

Contract No. 004500
Effective on July 1, 2026



Group insurance plan

This document is a summary of the coverage available to insured resident doctors under the contract for members of the *Fédération des médecins résidents du Québec* (FMRQ).

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.

For plan details, enrolment conditions and applicable exclusions and reductions, please refer to the administrative version of the contract available in the Client Centre.

Important

You must make your coverage choices within **60 days** following the date on which you become eligible. All coverage change requests must also be submitted within **60 days** following the date of the event or the situation allowing you to review your choices. Beyond that period, various conditions apply.

A decorative graphic consisting of a wavy line that spans the width of the page. It is divided into three segments: a light grey segment on the left, a light blue segment in the middle, and a dark blue segment on the right.

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Health Insurance – Mandatory participation

Care, services or supplies followed by an asterisk (*) require a prescription.
Eligible expenses, for example, reasonable expenses that are generally considered to be justified by the seriousness of the case.
The following expenses are reimbursed at 100%, unless otherwise indicated. The maximums shown are per insured.
The coloured sections enable you to easily identify the additional benefits under the different plans.

	Basic plan	Intermediate plan	Superior plan
1. Hospitalization and Travel insurance expenses			
Hospitalization expenses in Canada (short- and long-term care)	Not covered	Semi-private room	Private room, including convalescent home
Travel insurance and assistance	Maximum reimbursement of \$5,000,000 per event	Maximum reimbursement of \$5,000,000 per event	Maximum reimbursement of \$5,000,000 per event
Trip cancellation insurance	Maximum reimbursement of \$10,000 per trip	Maximum reimbursement of \$10,000 per trip	Maximum reimbursement of \$10,000 per trip
2. Prescription drug expenses			
Medication*	70%, up to the maximum annual contribution under the PPDIP ¹ RAMQ list – Generic substitution (unless the physician indicates otherwise) Direct automated payment service	75% of the first \$600 of eligible expenses, 90% of the next \$500 and 100% of any excess per certificate, per calendar year Medications that may only be obtained on prescription from a physician – Generic substitution (unless the physician indicates otherwise) Direct automated payment service	75% of the first \$600 of eligible expenses, 90% of the next \$500 and 100% of any excess per certificate, per calendar year Medications that may only be obtained on prescription from a physician – Generic substitution (unless the physician indicates otherwise) Direct automated payment service
Sclerosing injections (substance only)	Not covered	Not covered	Maximum reimbursement of \$50 per treatment and 10 treatments per calendar year
Vaccines*	Not covered	Not covered	Maximum reimbursement of \$500 per calendar year
3. Healthcare professionals			
Acupuncturist	Not covered	Not covered	Maximum reimbursement of \$65 per treatment and \$800 per calendar year Enhanced
Audiologist	Not covered	Maximum reimbursement of \$65 per treatment and \$600 per calendar year Enhanced	Maximum reimbursement of \$80 per treatment and \$750 per calendar year Enhanced
Chiropractor	Not covered	Maximum reimbursement of \$40 per treatment and \$550 per calendar year Enhanced	Maximum reimbursement of \$50 per treatment and \$800 per calendar year Enhanced
Chiropractor X-rays	Not covered	Maximum reimbursement of \$40 per calendar year	Maximum reimbursement of \$60 per calendar year
Dietitian	Not covered	Not covered	Maximum reimbursement of \$80 per treatment and \$800 per calendar year Enhanced
Kinesitherapist, massage therapist and orthotherapist	Not covered	Not covered	Maximum reimbursement of \$70 per treatment and \$500 per calendar year for all these professionals Enhanced

