

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. It also contains the terms and conditions concerning life events allowing you to review your coverage choices and the annual period provided for other change requests.

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

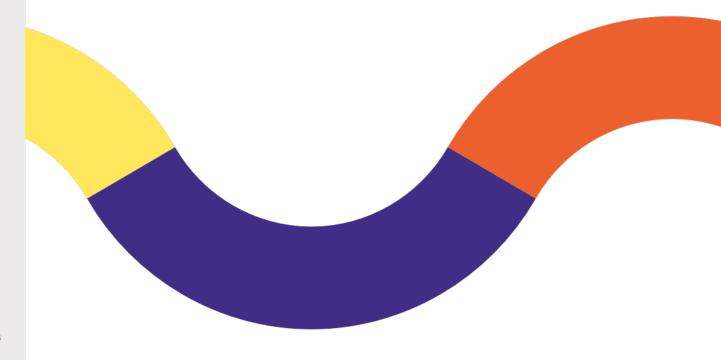
Plan selection period

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.

Group insurance plan

Schedule of coverage effective as of January 1, 2025

Contract 001008-001010





Health insurance | Mandatory¹

Care, service or supply expenses followed by an asterisk (*) require a prescription.

The maximums shown are per insured.

Basic coverage (Module A) Standard coverage (Module B)

d coverage Enriched coverage dule B) (Module C)

Minimum participation period: 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 roo	om	Semi-private room	Semi-private room
Extended care		Semi-private roo per calendar ye	om, maximum of 180 days ar	Semi-private room, maximum of 180 days per calendar year	Semi-private room, maximum of 180 days per calendar year
Travel insurance		Maximum lifetim of \$2,000,000	ne reimbursement	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	MODIFIED	maximum annu	expenses up to the al contribution under 100% of the excess ⁴	80% of the first \$4,500 of eligible expenses and, 100% of the excess	85% of the first \$4,000 of eligible expense and, 100% of the excess
Maximum contribution calculatio	MODIFIED		innual contribution is calcula its are included with the part	ated separately for the participant and, where ticipant's.	e applicable, for the spouse. The dependent
Type of prescription drug	MODIFIED	must be on the	a medical prescription and Régie de l'assurance ébec (RAMQ) list.	Available with a medical prescription only (regular list)	Available with a medical prescription only (regular list)
Substitution		The reimbursem generic drug.	ent of a prescription drug fo	or which a generic equivalent exists will be ca	lculated on the basis of the least expensive
Annual deductible		None		None	None
Electronic claims payment		Direct		Direct	Direct
3. Other eligible expenses ²					
Reimbursement	MODIFIED	68%		80%	85%
Annual deductible		None		None	None
Ambulance		Covered		Covered	Covered
Artificial limbs* and prosthetic de	evices*	Covered		Covered	Covered
Breast prosthesis*		Not covered		Eliaible maximum of \$500	Eligible mayimum of \$500
Breast prostriesis		Not covered	MODIFIED	per calendar year	Eligible maximum of \$500 per calendar year
·		Not covered	MODIFIED	3	
Cannabis for medical purposes*	evice*			per calendar year Maximum reimbursement of \$1,500	per calendar year Maximum reimbursement of \$1,500
Cannabis for medical purposes* Continuous glucose monitoring de	evice*	Not covered	MODIFIED	per calendar year Maximum reimbursement of \$1,500 per calendar year Eligible maximum of \$5,000	per calendar year Maximum reimbursement of \$1,500 per calendar year Eligible maximum of \$5,000
Cannabis for medical purposes* Continuous glucose monitoring de		Not covered	MODIFIED	per calendar year Maximum reimbursement of \$1,500 per calendar year Eligible maximum of \$5,000 per calendar year Eligible maximum of \$100 per pair	per calendar year Maximum reimbursement of \$1,500 per calendar year Eligible maximum of \$5,000 per calendar year Eligible maximum of \$100 per pair
Cannabis for medical purposes* Continuous glucose monitoring de Corrective (deep) footwear* Dental surgery following accident Foot orthoses* and orthopedic de	:	Not covered Not covered	MODIFIED MODIFIED	per calendar year Maximum reimbursement of \$1,500 per calendar year Eligible maximum of \$5,000 per calendar year Eligible maximum of \$100 per pair and of 2 pairs per calendar year	per calendar year Maximum reimbursement of \$1,500 per calendar year Eligible maximum of \$5,000 per calendar year Eligible maximum of \$100 per pair and of 2 pairs per calendar year

Health	insurance	Mandatory ¹
^		

Care, service or supply expenses followed by an asterisk (*) require a prescription.

