

alter ego

THE **CSQ** ADVANTAGE



REFLECTING MY REALITY

Choose the group insurance coverage that best suits your needs

The new Centrale des syndicats du Québec (CSQ) group insurance plan: well thought-out and designed to meet its members' genuine interests.



alter ego

THE CSQ ADVANTAGE

This fall, an enrollment campaign will get underway for the new CSQ group insurance plan: Alter ego - The CSQ Advantage.

This document provides useful information to help you choose your coverage.



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An enrollment campaign necessarily entails choosing your coverage. And that should not be done merely by comparing premiums. Other factors must come into play, such as percentage, type of coverage and the maximum amounts which may be reimbursed. To properly choose your group insurance coverage, you will have to consider your lifestyle and your needs and ask yourself a number of questions such as:

- Do I or any of my dependents suffer from chronic or hereditary diseases?
- How much do I or any of my dependents rely on prescription drugs?
- Are we more sedentary or active?
- Do any of us regularly see health professionals for the treatment of recurring medical conditions (backaches, joint pains, strains, etc.)?
- Do any of us need regular visits to the dentist?

The plan's new structure encourages you to consider things even more carefully. To fully benefit from a very interesting range of services, a thorough assessment of your needs is all the more important given that you will have not 3 but 16 different options in health insurance alone.

Without being exhaustive, the criteria detailed in this guide should be taken into consideration so you can make the best choices for you and your dependents.

Should you need more information, a number of options are available to you:

- Visit alterego.lacsq.org
- Chat with a CSQ representative: upcoming link
- Watch one of 10 short informative videos: upcoming link
- Take part in a information session: upcoming link
- Send an email: alterego@lacsq.org
- Contact your local union

Choosing the coverage best suited to your needs

The Alter ego group insurance plan offers personal insurance coverage: health insurance, long-term disability insurance, life insurance and dental care insurance (please refer to Appendix II, Structure of the Alter ego The CSQ Advantage plan).

Premium rates vary according to a participant's choices and types of coverage. The detailed costs associated with all coverage types are available both in Appendix II and the document entitled *Your plan at a glance*.



HEALTH INSURANC
(compulsory)



HEALTH INSURANCE (COMPULSORY)

Your right to exemption

While health insurance is compulsory¹, members may request an exemption and opt out of this plan. This exemption entails that participants can choose to be covered under their spouse's group insurance plan. As such, members defer compliance with the mandatory health insurance coverage.

Members who chose to opt out prior to the enrollment campaign will be able to uphold this decision throughout the campaign or to opt in to the new Alter Ego plan. Members who did not request this exemption during the enrollment campaign, but would be able to do so at this point in time (and as of January 1, 2021), may reach out to their employer and opt out from the outset of the new Alter ego plan, on January 1, 2021. Should this be done prior to January 31, 2021, the exemption will be implemented retroactively, i.e. as of January 1, 2021.

In certain cases, you may choose to be covered under both plans (your current plan and the Alter Ego plan), individually or as a family. With two insurance plans, your second insurer could reimburse costs that are not covered by the first.

The Alter ego group insurance plan offers a basic compulsory plan and four complementary optional packages, a total of 16 possible combinations or choices.

Compulsory Basic Plan (prescription drugs):

- Drug insurance
- Accidental dismemberment

Optional Complementary Package 1

- Travel and cancellation insurance
- Semi-private hospital room
- Ambulance transportation
- Accident to natural teeth
- Psychological care

Optional Complementary Package 2

- Certain paramedical professional services
- Maximum reimbursement of \$1,000 per year per insured person for all professional services included in this complementary package
- Maximum reimbursement of \$2,000 for all professional services included in this complementary plan if Complementary Plan 3 has also been selected

Optional Complementary Package 3

- All paramedical professional services not included in complementary packages 1 and 2, but which had been covered under the CSQ group insurance plan
- Maximum reimbursement of \$1,000 per year per insured person for all professional services included in this complementary package
- Maximum reimbursement of \$2,000 for all professional services included in this complementary package if Complementary Package 2 has also been selected

Optional Complementary Package 4

- All paramedical services, accessories or devices included in the Alter ego plan
- Reimbursements, purchase frequency limits and any other criteria related to reimbursements are coverage-specific

¹ The *Act respecting prescription drug insurance* requires that all Québec residents be insured for their medication, either through a private group insurance plan or the Régie de l'assurance maladie du Québec (RAMQ) public plan. Any individual eligible to a group insurance plan which includes drug insurance coverage must participate in the plan and, where applicable, see that their dependents are also covered.

