LONG TERM DISABILITY INSURANCE
Compulsory (with waiver privilege)

Definition of Total Disability

The union has the choice of two possible definitions:

- **Plan A** (basic definition)

A state of incapacity resulting from an illness, including surgical procedures directly related to family planning, an accident or complication of a pregnancy, requiring medical care and which, during the first 48 months of disability, completely prevents the employee from carrying out the normal duties of the employment or any comparable employment with similar remuneration offered to the employee by the employer and, after the first 48 months of disability, completely prevents the person from carrying out any remunerative work for which the individual is reasonably prepared as a result of education, training and experience.

- **Plan B** (definition offering better protection)

A state of incapacity resulting from an illness, including surgical procedures directly related to family planning, an accident or complication of a pregnancy, requiring medical care and which completely prevents the person from carrying out the normal duties of employment or any comparable employment with similar remuneration offered to the employee by the employer. This definition applies up to age 65.

Elimination period

104 weeks of total disability

Duration of Disability Pension

For as long as the total disability lasts, based on the definition applicable, up to age 65

Benefit amount

- **Disability pension is established based on the participant's earnings, as follows:**
  - 60% of the first $20,000 in gross annual salary
  - 42.5% of the next $40,000
  - 40% of any excess amount
- **Plus the following annual lump-sum amounts, if applicable:**
  - $2,000 dependent spouse
  - $1,000 single-parent family
  - $400 per dependent child aged 18 and over

Indexation of Disability Pension

On January 1st of each year based on the QPP index (maximum 3%)

Disability pension reduction

- 80% of the gross amount of the retirement pension payable by the CARRA (eg. RREGOP) or by another private retirement plan
- Gross amount of the retirement pension paid by the QPP or the CPP
- Gross amount of the disability pension payable by the CSST, SAAQ or by any other social legislation
- Gross amount of the disability pension payable by the QPP or the CPP
- Etc.

Waiver Privilege

An employee may refuse to participate in this plan or terminate participation if he or she meets certain specific requirements, two of which are:

– Be aged 53 or over; **or** – Have participated in the Government and Public Employees Retirement Plan (RREGOP) with 33 years or more of service.

2017 Premium Rates[1] per 14-day period:

Plan A: 0.882% of earnings **Plan B:** 1.106% of earnings

[1] Add 9% sales tax.

LIFE INSURANCE
Optional

It is possible to maintain coverage for up to two years after the 120-day period following a lay-off or the termination of the contract

Participant's Life Insurance

- Minimum compulsory coverage amount of $10,000, with right to opt out
- Choice of coverage from $25,000 to $250,000
- First $50,000 without evidence of insurability, if application made before the deadline stipulated in the contract
- Coverage over $25,000 is reduced by 50% effective as of the January 1st coinciding with or following the Participant's 65th birthday

Dependents' Life Insurance

- $10,000 for the spouse
- $5,000 per dependent child aged 24 hours or more
- For single-parent families there is a coverage amount of $5,000 for a deceased child plus an amount equal to: $10,000 divided by the number of dependent children (including the deceased child) in the family on the date of the dependent child's death.
- Without evidence of insurability, if application made within the deadline provided for in contract

Spouse's Optional Life Insurance

- Participation in Dependents' Basic Life Insurance coverage is a prerequisite
- From one (1) to ten (10) additional units of $10,000
- Evidence of insurability is required
- 50% reduction in the amount selected effective as of the January 1st coinciding with or following the Participant's 65th birthday

2017 Premium Rates[1] per 14-day period

• Participant's Life Insurance

Amount of coverage for Participant

Age	Under age 30	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 or over
$10,000	$0.04	$0.04	$0.04	$0.04	$0.04	$0.04	$0.04	$0.04	Available upon request
$25,000	$0.16	$0.16	$0.16	$0.16	$0.16	$0.16	$0.16	$0.16	
$50,000	$0.56	$0.61	$0.76	$0.99	$1.46	$2.34	$3.96	$5.46	
$75,000	$0.96	$1.06	$1.36	$1.81	$2.76	$4.51	$7.76	$10.76	
$100,000	$1.36	$1.51	$1.96	$2.64	$4.06	$6.69	$11.56	$16.06	
$125,000	$1.76	$1.96	$2.56	$3.46	$5.36	$8.86	$15.36	$21.36	
$150,000	$2.16	$2.41	$3.16	$4.29	$6.66	$11.04	$19.16	$26.66	
$175,000	$2.56	$2.86	$3.76	$5.11	$7.96	$13.21	$22.96	$31.96	
$200,000	$2.96	$3.31	$4.36	$5.94	$9.26	$15.39	$26.76	$37.26	
$225,000	$3.36	$3.76	$4.96	$6.76	$10.56	$17.56	$30.56	$42.56	
$250,000	$3.76	$4.21	$5.56	$7.59	$11.86	$19.74	$34.36	$47.86	