Basic coverage Standard coverage Enriched coverage (Module A) (Module B) (Module C)

Minimum participation period: 36 months, subject to the provisions set out in the Rules table provided in this document.

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The maximums shown are per insured.	set out in the Rules table provided in this document.			
3. Other eligible expenses² (cont.)				
Expenses for travel to receive treatment from a medical specialist not available in the insured's province of residence*	Not covered	MODIFIED	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	MODIFIED	Maximum reimbursement of \$200 per period of 60 consecutive months	Maximum reimbursement of \$200 per period of 60 consecutive months
Hearing aid*	Not covered	MODIFIED	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	MODIFIED	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	MODIFIED	Eligible maximum of \$4,000 per calendar year	Eligible maximum of \$4,000 per calendar year
IUD	Not covered	MODIFIED	Covered	Covered
Medical reports	Not covered	MODIFIED	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	MODIFIED	Purchase price, subject to a \$20 deductible per pair	Purchase price, subject to a \$20 deductible per pair
Oxygen therapy*	Not covered	MODIFIED	Covered	Covered
Purchase of an emergency battery for sleep apnea support devices	Not covered	MODIFIED	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	MODIFIED	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions
Registered nurse* or licensed practical nurse*	Not covered	MODIFIED	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	MODIFIED	Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization	Semi-private room 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	MODIFIED	Covered	Covered
Support stockings	Not covered	MODIFIED	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year

Health insurance Mandatory ¹ Care, service or supply expenses followed	١	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)	
by an asterisk (*) require a prescription. The maximums shown are per insured.	Minimum participation period: 36 mo set out in the Rules table prov		Minimum participation period: 36 months, subject to the set out in the Rules table provided in this documents.	nths, subject to the provisions ded in this document.	
3. Other eligible expenses² (cont.)					
Vaccines (including preventive vaccines)	Not covered	MODIFIED	Covered	Covered	
Wheelchair,* iron lung,* adult diapers for incontinence or therapeutic devices*	Not covered	MODIFIED	Covered	Covered	
Wig (capillary prosthesis)*	Not covered	MODIFIED	Eligible maximum of \$700 per calendar year	Eligible maximum of \$700 per calendar year	
4. Healthcare professionals ^{2, 5}					
Reimbursement	Expenses not o	covered	80%	85% MODIFIED	
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	or X-ray, up to a maxir of \$600 MODIFIED per		Eligible expenses of \$65 per visit, treatment	Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$1,200 per calendar year for all of these	
Acupuncturist, dietitian, occupational therapist, osteopath, physical rehabilitation therapist, physiotherapist, podiatrist and sports therapist			or X-ray, up to a maximum reimbursement of \$600 MODIFIED per calendar year for all of these professionals		
Massage therapist* kinesitherapist and orthotherapist			Not covered	professionals	
Special educator, ⁶ speech-language pathologist and audiologist	Not covered		Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$900 MODIFIED per calendar year for all of these professionals	Eligible expenses of \$100 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 \$100 per visit, up to a maximum reimbursement of \$900 MODIFIED per calendar year for all of these professionals	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals	
Dental care insurance	Basic c	overage (Option	1) Enriched coverage (Option 2)		
Optional participation		um participation	n period: 36 months, subject to the provisions Rules table provided in this document.		