To learn more about the eligible care for each coverage level, please refer to the [Your plan at a glance](#) brochure.

The Alter ego plan also offers three coverage options:

- Individual
- Single-parent
- Family

Changing your coverage level

increase your health insurance coverage by adding optional complementary packages to your initial choice at any point in time. However, should you request a change while on disability, it will only come into effect once you return to work.

You can also request a lower level of coverage provided that you respect the 24-month minimum duration of participation. Each complementary package has its own 24-month minimum participation period: consequently, should you wish to reduce your coverage, you will be able to do so once the minimum participation period of a given complementary package is completed.

A few things to keep consider

In order to make an informed choice between all four optional complementary packages and the three coverage statuses (individual, single-parent or family), here are a few aspects to consider when reviewing your situation and needs.

1. Your age

Risk factors associated with illness increase with age. By the same token, your health insurance needs could also increase.

2. Your civil status and dependents

If you have dependents (spouse and/or children), you must take the needs of all involved into account.

A spouse refers to any person who has become your spouse:

- as a result of a civil union or legally recognized marriage in Québec or elsewhere and recognized under Québec law;
- as a result of permanent cohabitation for at least one (1) year with another person who you publicly present as your spouse. There is no minimum period if a child is born of the union or if legal adoption proceedings have been undertaken.

A dependent child is defined as:

- Any single child of the participant, of the spouse, or of both, who meets at least one of the following conditions:

- is under the age of 18;
- is under the age of 26 and attends a recognized educational institution as a duly registered full-time student;
- regardless of age, became totally disabled at a time when he met one of the above conditions and has remained continuously disabled ever since.

Declaration of school attendance

In order for your dependent child aged 18 to 25 inclusively to remain covered, it is imperative that you submit a declaration of school attendance². It may be submitted:

- online: on the Customer centre | SSQ member website (ssq.ca/en).
- by phone: contact SSQ Customer service (1 888 CSQ-0006).

You can change your coverage status when a new dependent is either acknowledged or no longer meets the prescribed definition. Submit your request within 30 days of the date of the event in order for your new status to become effective retroactively. Otherwise, your status will be changed at the pay period following the reception of the request for change by Alter ego.

A few questions you should ask yourself:

- What expenses might my dependents and I have to cover in the near future?
- Should one of my dependents need medical care, would I be able to cover the related costs?
- How long will my children be eligible under my insurance plan?

3. Potential life events in the foreseeable future

A marriage, the acknowledgement of a new spouse, the arrival of a new child or securing a new regular position are but a few of the many life events which would allow you to increase your life insurance coverage or the status of your health and dental care insurance coverage without evidence of insurability, if the mandatory timelines are met.

See Appendix I to learn more about these events and the potential for an increase they entail.

A few questions you should ask yourself:

- Given that I will probably encounter life events which would allow for an increase of my coverage without evidence of insurability, should I, in my current situation, opt for the basic coverage only?
- Is a marriage or the birth of a child in my foreseeable future?
- Will I have access at one point to a regular position, as defined in my collective agreement?

² Coverage periods related to a declaration of school attendance:

- From January 1 to June 30;
- From July 1 to December 31.

4. Heredity, your health and lifestyle

An illness, heredity, smoking and a sedentary lifestyle are a few of the many factors which may influence your need to rely on medication. Take these factors into account when choosing your coverage.

A few questions you should ask yourself:

- Do I or any of my dependents suffer from chronic illnesses which call for the use of a great number of prescription drugs?
- Are there any hereditary diseases in our families?
- What type of lifestyle are we used to?
- Do we regularly need to see specialists for paramedical care?

5. Your risk tolerance

Based on your tolerance to risks which may arise from certain medical issues, are you in a position to deal with the fact that you will not be reimbursed by your group insurance plan for certain types of specific medical care?

