This document summarizes the coverage offered under the *Fédération nationale des enseignantes et des enseignants du Québec (FNEEQ)* group insurance plan.

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. The terms and conditions allowing you to review your coverage choices are also described therein.

For a full description of the plan and for information on the applicable exclusions and reductions, please refer to the contract, which has been posted in your Client Centre.

## Important

### Plan selection period

**You must make your coverage choices within 30 days following the date on which you become eligible. After this period, you will automatically be granted the default coverage, i.e., Module A with an individual protection plan for the health insurance benefit as well as short- and long-term disability benefits, as applicable, on the date of eligibility. Evidence of insurability may also be required for subsequent enrolment in life insurance benefits. All coverage change requests must also be submitted within 30 days following the date of the event or the situation allowing you to review your choices.**

fneeq CSN

# Group Insurance Plan

## Schedule of coverage effective as of January 1st, 2027

Contract 001008-001010



beneva

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## Health insurance | Mandatory[1]

The maximums shown are per insured.

| | Basic coverage (Module A) | Standard coverage (Module B) | Enriched coverage (Module C) |
|---|---|---|---|
| | **Minimum participation period before being able to reduce the chosen coverage: 36 months, subject to the provisions set out in the Rules table provided in this document.** | | |
| **1. Expenses reimbursed at 100%[2]** | | | |
| **Hospitalization** | Semi-private room | Semi-private room | Semi-private room |
| **Extended care** | Semi-private room, maximum of 180 days per calendar year | Semi-private room, maximum of 180 days per calendar year | Semi-private room, maximum of 180 days per calendar year |
| **Travel insurance** | Maximum lifetime reimbursement of $2,000,000 | Maximum lifetime reimbursement of $2,000,000 | Maximum lifetime reimbursement of $2,000,000 |
| **Trip cancellation insurance** | Maximum of $5,000 per trip | Maximum of $5,000 per trip | Maximum of $5,000 per trip |
| **2. Prescription drugs[2]** | | | |
| **Reimbursement** | **68%** of eligible expenses up to the maximum annual contribution under the PPDIP,[3] and 100% of the excess[4] | **80%** of eligible expenses up to a maximum annual contribution of **$900,** and 100% of the excess | **85%** of eligible expenses up to a maximum annual contribution of **$600**, and 100% of the excess |
| **Maximum contribution calculation** | The maximum annual contribution is calculated separately for the participant and, where applicable, for the spouse. The dependent children's benefits are included with the participant's. | | |
| **Type of prescription drug** | Available with a medical prescription and must be on the Régie de l'assurance maladie du Québec (RAMQ) list | Available with a medical prescription only (regular list) | Available with a medical prescription only (regular list) |
| **Substitution** | The reimbursement of a prescription drug for which a generic equivalent exists will be calculated on the basis of the least expensive generic drug. | | |
| **Annual deductible** | None | None | None |
| **Electronic claims payment** | Direct | Direct | Direct |
| **3. Other eligible expenses[2]** | | | |
| **Reimbursement** | **68%** | **80%** | **85%** |
| **Annual deductible** | None | None | None |
| **Ambulance** | Covered | Covered | Covered |
| **Artificial limbs and prosthetic devices** | Covered | Covered | Covered |
| **Breast prosthesis** | Not covered | Eligible maximum of $500 per calendar year | Eligible maximum of $500 per calendar year |
| **Cannabis for medical purposes** | Not covered | Maximum reimbursement of $1,500 per calendar year | Maximum reimbursement of $1,500 per calendar year |
| **Continuous glucose monitoring device** | Not covered | Eligible maximum of $5,000 per calendar year | Eligible maximum of $5,000 per calendar year |
| **Corrective (deep) footwear** | Not covered | Eligible maximum of $100 per pair and of 2 pairs per calendar year | Eligible maximum of $100 per pair and of 2 pairs per calendar year |
| **Dental surgery following accident** | Not covered | Covered | Covered |
| **Foot orthoses and orthopedic devices** | Not covered | Covered | Covered |
| **Gender affirmation surgery (including hair removal expenses)** | Not covered | Maximum reimbursement of $5,000 per year and $10,000 lifetime maximum | Maximum reimbursement of $5,000 per year and $10,000 lifetime maximum |