Dental care insurance	Basic coverage (Option 1)	Enriched coverage (Option 2)		
Optional participation		Minimum participation period: 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	\$1,000 per calendar year	\$1,000 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 1, 2024, the maximum annual PPDIP contribution was \$1,196. | 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 1. | 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 including critical illness 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
Critical illness Insurance	Up to \$25,000 lifetime Exclusions may apply in the event of pre-existing conditions.

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.

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	One to 10 units of \$25,000
Spouse	One to 10 units of \$25,000
Participant 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 MODIFIED
Indexation	Based on QPP, maximum 3%
Non-taxable benefits	

Long-term disability insurance

Optional and subsequently mandatory participation

Elimination period	104 weeks + sick days
Maximum benefit period	Up to age 65
Benefit amount	75% net salary MODIFIED
Indexation	Based on QPP, maximum 6%
Own occupation	Up to age 65
Non-taxable benefits	

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.

Exemption entitlement

Are you wondering whether you can terminate your long-term disability insurance? RREGOP contributors can terminate their insurance in the two years preceding eligibility for retirement without reduction.

If you are in a different category, please refer to the contract.

Supplementary information

Travel insurance

As of November 2020, changes have been made to travel insurance coverage based on the travel advisory risk level issued by the Government of Canada. 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: 1855 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, 2025

Health insurance*

Coverage status	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)			
Participant under age 65						
Individual	\$60.95	\$88.34	\$113.07			
Single-Parent	\$91.43	\$132.50	\$169.60			
Family	\$146.28	\$212.01	\$271.37			
Participant age	Participant age 65 or over registered with the RAMQ					
Individual	\$22.32	\$32.35	\$41.41			
Single-Parent	\$33.48	\$48.53	\$62.11			
Family	\$53.57	\$77.64	\$99.38			
Participant age 65 or over not registered with the RAMQ Additional premium for prescription drugs						
Individual		\$164.38				
Single-Parent		\$164.38				
Family	\$328.79					

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

As of January 1, 2025, the couple status will no longer include health and dental care. Participants with this status will therefore be assigned family status.

Dental care insurance

Coverage status	Basic coverage (Option 1)	Enriched coverage (Option 2)
Individual	\$13.41	\$17.84
Single-Parent	\$25.49	\$33.90
Family	\$32.19	\$42.82

	Required rate	Rate with a 50% premium holiday		
Participant's basic life insurance (rate per \$1,000 of insurance coverage)	\$0.0568	\$0.0284		
Participant's critical illness insurance	\$1.67	\$0.84		
Dependents' life insurance	\$0.59	\$0.30		
Short-term disability insurance (rate per \$1,000 of salary)				
Université Laval	\$0.279			
Lasalle College	\$0	\$0.500		
Collège Trinité and Collège Universel	\$0.570			

Long-term disability insurance

Other colleges and universities

ITHQ and ITAQ

	Required rate	Rate with premium holiday
(rate per \$1,000 of salary)	\$0.475	\$0.440

\$0.113

\$0.468

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 w	ith 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

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

The 9% sales tax is not included in these premium rates.

Rules for changing your coverage selections

The plan allows you to, under certain conditions, review your coverage choices, each November, when you renew your annual membership or when one of the following life events occurs: 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	Annual membership renewal in November (change going into effect on the following January 1)	Eligible life event
Increase my health insurance coverage	Yes, if you have at least 12 months of participation at the current level.	Yes, without evidence
Increase my dental care coverage	the 30 rance and dental care coverage Yes, if you have at least 36 months of participation at the current level.	
Reduce my health insurance and dental care coverage		
Enrol in basic life insurance (participant and dependents)		
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.

Present your direct payment card to the pharmacist. You pay only the portion that is not covered.	
Use the Beneva claim form (available in your Client Centre) or use the Beneva mobile app, which you can download for free from the App Store or on Google Play. The healthcare professional's form may also be u	
Present your direct payment card to your dentist. You pay only the portion of expenses that is not covered.	
Use the <u>Beneva</u> claim form.	
Contact Beneva directly for the required forms.	



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

For business hours, go to <u>beneva.ca</u>
Beneva Customer Service 1 888 235-0606
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