

Contract Y9999-R Group Insurance Plan At a Glance

Effective as of January 1, 2026

Retired Management Personnel of the
Quebec Public and Parapublic sectors

This pamphlet lists only the most often consulted elements of your group insurance plan, but in no way affects the terms and conditions of your insurance contract, which includes certain limitations and exclusions. For a complete description, please refer to your booklet available via the Client Centre at beneva.ca/en/client-centre. Please note that the updated booklet will be available in 2026.

Mandatory Accident and Health Insurance Plan

Beneva recommends that all group insurance participants comply with the Government of Canada's travel advisories.

Annual deductible:
Individual status: \$50
Single-parent status: \$65
Family status: \$100

Customary and reasonable expenses: to be eligible, expenses incurred for services or supplies must meet the reasonable standards of the common practice of the health professionals involved.

Annual out-of-pocket: the annual out-of-pocket (\$1,232) stated below represents the annual maximum provided for under the Quebec Public Prescription Drug Insurance Plan (PPDIP) determined on July 1 of the previous year.

Basic Plan

Unless otherwise specified in the table below, eligible expenses are reimbursed at 70%.

Intermediate Plan

Unless otherwise specified in the table below, eligible expenses are reimbursed at 75%.

Expanded Plan

Unless otherwise specified in the table below, eligible expenses are reimbursed at 80%.

BENEFIT	BASIC PLAN	New INTERMEDIATE PLAN	EXPANDED PLAN
Hospital expenses in Quebec (100%, no deductible)	Semi-private room, maximum of 90 days/calendar year/insured		Semi-private room, no limit on number of days
Prescription drugs and eligible pharmaceutical services* (Mandatory generic substitution)	<p>Modified Eligible expenses reimbursed at 70%, until the annual out-of-pocket exceeds \$1,232, and at 100% thereafter</p> <p>Drugs covered on the RAMQ list</p> <p>The reimbursement percentage for the Basic Plan is set on January 1 each year according to the terms and conditions of the previous year's PPDIP.</p>	<p>Eligible expenses reimbursed at 75%, until the annual out-of-pocket exceeds \$1,232, and at 100% thereafter</p> <p>Drugs covered on the RAMQ list</p>	<p>Eligible expenses reimbursed at 80%, until the annual out-of-pocket exceeds \$1,232, and at 100% thereafter</p> <p>Drugs available only by prescription</p>
Home care* • Nursing care • Transportation expenses • Convalescent home • Home assistance services	<p>Within 30 days of hospitalization</p> <ul style="list-style-type: none"> • Eligible expenses of \$60/day/insured • Eligible expenses of \$30/trip, maximum of 3 trips/week • Eligible expenses of \$175/day/insured Enhanced • Eligible expenses of \$60/day/insured 		
Nurse*	Eligible expenses of \$300/day, maximum reimbursement of \$10,000/calendar year/insured		
Sclerosing injections (substance)	Eligible expenses of \$80/treatment/day/insured Enhanced		
Ambulance	Customary and reasonable expenses		
Vaccines	Eligible expenses of \$400/calendar year/insured Enhanced		
Travel Insurance with Assistance* (100%, no deductible)	Not covered	<p>Maximum reimbursement of \$5,000,000/trip/insured Stay limited to 35 days per trip</p>	<p>Maximum reimbursement of \$5,000,000/trip/insured If a trip is scheduled to last more than 180 days, you must contact Beneva in advance for information about applicable conditions</p>
Trip Cancellation Insurance (100%, no deductible)	Maximum reimbursement of \$10,000/trip/insured With evidence deemed satisfactory by Beneva		
Wheelchair – hospital bed*	Not covered		Temporary use only
Artificial limbs and external prostheses*	Not covered		Customary and reasonable expenses
Wig* (following chemotherapy)	Not covered		Maximum reimbursement of 1 wig and \$1,000/48 months/insured Enhanced
Intraocular lenses*	Not covered		Customary and reasonable expenses
Breast prostheses* (following a mastectomy)	Not covered		Customary and reasonable expenses
Surgical brassieres* (following a mastectomy or a breast reduction)	Not covered		<p>Customary and reasonable expenses</p> <p>Lifetime maximum reimbursement of 6 surgical brassieres / insured</p>
Trusses, corsets, crutches, splints, casts, orthotic shoe inserts (specialized laboratory) and other orthoses*	Not covered		<p>Customary and reasonable expenses</p> <p>Orthotic shoe inserts: maximum of 1 pair /calendar year/ insured</p>
Therapeutic devices, including percutaneous of transcutaneous electrical nerve stimulator (PENS/TENS)*	Not covered		<p>Customary and reasonable expenses</p> <p>Percutaneous or transcutaneous electrical nerve stimulator (PENS/TENS): eligible expenses of \$1,000/60 months/insured</p>