## Health insurance | Mandatory[1]

The maximums shown are per insured.

| | Basic coverage (Module A) | Standard coverage (Module B) | Enriched coverage (Module C) |
|---|---|---|---|
| | **Minimum participation period before being able to reduce the chosen coverage: 36 months, subject to the provisions set out in the Rules table provided in this document.** | | |
| **3. Other eligible expenses[2] (cont.)** | | | |
| **Expenses for travel to receive treatment from a medical specialist not available in the insured's province of residence** | Not covered | Maximum reimbursement of $750 per trip | Maximum reimbursement of $750 per trip |
| **Eye exam** | Not covered | Eligible maximum of $100 per consecutive 24-month period | Eligible maximum of $100 per consecutive 24-month period |
| **Glucometer, dextrometer or other similar appliance** | Not covered | Maximum reimbursement of $200 per period of 60 consecutive months | Maximum reimbursement of $200 per period of 60 consecutive months |
| **Hearing aid** | Not covered | Maximum reimbursement of $1,000 per device, up to $2,000 per period of 12 consecutive months | Maximum reimbursement of $1,000 per device, up to $2,000 per period of 12 consecutive months |
| **Insulin pump** | | | |
| **• Device** | Not covered | Maximum reimbursement of $6,000 per period of 60 consecutive months | Maximum reimbursement of $6,000 per period of 60 consecutive months |
| **• Accessories (tubes, catheters)** | Not covered | Eligible maximum of $4,000 per calendar year | Eligible maximum of $4,000 per calendar year |
| **IUD** | Not covered | Covered | Covered |
| **Medical reports** | Not covered | Maximum reimbursement of $40 per report and $500 per calendar year | Maximum reimbursement of $40 per report and $500 per calendar year |
| **Orthopedic shoes (custom-made)** | Not covered | Purchase price, subject to a $20 deductible per pair | Purchase price, subject to a $20 deductible per pair |
| **Oxygen therapy** | Not covered | Covered | Covered |
| **Purchase of an emergency battery for sleep apnea support devices** | Not covered | Eligible maximum of $500 per period of 60 consecutive months | Eligible maximum of $500 per period of 60 consecutive months |
| **Private clinic (treatment of alcoholism, drug addiction or compulsive gambling)** | Not covered | Maximum reimbursement of $3,500 per calendar year<br>Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions | Maximum reimbursement of $3,500 per calendar year<br>Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions |
| **Registered nurse or licensed practical nurse** | Not covered | Eligible maximum of $300 per day, and maximum reimbursement of $10,000 per calendar year | Eligible maximum of $300 per day, and maximum reimbursement of $10,000 per calendar year |
| **Rehabilitation centre** | Not covered | Semi-private room<br>Eligible maximum of $75 per day and 15 days per period of hospitalization | Semi-private room<br>Eligible maximum of $75 per day and 15 days per period of hospitalization |
| **Serums and fluids injected for curative purposes (including injections administered for artificial insemination)** | Not covered | Covered | Covered |
| **Support stockings** | Not covered | Maximum of 6 pairs per calendar year | Maximum of 6 pairs per calendar year |

## Health insurance | Mandatory[1]

The maximums shown are per insured.

