

Contract X9999
Effective as of April 1, 2025
Members of the APTS

Alliance du personnel professionnel
et technique de la santé et des services sociaux



Group insurance plan

A large, decorative graphic element consisting of a thick, wavy line that curves from the left side of the page towards the right. The line is divided into two color sections: a light blue section on the left and a purple section on the right. The overall shape is reminiscent of a stylized wave or a ribbon.

beneva

Group Insurance Plan

The table below provides the details about the payment schedule for your insurance coverage per insured person, unless otherwise specified, for the period starting **April 1, 2025**.

Health Insurance Plan (compulsory participation)

Customary and reasonable expenses: To be eligible, expenses incurred for services or supplies must meet the reasonable standards of the common practice of the health professionals involved.

Changing of Health Insurance Plan (subject to the rules stipulated in section 1.8 of the booklet):

- You may increase your coverage at any time, unless otherwise specified in the contract, by choosing the Intermediate or Superior Health Insurance Plan. The new plan becomes effective on the first day of the pay period coinciding with or following the date the request is received by the employer.
- You may decrease your coverage at any time by choosing the Intermediate or Basic Health Insurance Plan, provided the **24-month** participation has been completed under the plan you currently hold (Superior or Intermediate Health Insurance Plan).

Coverage	Basic Health Insurance	Intermediate Health Insurance (minimum participation of 24 months)	Superior Health Insurance (minimum participation of 24 months)
Prescription drugs* ¹ Eligible pharmaceutical services (Direct Payment Card)	75% of eligible expenses and 100% of eligible expenses when the annual out-of-pocket exceeds \$950 per adult per calendar year RAMQ List	75% of eligible expenses and 100% of eligible expenses when the annual out-of-pocket exceeds \$950 per adult per calendar year Standard List	80% of eligible expenses and 100% of eligible expenses when the annual out-of-pocket exceeds \$950 per adult per calendar year Standard List
Travel insurance with assistance ²		100% - \$5,000,000 / trip	
Trip cancellation insurance		100% - \$5,000 / trip	
Transportation by ambulance		80%	
Transportation and accommodation in Quebec*		80%, maximum reimbursement of \$1,000 / calendar year	
Orthopaedic devices*		80%	
Therapeutic devices and respirators*		80%, maximum reimbursement of \$10,000 / lifetime for all these devices	
Transcutaneous electrical nerve stimulator* (TENS)	Not covered	80%, eligible expenses of \$700 / 60 months	80%, maximum reimbursement of \$10,000 / 24 months for all these devices
Insulin pump*		80% - Eligible expenses of \$7,500 / 60 months	
Insulin pump accessories*		80%, purchase (tubes and catheters)	
Post-surgical brassieres*		80% - Maximum reimbursement of 1 brassiere and of \$200 / calendar year	
Capillary prostheses*	Not covered	80%, maximum reimbursement of \$300 / 60 months	
Breast prostheses*	Not covered	80%	
Intraocular lens implants*	Not covered	80%	
Ostomy appliances*	Not covered	80%	
Hospital expenses in Canada	Not covered	100% of cost of semi-private room no limit on days	
Professional fees in case of accident to natural teeth	Not covered	80%, maximum reimbursement of \$35,000 / 36 months, services must begin within 12 months following the accident	
Non-motorized wheelchair, hospital bed and electric hospital bed*	Not covered	80%, temporary use only	
Artificial limbs	Not covered	80%, maximum reimbursement of \$30,000 / calendar year for all these articles	
External prosthesis	Not covered		
Support stockings*	Not covered	80%, maximum reimbursement of \$150 / calendar year 20 mm HG or over	
Blood glucose monitor*	Not covered	80%, \$300 of eligible expenses / 60 months	
Esthetic surgery following an accident*	Not covered	75%, maximum reimbursement of \$10,000 / lifetime Expenses incurred within 36 months following the accident and treatments begun within 12 months following the accident	
Sclerosing injections*	Not covered	75%, \$20 of eligible expenses / treatment for the injected substance and \$15 for professional fees Maximum reimbursement of \$300 / calendar year	
Nurse and nursing assistant* (in exclusive and continuous attendance over the insured at the insured's home)	Not covered	75%, \$300 of eligible expenses / day Maximum grouped reimbursement of \$10,000 / calendar year	
Orthopaedic shoes*	Not covered	80%, maximum grouped reimbursement of \$250 / calendar year	80%, Maximum reimbursement of 2 pairs / calendar year
Foot orthoses*	Not covered		80%, Maximum reimbursement of \$250 / calendar year
Occupational therapist	Not covered	75%, maximum grouped reimbursement of \$500 / calendar year	75%
Speech therapist	Not covered		
Audiologist	Not covered		
Kinesiologist New!	Not covered		
Physiotherapist and physical rehabilitation therapist	Not covered		75%, maximum grouped reimbursement of \$1,000 / calendar year
Osteopath		Not covered	
Chiropractor	Not covered	X-rays by a chiropractor: \$35 / calendar year	X-rays by a chiropractor: \$35 / calendar year
Acupuncturist	Not covered	75%, maximum grouped reimbursement of \$400 / calendar year	75%, maximum grouped reimbursement of \$750 / calendar year
Podiatrist	Not covered		
Dietitian	Not covered		
Psychologist	Not covered	75%, maximum grouped reimbursement of \$1,250 / calendar year	
Social worker	Not covered		
Psychiatrist		Not covered	75%, maximum grouped reimbursement of \$1,750 / calendar year
Psychoanalyst		Not covered	
Career counsellor		Not covered	
Psychotherapist		Not covered	
Psychoeducator		Not covered	
Massage therapist		Not covered	
Kinesitherapist		Not covered	
Orthotherapist		Not covered	
Eye care: eye glasses, contact lenses and laser eye surgery		Not covered	80%, maximum reimbursement of \$200 / 24 months for all these treatments and articles
Eye examination		Not covered	80%, maximum reimbursement of \$50 / 24 months
Hearing aid		Not covered	80%, eligible expenses of \$600 / 48 months