• Dependents' Basic Life Insurance: $0.92

• Spouse's Optional Life Insurance

Amount of coverage based on the age of the Participant

Premium per 10.000 unit	Under age 30	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 or over
	$0.16	$0.18	$0.24	$0.33	$0.52	$0.87	$1.52	$2.12	Available upon request

[1] Add 9% sales tax.

Note: Premium for Spouse's Optional Life Insurance is added to premium for Dependents' Basic Life Insurance.

POSSIBLE CHANGES FOLLOWING A LIFE EVENT

Certain events in life render you eligible to **increase** your coverage **without the requirement for evidence of insurability**, provided the request for change is received in accordance with contract provisions (such as deadlines). Below you will find a list of the events that are recognized in this sense and the related possible changes.

Possible Changes

- Increase in coverage status for the Health Insurance and Dental Care Insurance plans
- Increase in amount of Life Insurance coverage
  - up to an amount of $50,000 in Participant's Basic Life Insurance
  - eligibility to Dependent's Basic Life Insurance
- Increase in Health Insurance coverage

Recognized events

- Marriage, civil union, separation or divorce
- Cohabitation for more than a year (there is no minimum period if a child is born of the union or if legal adoption procedures have been undertaken)
- Birth or adoption of a child
- Termination of the spouse's or dependent children's insurance[1]
- Death of the spouse[2]
- Regular employment status obtained, according to the applicable collective agreement[3]

[1] For the Life Insurance Plan, this event provides eligibility for Dependent's Basic Life Insurance Plan **only**.

[2] This event is recognized **only** for an increase in coverage under the Life Insurance Plan.

[3] This event is recognized **only** for an increase in coverage under the Life Insurance and Health Insurance Plan.

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Values in the right place

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YOUR GROUP INSURANCE PLAN AT A GLANCE

Centrale des syndicats du Québec (CSQ) — Contract J9999

January 2017

CSQ

The present document is provided for information purposes only. It does not affect in any way the provisions contained in your group insurance contract, which are subject to certain limitations and exclusions.

HEALTH INSURANCE

Participation in one of the 3 health insurance plans is compulsory (with waiver privilege). Unless otherwise specified, expenses are reimbursed at 80% and the amount indicated, if any, is the maximum reimbursable amount, per insured. To be eligible, expenses incurred for services or supplies, examinations, care, expenses or their surplus must meet the reasonable standards of the common practice of the health professionals involved.

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

Prescription Drugs*

Reimbursement

All eligible expenses are reimbursed at 80%, following application of the deductible, if any. 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**[1]. Besides, the amount taken into account in the calculation of the annual out-of-pocket maximum will be based on the lowest cost generic equivalent.

[1] 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.

Health 1

New

- Direct payment card
- $50 annual deductible / certificate
- 80% of eligible expenses (100% if the annual expenses exceed **$830** / certificate)
- Sclerosing injections = $28 / day, reimbursement combined with prescription drugs

Health 2

New

- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed **$830** / certificate)
- Sclerosing injections = $28 / day, reimbursement combined with prescription drugs

Health 3

New

- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed **$830** / certificate)
- Sclerosing injections = $28 / day, reimbursement combined with prescription drugs

2017 Premium Rates[1] per 14-day period for the following coverage

Health 1

Individual: $35.28 Single-parent: $52.53 Family: $87.03

Health 2 (minimum participation of 12 months)

Individual: $44.64 Single-parent: $66.68 Family: $107.84

Health 3 (minimum participation of 24 months)

Individual: $56.32 Single-parent: $84.24 Family: $133.92

[1] Subtract the employer's portion, if applicable, and add 9% sales tax.