| | Basic coverage (Module A) | Standard coverage (Module B) | Enriched coverage (Module C) |
|---|---|---|---|
| | **Minimum participation period before being able to reduce the chosen coverage: 36 months, subject to the provisions set out in the Rules table provided in this document.** | | |
| **3. Other eligible expenses[2] (cont.)** | | | |
| **Vaccines (including preventive vaccines)** | Not covered | Covered | Covered |
| **Wheelchair, iron lung, adult diapers for incontinence, therapeutic devices** | Not covered | Covered | Covered |
| **Wig (capillary prosthesis)** | Not covered | Eligible maximum of $700 per calendar year | Eligible maximum of $700 per calendar year |
| **4. Healthcare professionals[2, 5]** | | | |
| **Reimbursement** | Expenses not covered | **80%** | **85%** |
| **Assessment performed by a psychologist, a neuropsychologist, a special educator or a speech-language pathologist** | Not covered | Eligible maximum of $1,250 per calendar year for all these professionals | Eligible maximum of $1,250 per calendar year for all of these professionals |
| **Chiropractor** | Not covered | Eligible expenses of $90 per visit, treatment or X-ray, up to a maximum reimbursement of **$600** per calendar year for all of these professionals | Eligible expenses of $90 per visit, treatment or X-ray, up to a maximum reimbursement of **$1,200** per calendar year for all of these professionals |
| **Acupuncturist, dietitian, occupational therapist, osteopath, physical rehabilitation therapist, physiotherapist, podiatrist and sports therapist** | Not covered | | |
| **Massage therapist, kinesitherapist and orthotherapist** | Not covered | Not covered | |
| **Special educator,[6] speech-language pathologist and audiologist** | Not covered | Eligible expenses of $105 per visit, up to a maximum reimbursement of **$900** per calendar year for all of these professionals | Eligible expenses of $105 per visit, up to a maximum reimbursement of **$1,800** per calendar year for all of these professionals |
| **Guidance counsellor in private practice, psychoanalyst, psychiatrist, psychologist, psychoeducator, psychotherapist and social worker** | Not covered | Eligible expenses of $135 per visit, up to a maximum reimbursement of **$900** per calendar year for all of these professionals | Eligible expenses of $135 per visit, up to a maximum reimbursement of **$1,800** per calendar year for all of these professionals |

## Dental care insurance

**Optional participation**

| | Basic coverage (Option 1) | Enriched coverage (Option 2) |
|---|---|---|
| | **Minimum participation period before being able to reduce the chosen coverage: 36 months, subject to the provisions set out in the Rules table provided in this document.** | |
| **Preventive services** | 80% (1 examination per 9-month period) | 80% (1 examination per 9-month period) |
| **Basic restorative care** | 80% | 80% |
| **Endodontics, periodontics, denture adjustments and repairs** | Not covered | 80% |
| **Maximum reimbursement** | $1,500 per calendar year | $1,500 per calendar year |
| **Annual deductible** | None | None |

1. You can opt out of the health insurance if you are insured under a group insurance contract with similar benefits. | 2. Eligible expenses are those reasonably justified by the seriousness of the case as well as by current medical practice and the customary and reasonable charges in effect in the area. 3. On July 1st, 2026, the maximum annual PPDIP contribution was $1,263. | 4. The reimbursement percentage and maximum amount payable for covered drugs is adjusted on January 1 of each year according to the RGAM rates determined on the preceding July 1st. | 5. All of the healthcare professionals referred to in this document must be duly licensed under governing legislation and be members in good standing of a professional order recognized by legislative authority or of a professional association recognized by the Insurer. The insured may not have more than one treatment or consultation per day with the same healthcare professional. | 6. The RSA (Meeting of Member Unions) adopted a recommendation to mandate the FNEEQ Insurance and Pensions Committee to analyze claims for reimbursement of fees charged by special educators who are not members of ADOQ, under special circumstances. Contact your union to find out how to proceed.

## Participant's life insurance

**Optional participation**

| | |
|---|---|
| • **Participant under age 70** | 1 x annual salary (minimum: $75,000) or 2 x annual salary (minimum: $75,000), as selected by the participant 50% reduction at age 65 |
| • **Participant age 70 or over** | $10,000 |

When the basic life insurance amount is reduced at age 70, it is possible to transfer the amount lost into additional life insurance, up to a maximum of 2 units of $25,000, as long as these amounts have not already been used.

The coverage amount is limited to 1 x annual salary for a new participant aged 65 or older.

## Dependents' life insurance

**Optional participation**

| | |
|---|---|
| • **Spouse under age 65** | $10,000 |
| • **Spouse age 65 or over** | $5,000 |
| • **Dependent child** | $5,000 |

## Optional life insurance

**Optional participation**

| | |
|---|---|
| **Participant and Spouse under age 70** | One to 10 units of $25,000 |
| **Participant and Spouse age 70 or over** | One to 2 units of $25,000 |

The Insurer pays the beneficiary the life insurance amount corresponding to the age of the insured at the time of death.

