

Your insurance plan

At a glance



**FSSS (CSN)
RSGMF
March 31, 2019**

The Inukshuk is an Inuit figure that symbolizes the importance of interpersonal relationships, mutual aid and solidarity.

GROUP INSURANCE PLAN – FSSS (GSN) RSGMF

This pamphlet details the changes and new premium rates effective March 31, 2019.

HEALTH INSURANCE PLAN (compulsory participation)

Participation in one of the Health Insurance Plans (Health I, II or III) is compulsory, unless entitled to an exemption. To be exempted from coverage, eligible employees must prove that they and their dependents are insured under another group insurance plan with a similar drug coverage.

Coverage Options and Statuses

Participants may choose a coverage option (Health I, Health II or Health III) and a coverage status (Individual, Single-Parent or Family) for their Health Insurance Plan. They can choose a **coverage option for their spouse and dependent children that is equivalent to or less generous than the option they have chosen for themselves**. For example, they can choose Health III for themselves and Health II for their spouse and dependent children. The different possible combinations are indicated in the table of premiums below.

Participation Duration

Participants must maintain their participation to the chosen option for at least **36 months** before they can choose a less generous coverage option for themselves, their spouse or their dependent children, unless an event stated in the contract occurs (a birth or a separation, for example).

NEW!	Specifications Regarding Drug Reimbursement
	If an insured chooses to purchase an eligible innovative drug instead of any existing generic equivalent, the amount of reimbursement will be determined in accordance with its lowest cost generic equivalent. The amount that is included in the annual out-of-pocket is the one the insured would have paid should they have bought this 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, provided the request is approved by SSQ.
	To be eligible, drugs must be available <u>only by medical prescription</u>.

Reimbursement of Eligible Expenses

Benefits	Health I	Health II	Health III
Prescription Drugs			
* Prescription drugs and eligible pharmaceutical services		80% of eligible expenses up to annual maximum of \$950, and 100% of expenses in excess per certificate, per calendar year	
* Sclerosing injections	Not covered	80%, maximum reimbursement of \$25 / treatment for the substance injected	
Emergency Care			
Ambulance		80%	
Travel Insurance and Assistance		100%, maximum reimbursement of \$5,000,000 / trip	
Travel Cancellation Insurance		100%, maximum reimbursement of \$5,000 / trip	
Other Medical Expenses			
* Artificial limbs and external prostheses		80%	
* 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 for domestic use		80%, rental or purchase if 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	
* Therapeutic devices and breathing assistance apparatus		80%, maximum lifetime 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 \$1,000 / calendar year	
* Wheelchair, surgical brassiere		80%	
* Wig required following chemotherapy		80%, maximum lifetime reimbursement of \$300	

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

Eligible expenses incurred under the following coverage are included in the **annual out-of-pocket**: Prescription drugs and eligible pharmaceutical services; Sclerosing injections; Ambulance; Artificial limbs and external prostheses; Breast prosthesis and ostomy appliances; Deep shoes; Intraocular lens; Orthopaedic devices; Orthopaedic shoes; and Transportation and accommodation.

Health Care Professionals			
Acupuncturist			80%, maximum reimbursement of \$30 / treatment
Kinesitherapist, orthotherapist and massage therapist			80%, maximum reimbursement of \$25 / treatment and \$200 / calendar year
Podiatrist		Not covered	80%, maximum reimbursement of \$30 / treatment
Psychologist, psychoanalyst, psychiatrist, psychoeducator, social worker, career counsellor and psychotherapist		Not covered	50%, maximum reimbursement of \$1,000 / calendar year
Audiologist, occupational therapist and speech language pathologist			80%
Chiropractor and osteopath			80%, maximum reimbursement of \$30 per treatment and \$400 / calendar year, including X-rays by a chiropractor with a maximum reimbursement of \$32 per X-ray
Physiotherapist and physical rehabilitation therapist			80%, maximum reimbursement of \$30 / treatment
Vision Care			
Eyeglasses, contact lenses or laser eye surgery	Not covered	Not covered	<p>Adult and child age 13 or over: 80%, maximum of \$320 reimbursement / 36 months, including eye examinations, maximum of \$40 reimbursement / 36 months</p> <p>Child under age 13: 80%, maximum of \$160 reimbursement / 12 months, including eye examinations, maximum of \$40 reimbursement / 12 months</p>

