

## Life Insurance (Optional participation)

<b>Participant's Basic Life Insurance<sup>(1)</sup></b>	1 times the insurable annual salary
<b>Participant's AD&amp;D<sup>(1)</sup> (Accidental Death &amp; Dismemberment)</b>	Accidental death = 1 times the insurable annual salary Accidental dismemberment = from 10 to 100% of the insurable annual salary, depending on the loss
<b>Participant's Optional Life Insurance</b>	1 to 5 times the insurable annual salary
<b>Spouse's and Dependent Children's Life Insurance<sup>(1)</sup></b>	\$5,000 / death If proof is provided that participant has no spouse at time of death: \$10,000 / deceased child
<b>Spouse's Optional Life Insurance</b>	\$10,000 to \$100,000, per units of \$10,000

<sup>(1)</sup> Participant's Basic Life Insurance and AD&D Insurance as well as Spouse's and Dependent Children's Life Insurance are granted by automatic registration with right to opt out for new employees.

Premiums from January 1, 2021 per 14-day period*	
<b>Participant's Life AD&amp;D Insurance</b>	0.175% of the insurable salary
<b>Spouse's and Dependent Children's Life Insurance</b>	\$0.31

Participant's and Spouse's Optional Life Insurance				
Age of participant <sup>(2)</sup>	Cost per \$1,000 of insurance <sup>(1)</sup>			
	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
Under age 30	\$0.011	\$0.018	\$0.020	\$0.026
Age 30 to 34	\$0.012	\$0.020	\$0.020	\$0.026
Age 35 to 39	\$0.017	\$0.026	\$0.024	\$0.033
Age 40 to 44	\$0.033	\$0.050	\$0.044	\$0.058
Age 45 to 49	\$0.046	\$0.068	\$0.060	\$0.082
Age 50 to 54	\$0.074	\$0.103	\$0.091	\$0.127
Age 55 to 59	\$0.132	\$0.174	\$0.156	\$0.217
Age 60 to 64	\$0.240	\$0.291	\$0.271	\$0.368

## Life Insurance (continued)

Participant's Optional Life Insurance				
Age of participant <sup>(2)</sup>	Cost as % of insurable salary <sup>(1)</sup> (1 times insurable salary)			
	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
Under age 30	0.029%	0.047%	0.052%	0.068%
Age 30 to 34	0.031%	0.052%	0.052%	0.068%
Age 35 to 39	0.044%	0.068%	0.062%	0.086%
Age 40 to 44	0.086%	0.130%	0.114%	0.151%
Age 45 to 49	0.120%	0.177%	0.156%	0.213%
Age 50 to 54	0.192%	0.268%	0.237%	0.330%
Age 55 to 59	0.343%	0.452%	0.406%	0.564%
Age 60 to 64	0.624%	0.757%	0.705%	0.957%

\* Before 9% provincial sales tax.

<sup>(1)</sup> If no non-smoker's statement is provided, rates for smokers will apply.

<sup>(2)</sup> Premium rate changes subsequent to an age change are effective as of January 1 coinciding with or following the participant's birthday. However, these rates apply according to the spouse's gender and smoking habits for Spouse's Optional Life Insurance.

## Long Term Disability Insurance

(Compulsory participation) **New Single Plan**

Benefit Amount and Duration
80% of the net benefit received from the employer at the 105 <sup>th</sup> week of disability until age 65 and integration of 65% of the pension benefit payable without actuarial reduction

Premium from January 1, 2021 per 14-day period*
1.098% of the insurable salary

Examples of Insurable Salaries and Corresponding Premium						
Insurable annual salary	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000
Premium	\$16.89	\$21.12	\$25.34	\$29.56	\$33.78	\$38.01

\* Before 9% provincial sales tax.

### Contractual modification effective January 1, 2021

(Section 4.9 Continuation of coverage and waiver of premiums during a total disability period, paragraph 1 on page 45 of your booklet)

Please note that effective January 1, 2021, no premiums shall be payable for all participants as of the first day of the premium period that coincides with or follows 24 months following the onset of total disability.

