

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

For opening hours,
please visit beneva.ca

625 Jacques-Parizeau St
PO Box 1500
Quebec QC G1K 8X9

beneva.ca

FTQ Intersectoral Parity Committee

Group insurance plan

Zoom on your coverages
January 1, 2026

Contract 006000
School sector

This document summarizes the coverage offered under your group insurance plans. It was designed to make it easier for you to make your coverage selections on enrolment and includes the information most often accessed by participants.

For a full description of the plan, please consult the administrative contract available in your **Client Centre**.

All the maximums presented apply to each insured. Some restrictions, limitations and exclusions may apply.

Some benefits

- Travel insurance **\$5 million** lifetime
- Trip cancellation insurance **\$5,000** per trip
- **Optional participation to options** based on your needs
- **Direct payment** in pharmacies, at the dentist's office and some healthcare professionals



beneva

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.
© Beneva Inc. 2025 TM Beneva name and logo are registered trademarks of Beneva Group Inc. used under licence.

P252 School (2025-10)

beneva

Active participants

Mandatory basic health insurance plan – Mandatory participation

The maximum amounts shown in this chart are per insured.

Participation in the **complete** tier is for a minimum period of **36** consecutive months.

Eligible expenses The following care, services or supplies must be prescribed by a physician.	✓ = Covered	
	Applicable percentages and maximums	
	Complete TIER	Reduced TIER
	Expenses reimbursed at 100%	Expenses reimbursed at 100%
• Travel Insurance	✓ \$5,000,000 lifetime reimbursement	✓ \$5,000,000 lifetime reimbursement
• Trip cancellation insurance	✓ \$5,000 reimbursed/trip	✓ \$5,000 reimbursed/trip
• Hospitalization (semi-private room)	✓ Rates in effect/hospitalization province	
• Rehabilitation centre – semi-private room	✓	
• Glucometer (purchase and repair)	✓ \$250 reimbursed/60 months	
• Coagulation self-monitoring device (purchase and repair)	✓ \$500 reimbursed/60 months	
• Hearing aid (purchase and repair)	✓ \$500 reimbursed/36 months	
• Detoxification (alcoholism, drug addiction, gambling)	✓ \$40 reimbursed/day; \$1,000/calendar year	✓ \$40 reimbursed/day; \$1,000/calendar year
• IUDs	✓ \$100 reimbursed/24 months	
	Expenses reimbursed at 80% of the first \$4,500 of eligible expenses/calendar year and 100% of any excess (participant and dependents)	Expenses reimbursed at 71% of the first \$3,103 of eligible expenses/calendar year and 100% of any excess (participant and dependents)
Maximum amount disbursed by the participant, per calendar year (including dependents, if applicable)	\$900	\$900
• Prescription drugs that can be obtained only by prescription – Direct automated payment service – Generic substitution mandatory for all prescription drugs	✓	✓
• Dental treatment following accident	✓	✓
• Transportation by ambulance	✓	
• Breast prostheses	✓ \$500 eligible/24 months	
• Wig (capillary prosthesis)	✓ \$700 eligible/calendar year	
• Purchase or replacement: Artificial limbs, external prostheses, trusses, special bandages (severe burns), corsets, crutches, splints, casts, artificial eyes, support stockings (4 pairs/year)	✓	
• Purchase, rental and replacement of any equipment required by the insured's physical condition made by a orthotist-prosthetist or other professional specialized in the manufacturing of such equipment or products	✓ One reimbursement/calendar year/ products or equipment	
• Rental or purchase: Wheelchair, hospital bed (excluding the mattress), breathing assistance apparatus	✓	
• Services and supplies provided: Speech-language pathology, occupational therapy, oxygen therapy, audiology, laboratory tests, injectable medications, test strips, syringes and needles for diabetics	✓	
• Insulin pump and a continuous glucose monitoring device	✓	
• Substance used in sclerosing injections	✓ \$30 reimbursed/treatment 10 treatments/calendar year	
• Orthopedic shoes: Additions or modifications to shoes	✓ 3 pairs/calendar year	
• Foot orthoses	✓ \$525 eligible/calendar year	
• Eye exam	✓ \$40 reimbursed/24 months	
• Remote areas: Travel and accommodation to consult or receive treatment not available in the insured's area	✓ \$1,000 reimbursed/calendar year	

Retired participants

Optional life insurance plan (Option III) – Optional participation

Benefits	Amount of insurance
• Retiree's life insurance	1 to 20 units of \$5,000 without exceeding the amount held on the retirement date
• Retiree's spouse's basic life insurance	\$5,000
• Retiree's dependent children's basic life insurance	\$2,500
• Retiree's spouse's optional life insurance	1 to 20 units of \$5,000 without exceeding the amount held on the participant's retirement date

Rates – Plan for retirees

Monthly rates from January 1, to December 31, 2026

Retiree's life insurance:

The first unit of \$5,000 is offered for \$5.00 (retiree only) and any excess at the following rates:

Rate per \$1,000 of insurance exceeding \$5,000		
Age	Male	Female
Under 50	\$0.177	\$0.092
50 to 54	\$0.371	\$0.185
55 to 59	\$0.622	\$0.296
60 to 64	\$1.044	\$0.453
65 to 69	\$1.649	\$0.776
70 to 74	\$2.642	\$1.203
75 to 79	\$3.550	\$2.078
80 or over	\$7.136	\$4.595

Retirees' spouse's and dependent children's life insurance:

\$8.36 per family

Retiree's spouse's optional life insurance: The applicable rates are those that apply to retiree's life insurance **in excess of \$5,000**, based on the age of the retiree and on the gender of the retiree's spouse.

