

General information

Enrolment or coverage changes – It is important that you submit enrolment or change requests within the period specified in the contract's provisions. In particular, at the time of initial enrolment, certain optional life insurance amounts may be obtained without evidence of insurability if the application is submitted within 30 days following the eligibility date for insurance. We recommend that you always submit requests within 30 days following the event or situation allowing you to make or review selections.

Service card – You can display your service card on your cell phone by logging into your Client Centre account or mobile app. Keep a photo of your card on your device to have access even when you're offline. You can also cut out a printed copy of your service card from your insurance certificate to keep with you.

Before incurring expenses with a healthcare professional – Make sure that they are not on Beneva's list of ineligible providers. This list is available in your Client Centre or on the mobile app and is updated regularly.

You may also contact Beneva prior to incurring expenses to confirm the reimbursement for which you are eligible.

Dependent children between the ages of 18 and 25 inclusively – You must keep the student status of any dependent children up to date in your Client Centre.

Moving? Log in to your Client Centre account and enter the change of address directly in your file. Be sure to inform your employer to keep your information consistent and up-to-date.

Claims

Prescription drugs – Direct Automated Payment service – When purchasing medication, the insured participant presents their service card and pays only the uninsured portion of expenses.

Extended Health Care expenses – You can submit your claims directly from the Client Centre or mobile app.

- **Healthcare professionals:** Simply enter all the required information (type of professional, amount claimed, name of professional, etc.) and attach a photo of the receipt. The reimbursement is deposited in your bank account in the next 24 to 48 hours. It's fast and easy!

- **Other expenses:** You can submit your claims by attaching photos of receipts. Current processing times apply to these expenses.

Receipts must be kept for 12 months in case of an audit.

Dental Care – The insured participant presents their service card at the dentist's office. There's no need to fill out a claims form because the dentist claims the insured treatment portion directly from the Insurer. If the dentist does not offer this service, the participant must pay for the treatment in full and submit a claim to the Insurer through the Client Centre or mobile app.

Life Insurance Plan – The beneficiary must contact the Insurer to obtain all required claim forms and submit a claim for the insured amount.

Long-Term Disability Insurance Plan – A few weeks before the 104th week of disability, the Insurer will send you the claim forms. You and your attending physician will need to complete the forms and return them as soon as possible to the Insurer through your Client Centre or mobile app. If your disability is recognized, you will receive monthly benefit payments.

Client Centre

Activate your group insurance file where you can:

- View details of your coverage and check eligibility of expenses
- Consult your contract and life insurance amounts
- Submit and follow up on your online claims
- Access your statements (cumulative amounts for tax purposes and electronic payment statements)
- Access your service card
- Download forms

How?

Register at beneva.ca/en/client-centre or download the mobile app from the Apple Store or Google Play.

Call us

1 800 463-4856

For opening hours, please visit beneva.ca

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beneva.ca

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Contract 103000
Effective as of April 1, 2026



FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC

Group insurance plan

beneva

Summary of the health insurance plan modules

Participation is mandatory. Exemption entitlement available.

Eligible employees may, by providing written notice to their employer, take advantage of their health insurance exemption entitlement, as long as they demonstrate that they and any dependents are covered under a group insurance plan with similar benefits.

General terms and conditions

- No annual deductible
- This modular plan requires a minimum 24-month participation period before participants can change to a module with a lower coverage level.
- Participants may upgrade to a module with extended coverage at any time.
- **The maximums indicated below are maximum reimbursement amounts per insured, unless otherwise specified.**