## Customer Centre

**2 minutes to register.**  
**48 hours to get reimbursed.**  
**Now that's fast!**



**+ Log in to the Customer Centre!**  
**customer-centre.ssq.ca**

Discover our on-line services by registering today on our secure site for insureds.

**Head Office**  
2525 Laurier Blvd.  
P.O. Box 10500, Station Sainte-Foy  
Quebec QC G1V 4H6  
1-888-651-8181

**ssq.ca**

For more information, please feel free to contact SSQ Customer Service, from 8:00 a.m. to 8:00 p.m., Monday to Friday.

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 Customer Centre at customer-centre.ssq.ca.

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## Your Plan

**At a glance**



**Contract FA999**  
**January 1, 2021**

FP-CSN

  
**CSN**  
**FÉDÉRATION  
DES PROFESSIONNELLES**

## Group Insurance Plan – FP-CSN

This pamphlet summarizes your group insurance plan coverage and details the applicable premium rates **effective January 1, 2021**.

### Pro-Health Insurance (Compulsory participation, at the participant's choice)

Participation to one of the three coverage options of the Pro-Health Insurance (Basic Pro-Health, Global Pro-Health and Global + Pro-Health) is compulsory, unless entitled to an exemption. To be exempted from coverage, participants must prove that they and their dependents are insured under another group insurance plan with a similar drug coverage.

SSQ Insurance recommends that all group insurance participants comply with the Government of Canada's travel advisories. For more information, please consult the FAQ at [ssq.ca/en/coronavirus/travel](http://ssq.ca/en/coronavirus/travel).

#### Coverage Options and Statuses

Participants may choose a level of coverage (Basic Pro-Health, Global Pro-Health and Global + Pro-Health) as well as a coverage status (individual, single-parent, couple or family) for their Pro-Health Insurance. The coverage status will apply for themselves and their dependents. The different coverage options and statuses are described in the table below.

#### Participation Duration

Participants who have chosen the Global Pro-Health or Global + Pro-Health coverage must maintain their participation for at least **36 months** before they can choose a less generous coverage option, unless an event occurs. They may change their coverage options when an event stated in the contract occurs (a birth or a separation, for example), regardless of the minimum participation duration.

#### Specifications Regarding Drugs Reimbursement

If a participant chooses to purchase an innovative drug instead of any existing generic equivalent, the amount of reimbursement will be determined in accordance with its lowest cost generic equivalent. However, it is possible to obtain a reimbursement based on the cost of the innovative drug that cannot be substituted for medical reasons by submitting the appropriate form duly completed by the attending physician and provided the request is approved by SSQ.

**To be eligible, drugs must be available only by medical prescription, subject to exception.**

Reimbursement of Eligible Fees			
Coverage	Basic Pro-Health	Global Pro-Health	Global + Pro-Health
<b>Prescriptions Drugs</b>			
* Prescription drugs and eligible pharmaceutical services	<b>New</b> \$5 deductible per prescribed drug 80% of eligible fees up to BPDP annual maximum and 100% of expenses in excess / certificate / calendar year		
* Sclerosing injections	Not covered	<b>New</b> \$5 deductible per prescribed drug 80%, maximum reimbursement of \$25 / treatment for substance injected	
<b>Emergency Care</b>			
Ambulance		80%	
Travel assistance insurance	100%, maximum reimbursement of \$5,000,000 / trip		
Travel cancellation insurance	100%, maximum reimbursement of \$5,000 / trip		
<b>Other Medical Expenses</b>			
* Artificial limbs and external prostheses		80%, lifetime maximum reimbursement of \$5,000	
* Blood glucose monitor		80%, maximum reimbursement of \$240 / 36 months	
* Breast prosthesis and ostomy appliances		80%	
* Deep shoes		80%, maximum of \$150 / calendar year	
Dental surgery required following accident		80%	
Hearing aid		80%, maximum reimbursement of \$480 / 48 months	
* Hospital bed		80%, rental or purchase, whichever is more economical	
* Insulin pump		80%, maximum reimbursement of \$6,400 / 60 months	
* Insulin pump accessories		80%, no maximum	
* Intraocular lens	Not covered	80%	
* Orthopaedic devices		80%	
* Orthopaedic shoes		80%	
* Support stockings		80%, maximum of 3 pairs / calendar year	
* Surgical brassiere		80%, lifetime maximum reimbursement of \$200	
* Therapeutic devices and breathing assistance apparatus		80%, lifetime maximum reimbursement of \$10,000	
* Transcutaneous electrical nerve stimulator (TENS)		80%, maximum reimbursement of \$560 / 60 months	
* Transportation and accommodation		80%, maximum reimbursement of \$48 / day and of \$1,000 / calendar year	
* Wheelchair		80%	
* Wig		80%, lifetime maximum reimbursement of \$300	

