

LONG TERM DISABILITY INSURANCE

Compulsory (with waiver privilege)

DEFINITION OF TOTAL DISABILITY

A state of incapacity resulting from an illness, including surgical procedures directly related to family planning, an accident or complication of a pregnancy, requiring medical care and which completely prevents the person from carrying out the normal duties of employment or any comparable employment with similar remuneration offered to the employee by the employer. This definition applies up to age 65.

Elimination Period	104 weeks of total disability
Duration of Disability Pension	For as long as the total disability lasts, based on the definition applicable, up to age 65
Benefit Amount	Disability pension is established based on the participant's earnings, as follows: <ul style="list-style-type: none"> 65% of the first \$20,000 in gross annual salary 50% of the next \$20,000 45% of any excess amount
Indexation of Disability Pension	On January 1 st of each year based on the QPP index (maximum 3%)
Disability Pension Reduction	<ul style="list-style-type: none"> 80% of the gross amount of the retirement pension payable by Retraite Québec (eg. RREGOP) or by another private retirement plan Gross amount of the disability pension payable by the CNESST, SAAQ or by any other social legislation Net amount of the disability pension payable by the QPP or the CPP Etc.

WAIVER PRIVILEGE

An employee may refuse to participate in this plan or terminate participation if he or she meets certain specific requirements, two of which are:

- Be aged 53 or over; **or**
- Have participated in the Government and Public Employees Retirement Plan (RREGOP) with 33 years or more of service.

2025 PREMIUM RATES⁽¹⁾ PER 14-DAY PERIOD

1,348% of earnings

⁽¹⁾ Add 9% sales tax.

LIFE INSURANCE

It is possible to maintain coverage for up to two years after the 120-day period following a lay-off or the termination of the contract

Participant's Basic Life Insurance

- Minimum compulsory coverage amount of \$10,000 or \$25,000, with right to opt out

Participant's Optional Life Insurance

- Optional participation
- Compulsory participation in the Participant's Basic Life Insurance for the first \$25,000
- From one (1) to nine (9) additional units of \$25,000
- First \$50,000 without evidence of insurability, if application is made before the deadline stipulated in the contract. Maximum amount of insurance without evidence of insurability is \$75,000 (basic and optional).
- Coverage is reduced by 50% effective as of the January 1st coinciding with or following the Participant's 65th birthday

LIFE INSURANCE (CONTINUED)

Dependents' Basic Life Insurance

- Optional participation
- Without evidence of insurability if enrolment is received within the deadlines provided for in the contract

Three coverage options:

- Coverage for the spouse, coverage for dependent children or coverage for the spouse and dependent children
- Choice between these two options based on chosen coverage:
 - Option 1:** \$10,000 for the spouse and \$5,000 per dependent child aged 24 hours or more
 - Option 2:** \$20,000 for the spouse and \$10,000 per dependent child aged 24 hours or more

Spouse's Optional Life Insurance

- Optional participation
- Participation in Option 2 of Dependents' Basic Life Insurance is compulsory
- From one (1) to ten (10) additional units of \$10,000
- Evidence of insurability is required
- 50% reduction in the amount selected effective as of the January 1st coinciding with or following the Participant's 65th birthday

2025 PREMIUM RATES⁽¹⁾ PER 14-DAY PERIOD

Participant's Basic Life Insurance	Coverage	Premium
	\$10,000	\$0.37
	\$25,000	\$1.48

Participant's Optional Life Insurance		Amount of coverage for Participant ⁽²⁾									
Age	Under age 30	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 or over		
\$25,000	\$0.33	\$0.35	\$0.48	\$0.65	\$1.03	\$1.70	\$2.98	\$4.15			Available upon request
\$50,000	\$0.65	\$0.70	\$0.95	\$1.30	\$2.05	\$3.40	\$5.95	\$8.30			
\$75,000	\$0.98	\$1.05	\$1.43	\$1.95	\$3.08	\$5.10	\$8.93	\$12.45			
\$100,000	\$1.30	\$1.40	\$1.90	\$2.60	\$4.10	\$6.80	\$11.90	\$16.60			
\$125,000	\$1.63	\$1.75	\$2.38	\$3.25	\$5.13	\$8.50	\$14.88	\$20.75			
\$150,000	\$1.95	\$2.10	\$2.85	\$3.90	\$6.15	\$10.20	\$17.85	\$24.90			
\$175,000	\$2.28	\$2.45	\$3.33	\$4.55	\$7.18	\$11.90	\$20.83	\$29.05			
\$200,000	\$2.60	\$2.80	\$3.80	\$5.20	\$8.20	\$13.60	\$23.80	\$33.20			
\$225,000	\$2.93	\$3.15	\$4.28	\$5.85	\$9.23	\$15.30	\$26.78	\$37.35			

Dependents' Basic Life Insurance		Option 1	Option 2
		Spouse (\$10,000): \$0.56	Spouse (\$20,000): \$1.12
		Dependent children (\$5,000): \$0.24	Dependent children (\$10,000): \$0.48

Spouse's Optional Life Insurance		Amount of coverage based on the age of the Participant ⁽²⁾									
Premium per \$10,000 unit	Under age 30	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 or over		
	\$0.13	\$0.14	\$0.19	\$0.26	\$0.41	\$0.68	\$1.19	\$1.66			Available upon request

⁽¹⁾ Add 9% sales tax.