* Medical prescription required

Mandatory Accident and Health Insurance Plan (continued)

BENEFIT	BASIC PLAN	New INTERMEDIATE PLAN	EXPANDED PLAN
Insulin pump*		Not covered	Purchase and maintenance of the pump: Maximum reimbursement of \$7,500/60 months/insured Items needed to operate the pump: Maximum reimbursement of \$4,000/calendar year/insured
Orthopaedic shoes* (specialized laboratory)		Not covered	Customary and reasonable expenses
Electrocardiograms, X-rays (including scanner), magnetic resonance, ultrasounds and laboratory analyses*		Not covered	Customary and reasonable expenses
Respirators and oxygen*		Not covered	Customary and reasonable expenses : 1 device/60 consecutive months/insured
Hearing aids		Not covered	Eligible expenses of \$2,000/48 months/insured Enhanced
Cosmetic surgery*		Not covered	Following an accident
Support stockings*		Not covered	21 mm Hg or more, 3 pairs/calendar year/insured
Dental surgery following an accident		Not covered	Treatment received during the 12 months following the accident
Transportation and accommodation in Quebec*		Not covered	Maximum reimbursement of \$1,000/calendar year/insured
Detoxification treatment*		Not covered	In a recognized establishment Eligible expenses of \$50/day, maximum of 30 days/calendar year/insured
Health professionals			
Dietitian			
Acupuncturist, Osteopath, Kinesiologist, Kinesitherapist, Orthotherapist, Massage therapist*, Chiropractor**, Physiotherapist, Physical rehabilitation therapist, Certified athletic therapist	Not covered	Eligible expenses reimbursed at 50%, no maximum eligible expense per treatment, combined overall maximum of \$500/calendar year/insured	Modified Eligible expenses reimbursed at 50%, no maximum eligible expense per treatment, combined overall maximum of \$1,500/calendar year/insured
Audiologist, Hearing aid specialist, Occupational therapist, Speech therapist, Podiatrist**, Chiropodist			
Psychiatrist, Psychoanalyst, Psychologist, Psychotherapist, Social worker, Marital and family therapist			

Monthly premium rates from January 1 to December 31, 2026¹

Plan	INDIVIDUAL STATUS			SINGLE-PARENT STATUS			FAMILY STATUS		
	Premiums paid by the participant	Premium holiday ²	Total premiums	Premiums paid by the participant	Premium holiday ²	Total premiums	Premiums paid by the participant	Premium holiday ²	Total premiums
Basic Plan									
Under age 65	\$148.12	\$4.58	\$152.70	\$190.99	\$5.91	\$196.90	\$291.59	\$9.02	\$300.61
Age 65 or over ³	\$4.00	\$0.12	\$4.12	\$5.08	\$0.16	\$5.24	\$7.60	\$0.24	\$7.84
Intermediate Plan									
Under age 65	\$188.56	\$5.83	\$194.39	\$243.13	\$7.52	\$250.65	\$371.20	\$11.48	\$382.68
Age 65 or over ³	\$30.85	\$0.95	\$31.80	\$39.70	\$1.23	\$40.93	\$60.29	\$1.86	\$62.15
Expanded Plan									
Under age 65	\$295.54	\$9.14	\$304.68	\$383.07	\$11.85	\$394.92	\$592.72	\$18.33	\$611.05
Age 65 or over ³	\$68.58	\$2.12	\$70.70	\$89.19	\$2.76	\$91.95	\$133.14	\$4.12	\$137.26

* Medical prescription required | ** Including fees for X-rays taken by a chiropractor or a podiatrist.