	Basic plan	Intermediate plan	Superior plan
3. Healthcare professionals (cont.)			
Occupational therapist	Not covered	Maximum reimbursement of \$75 per treatment and \$850 per calendar year Enhanced	Maximum reimbursement of \$100 per treatment and \$1,100 per calendar year Enhanced
Osteopath	Not covered	Maximum reimbursement of \$65 per treatment and \$550 per calendar year Enhanced	Maximum reimbursement of \$80 per treatment and \$800 per calendar year Enhanced
Physiotherapist and physical rehabilitation therapist	Not covered	Maximum reimbursement of \$60 per treatment and \$650 per calendar year Enhanced	Maximum reimbursement of \$75 per treatment and \$1,100 per calendar year Enhanced
Podiatrist	Not covered	Maximum reimbursement of \$70 per treatment and \$550 per calendar year Enhanced	Maximum reimbursement of \$90 per treatment and \$800 per calendar year Enhanced
Psychologist and psychotherapist	Not covered	80% of eligible expenses Maximum reimbursement of \$2,500 per calendar year for all these professionals Enhanced	80% of eligible expenses, including the professional fees of a psychoanalyst or social worker Maximum reimbursement of \$2,500 per calendar year for all these professionals Enhanced
Speech-language pathologist	Not covered	Maximum reimbursement of \$80 per treatment and \$600 per calendar year Enhanced	Maximum reimbursement of \$100 per treatment and \$750 per calendar year Enhanced
4. Other eligible expenses			
Accidental damage to natural teeth	Not covered	Covered	Covered
Ambulance	Not covered	Covered	Covered
Artificial limb or eye	Not covered	Loss resulting from an accident	Loss resulting from an accident or an illness
Close treatment detoxification or outpatient treatment	Not covered	Maximum reimbursement of \$75 per day and \$3,000 lifetime	Maximum reimbursement of \$75 per day and \$3,000 lifetime
Cosmetic surgery following an accident	Not covered	Not covered	Maximum reimbursement of \$5,000 per accident
Employee assistance program	Included	Included	Included
External breast prosthesis	Not covered	Covered	Covered
Glucometer, dextrometer and other similar appliance	Not covered	Maximum reimbursement of \$250 per period of 5 consecutive years ² , <u>for insulin-dependent insureds only</u>	Maximum reimbursement of \$250 per period of 5 consecutive years ²
IUDs	Not covered	Maximum reimbursement of \$75 per calendar year	Maximum reimbursement of \$200 per calendar year
Joint and intraocular prosthesis	Not covered	100% of expenses in excess of those covered by the RAMQ if surgery is performed in a public institution	100% of expenses in excess of those covered by the RAMQ if surgery is performed in a public institution 100% of the expenses incurred, not including professional fees if surgery is performed in a private institution

	Basic plan	Intermediate plan	Superior plan
4. Other eligible expenses (cont.)			
Nursing care	Not covered	Maximum reimbursement of \$150 per day and \$3,000 per calendar year	Maximum reimbursement of \$10,000 per calendar year
Orthopedic appliances	Not covered	Covered	Covered
Orthopedic shoes and podiatric orthotics	Not covered	Covered	Covered
Oxygen and devices used to administer it, blood and plasma	Not covered	Covered	Covered
Support stockings	Not covered	Maximum reimbursement of \$100 per pair and 3 pairs per period of 12 consecutive months ²	Maximum reimbursement of \$100 per pair and 3 pairs per period of 12 consecutive months ²
Therapeutic devices*	Not covered	Covered	Covered
Transportation and accommodation in Quebec for care not available in the area of residence*	Not covered	Not covered	Maximum reimbursement of \$75 per day for accommodation and \$1,500 per calendar year for accommodation and transportation
Vision Care (eye exam, eyeglasses, contact lenses and laser surgery)*	Not covered	Not covered	Maximum reimbursement of \$350 per period of 24 consecutive months ²
Wheelchair and hospital bed*	Not covered	Covered	Covered
Wig (capillary prosthesis)	Not covered	Covered	Covered
X-rays, computer tomography, magnetic resonance imaging (MRI) tests, laboratory tests and electrocardiograms	Not covered	Not covered	Maximum reimbursement of \$1,500 per calendar year

1. On July 1, 2025, the maximum annual PPDIP contribution was \$1,232.

2. When a maximum is for a period of time other than a calendar year, the start of the period corresponds to the date on which the insured purchased the product or supplies for the first time.

Example: If the insured purchased a pair of glasses on April 4, 2026, the period of 24 consecutive months starts on that date and continues until April 3, 2028. The next 24-month period will start on the date on which glasses are next purchased following the end of the previous period.

Employee assistance program

Tools and Services for Plan Members	
In-Person, Over-the-Phone or Online Support <ul style="list-style-type: none"> • Psychosocial counselling • Self-guided CareNow programs with therapist assistance • Internet-based cognitive behavioural therapy 	12 hours per insurance certificate per calendar year ³
Coaching to improve lifestyle habits (physical health)	A maximum of 3 hours applies
Help for Parents of Troubled Children	A maximum of 3 hours applies
Daycare Locator	✓
Senior Services Locator	A maximum of 3 hours applies
Senior Support	✓
Legal or Financial Advice	A maximum of 1 hour applies
Online Platform (videos, articles, etc.)	✓
Eligible Participants	Plan member and dependents

**To request professional help 24/7
Call 1 888 235-0617**

3. Maximum number of hours for all services. A maximum number of hours can also be applied to a specific service (e.g. 1 hour of legal advice).