A question you should ask yourself:

- Do I have the financial capability to bear certain costs if I didn't opt for a complementary plan?

6. Your financial capability

Coverage cost is an essential component when choosing the plan best suited to your needs.

A few questions you should ask yourself:

- Is the premium of the chosen insurance plan beyond my financial capability?
- Could the difference in cost between the two complementary plans' premiums be offset by a reimbursement from another coverage I've chosen?



LONG TERM DISABILITY INSURANCE
(compulsory)



LONG TERM DISABILITY INSURANCE (COMPULSORY)

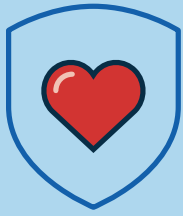
This protection makes up for the loss of revenue in case of a disability after salary insurance has expired subsequent to the 104 weeks stipulated under the collective agreement.

Definition of long term disability insurance

The long term disability insurance plan provides you with coverage if you are unable to carry out the normal duties of your employment or any comparable employment with similar remuneration offered to you by the employer. This definition remains the same until the age of 65.

The right to opt out is provided for in the contract, subject to very specific criteria, as detailed at point 1.3.3 b) of the *CSQ Group Insurance Plan - January 2015* booklet.





LIFE INSURANCE



LIFE INSURANCE

The Alter ego plan offers different types of life insurance coverage, for you as well as for your dependents. There are four types of coverage:

- Basic coverage for the participant (compulsory, with a right to opt out³)
- Additional coverage for the participant (optional)
- Basic coverage for dependents (optional)
- Additional coverage for the spouse (optional⁴)

The group life insurance, while temporary, may also be suitable if you have dependent children, or short- and medium-term debts, or as a complement to your existing plans.

To begin with, identify any other life insurance amounts you may have: coverage offered without paying a premium under some collective agreements (amount of \$6,400 or \$3,200), individual life insurance coverage (permanent or temporary), mortgage life insurance, etc. This will help you determine your true needs and the cost of each life insurance product.

A few questions you should ask yourself:

- Do I already have life insurance coverage through an individual contract? Is this insurance temporary or permanent?
- Am I entitled to life insurance through my collective agreement?
- If I died or if a member of my family died, would others find themselves in a financial predicament?
- Do I need coverage for my dependents?
- Do I need coverage beyond the basic life insurance?
- Would it be fitting to secure additional life insurance coverage for my spouse?

Identify your beneficiaries

Don't forget to designate the beneficiaries of your life insurance and to stipulate whether this designation is revocable or irrevocable. The designation of a **revocable beneficiary** may be changed at any time. Conversely, the designation of an **irrevocable beneficiary** entails that you can no longer change this designation freely. You are required to seek the consent of the beneficiary to do so.

If you do not designate a specific beneficiary, any amount provided for in the life insurance policy will be paid to your legal succession.

³ Basic coverage of \$10,000 is compulsory, but includes a right to opt out within the prescribed time. Any other coverage is optional.

⁴ The insurance is only available if basic life insurance coverage for dependents is in force.

Changing your coverage

You can lower your level of life insurance coverage at any time. However, to increase your coverage, the insurer may require that you present evidence of insurability. This might involve, for instance, a basic or detailed medical questionnaire (which includes questions to determine if you are insurable).

In certain cases, the insurer may require that you provide your medical records or that you undergo certain tests, such as blood and urine tests.

During the enrollment campaign, you will be able to increase or change your life insurance coverage without evidence of insurability as long as your request respect the group insurance plan limitations.





**DENTAL CARE
INSURANCE**

(optional)



DENTAL CARE INSURANCE (OPTIONAL)

Dental care insurance coverage is also offered. Through the new Alter ego plan, this will be entirely optional. Each participant will be able to choose whether to opt in or not.

Duration of participation:

The dental care insurance plan must remain in force for at least 48 months.

A few questions you should ask yourself:

- In addition to my health insurance coverage, do I need dental care coverage?
- Do my dependents need dental care coverage? It should be noted that the Régie de l'assurance maladie du Québec (RAMQ) covers some services for children under 10: dental examination, X-rays, restorations, etc. However, it does not cover cleaning nor scaling.
- Generally speaking, are my dental costs high or low? Are they mostly related to routine checkups and teeth cleaning?