Coverage	Bronze Module	Silver Module	Gold Module
Hospital and transportation expenses			
Hospitalization	Not covered	100%, semi-private room (two beds)	100%, semi-private room (two beds)
Ambulance	100%	100%	100%
Air or train transportation	100%	100%	100%
Travel insurance and assistance¹ Insureds must be covered by their province of residence's public hospitalization and health insurance plans for the entire trip.	<ul style="list-style-type: none"> • 100% • \$5M lifetime maximum • Coverage period: while the insured is covered by provincial plans 	<ul style="list-style-type: none"> • 100% • \$5M lifetime maximum • Coverage period: while the insured is covered by provincial plans 	<ul style="list-style-type: none"> • 100% • \$5M lifetime maximum • Coverage period: while the insured is covered by provincial plans
Prescription drug expenses			
Reimbursement	80%, up to a maximum annual disbursement of \$800 per certificate, and 100% of any excess	80%, up to a maximum annual disbursement of \$800 per certificate, and 100% of any excess	80%, up to a maximum annual disbursement of \$800 per certificate, and 100% of any excess
Automated payment service	Direct	Direct	Direct
Drug list	Standard	Standard	Standard
Generic substitution	Mandatory, unless there are medical contraindications (a form must be completed by the attending physician, and the Insurer's approval is required)	Mandatory, unless there are medical contraindications (a form must be completed by the attending physician, and the Insurer's approval is required)	Mandatory, unless there are medical contraindications (a form must be completed by the attending physician, and the Insurer's approval is required)
Preventive vaccines	Not covered	Not covered	\$500 per calendar year
Extended health expenses (including health professional fees)			
Artificial limb or eye, breast prosthesis²	Not covered	80%	80%
Compression stockings	Not covered	80%, maximum 3 pairs per calendar year	80%, maximum 3 pairs per calendar year
Dental care following an accident and cosmetic surgery following an accident	Not covered	80 %	80 %
Detoxification	Not covered	80%, maximum \$60 per day, \$3,000 lifetime	80%, maximum \$80 per day, \$3,000 lifetime
Glucometer²	Not covered	80%, maximum \$300 per period of 60 consecutive months	80%, maximum \$300 per period of 60 consecutive months
Hearing aid	Not covered	80%, maximum \$400 per period of 36 consecutive months	80%, maximum \$600 per period of 36 consecutive months
Intraocular lenses (cataract)	Not covered	Not covered	80%
IUD (unmedicated)	Not covered	Not covered	80%, maximum \$40 per IUD
Nursing and respiratory therapy care	Not covered	80%, maximum \$160 per day, \$4,000 per calendar year for all of these services	80%, maximum \$160 per day, \$4,000 per calendar year for all of these services
Orthopedic equipment and supplies²	Not covered	80 %	80 %
Orthopedic shoes	Not covered	80%, maximum 1 pair per calendar year	80%, maximum 1 pair per calendar year
Podiatric orthotics	Not covered	80%, maximum \$240 per pair, 1 pair per calendar year per adult and 2 pairs per calendar year per child under age 13	80%, maximum \$240 per pair, 1 pair per calendar year per adult and 2 pairs per calendar year per child under age 13
Post-operative bra	Not covered	Not covered	80%, maximum \$200 per period of 24 consecutive months
Rehabilitation centre or convalescent home	Not covered	Not covered	80%, maximum \$80 per day, 60 days per calendar year
Sclerosing injections (drug)	80%, maximum \$16 per visit	80%, maximum \$16 per visit	80%, maximum \$16 per visit
Sclerosing injections (fees)	Not covered	80%, maximum \$16 per visit	80%, maximum \$40 per visit
Therapeutic devices (e.g. insulin pump, TENS)²	Not covered	80%	80%
Therapeutic supplies	Not covered	80%	80%
Treatment outside the area of residence (transportation and accommodation)	80%, maximum \$1,000 per calendar year	80%, maximum \$1,000 per calendar year	80%, maximum \$1,000 per calendar year
Wheelchair and hospital bed²	Not covered	80%	80%
Wig (capillary prosthesis)	Not covered	Not covered	80%, maximum \$300 per period of 60 consecutive months
Health professionals who are members in good standing with their recognized professional association			
Occupational therapist	Not covered	Not covered	80%, maximum \$80 per treatment or visit, up to \$750 per calendar year for all of these professionals
Dietitian, nutritionist	Not covered	Not covered	
Social worker	Not covered	Not covered	
Acupuncturist	Not covered	80%, maximum \$45 per treatment or visit, up to \$500 per calendar year for all of these professionals	
Chiropractor	Not covered		
Kinesitherapist	Not covered		
Massage therapist	Not covered		
Naturopath, naturotherapist	Not covered		
Orthotherapist	Not covered		
Osteopath	Not covered		
Physiotherapist and physical rehabilitation therapist	Not covered		
Podiatrist	Not covered		
Audiologist	Not covered		
Speech therapist	Not covered	80%	
Accredited psychologist and psychotherapist	Not covered	50%, maximum \$1,000 per calendar year	80%, maximum \$1,500 per calendar year
Chiropractor X-rays	Not covered	80%, maximum \$32 per calendar year	80%, maximum \$32 per calendar year

