | \$0.120 | \$0.288 | \$0.186 | 0.417% | 0.313% | 0.751% | 0.485% |
| Age 55 to 59 | \$0.271 | \$0.186 | \$0.457 | \$0.288 | 0.707% | 0.485% | 1.192% | 0.751% |
| Age 60 to 64 | \$0.389 | \$0.303 | \$0.685 | \$0.429 | 1.015% | 0.791% | 1.787% | 1.119% |

* 9% provincial sales tax has not been included in premium rates.

** The change in age group and corresponding premiums occurs on the first day of January following the participant's birthday.

REIMBURSEMENT
in **48** hours
2880 minutes

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YOUR GROUP
INSURANCE PLAN
AT A GLANCE



Contract No. H6999

SUPPORT PERSONNEL IN THE EDUCATION SECTOR
WHO ARE MEMBERS OF UNIONS AFFILIATED
WITH THE FEESP (CSN)

January 1, 2017

Your Plan at a Glance pamphlet provides a brief description of the elements under your group insurance plan most often consulted. We hope that you will find it useful and we recommend that you keep it in a safe place for future reference.

Please note that this document is provided for information purposes only, and in no way affects the terms and conditions of your actual group insurance contract. Limitations and exclusions may apply to certain coverage. For a complete description of your plan, you may consult your group insurance booklet.

Health insurance plan

To help you determine the category of prescription drugs, the terms “innovative drug”, “generic drug” and “single-source drug” are defined as follows:

Innovative drug

Original version of a patented drug when it is placed on the market for which at least one generic version is offered on the market.

Generic drug

Copy of an original drug whose patent has expired.

Single-source drug

Innovative drug for which no generic version is offered on the market.

An **innovative drug** can be reimbursed with the same reimbursement percentage as the **generic drug** if there are medical reasons that are accepted by SSQ. The participant must obtain the appropriate form from SSQ or on the ACCESS | Plan Members Web site, have it completed by the attending physician and send it to SSQ for approval.

Changing from one Health Plan to another

Increase in coverage: After a minimum of **12 months** of participation in the same plan, you can have your coverage changed for the next more generous plan.

Decrease in coverage: After a minimum of **24 months** of participation in the same plan, you can have your coverage changed for the next less generous plan.

The effective date of any of the above changes is the first day of the pay period that coincides with or follows the **first day of January** following the date the employer receives your request.

Health Insurance Plan

Benefits

Prescription drugs (See left panel for details)

Emergency medical care

Travel Insurance and Assistance (100%, maximum reimbursement of \$5,000,000 / trip)

Trip Cancellation Insurance (100%, maximum reimbursement of \$5,000 / trip)

Semi-private hospital room (100%)

Ambulance, including transportation by air or train (80%)

Medical expenses

Lab tests (80%)

Respirators (80%)

Orthoses (80%)

Therapeutic devices (80%, maximum lifetime reimbursement of \$10,000)

Ostomy appliances (80%)

Support stockings (80%, maximum of 3 pairs / calendar year)

Orthopaedic shoes and deep shoes (80%)

Cosmetic surgery required following an accident (80%, maximum reimbursement of \$5,000 / accident, within 36 months)

Wheelchair and walker (80%)

Nursing care (80%, maximum reimbursement of \$160 / day and \$4,000 / calendar year)

Intraocular lenses (80%)

Hospital bed (80%)

Transcutaneous electrical nerve stimulator (TENS) (80%, maximum reimbursement of \$800 / 60 months)

Foot orthoses (80%)

Insulin pump (80%, maximum reimbursement of \$7,500 / 60 months)

Insulin pump accessories (80%, no maximum)

External prostheses and artificial limbs (80%)

Breast prostheses (80%)

Post-surgical brassiere (80%, maximum lifetime reimbursement of \$200)

Dental care following accidental injury to natural teeth (80%, provided treatment rendered within 12 months following the accident)

Psychoanalyst, psychiatrist, psychologist, psychotherapist, social worker (50%, maximum reimbursement of \$700 / calendar year)

Physiotherapist and physical rehabilitation therapist (50%, maximum reimbursement of \$700 / calendar year)

Physiotherapist and physical rehabilitation therapist (80%, maximum reimbursement of \$700 / calendar year)

Elective care (combined maximum of \$500 / calendar year / insured)

Acupuncture, chiropractor and X-rays, dietitian, kinesiotherapist, massage therapist, naturopath, orthotherapist, osteopath, podiatrist (50%)

Optometrist or ophthalmologist (50%)

Eyeglasses (100%, maximum reimbursement of \$125 / 24 months)

Contact lenses (100%, maximum reimbursement of \$125 / 24 months)

Elective care (combined maximum of \$1,000 / calendar year / insured)

Acupuncture, chiropractor and X-rays, dietitian, kinesiotherapist, massage therapist, naturopath, orthotherapist, osteopath, podiatrist (80%)

Optometrist or ophthalmologist (80%)

Eyeglasses (100%, maximum reimbursement of \$300 / 24 months)

Contact lenses (100%, maximum reimbursement of \$300 / 24 months)

Premium rates as of January 1, 2017, per 14-day period*:

| | | | |
|---------------|---------|----------|----------|
| Individual | \$46.32 | \$61.71 | \$72.91 |
| Single-Parent | \$58.33 | \$77.80 | \$92.04 |
| Family | \$94.34 | \$126.06 | \$149.49 |

* The amount the participant pays is equal to the premium indicated less the employer's contribution, as stipulated under clause 5-3.25 of the collective agreement, plus 9% sales tax. An additional premium applies to employees aged 65 and over who opt out of RAMQ's Basic Prescription Drug Insurance Plan, choosing instead to maintain their drug coverage under the group plan.