Participant's Life Insurance

Mandatory participation

Amount of insurance:	1 times the annual salary
Conversion privilege:	31 days

Dependents' Life Insurance

Mandatory participation for residents with Family coverage status or exempt from Health Insurance

Amount of insurance:	<ul style="list-style-type: none">Spouse: \$5,000Dependent child at least 24 hours old: \$2,500
Conversion privilege:	31 days

Long-Term Salary Insurance

Mandatory participation

Elimination period:	105 weeks
Amount of benefits:	100% of the net benefits payable on the 105th week of disability under the Salary Insurance plan of the agreement, computed on a monthly basis.
Indexation:	According to the QPP index
Taxable benefits:	No
Maximum benefit period:	To age 65
Definition of disability:	Own occupation for 5 years; any occupation thereafter

General information

Participation and choice of Health insurance plan

Participation of residents and dependents eligible for insurance is mandatory, subject to the Health Insurance exemption entitlement.

Residents must choose one of the following three Health Insurance plans:

- Basic plan
- Intermediate plan
- Superior plan

The Health Insurance plan that a resident selects will also apply to his or her insured dependents.

Participants may change their initial Health Insurance plan selection once during their residency. This change can only be done on July 1 of the year in which R3 is attained. The change, whether an increase or a reduction, can be done on more than one level at a time.

Life events

Participants may change their Health Insurance plan by submitting a change request to the Insurer during the 60-day period following one of the life events listed below:

- A first child is born or adopted
- Marriage, civil union or cohabitation for a minimum period of 12 months
- Separation for at least 90 consecutive days, divorce or annulment of a civil union
- Death of a spouse or dependent child

Participation in the new plan that has been selected must be maintained until the end of the residency period, with no other change possible unless another life event occurs.

Waiver of premiums

All plans: In the event of total disability, the insurance of participants and their dependents is maintained without payment of premiums as of the sixth working day.

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.

Claims

Medication – Direct automated payment service

When purchasing medication, simply present your service card and pay only the uninsured portion of expenses.

Medical and paramedical care

You can submit your claims directly from your Client Centre.

- **Healthcare professionals:** You enter the required information (type of professional, amount claimed, name of the professional, etc.) and receive reimbursement in your bank account within 24 to 48 hours.⁴
- **Other expenses:** You can submit your claims by attaching photos of your receipts. The current processing times apply to all such expenses.

Receipts must be kept for 12 months, in case of an audit. Download the Client Centre mobile app from the App Store or Google Play.

4. Processing time may vary depending on your financial institution.

Travel Insurance

As of October 2020, changes have been made to travel insurance coverage based on the travel advisory risk level issued by the Government of Canada.

Going on vacation? Before departure, ensure that your health condition is good and stable and that you are eligible for Travel Insurance. If in doubt, contact the Assistor, who will provide you with information on your eligibility.

To contact CanAssistance

- In Canada and the United States: 1 855 635-9460
- Collect worldwide: 418 780-9460

Premium rates applicable from July 1, 2026 to June 30, 2027⁵

These rates do not include the 9% provincial tax.⁵

Health insurance		Basic plan	Intermediate plan	Superior plan
		Premium per 14-day period		
Individual coverage	Total premium	\$44.67	\$67.18	\$82.66
	Employer's contribution	\$12.92	\$12.92	\$12.92
	Employee's contribution	\$31.75	\$54.26	\$69.74
	Additional premium for insured persons aged 65 or over	\$228.68	\$228.68	\$228.68
Family coverage	Total premium	\$87.37	\$132.11	\$162.63
	Employer's contribution	\$29.44	\$29.44	\$29.44
	Employee's contribution	\$57.93	\$102.67	\$133.19
	Additional premium for insured persons aged 65 or over	\$457.36	\$457.36	\$457.36

Life insurance

Dependents' Life Insurance	Premium per 14-day period: \$0.19 per family
Participant's Life insurance	0.043% of paid salary ⁶

Long-Term Salary Insurance

Long-Term Salary Insurance	0.195% of paid salary ⁶
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5. Effective January 1, 2027, the sales tax will be 9.975%.

6. Paid salary includes call duty and teaching premiums.



For questions about your plan or to follow up on your claims

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

1 800 463-4856

For opening hours, please visit [beneva.ca](https://www.beneva.ca)