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

#### Health Care Professionals

<b>Audiologist, occupational therapist and speech language pathologist</b>			
<b>Chiropractor and osteopath</b> (including X-rays by a chiropractor)		80%, combined maximum reimbursement of \$500 / calendar year	80%, combined maximum reimbursement of \$1,000 / calendar year
<b>Dietitian</b>			
<b>Physiotherapist and physical rehabilitation therapist</b>			
<b>Acupuncturist</b>	Not covered		50%, maximum reimbursement of \$1,000 / calendar year
<b>Kinesiotherapist, ortho therapist and massage therapist</b>			
<b>Podiatrist</b>		Not covered	
<b>Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist</b>			

#### Vision Care

<b>Eyeglasses, contact lenses or laser eye surgery</b>	Not covered	Not covered	<b>Adult and child age 13 or over:</b> 80%, maximum reimbursement of \$320 / 36 months, including eye examinations, maximum of \$40 reimbursement / 36 months <b>Child under age 13:</b> 80%, maximum reimbursement of \$160 / 12 months, including eye examinations, maximum of \$40 reimbursement / 12 months
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#### Dental Care

<b>Basic dental care</b> Diagnostic services, prevention and space maintainers, minor restoration, periodontics, oral surgery and local anesthesia	Not covered	80% <sup>(1)</sup> One recall or periodic examination per period of 9 months One complete examination per period of 36 months	
<b>Restorative dental care</b> Major restoration, endodontics and prosthodontics (fixed or removable)	Not covered	Not covered	60% <sup>(1)</sup> , maximum reimbursement of \$1,000 <sup>(2)</sup> / calendar year

<sup>(1)</sup> Eligible lab test expenses are limited to 50% of the fees detailed in the fee guide for the orodental act in question.

<sup>(2)</sup> For any new participant to restorative dental care coverage, the following progressive reimbursement maximums apply:

1<sup>st</sup> calendar year: \$500      2<sup>nd</sup> calendar year: \$750      3<sup>rd</sup> calendar year and thereafter: \$1,000

#### Premiums from January 1, 2021 per 14-day period\*

OPTIONS	Basic Pro-Health				Global Pro-Health				Global + Pro-Health			
	INDIVIDUAL	SINGLE-PARENT	COUPLE	FAMILY	INDIVIDUAL	SINGLE-PARENT	COUPLE	FAMILY	INDIVIDUAL	SINGLE-PARENT	COUPLE	FAMILY
Total premium	\$62.51	\$75.00	\$132.47	\$136.61	\$79.49	\$104.37	\$168.49	\$180.00	\$94.94	\$123.96	\$201.30	\$213.25
Employer's Contribution <sup>(1)</sup>	\$2.39	\$5.97	\$5.97	\$5.97	\$2.39	\$5.97	\$5.97	\$5.97	\$2.39	\$5.97	\$5.97	\$5.97
<b>Employee's Contribution</b>	<b>\$60.12</b>	<b>\$69.03</b>	<b>\$126.50</b>	<b>\$130.64</b>	<b>\$77.10</b>	<b>\$98.40</b>	<b>\$162.52</b>	<b>\$174.03</b>	<b>\$92.55</b>	<b>\$117.99</b>	<b>\$195.33</b>	<b>\$207.28</b>

\* Before 9%, provincial sales tax.

<sup>(1)</sup> The employer's contribution is reduced by 50% for employees not working full-time (less than 70%).