* Physician's referral or prescription required | 1. **Reimbursement of brand-name drugs:** 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. However, 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, and provided the request is approved by Beneva. | 2. Before leaving on a trip, if you know you have an illness or if your state of health is not stable, you must contact our Travel Assistance Service at 1-800-465-2928 to confirm your eligibility to travel under the provisions of your insurance coverage.

Complementary Plan I: Life Insurance and Long Term Disability Insurance (compulsory participation)

Benefits	Description
Participant's Basic Life Insurance	1 time the gross annual salary.
Participant's Accidental Dismemberment Insurance	\$15,000 to \$60,000, depending on the loss.
Participant's Optional Life Insurance	1, 2 or 3 times the gross annual salary.
Spouse's and Dependent Children's Life Insurance	\$5,000: Spouse; \$5,000: Per dependent child (aged 24 hours or older).
Spouse's Optional Life Insurance	1 to 10 units of \$10,000.
Participant's Long Term Disability Insurance	
- Benefit payments	72% of net salary.
- Duration ³	For as long as total disability lasts, up to but no longer than age 65.
- Start date of benefit payments	As of the 105 th week of total disability.
- Indexation	After 12 months of benefits from Beneva, January 1 of each year according to the RRQ (annual maximum: 3%).

Dental care insurance plan (optional participation of 48 months)

This plan may be added at any time and is effective on the pay period that follows the date the insurer receives the request, unless otherwise specified in the contract.

Coverage	Reimbursement limitations	Percentage reimbursed
Preventive Dental Care - Clinical examination* - X-Rays - Laboratory tests and examinations - Biopsies and diagnostic models - Polishing* and scaling* - Space maintainers	No maximum reimbursement / calendar year (subject to provisions contained in section 3 of the insurance booklet)	80%
Basic Dental Care - Amalgam or composite restorations - Treatment of infection, surgery, splinting (periodontics) - Removal of teeth and other surgery		
Major Restorative and Prosthetic Services - Root canal treatments (endodontics) - Crown, cast metal post, prefabricated post - Removable dentures (partial and complete) - Fixed bridge ⁴ - Dentures attached to implants ⁵	Maximum reimbursement of \$1,000 / calendar year (subject to provisions contained in section 3 of the insurance booklet).	80%
		50%

* Once per period of 9 months for: recall or periodic oral examination, polishing, topical application of fluoride and scaling.
 | 3. For pre-2016 disabilities, benefits are payable for the duration indicated in the contractual provisions that were in force at the time the disability began. | 4. Expenses incurred for fixed bridges are eligible up to a maximum of the cost of the limitations applying to the equivalent removable dentures. | 5. Expenses for dentures attached to implants are eligible up to a maximum of the cost and limitations applicable to an equivalent alternative treatment provided for in the contract, and payable only at the time of the final insertion of the dentures attached to the implants. Expenses incurred for additional procedures or treatments related to implants (surgery, graft, etc.) are not eligible.