## Short-term disability insurance

**Mandatory participation**
**Private sector employees and all individuals or classes of individuals approved by the FNEEQ.**

| | |
|---|---|
| **Elimination period:** | |
| • LaSalle College | 25 days |
| • Lecturers/Université Laval | 180 days |
| • Collège Trinité and Collège Universel | 14 days |
| • ITHQ and ITAQ | 52 weeks |
| • Other institutions | 30 days |
| **Maximum benefit period** | 24 months |
| **Benefit amount** | 75% net salary |
| **Indexation** | Based on QPP, maximum 3% |
| **Non-taxable benefits** | |

## Long-term disability insurance including critical illness insurance NEW

**Optional and subsequently mandatory participation**

| | |
|---|---|
| **Elimination period** | 104 weeks + sick days |
| **Maximum benefit period** | Up to age 65 |
| **Benefit amount** | 75% net salary |
| **Indexation** | Based on QPP, maximum 6% |
| **Own occupation** | Up to age 65 |
| **Non-taxable benefits** | |
| **Critical illness Insurance** | Up to $25,000 lifetime<br>Exclusions may apply in the event of pre-existing conditions |

For non-permanent employees, participation is initially optional. It becomes mandatory on the start date of the contract following the achievement of three years of seniority as of the first eligible contract based on the official seniority list.

### Critical illness insurance: New enrolment rules effective January 1, 2027 NEW

Effective January 1, 2027, critical illness insurance will be included with long-term disability insurance instead of life insurance. Employees who had critical illness insurance as of December 31, 2026, but who do not participate in long-term disability insurance, will retain their critical illness insurance, with the right to opt out. However, any employee who chooses to terminate this coverage will lose their vested rights.

### Exemption entitlement for long-term disability insurance

Are you wondering whether you can terminate your long-term disability insurance?

Employees may waive coverage under the long-term disability insurance benefit within the 2 years preceding the date they become eligible for the employer's pension benefits without reduction.

The employees referred to in schedules III and IV may waive coverage as of their 58th birthday or when they have accumulated 33 years of service.

It should also be noted that, since long-term disability insurance benefits end no later than age 65 and the waiting period is 2 years (104 weeks), this coverage automatically ends when the participant reaches age 63.

### Travel insurance

Your contract stipulates, among other things, that for a country of destination covered under an advisory "to avoid all non-essential travel", coverage is limited to 30 days.

Going on vacation? Before you leave, make sure your health is good and stable and that you are eligible for travel insurance. If you're unsure, contact CanAssistance, Beneva's travel assistor, for information about your eligibility and specific advice about your travel destination.

**Call CanAssistance**

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

Certain exclusions apply, such as during a trip in which a teacher accompanies students as part of his or her duties.

## Rates

Premium rates per 14-day period
**From January 1 to December 31, 2027**

### Health insurance*

| Coverage status | Basic coverage (Module A) | Standard coverage (Module B) | Enriched coverage (Module C) |
|---|---|---|---|
| **Participant under age 65** | | | |
| **Individual** | $62.60 | $92.91 | $119.49 |
| **Single-Parent** | $93.90 | $139.35 | $179.23 |
| **Family** | $150.23 | $222.96 | $286.78 |
| **Participant age 65 or over registered with the RAMQ** | | | |
| **Individual** | $22.92 | $34.02 | $43.76 |
| **Single-Parent** | $34.38 | $51.04 | $65.64 |
| **Family** | $55.02 | $81.65 | $105.02 |
| **Participant age 65 or over not registered with the RAMQ** Additional premium for prescription drugs | | | |
| **Individual** | | $168.82 | |
| **Single-Parent** | | $168.82 | |
| **Family** | | $337.67 | |

* The employer's share, if applicable, must be deducted from the premium indicated for health insurance coverage.