Additional premium: Individual \$134.48 / Single-Parent \$148.95 / Family \$277.15. The additional premium applies on the first premium period following the 65th participant's birthday.

Prescription Drugs

Deductible of \$5 per purchase / Eligible expenses reimbursed at 75% (68% for innovative drugs) up to an amount equal to the maximum annual contribution stipulated by RAMQ on July 1 of each year per calendar year, per certificate. Reimbursement at 100% afterwards.

- Prescription drugs **covered under the RAMQ list**
- Sclerosing injections (maximum of \$20 in eligible expenses / treatment)
- Intrauterine device (IUD)

Prescription Drugs

Deductible of \$60 per calendar year per insurance certificate / Eligible expenses reimbursed at 80% (68% for innovative drugs and 90% for generic drugs) up to an amount equal to the maximum annual contribution stipulated by RAMQ on July 1 of each year per calendar year, per certificate. Reimbursement at 100% afterwards.

- Medications **available only on prescription from a physician**
- Sclerosing injections (maximum of \$20 in eligible expenses / treatment)
- Intrauterine device (IUD)

Prescription Drugs

Deductible of \$36 per calendar year per insurance certificate / Eligible expenses reimbursed at 80% (68% for innovative drugs) and 90% for generic drugs until expenses paid by the insured total \$750 per calendar year, per insurance certificate, after which eligible expenses are reimbursed at 100%.

- Medications **available only on prescription from a physician**
- Sclerosing injections (maximum of \$20 in eligible expenses / treatment)
- Intrauterine device (IUD)

Participation in one of the 3 health plans offered is compulsory, unless exempted.

| | Health I | Health II | Health III |
|---|----------|-----------|------------|
| Prescription drugs (See left panel for details) | • | • | • |
| Emergency medical care | | | |
| Travel Insurance and Assistance (100%, maximum reimbursement of \$5,000,000 / trip) | • | • | • |
| Trip Cancellation Insurance (100%, maximum reimbursement of \$5,000 / trip) | • | • | • |
| Semi-private hospital room (100%) | • | • | • |
| Ambulance, including transportation by air or train (80%) | • | • | • |
| Medical expenses | | | |
| Lab tests (80%) | • | • | • |
| Respirators (80%) | • | • | • |
| Orthoses (80%) | • | • | • |
| Therapeutic devices (80%, maximum lifetime reimbursement of \$10,000) | • | • | • |
| Ostomy appliances (80%) | • | • | • |
| Support stockings (80%, maximum of 3 pairs / calendar year) | • | • | • |
| Orthopaedic shoes and deep shoes (80%) | • | • | • |
| Cosmetic surgery required following an accident (80%, maximum reimbursement of \$5,000 / accident, within 36 months) | • | • | • |
| Wheelchair and walker (80%) | • | • | • |
| Nursing care (80%, maximum reimbursement of \$160 / day and \$4,000 / calendar year) | • | • | • |
| Intraocular lenses (80%) | • | • | • |
| Hospital bed (80%) | • | • | • |
| Transcutaneous electrical nerve stimulator (TENS) (80%, maximum reimbursement of \$800 / 60 months) | • | • | • |
| Foot orthoses (80%) | • | • | • |
| Insulin pump (80%, maximum reimbursement of \$7,500 / 60 months) | • | • | • |
| Insulin pump accessories (80%, no maximum) | • | • | • |
| External prostheses and artificial limbs (80%) | • | • | • |
| Breast prostheses (80%) | • | • | • |
| Post-surgical brassiere (80%, maximum lifetime reimbursement of \$200) | • | • | • |
| Dental care following accidental injury to natural teeth (80%, provided treatment rendered within 12 months following the accident) | • | • | • |
| Psychoanalyst, psychiatrist, psychologist, psychotherapist, social worker (50%, maximum reimbursement of \$700 / calendar year) | • | • | • |
| Physiotherapist and physical rehabilitation therapist (50%, maximum reimbursement of \$700 / calendar year) | • | • | • |
| Physiotherapist and physical rehabilitation therapist (80%, maximum reimbursement of \$700 / calendar year) | • | • | • |
| Elective care (combined maximum of \$500 / calendar year / insured) | | | |
| Acupuncture, chiropractor and X-rays, dietitian, kinesiotherapist, massage therapist, naturopath, orthotherapist, osteopath, podiatrist (50%) | • | • | • |
| Optometrist or ophthalmologist (50%) | • | • | • |
| Eyeglasses (100%, maximum reimbursement of \$125 / 24 months) | • | • | • |
| Contact lenses (100%, maximum reimbursement of \$125 / 24 months) | • | • | • |
| Elective care (combined maximum of \$1,000 / calendar year / insured) | | | |
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| Eyeglasses (100%, maximum reimbursement of \$300 / 24 months) | • | • | • |
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| Premium rates as of January 1, 2017, per 14-day period*: | | | |
| Individual | \$46.32 | \$61.71 | \$72.91 |
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| Family | \$94.34 | \$126.06 | \$149.49 |