1. Travel insurance and assistance

Going on vacation? In case you didn't know, this contract offers you travel insurance. You'll need the information on the back of your service card when trying to contact the Assistor. Some exclusions apply. It's important to review your contract prior to departure.

2. The Insurer may require a medical prescription or the medical file.

This leaflet provides a summary of the coverage options available. It was designed to make it easier for you to make your coverage selections when enrolling or modifying your plan.

For a full description of the coverage options, please refer to the contract and the premium rate sheet, which are available through your Client Center account.

Dental care plan

Participation is optional.

General terms and conditions

- No annual deductible
- Minimum 36-month participation period for the current dental care plan
- Direct electronic claims payment included
- Maximums shown are per insured

Reimbursement policy

Diagnostic and preventive care (cleaning once every 9 months)	100%	No maximum [†]
Basic services	80%	Reimbursement \$1,000 per year for all care combined [†]
Extended care (major restorative services)	50%	
Orthodontics Insured person under age 21	50%	Reimbursement \$1,000 lifetime [†]

[†] Expenses are eligible up to the costs suggested in the Fee Guide and Description of Dental Treatment Services published by the *Association des chirurgiens dentistes du Québec* (ACDQ) for the current year.

Treatment plan

Before beginning a major treatment, the insured person should send the Insurer a treatment plan to determine the reimbursement amount that they will be entitled to receive. They can fill out the claim form provided by the dentist or the Insurer. The form should be marked "Treatment plan".

Life insurance plan

Participant's basic life insurance and AD&D insurance

Participation is mandatory.

- These two types of coverage are inseparable

Insurance amounts

- Basic life: \$5,000
- Basic AD&D: \$5,000

Participant's optional life and AD&D (maximum: \$100,000)

Participation is optional.

- These two types of coverage are inseparable

Insurance amounts

- Optional life: selection of a fixed amount: \$5,000, \$10,000, \$15,000, \$25,000, \$50,000, \$75,000 or \$100,000
- Optional AD&D: same amount as for optional life
- Evidence of insurability: If the application is submitted within 30 days following the date on which the participant becomes eligible, evidence of insurability is required for any excess over \$75,000. After this period, evidence of insurability is required for all insurance amounts.

Participant's optional life (\$125,000 or more)

Participation is optional.

Insured amount

Participants who select \$100,000 of participant's optional life insurance may add 1 to 16 \$25,000 units.

- Evidence of insurability: required at all times

Spouse's and dependent children's life

Mandatory participation for insureds with dependents and who are enrolled in a coverage category other than individual under the health insurance plan or who have been exempt from this plan.

Insurance amounts

- Spouse: \$3,000
- Dependent child (24 hours of age or older): \$3,000

Spouse's optional life

Participation is optional.

Insured amount: 1 to 20 units of \$25,000

- Evidence of insurability: required at all times

Long-term disability insurance

Participation is mandatory.

Waiting period

- Participants who are permanent full-time employees:
 - 5 working days plus 104 weeks of the same disability period
- Participants who are not permanent full-time employees:
 - 7 calendar days as of the first day that the employee was required to show up for work or as of the first day after the first 12 weeks of disability, whichever is earlier, plus 104 weeks of the same disability period

Benefit amount

- Participants who are full-time employees:
 - 100% of the net salary insurance benefit received from the employer for the 104th week of disability
- Participants who are not full-time employees:

The higher of:

 - 00% of the net salary insurance benefit received from the employer for the 104th week of disability
 - or
 - 100% of the net salary insurance benefit received from the employer based on 80% of a presumed annual salary of \$12,000

Maximum benefit period: until age 65

Indexing of benefits based on *Retraite Québec's* Pension Index, up to 5%

Non-taxable benefits