SPECIAL CIRCUMSTANCES



SPECIAL CIRCUMSTANCES

Leave without pay and gradual retirement

When on leave without pay, for a parental leave for instance (not to be confused with maternity leave), you can choose to maintain your participation in all plans held before your leave or maintain only your health insurance coverage that you had prior to your leave of absence or to simply keep the basic compulsory plan.

This choice applies for the duration of the leave without pay for as long as you remain eligible for insurance, provided you pay the applicable premiums. Once you return to work, you will be granted the coverage you held before your leave without pay.

A disability which occurs during a leave without pay is considered to have begun on the day you planned to return to work, and is only recognized under the plans maintained during your leave.

During a gradual retirement and a deferred pay leave, you must maintain all the CSQ group insurance plans you had previously chosen.

Layoff or termination of contract

In the case of a layoff or termination of contract, you must choose whether to maintain all plans you had previously decided on or maintain only your health insurance coverage that you had prior to your layoff or your contract termination or to keep the compulsory basic plan. This choice shall apply for a period of 120 days beginning on the date of the layoff or termination of your contract.

If you maintained your life insurance coverage for this 120-day period, you may extend it for 2 more years.

If, at the end of the 120-day period, you do not have access to another private drug insurance plan (for instance, through your spouse's group insurance plan), you must register to the RAMQ public plan.

Voilà !

You now have the tools to identify your group insurance needs and apply to the Alter ego, the CSQ advantage group insurance plan.

APPENDIX

APPENDIX I CHANGING YOUR COVERAGE WITHOUT EVIDENCE OF INSURABILITY

You can change your coverage to better reflect your situation. If time limits are met, changes are effective retroactively from the date of the event that allowed for said change.

The following table shows the life events provided for in the contract and the increased coverage which may be available.

POSSIBILITY OF CHANGING HEALTH, LIFE AND DENTAL CARE INSURANCE COVERAGE STATUS

Life events	Decrease	Increase	Not eligible for changes to health insurance
Marriage, civil union, common-law relationship		X	
Birth or adoption of a child		X	
Divorce, separation or death of spouse	X		
Termination of a dependent child's insurance or death of a child	X		
Termination of spouse's insurance		X	
Regular employment status obtained	X	X	X

POSSIBILITY OF INCREASING COVERAGE WITHOUT PROOF OF GOOD HEALTH

Life events	Basic life insurance - Participant	Additional life insurance - Participant	Basic life insurance - Dependents
Marriage, civil union, common-law relationship	X	X	X
Birth or adoption of a child	X	X	X
Divorce, separation or death of spouse	X	X	X
Termination of a dependent child's insurance or death of a child	X	X	X
Termination of spouse's insurance	X	X	X
Regular employment status obtained	X	X	X

- Any increase of life insurance coverage without proof of good health must be done within certain time frames and keep within maximum amounts
- Complementary optional health insurance plans as well as dental care insurance may be added at any time without proof of good health

POSSIBILITY OF TERMINATING OR DECREASING COVERAGE BEFORE THE END OF THE MINIMUM PARTICIPATION PERIOD

Life events	Health insurance	Dental care insurance
Marriage, civil union, common-law relationship	X	X
Birth or adoption of a child	X	X
Divorce, separation or death of spouse	X	X
Termination of a dependent child's insurance or death of a child	X	X
Termination of spouse's insurance	X	X
Regular employment status obtained	X	X

- Life insurance coverage may be decreased at any time. A participant's mandatory basic life insurance must comply with the minimum amount of coverage

APPENDIX II STRUCTURE OF THE ALTER EGO - THE CSQ ADVANTAGE PLAN

Health insurance

2021 HEALTH INSURANCE PREMIUM PER 14-DAY PERIOD

Plan per status	Individual	Single-parent	Family
Compulsory	\$43.81	\$65.72	\$109.53
Optional 1	\$2.74	\$4.11	\$6.85
Optional 2	\$5.12	\$7.68	\$12.80
Optional 3	\$13.25	\$19.88	\$33.13
Optional 4	\$3.03	\$4.55	\$7.58