Table of premiums applicable as of April 1, 2025 (per 14-day period)

Health Insurance Plan	Coverage Status	Contractual rates (A)	Premium holiday (B)	Employer's contribution ⁶ (C)	Employee's contribution (A minus B and C)
Basic Health Insurance	Individual	\$67.01	\$2.01	\$12.92	\$52.08
	Single-Parent	\$99.36	\$2.98	\$29.44	\$66.94
	Couple	\$134.01	\$4.02	\$29.44	\$100.55
	Family	\$160.32	\$4.81	\$29.44	\$126.07
Intermediate Health Insurance	Individual	\$84.51	\$2.54	\$12.92	\$69.05
	Single-Parent	\$125.27	\$3.76	\$29.44	\$92.07
	Couple	\$168.99	\$5.07	\$29.44	\$134.48
	Family	\$202.16	\$6.06	\$29.44	\$166.66
Superior Health Insurance	Individual	\$105.63	\$3.17	\$12.92	\$89.54
	Single-Parent	\$156.73	\$4.70	\$29.44	\$122.59
	Couple	\$211.22	\$6.34	\$29.44	\$175.44
	Family	\$252.90	\$7.59	\$29.44	\$215.87

Dental Care Insurance Plan	Coverage Status			
	Individual	Single-Parent	Couple	Family
	\$20.39	\$33.04	\$40.77	\$54.51

Complementary Plan I	Coverage Status			
	Individual	Single-Parent	Couple	Family

Participant's Basic Life Insurance	0.102% of gross salary			
Participant's Accidental Dismemberment Insurance ⁷	\$0.15			
Participant's and Spouse's Optional Life Insurance	Premium rates based on age, gender and smoking habits See premium rates in following table			
Dependent's Life Insurance	—	\$0.09	\$0.23	\$0.32
Long Term Disability Insurance ⁸	0.910% of gross salary			

6. The employer's contribution is reduced by 50% for part-time employees and employees who do not hold positions and who work less than seventy per cent (70%) of full-time. | 7. Contributions terminate at age 65. | 8. Contributions terminate at age 63.

Participant's Optional Life Insurance⁹ based on gross salary

Age reached	Cost as % of insurable salary (for 1 times insurable salary)			
	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
Under age 30	0.017%	0.019%	0.027%	0.032%
Age 30 to 34	0.017%	0.024%	0.027%	0.042%
Age 35 to 39	0.024%	0.036%	0.042%	0.059%
Age 40 to 44	0.039%	0.057%	0.064%	0.095%
Age 45 to 49	0.061%	0.095%	0.101%	0.161%
Age 50 to 54	0.095%	0.166%	0.161%	0.274%
Age 55 to 59	0.154%	0.278%	0.257%	0.463%
Age 60 to 64	0.248%	0.470%	0.413%	0.782%
Age 65 or over	0.396%	0.792%	0.660%	1.320%

Spouse's Optional Life Insurance⁹ per \$1,000 of coverage

Age reached	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
Under age 30	\$0.007	\$0.007	\$0.010	\$0.012
Age 30 to 34	\$0.007	\$0.009	\$0.010	\$0.016
Age 35 to 39	\$0.009	\$0.014	\$0.016	\$0.023
Age 40 to 44	\$0.015	\$0.022	\$0.025	\$0.036
Age 45 to 49	\$0.023	\$0.036	\$0.039	\$0.062
Age 50 to 54	\$0.036	\$0.064	\$0.062	\$0.105
Age 55 to 59	\$0.059	\$0.107	\$0.099	\$0.178
Age 60 to 64	\$0.095	\$0.180	\$0.158	\$0.300
Age 65 or over	\$0.152	\$0.304	\$0.253	\$0.506

Log in to the Client Centre!
beneva.ca/en/client-centre

2525 Laurier Blvd.
 Quebec QC G1V 2L2

1 888 651-8181

9. These rates are based on the age of the participant and on the gender and smoking habits of the insured person. Subsequent changes due to an age change become effective on the April 1 coinciding with or following the participant's birthday.

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. | You must add the provincial sales tax to premiums provided for in this document. | © Beneva Inc. 2025™ Beneva name and logo are registered trademarks of Beneva Group Inc. used under licence.