⁽²⁾ Rates are based on age. The rate applicable upon a change of age group is effective on January 1 coinciding with or following the Participant's birthday.

Note: Premium for Spouse's Optional Life Insurance is added to premium for Dependents' Basic Life Insurance.

POSSIBLE CHANGES FOLLOWING A LIFE EVENT

Certain events in life render you eligible to **increase, decrease or terminate your coverage** without the requirement for evidence of insurability, provided the request for change is received in accordance with contract provisions.

RECOGNIZED EVENTS

- Marriage, civil union or cohabitation for more than a year (there is no minimum period if a child is born of the union or if legal adoption procedures have been undertaken)
- Birth or adoption of a child
- Termination of the spouse's insurance
- Separation, divorce or death of the spouse
- Termination of eligibility or death of a dependent child
- Regular employment status obtained, according to the applicable collective agreement

POSSIBLE CHANGES

- Increase or decrease in coverage status for the Health Insurance plan, Dental Care Insurance plan and Dependents' Basic Life Insurance
Possible change for all recognized events except for "regular employment status obtained" which do not render you eligible to increase or decrease the Health Insurance plan coverage status
- Increase in amount of Life Insurance coverage
 - up to a combined amount of \$75,000 without evidence of insurability (Participant's Basic Life and Optional Life Insurance)
 - participate in Dependents' Basic Life Insurance or increase coverage
Possible change for all recognized events
- Decrease in coverage for Health Insurance plan and Dental Care Insurance plan
Possible change for all recognized events

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.

QUESTIONS?

For questions about your group insurance plan:

2525 Laurier Boulevard
Quebec QC G1V 2L2
1 888 CSQ-0006 (1 888 277-0006)

beneva.ca

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CONTRACT
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January 1, 2025

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THE CSQ ADVANTAGE

YOUR PLAN AT A GLANCE



REFLECTING MY REALITY

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



In partnership with

beneva

HEALTH INSURANCE

Participation in the Basic Plan is compulsory (with right of exemption). Participation in Complementary Packages 1, 2, 3 and 4 is optional. Unless otherwise specified, expenses are reimbursed at 80% and the amount indicated, if any, is the maximum reimbursable amount, per insured. To be eligible, expenses incurred for services or supplies, examinations, care, expenses or their surplus must meet the reasonable standards of the common practice of the health professionals involved.

Benefits indicated with an asterisk (*) require a medical prescription to be eligible for reimbursement.

PRESCRIPTION DRUGS*

Reimbursement

All eligible expenses are reimbursed at 80%. If you choose to purchase a brand name drug instead of any existing generic equivalent, the amount of reimbursement will be determined in accordance with its lowest cost generic equivalent⁽¹⁾. Besides, the amount taken into account in the calculation of the annual out-of-pocket maximum will be based on the lowest cost generic equivalent.

⁽¹⁾ It is possible to obtain a reimbursement based on the cost of the brand name drug that cannot be substituted for medical reasons, by submitting the appropriate form, duly completed by the attending physician. All professional fees required to complete the form are at the expense of the insured and Beneva must approve the request.

Compulsory Basic Plan

- Products on the regular list / Direct payment card
- 80% of eligible expenses (100% if the annual out-of-pocket exceeds \$1,017 / certificate)

Optional Complementary Packages 1, 2, 3 and 4

- 80% of eligible expenses (100% for Travel Insurance with Assistance, Trip Cancellation Insurance and hospital expenses in Canada (semi-private room))
- The four optional complementary packages provide you with additional coverage and benefits. Please refer to the table on the next page for the benefits available in each package.
- It is possible to participate in the Compulsory Basic Plan only without participating in any complementary package.

You can **participate in one or many complementary packages**. However, when you choose a package, you must complete the **minimum participation period of 24 months**. Each package has its own minimum participation period of 24 months.

You are allowed to **increase your Health Insurance coverage at any time**, without the requirement for evidence of insurability or life event. The increase or decrease in coverage under the Health Insurance plan will be effective on the first day of the pay period following the date the request is received by your employer.