COMBINATION SPECIFIC 2021 HEALTH INSURANCE PREMIUM PER 14-DAY PERIOD (INDIVIDUAL STATUS)

Basic Plan	+ 1 package	+ 2 packages	+ 3 packages	+ 4 packages
C \$43.81	C + O1 \$46.55	C + O1 + O2 \$51.67	C + O1 + O2 + O3 \$64.92	C + O1 + O2 + O3 + O4 \$67.95
			C + O1 + O2 + O4 \$54.70	
		C + O1 + O3 \$59.80	C + O1 + O3 + O4 \$62.83	
		C + O1 + O4 \$49.58		
	C + O2 \$48.93	C + O2 + O3 \$62.18	C + O2 + O3 + O4 \$65.21	
		C + O2 + O4 \$51.96		
	C + O3 \$57.06	C + O3 + O4 \$60.09		
	C + O4 \$46.84			

C = Compulsory Basic Plan O1= Optional Complementary Package 1 O2= Optional Complementary Package 2
O3= Optional Complementary Package 3 O4= Optional Complementary Package 4

**COMBINATION SPECIFIC 2021 HEALTH INSURANCE PREMIUM PER 14-DAY PERIOD
(SINGLE-PARENT STATUS)**

Basic Plan	+ 1 package	+ 2 packages	+ 3 packages	+ 4 packages
C \$65.72	C + O1 \$69.83	C + O1 + O2 \$77.51	C + O1 + O2 + O3 \$97.39	C + O1 + O2 + O3 + O4 \$101.94
			C + O1 + O2 + O4 \$82.06	
		C + O1 + O3 \$89.71	C + O1 + O3 + O4 \$94.26	
		C + O1 + O4 \$74.38		
	C + O2 \$73.40	C + O2 + O3 \$93.28	C + O2 + O3 + O4 \$97.83	
		C + O2 + O4 \$77.95		
	C + O3 \$85.60	C + O3 + O4 \$90.15		
	C + O4 \$70.27			

C = Compulsory Basic Plan O1= Optional Complementary Package 1 O2= Optional Complementary Package 2
O3= Optional Complementary Package 3 O4= Optional Complementary Package 4

**COMBINATION SPECIFIC 2021 HEALTH INSURANCE PREMIUM PER 14-DAY PERIOD
(FAMILY STATUS)**

Basic Plan	+ 1 package	+ 2 packages	+ 3 packages	+ 4 packages
C 109.53\$	C + O1 \$116.38	C + O1 + O2 \$129.18	C + O1 + O2 + O3 \$162.31	C + O1 + O2 + O3 + O4 \$169.89
			C + O1 + O2 + O4 \$136.76	
		C + O1 + O3 \$149.51	C + O1 + O3 + O4 \$157.09	
		C + O1 + O4 \$123.96		
	C + O2 \$122.33	C + O2 + O3 \$155.46	C + O2 + O3 + O4 \$163.04	
		C + O2 + O4 \$129.91		
	C + O3 \$142.66	C + O3 + O4 \$150.24		
	C + O4 \$117.11			

C = Compulsory Basic Plan O1= Optional Complementary Package 1 O2= Optional Complementary Package 2
O3= Optional Complementary Package 3 O4= Optional Complementary Package 4

Long term disability insurance

CALCULATION FORMULA FOR LONG TERM DISABILITY INSURANCE BENEFITS

- 65% of first \$20,000 of gross annual salary
- 50% of next \$20,000
- 45% of amounts beyond that point

Life insurance

TARIFICATION 2021 EN ASSURANCE VIE PAR PÉRIODE DE 14 JOURS

Basic life insurance plan - Participant		Basic life insurance plan - Dependent			
\$10,000 coverage	\$25,000 coverage	Option 1		Option 2	
		\$10,000 coverage for spouse	\$5,000 coverage for dependent child or children	\$20,000 coverage for spouse	\$10,000 coverage for dependent child or children
\$0.37	\$1.48	\$0.56	\$0.24	\$1.12	\$0.48





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