### Dental care insurance

| Coverage status | Basic coverage (Option 1) | Enriched coverage (Option 2) |
|---|---|---|
| **Individual** | $13.83 | $19.07 |
| **Single-Parent** | $26.28 | $36.24 |
| **Family** | $33.19 | $45.77 |

### Life insurance

| | Required rate | Rate with a 50% premium holiday |
|---|---|---|
| **Participant's basic life insurance** (rate per $1,000 of insurance coverage) | $0.0568 | $0.0284 |
| **Dependents' life insurance** | $0.59 | $0.30 |

**Participant's and spouse's optional life insurance**
(rate per $1,000 of insurance coverage)

| | Male | | Female | |
|---|---|---|---|---|
| | Non-smoker | Smoker | Non-smoker | Smoker |
| Age group | Rate with a 50% premium holiday | | | |
| **Under age 25** | $0.009 | $0.013 | $0.005 | $0.006 |
| **Age 25 to 29** | $0.009 | $0.013 | $0.005 | $0.006 |
| **Age 30 to 34** | $0.009 | $0.013 | $0.005 | $0.006 |
| **Age 35 to 39** | $0.012 | $0.015 | $0.006 | $0.007 |
| **Age 40 to 44** | $0.017 | $0.025 | $0.009 | $0.013 |
| **Age 45 to 49** | $0.028 | $0.040 | $0.013 | $0.019 |
| **Age 50 to 54** | $0.042 | $0.063 | $0.024 | $0.029 |
| **Age 55 to 59** | $0.067 | $0.104 | $0.036 | $0.057 |
| **Age 60 to 64** | $0.113 | $0.164 | $0.056 | $0.084 |
| **Age 65 to 69** | $0.156 | $0.255 | $0.088 | $0.131 |
| **Age 70 to 74** | $0.276 | $0.396 | $0.143 | $0.184 |
| **Age 75 and over** | $0.627 | $0.673 | $0.376 | $0.396 |

**A declaration of good health must be provided as evidence of insurability for optional life insurance.**

### Short-term disability insurance

(rate per $1,000 of salary)

| | |
|---|---|
| **Université Laval** | $0.279 |
| **Lasalle College** | $0.500 |
| **Collège Trinité and Collège Universel** | $0.570 |
| **ITHQ and ITAQ** | $0.113 |
| **Other colleges and universities** | $0.468 |

### Long-term disability insurance

| | Required rate |
|---|---|
| (rate per $1,000 of salary) | $0.440 |

### Critical illness insurance

| | Required rate | Rate with a 50% premium holiday |
|---|---|---|
| (rate per participant) | $1.42 | $0.71 |

**The insurance premium tax applicable in your province of residence must be added to these premiums.**

## Rules for changing your coverage selections

You can **increase** your health and dental insurance coverage at any time. You must be actively at work on that date; otherwise, the change will take effect on the date you effectively return to work. You can **reduce** your coverage once you have completeted the 36-month minimum participation period or within 30 days of an eligible life event.

Eligible life events: acquisition of permanent status, marriage, separation, death of your spouse or child, birth or adoption of a first child.

The table below shows the rules that apply to changes of coverage.

| Desired change | |
|---|---|
| **Increase** my health insurance and dental care coverage | Possible at any time. |
| **Enrol** in dental care insurance | Possible at any time. |
| **Reduce** my health insurance and dental care coverage | Possible if you have at least 36 months of participation at the current level or within 30 days of an eligible life event. |
| **Enrol** in basic life insurance (participant and dependents) | Possible at any time, subject to the approval of the evidence of insurability by Beneva. |
| **Increase** my life insurance | Possible at any time, subject to the approval of the evidence of insurability by Beneva. |
| **Reduce or cancel** my life insurance coverage | Possible at any time. |

## Benefit claims

Always indicate your contract and identification numbers as they appear on your service card.
To help speed up claims processing, register for direct deposit.

| | |
|---|---|
| • **Health insurance** | |
| – Prescription drugs | Present your direct payment card to the pharmacist. You pay only the portion that is not covered. |
| – Other medical care expenses | Submit your claims online by using your Client Centre or the Beneva mobile app, which you can download for free from the App Store or on Google Play. |
| • **Dental care insurance** | Present your direct payment card to your dentist. You pay only the portion of expenses that is not covered. |
| • **Disability insurance** | Submit your claim online by using your Client Centre or the Beneva mobile app, which you can download for free from the App Store or on Google Play. |
| • **Life and critical illness insurance** | Contact Beneva directly for the required forms. |

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**Any questions? Access your Client Centre at any time.**
**It is a great resource for coverage and claims information.**

For business hours, go to beneva.ca
Beneva Customer Service 1 888 235-0606
625 rue Jacques-Parizeau, CP 1500, Québec QC G1K 8X9

beneva.ca

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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.