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Your Plan

At a glance



Contract X9999
April 1, 2024

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

Members of the APTS



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, 2024.**

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)	80% of eligible expenses and 100% of eligible expenses when the annual out-of-pocket exceeds \$850 per certificate per calendar year RAMQ List	80% of eligible expenses and 100% of eligible expenses when the annual out-of-pocket exceeds \$750 per certificate per calendar year Standard List	80% of eligible expenses and 100% of eligible expenses when the annual out-of-pocket exceeds \$750 per certificate per calendar year Standard List

⁽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 SSQ.

Travel insurance with assistance ⁽²⁾	100% - \$5,000,000 / trip	100% - \$5,000,000 / trip	100% - \$5,000,000 / trip
Trip cancellation insurance	100% - \$5,000 / trip	100% - \$5,000 / trip	100% - \$5,000 / trip
Transportation by ambulance	80%	80%	80%
Transportation and accommodation in Quebec*	80% Maximum reimbursement of \$1,000 / calendar year	80% Maximum reimbursement of \$1,000 / calendar year	80% Maximum reimbursement of \$1,000 / calendar year
Orthopaedic devices*	80%	80%	80%
Therapeutic devices and respirators*	80% Maximum reimbursement of \$10,000 / lifetime for all these devices	80% Maximum reimbursement of \$10,000 / lifetime for all these devices	80% Maximum reimbursement of \$10,000 / 24 months for all these devices
Transcutaneous electrical nerve stimulator* (TENS)	Not covered	80% Eligible expenses of \$700 / 60 months	
Insulin pump*	80% - Eligible expenses of \$7,500 / 60 months	80% - Eligible expenses of \$7,500 / 60 months	80% - Eligible expenses of \$7,500 / 60 months
Insulin pump accessories*	80% Purchase (tubes and catheters)	80% Purchase (tubes and catheters)	80% Purchase (tubes and catheters)
Post-surgical brassieres*	80% - Maximum reimbursement of 1 brassiere and of \$200 / calendar year	80% - Maximum reimbursement of 1 brassiere and of \$200 / calendar year	80% - Maximum reimbursement of 1 brassiere and of \$200 / calendar year
Capillary prostheses*	Not covered	80% Maximum reimbursement of \$300 / 60 months	80% Maximum reimbursement of \$300 / 60 months
Breast prostheses*	Not covered	80%	80%
Intraocular lens implants*	Not covered	80%	80%
Ostomy appliances*	Not covered	80%	80%
Hospital expenses in Canada	Not covered	100% of cost of semi-private room no limit on days	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	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	80% Temporary use only
Artificial limbs and external prosthesis	Not covered	80% Maximum reimbursement of \$30,000 / calendar year for all these articles	80% Maximum reimbursement of \$30,000 / calendar year for all these articles
Support stockings*	Not covered	80% Maximum reimbursement of \$150 / calendar year 20 mm HG or over	80% Maximum reimbursement of \$150 / calendar year 20 mm HG or over
Blood glucose monitor*	Not covered	80% \$300 of eligible expenses / 60 months	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	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	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 reimbursement of \$10,000 / calendar year for all these professionals	75% \$300 of eligible expenses / day Maximum reimbursement of \$10,000 / calendar year for all these professionals
Orthopaedic shoes*		80%	80% Maximum reimbursement of 2 pairs / calendar year
Foot orthoses*	Not covered	80% Maximum reimbursement of \$250 / calendar year for all these articles	80% Maximum reimbursement of \$250 / calendar year
Occupational therapist, speech therapist and audiologist		75% Maximum reimbursement of \$500 / calendar year for all these professionals	75%
Physiotherapist and physical rehabilitation therapist	Not covered		75% Maximum reimbursement of \$1,000 / calendar year for all these professionals
Osteopath		Not covered	
Chiropractor, acupuncturist or podiatrist		75% Maximum reimbursement of \$400 / calendar year for all these professionals X-rays by a chiropractor: \$35 / calendar year	75% Maximum reimbursement of \$750 / calendar year for all these professionals X-rays by a chiropractor: \$35 / calendar year
Dietitian	Not covered		
Psychologist and social worker		75% Maximum reimbursement of \$1,000 / calendar year for all these professionals	75% Maximum reimbursement of \$1,500 / calendar year for all these professionals
Psychiatrist, psychoanalyst, career counsellor, psychotherapist and psychoeducator	Not covered	Not covered	
Massage therapist, kinesiologist and orthotherapist			75% Maximum reimbursement of \$400 / calendar year for all these professionals
Eye care: eye glasses, contact lenses and laser eye surgery	Not covered	Not covered	80% Maximum reimbursement of \$200 / 24 months for all these treatments and articles
Eye examination			80% Maximum reimbursement of \$50 / 24 months
Hearing aid			80% Eligible expenses of \$600 / 48 months

* Physician's referral or prescription required

⁽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 ¹	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 SSQ, January 1 of each year according to the RRQ (annual maximum: 3%).