The 9% provincial tax must be added to the rates mentioned in this document.

Perspective healthcare insurance

Contract 006000 provides for a healthcare insurance conversion clause.

Any participant whose coverage under the terms of the basic health insurance plan ceases because that person is no longer eligible, or any wage-earner age 65 or over who has opted to cease participation in the plan may, without evidence of insurability, in the 60 days following the coverage termination date, obtain this individual healthcare insurance coverage issued by the Insurer.

Active participants

Optional extended health insurance plan (Option I) – Optional participation

This plan has a minimum participation requirement of 36 consecutive months.
The maximum amounts shown in this chart are per insured.

Eligible expenses	Applicable percentages and maximums
Healthcare professionals	Expenses reimbursed at 80%
• Chiropractor	\$40 reimbursed/treatment; \$800/calendar year
• Homeopath, osteopath, acupuncturist or dietitian	\$40 reimbursed/treatment or consultation; \$800/calendar year per specialist
• Registered nurse or nursing assistant	\$200 reimbursed/day; \$4,000/calendar year
• Kinesitherapist, orthotherapist, kinotherapist, naturopath or massage therapist	\$40 reimbursed/treatment; \$800/calendar year for all of these specialists
• Physiotherapist or physical rehabilitation therapist	\$40 reimbursed/treatment; \$800/calendar year for all of these specialists
• Podiatrist or foot hygiene nurse	\$40 reimbursed/treatment; \$800/calendar year for all of these specialists
	Expenses reimbursed at 50%
• Psychologist, psychiatrist, psychoanalyst, psychotherapist and social worker	\$500 reimbursed/calendar year for all of these specialists
Other expenses	Expenses reimbursed at 80%
• X-rays required from one of the professionals covered under the plan	\$40 reimbursed/calendar year for all specialists covered under the plan
• Ultrasound examinations and thermographic evaluations	\$400 reimbursed/calendar year for all expenses

Optional dental care insurance plan (Option II) – Optional participation

This plan has a minimum participation requirement of 36 consecutive months.
The maximum amounts shown in this chart are per insured.

Eligible expenses	Applicable percentages and maximums
• Diagnostic, preventive, basic restorative and major restorative services	Expenses reimbursed at 80% Expenses reimbursed at 50% \$1,500 reimbursed/ calendar year for all expenses
• Fixed prosthodontics (crowns)	
• Removable prosthodontics	Expenses reimbursed at 80% \$1,500 reimbursed/calendar year
Removable and fixed prosthodontics: replacement once every 48 consecutive months	
Frequency of complete examinations, recall or periodic examinations: one examination per period of nine consecutive month	

Optional life insurance plan (Option III) – Optional participation

Benefits	Amount of insurance
• Active participant's basic life insurance	
– Participant under age 65	One times the annual salary or wages
– Participant age 65 or over	0.5 times the annual salary or wages
• Active participant's optional AD&D insurance	(percentage varies based on the loss)
– Participant under age 65	One times the annual salary or wages
– Participant age 65 or over	0.5 times the annual salary or wages
• Spouses' basic life insurance for active participants	\$5,000
• Dependent children's life insurance for active participants	\$2,500
• Active participant's optional life insurance	One to five times the annual salary or wages Evidence of insurability required at all times
• Spouse's optional life insurance for active participants	One to 20 units of \$5,000 Evidence of insurability required at all times
Accelerated benefit payment in the event of terminal illness	

Rates – Active participants’ plan

Rates per 14-day period – From January 1 to December 31, 2026

Basic health insurance plan		Coverage status	Contractual rates	Government contribution (A)	Employer's contribution (B)	Employee's contribution (Contractual rates minus A and B)
For 20 pay periods	Complete tier	Individual	\$95.91	\$8.57	\$14.78	\$72.56
		Single-Parent	\$124.71	\$11.13	\$33.19	\$80.39
		Family	\$219.82	\$19.62	\$33.19	\$167.01
	Reduced tier	Individual	\$88.41	\$7.77	\$14.78	\$65.86
		Single-Parent	\$114.93	\$10.10	\$33.19	\$71.64
		Family	\$202.59	\$17.80	\$33.19	\$151.60
For 26 pay periods	Complete tier	Individual	\$73.78	\$6.59	\$11.37	\$55.82
		Single-Parent	\$95.93	\$8.56	\$25.53	\$61.84
		Family	\$169.09	\$15.09	\$25.53	\$128.47
	Reduced tier	Individual	\$68.01	\$5.98	\$11.37	\$50.66
		Single-Parent	\$88.41	\$7.77	\$25.53	\$55.11
		Family	\$155.84	\$13.69	\$25.53	\$116.62