Table of premiums applicable for the period from March 31 to December 31, 2019 (per 14-day period)⁽¹⁾

Coverage combinations and statuses	INDIVIDUAL			SINGLE-PARENT						FAMILY					
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Participant	Health I	Health II	Health III	Health I	Health II	Health II	Health III	Health III	Health III	Health I	Health II	Health II	Health III	Health III	Health III
Dependent Children	–	–	–	Health I	Health I	Health II	Health I	Health II	Health III	–	–	–	–	–	–
Spouse and Dependent Children	–	–	–	–	–	–	–	–	–	Health I	Health I	Health II	Health I	Health II	Health III
Total Premium	\$53.52	\$57.64	\$62.64	\$64.25	\$68.37	\$71.46	\$73.37	\$76.46	\$77.65	\$117.82	\$121.94	\$128.47	126.94	133.47	139.00

⁽¹⁾ Before 9% provincial sales tax.

DENTAL CARE INSURANCE PLAN (optional participation)

NEW!	The Dental Care Insurance Plan is now separate from the Health Insurance Plan!
	To be eligible under the Dental Care Insurance benefit, participants must be covered under the Health Insurance benefit of this plan or be exempted from it. However, coverage statuses may differ between the Dental Care Insurance Plan and the Health Insurance Plan. For example, a participant can choose a Family status for the Health Insurance benefit, and an Individual status for the Dental Care Insurance benefit, and vice versa.
	From March 31, 2019, new employees eligible under the Health Insurance Plan will be automatically enrolled in the Dental Care Insurance Plan and the Individual status will be granted, unless otherwise specified.

Participation Duration

Participants who have subscribed to this Dental Care Insurance Plan must maintain their participation for at least **36 months** from the effective date of this plan, even when an event stated in the contract occurs.

Reimbursement of Eligible Expenses

Basic Dental Care (Diagnostic services, prevention and space maintainers, minor restoration, periodontics, oral surgery, local anesthesia)	80 % ⁽³⁾ One recall or periodic examination per period of 9 months and one complete examination per period of 36 months.
Restorative Dental Care (Major restoration, endodontics, prosthodontics [fixed or removable])	60%, maximum reimbursement of \$1,000 / calendar year

⁽³⁾ Eligible lab test expenses are limited to 50% of the fees detailed in the fee guide for the orodental act in question.

Table of premiums applicable for the period from March 31 to December 31, 2019 (per 14-day period)⁽⁴⁾

Coverage Statuses	INDIVIDUAL	SINGLE-PARENT	FAMILY
Total Premium	\$16.20	\$26.68	\$40.31

⁽⁴⁾ Before 9% provincial sales tax.

OPTIONAL PLAN I – LIFE INSURANCE

(optional participation)

Participant's Basic Life Insurance⁽¹⁾	1 times insurable annual salary
AD&D⁽¹⁾ (Accidental Death and Dismemberment)	Accidental death = 1 times insurable annual salary Accidental dismemberment = 10 to 100% of insurable annual salary, depending on loss suffered
Participant's Optional Life Insurance	1 to 20 units of 20% of the maximum pensionable earnings (MPE) of the Régie des rentes du Québec (RRQ)
Spouse's and Dependent Children's Life Insurance⁽¹⁾	\$5,000 / deceased person If proof is provided that participant has no spouse at time of death: \$10,000 / deceased child
Spouse's Optional Life Insurance	\$10,000 to \$100,000 per unit of \$10,000

⁽¹⁾ 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 within 30 days of the effective date of this plan.

Table of premiums applicable for the period from March 31 to December 31, 2019 (per 14-day period)⁽²⁾

Basic Life Insurance and AD&D	0.310% of insurable salary
Spouse's and Dependent Children's Life Insurance	\$0.57

Participant's and Spouse's Optional Life Insurance

Age of participant ⁽⁴⁾	Cost per \$1,000 of insurance ⁽³⁾			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
Under age 30	\$0.032	\$0.025	\$0.023	\$0.014
Age 30 to 34	\$0.032	\$0.025	\$0.025	\$0.015
Age 35 to 39	\$0.041	\$0.030	\$0.033	\$0.021
Age 40 to 44	\$0.072	\$0.055	\$0.063	\$0.041
Age 45 to 49	\$0.103	\$0.075	\$0.085	\$0.057
Age 50 to 54	\$0.159	\$0.114	\$0.129	\$0.092
Age 55 to 59	\$0.271	\$0.195	\$0.218	\$0.165
Age 60 to 64	\$0.460	\$0.339	\$0.364	\$0.300

⁽²⁾ Before 9% provincial sales tax.