⁽¹⁾ 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.

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 <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - Amalgam or composite restorations - Treatment of infection, surgery, splinting (periodontics) - Removal of teeth and other surgery 		
■ Major Restorative and Prosthetic Services <ul style="list-style-type: none"> - Root canal treatments (endodontics) - Crown, cast metal post, prefabricated post - Removable dentures (partial and complete) - Fixed bridge⁽¹⁾ - Dentures attached to implants⁽²⁾ 	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.

⁽¹⁾ Expenses incurred for fixed bridges are eligible up to a maximum of the cost of the limitations applying to the equivalent removable dentures.

⁽²⁾ 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, 2024 (per 14-day period)

Health Insurance Plan	Coverage Status	Contractual rates (A)	Premium holiday (B)	Employer's contribution ⁽¹⁾ (C)	Employee's contribution (A minus B and C)
Basic Health Insurance	Individual	\$62.72	\$3.14	\$12.94	\$46.64
	Single-Parent	\$93.00	\$4.65	\$29.45	\$58.90
	Couple	\$125.43	\$6.27	\$29.45	\$89.71
	Family	\$150.05	\$7.50	\$29.45	\$113.10
Intermediate Health Insurance	Individual	\$78.53	\$3.93	\$12.94	\$61.66
	Single-Parent	\$116.41	\$5.82	\$29.45	\$81.14
	Couple	\$157.04	\$7.85	\$29.45	\$119.74
	Family	\$187.87	\$9.39	\$29.45	\$149.03
Superior Health Insurance	Individual	\$105.25	\$5.26	\$12.94	\$87.05
	Single-Parent	\$156.16	\$7.80	\$29.45	\$118.91
	Couple	\$210.46	\$10.53	\$29.45	\$170.48
	Family	\$251.99	\$12.60	\$29.45	\$209.94

⁽¹⁾ 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.

Dental Care Insurance Plan	Coverage Status			
	Individual	Single-Parent	Couple	Family
	\$19.60	\$31.77	\$39.20	\$52.41

Complementary Plan I	Coverage Status			
	Individual	Single-Parent	Couple	Family
Participant's Basic Life Insurance	0.092% of gross salary			
Participant's Accidental Dismemberment Insurance ⁽¹⁾	\$0.16			
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	–	\$0.08	\$0.21	\$0.29
Long Term Disability Insurance ⁽²⁾	0.818% of gross salary			

Participant's Optional Life Insurance⁽³⁾ based on gross salary

Cost as % of insurable salary (for 1 times insurable salary)

Age reached	Female Non-smoker	Female Smoker	Male Non-smoker	Male Smoker
Under age 30	0.018%	0.020%	0.029%	0.034%
Age 30 to 34	0.018%	0.026%	0.029%	0.045%
Age 35 to 39	0.026%	0.039%	0.045%	0.064%
Age 40 to 44	0.042%	0.062%	0.069%	0.103%
Age 45 to 49	0.066%	0.103%	0.109%	0.174%
Age 50 to 54	0.103%	0.179%	0.174%	0.296%
Age 55 to 59	0.166%	0.300%	0.277%	0.499%
Age 60 to 64	0.267%	0.507%	0.445%	0.844%
Age 65 or over	0.427%	0.854%	0.712%	1.424%

9% sales tax must be added to these premiums.

⁽¹⁾ Contributions terminate at age 65.

⁽²⁾ Contributions terminate at age 63.

⁽³⁾ 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.

Spouse's Optional Life Insurance⁽¹⁾ per \$1,000 of coverage

Age reached	Female Non-smoker	Female Smoker	Male Non-smoker	Male Smoker
Under age 30	\$0.007	\$0.008	\$0.011	\$0.013
Age 30 to 34	\$0.007	\$0.010	\$0.011	\$0.017
Age 35 to 39	\$0.010	\$0.015	\$0.017	\$0.025
Age 40 to 44	\$0.016	\$0.024	\$0.026	\$0.040
Age 45 to 49	\$0.025	\$0.040	\$0.042	\$0.067
Age 50 to 54	\$0.040	\$0.069	\$0.067	\$0.114
Age 55 to 59	\$0.064	\$0.115	\$0.106	\$0.191
Age 60 to 64	\$0.102	\$0.194	\$0.171	\$0.324
Age 65 or over	\$0.164	\$0.328	\$0.273	\$0.546

9% sales tax must be added to these premiums.

⁽¹⁾ 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.

Important Notice

On January 1, 2023, La Capitale and SSQ Insurance combined operations to become Beneva.

Our documentation will be gradually updated with Beneva's name and logo. Accordingly, some of your contractual documents will remain with SSQ Insurance's name and logo for some time.

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 or via the APTS internet site, or again, consult your collective agreement.