Option I – Optional extended health insurance plan

	Coverage status	Contractual rates	Partial premium holiday of 8.6%	Employee's contribution
For 20 pay periods	Individual	\$8.76	\$0.75	\$8.01
	Single-Parent	\$10.97	\$0.95	\$10.02
	Family	\$16.67	\$1.43	\$15.24
For 26 pay periods	Individual	\$6.74	\$0.58	\$6.16
	Single-Parent	\$8.44	\$0.73	\$7.71
	Family	\$12.82	\$1.10	\$11.72

Option II – Optional dental care insurance plan¹

For 20 pay periods			For 26 pay periods		
Individual	Single-Parent	Family	Individual	Single-Parent	Family
\$24.73	\$42.63	\$56.80	\$19.02	\$32.79	\$43.69

Option III – Optional life insurance plan for active employees

	For 20 pay periods	For 26 pay periods
• Participant's basic life insurance (per \$1,000 of coverage)	\$0.163² or 0.342%²,³,⁴ of salary	\$0.125² or 0.325%²,³ of salary
• Participant's AD&D insurance (per \$1,000 of coverage)	\$0.016 or 0.034%³,⁴ of salary	\$0.012 or 0.031%³ of salary
• Spouse's and dependent children's life insurance (per family)	\$0.956	\$0.735
• Participant's optional life insurance and participant's spouse's optional life insurance	See the Rate Schedule below	See the Rate Schedule below

Participant's optional life insurance and participant's spouse's optional life insurance

Age	Rates per \$1,000 of insurance, per 14-day period⁵							
	For 20 pay periods				For 26 pay periods			
	Male		Female		Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker
Under 30	\$0.033	\$0.033	\$0.033	\$0.033	\$0.025	\$0.025	\$0.025	\$0.025
30 to 34	\$0.033	\$0.033	\$0.033	\$0.033	\$0.025	\$0.025	\$0.025	\$0.025
35 to 39	\$0.066	\$0.033	\$0.033	\$0.033	\$0.051	\$0.025	\$0.025	\$0.025
40 to 44	\$0.111	\$0.066	\$0.077	\$0.033	\$0.085	\$0.051	\$0.059	\$0.025
45 to 49	\$0.187	\$0.111	\$0.111	\$0.077	\$0.144	\$0.085	\$0.085	\$0.059
50 to 54	\$0.287	\$0.187	\$0.187	\$0.111	\$0.221	\$0.144	\$0.144	\$0.085
55 to 59	\$0.486	\$0.287	\$0.287	\$0.187	\$0.374	\$0.221	\$0.221	\$0.144
60 to 64	\$0.763	\$0.476	\$0.442	\$0.267	\$0.587	\$0.366	\$0.340	\$0.205
65 or over	\$0.940	\$0.575	\$0.697	\$0.432	\$0.723	\$0.442	\$0.536	\$0.332

Participant's optional life insurance

Rates as a percentage of salary, per 14-day period, in units of 1 times the salary							
For 20 pay periods⁴				For 26 pay periods			
Male		Female		Male		Female	
Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker
0.069%	0.069%	0.069%	0.069%	0.065%	0.065%	0.065%	0.065%
0.069%	0.069%	0.069%	0.069%	0.065%	0.065%	0.065%	0.065%
0.139%	0.069%	0.069%	0.069%	0.133%	0.065%	0.065%	0.065%
0.233%	0.139%	0.162%	0.069%	0.221%	0.133%	0.153%	0.065%
0.393%	0.233%	0.233%	0.162%	0.374%	0.221%	0.221%	0.153%
0.603%	0.393%	0.393%	0.233%	0.575%	0.374%	0.374%	0.221%
1.021%	0.603%	0.603%	0.393%	0.972%	0.575%	0.575%	0.374%
1.602%	1.000%	0.928%	0.561%	1.526%	0.952%	0.884%	0.533%
1.974%	1.208%	1.464%	0.907%	1.880%	1.149%	1.394%	0.863%

1. A full premium holiday will be awarded in April 2026 for one 14-day pay period (or two pay periods for wage-earners who are paid weekly). | 2. A partial premium holiday will be awarded in 2026 for the participant's basic life insurance. The premium rate takes the partial premium holiday into account. | 3. For participants age 65 or over, the percentage rate is divided by 2. | 4. Since the annual salary is spread out over 21 pay periods and the premium over 20 pay periods. | 5. The rate for Spouse's Optional Life Insurance is determined based on the participant's age and on the spouse's gender and smoking habits.

The 9% sale tax must be added to the rates mentioned in this document.