⁽³⁾ **If no non-smoker's statement is provided, rates for smokers will apply.**

⁽⁴⁾ Premium rate changes subsequent to an age change are effective as of January 1 coinciding with or following the participant's birthday. However, for Spouse's Optional Life Insurance benefit, spouse's gender and smoking habits are used.

SHORT TERM DISABILITY INSURANCE PLAN

(compulsory participation, without evidence of insurability)

Benefit amount and duration

70% of gross insurable salary at the start of the disability for a maximum duration of 24 months, without exceeding age 65. Benefits become payable after a waiting period of 14 consecutive days.

Table of premiums applicable for the period from March 31 to December 31, 2019 (per 14-day period)⁽⁵⁾

3.452% of insurable salary

⁽⁵⁾ Before 9% provincial sales tax.

OPTIONAL PLAN II – LONG TERM DISABILITY INSURANCE

Benefit amount and duration	
Option II F (optional participation)	80% of the "80% net insurable salary" chosen by the RSGMF before the start date of the disability until age 60 (age 61 as of July 1, 2019)
Option II O (compulsory participation if vote in favour / certification unit)	
Option II O+ (compulsory participation if vote in favour / certification unit)	100% of the "80% net insurable salary" chosen by the RSGMF before the start date of the disability until age 65 and integration of 65% of pension benefit payable without actuarial reduction

Table of premiums applicable for the period from March 31 to December 31, 2019 (per 14-day period)⁽¹⁾

Option II F	0.910% of insurable salary
Option II O	0.788% of insurable salary
Option II O+	1.267% of insurable salary

⁽¹⁾ Before 9% provincial sales tax.

The **insurable salary** is the **gross insurable reference salary** chosen by the person responsible for a home childcare service based on the number of children under her/his care.

GENERAL INFORMATION

Eligibility for insurance

Anyone who holds certification from the *Ministère de la Famille et des Aînés* as a person responsible for a home childcare service with three subsidized children or more is eligible for insurance provided this certification is permanent. They become eligible three months after the childcare service opens, provided they have an average of three children or more during the three months, to the insurer's satisfaction. If you are not eligible for insurance, you must obtain proof from the home childcare providers' coordinating office and submit this proof to SSQ to be exempted from participating in the insurance.

For any person responsible for a home childcare service who becomes eligible for the insurance after the effective date of the RSGMF plan in an FSSS (CSN) certification unit, the effective date of the insurance is 3 months following the date the home childcare service recognized by the *Ministère de la Famille et des Aînés* begins its operations.

Gross insurable reference salary

You must choose the annual insurable reference salary based on the number of children under your care, in brackets according to the following parameters:

3 children	38% of MPE	5 children	38% to 66% of MPE
4 children	38% to 52% of MPE	6 children or more	38% to 80% of MPE

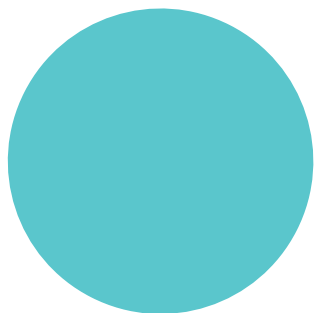
For the purposes of this scale, a disabled child counts as two children. The number of children corresponds to the average for the three months preceding the date of eligibility or during the twelve months preceding September 1 of a given year, based on subsidies received. You must provide supporting documents. Any increase in the reference salary by more than 10% of the MPE is subject to evidence of insurability. Also, a decrease in salary of more than 10% of the MPE must be justified by a real decrease in the number of children, to SSQ's satisfaction.

Payment of premiums

Preauthorized direct debit payments every 14 days.

"Your insurance plan At a glance" pamphlet covers only the most often-consulted elements about your Group Insurance Plan. For more detailed information, please refer to the insurance brochure available via the ACCESS | Plan Members Web site at ssq.ca or from your employer.

Please note that this pamphlet is provided for information purposes only and in no way affects the terms and conditions of your group insurance contract.



Use our online services and get reimbursed in 48 hours!



Take advantage of the online claim service via the **ACCESS | Plan Members** Web site.

ssq.ca/access

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