2025 PREMIUM RATES⁽³⁾ PER 14-DAY PERIOD FOR THE FOLLOWING COVERAGE

Compulsory Basic Plan		
Individual: \$70.08	Single-parent: \$105.13	Family: \$175.20
Optional Complementary Package 1		
Individual: \$4.38	Single-parent: \$6.59	Family: \$10.96
Optional Complementary Package 2		
Individual: \$8.19	Single-parent: \$12.28	Family: \$20.46
Optional Complementary Package 3		
Individual: \$21.20	Single-parent: \$31.80	Family: \$53.00
Optional Complementary Package 4		
Individual: \$4.84	Single-parent: \$7.28	Family: \$12.13

⁽³⁾ Subtract the employer's portion, if applicable, and add 9% sales tax.

COMPULSORY BASIC PLAN

	Maximum
Prescription drugs* and eligible pharmaceutical services	
Accidental dismemberment	\$25,000 or \$50,000 depending on the loss

OPTIONAL COMPLEMENTARY PACKAGE 1

Ambulance and transportation by plane	
Hospital expenses in Canada (semi-private room) (100%)	
Professional fees following an accident to natural teeth	
Psychological care	\$1,000 / year
Transportation by plane or by train of a bedridden insured*	
Travel Insurance with Assistance (100%)	\$5,000,000 / trip
Trip Cancellation Insurance (100%)	\$5,000 / trip

OPTIONAL COMPLEMENTARY PACKAGE 2

Audiology	Combined maximum reimbursement of \$1,000 per insured, per calendar year for all of these professionals	Combined maximum reimbursement of \$2,000 per insured, per calendar year, for all of these professionals if Optional Complementary Packages 2 and 3 are chosen
Chiropractic (including X-rays)		
Eye examinations		
Kinesiology		
Occupational therapy		
Physiotherapy and athletic therapy		
Podiatry		
Podology		
Speech therapy		

OPTIONAL COMPLEMENTARY PACKAGE 3

Acupuncture	Combined maximum reimbursement of \$1,000 per insured, per calendar year for all of these professionals
Dietetics	
Homeopath (including homeopathic remedies)	
Massage therapy, kinesitherapy and orthotherapy	
Naturopathy	
Osteopathy	

OPTIONAL COMPLEMENTARY PACKAGE 4

Artificial limbs and external prosthesis	
Blood glucose monitor*	\$240 / 36 months
Breast prostheses*	
Capillary prosthesis*	\$300 / lifetime
Coagulometer*	1 device / 60 months
Deep shoes*	
Detoxification treatment*	\$64 / day, 30 days / year
Foot orthoses*	
Hearing aid (including fees of a hearing aid practitioner)	\$560 / 48 months
Insulin pump and accessories*	
Intraocular lenses*	
Medium or full compression support stockings*	3 pairs / year
Nursing care*	\$240 / day, \$5,000 / year
Orthopaedic devices*	
Orthopaedic shoes*	
Ostomy appliances*	
Post-surgical brassieres*	\$200 / lifetime
Respirator and oxygen*	
Therapeutic devices*	
Transcutaneous electrical nerve stimulator*	\$800 / 60 months
Transportation and accommodation expenses in Quebec*	\$1,000 / year
Wheelchair, walker or hospital bed* (temporary use only)	

DENTAL CARE INSURANCE

Participation is optional for all employees eligible for this plan.

The following is provided for information purposes only. For the complete list of eligible expenses, please refer to your booklet.

PREVENTIVE DENTAL CARE

(80%)

- Preventive, recall or periodic examination (1 examination / 9 months)

- Scaling, polishing, fluoride application (once / 9 months)

- X-rays

- Pit and fissure sealants

- Lab examinations, tests

- Retainers

- Local anesthesia

MINOR RESTORATIVE DENTAL CARE

(shared \$50 deductible, 80%)

- Amalgam, composite or resin restoration

- Root canal treatment, root amputation (endodontics)

- Gum surgery, graft (periodontics)

- Removal of teeth and other surgeries

MAJOR RESTORATIVE DENTAL CARE

(shared \$50 deductible, 50%)

- Crown

- Removable denture (complete or partial)

- Fixed bridge

ANNUAL DEDUCTIBLE

The \$50 annual deductible (per certificate) covers both **Minor Restorative Dental Care** and **Major Restorative Dental Care** coverage.

PROGRESSIVE MAXIMUM REIMBURSEMENT

1 st calendar year during which coverage starts:	\$600 / insured person
2 nd calendar year:	\$800 / insured person
3 rd calendar year and thereafter:	\$1,000 / insured person

Note 1: Participants may choose a coverage status (Individual, Single-Parent or Family) different than that for Health Insurance.

Note 2: The minimum duration of participation in the Dental Care Plan is 48 months.

2025 PREMIUM RATES⁽⁴⁾ PER 14-DAY PERIOD FOR THE FOLLOWING COVERAGE

	Individual	Single-parent	Family
	\$16.24	\$24.69	\$40.94

⁽⁴⁾ Add 9% sales tax.