1. Any change in premium rates following a change in age group of the participant becomes effective on the first day of the month coinciding with or following the age change. | 2. Please note that a premium holiday of 3% is granted for the mandatory Accident and Health Insurance. | 3. The premium age 65 or over applies to participants who are covered by the Public Prescription Drug Insurance Plan (PPDIP) for prescription drug coverage. An additional premium is applicable for those who choose to be covered by Beneva for prescription drugs.

Optional Life Insurance Plan

PLANS	COVERAGE
Retired Participant's Life Insurance	150%, 125%, 100%, 75%, 50% or 25% of the participant's salary immediately before retirement OR \$10,000, \$5,000 or \$2,000 Maximum amount: As of the first day of the month coinciding with or following the participant's 75 th birthday, coverage is limited to no more than 75% of pre-retirement earnings and as of the first day of the month coinciding with or following the participant's 80 th birthday, coverage is limited to no more than 50% of pre-retirement earnings.
Spouse's Life Insurance	\$10,000
Dependent Children's Life Insurance	\$5,000/child
Spouse's Optional Life Insurance	1 to 5 increments of \$10,000

Monthly premium rates from January 1 to December 31, 2026 – per \$1,000 of coverage⁴

PARTICIPANT'S BASIC LIFE INSURANCE AND SPOUSE'S OPTIONAL LIFE INSURANCE ⁵							
Age	MALE			FEMALE			
	Premiums paid by the participant	Premium holiday	Total premiums	Premiums paid by the participant	Premium holiday	Total premiums	
Under age 50	\$0.12	None	\$0.12	\$0.07	None	\$0.07	
Age 50 to 54	\$0.22	None	\$0.22	\$0.12	None	\$0.12	
Age 55 to 59	\$0.36	None	\$0.36	\$0.23	None	\$0.23	
Age 60 to 64	\$0.60	None	\$0.60	\$0.36	None	\$0.36	
Age 65 to 69	\$0.91	None	\$0.91	\$0.56	None	\$0.56	
Age 70 to 74	\$1.42	None	\$1.42	\$0.96	None	\$0.96	
Age 75 to 79	\$2.25	None	\$2.25	\$1.61	None	\$1.61	
Age 80 to 84	\$3.62	None	\$3.62	\$2.76	None	\$2.76	
Age 85 and over	\$5.50	None	\$5.50	\$4.68	None	\$4.68	

SPOUSE'S AND DEPENDENT CHILDREN'S LIFE INSURANCE			
Premiums paid by the participant	Premium holiday	Total premiums	
\$13.25	None	\$13.25	

Changes in the Accident and Health Insurance Plan

DECREASE IN COVERAGE

It is possible to reduce the coverage at any time (from the Expanded Plan to the Intermediate Plan or the Basic Plan or from the Intermediate Plan to the Basic Plan).

INCREASE IN COVERAGE

It is possible to **increase the coverage only once, on the day of the participant's 65th birthday.**

The new plan becomes effective on the first day of the month following the date Beneva receives the request for change.

The request for change may be submitted using the *Application or Request for change* form available on the Client Centre.

Note from the ACR

The Advisory Committee for Retirees (ACR) was set up to give its retirees a right to oversight in both the administration of their group insurance plan and the identification of their preferred orientations. The ACR also oversees the insurance-related interests of retired management personnel of the Quebec's public and parapublic sectors.

The ACR Newsletter is published for retired management personnel of the Quebec's public and parapublic sectors.

Go to ccr-quebec.com to subscribe to the newsletter or to visit the ACR website.

Questions?

Log in to the [Client Centre for coverage and claims details.](#)

Client Centre

2 minutes to register.
48 hours to get reimbursed.
Now that's fast!

Beneva's Customer Service

1 888 651-8181

For opening hours, consult beneva.ca.

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4. Any change in premium rates following a change in age group of the participant becomes effective on the first day of the month coinciding with or following the age change. | 5. Premiums for Spouse's Optional Life Insurance are based on the spouse's gender and age. | Please note that this pamphlet is provided for information purposes only and in no way affects the terms and conditions of your group insurance contract. | You must add the 9% provincial sales tax (in Quebec) to premiums provided for in this document.

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