Other Benefits	Health 1	Health 2	Health 3
Prescription drugs* and eligible pharmaceutical services	•	•	•
Ambulance and transportation by plane	•	•	•
Travel Insurance with Assistance (100%, $5 000,000 / trip)	•	•	•
Trip Cancellation Insurance (100%, $5,000 / trip)	•	•	•
Transportation by plane or by train of a bedridden insured*	•	•	•
Accidental dismemberment ($25,000 or $50,000 depending on the loss)		•	•
Artificial limbs and external prosthesis		•	•
Blood glucose monitor* ($240 / 36 months)		•	•
Breast prostheses*		•	•
Capillary prosthesis* ($300 / lifetime)		•	•
Foot orthoses*		•	•
Hearing aid (including fees of a hearing aid practitioner) ($560 / 48 months)		•	•
Hospital expenses in Canada (semi-private room) (100%)		•	•
Insulin pump and accessories*		•	•
Intraocular lenses*		•	•
Medium or full compression support stockings* (3 pairs / year)		•	•
Orthopaedic devices*		•	•
Orthopaedic shoes*		•	•
Ostomy appliances*		•	•
Post-surgical brassieres* ($200 / lifetime)		•	•
Professional fees following an accident to natural teeth		•	•
Respirator and oxygen*		•	•
Speech therapy, occupational therapy or audiology		•	•
Therapeutic devices*		•	•
Transcutaneous electrical nerve stimulator* ($800 / 60 months)		•	•
Wheelchair, walker or hospital bed* (temporary use only)		•	•
Acupuncture ($20 / treatment, $400 / year)		•	
Acupuncture ($36 / treatment, $600 / year)			•
Chiropractic ($20 / treatment, $400 / year, including X-ray expenses, $40 / X-ray)		•	
Chiropractic ($28 / treatment, $500 / year, including X-ray expenses, $40 / X-ray)			•
Physiotherapy ($24 / treatment, $400 / year) Podiatry or podology ($20 / treatment, $400 / year)		•	
Physiotherapy ($36 / treatment, $700 / year, including osteopathy fees)			•
Podiatry or podology ($20 / treatment, $400 / year)		•	
Podiatry or podology ($36 / treatment, $600 / year)			•
Psychotherapy (50%, $500 / year)		•	
Psychotherapy (50% of the first $1,000 of eligible expenses and 80% of the surplus expenses, $1,500 / year			•
Detoxification treatment* ($64 / day, 30 days / year)			•
Dietetics ($28 / consultation, $500 / year)			•
Homeopath (including homeopathic remedies) ($28 / consultation, $600 / year)			•
Massage therapy, kinesitherapy or orthotherapy (MKO) ($28 / treatment, $600 / year, including naturopathy fees)			•
Naturopathy ($28 / consultation, $600 / year, including MKO fees)			•
Nursing care* ($240 / day, $5,000 / year)			•
Osteopathy ($36 / treatment, $700 / year, including physiotherapy fees)			•
Transportation and accommodation expenses in Quebec* ($1,000 / year)			•

DENTAL CARE INSURANCE

Participation is optional for all employees eligible for this plan, provided the plan is in force in their group with an enrolment rate of at least 40%.

The following is provided for information purposes only. For the complete list of eligible expenses, please refer to your booklet.

Preventive Dental Care (80%)

Preventive, recall or periodic examination (1 examination / 9 months)
Scaling, polishing, fluoride application (1 times / 9 months)
X-rays
Pit and fissure sealants
Lab examinations, tests
Retainers
Local anesthesia

Basic Dental Care (shared $50 deductible, 80%)

Amalgam, composite or resin restoration
Root canal treatment, root amputation (endodontics)
Gum surgery, graft (periodontics)
Removal of teeth and other surgeries

Major Restorative Care (shared $50 deductible, 50%)

Crown
Removable denture (complete or partial)
Fixed bridge

Annual deductible

The $50 annual deductible (per certificate) covers **both** Basic Dental Care and Major Restorative Dental Care coverage.

Progressive maximum reimbursement

1st calendar year that the plan is in effect:	$600 / insured person
2nd calendar year:	$800 / insured person
3rd calendar year and thereafter:	$1,000 / insured person

Note 1: Participants may choose a coverage status (Individual, Single-Parent or Family) different than that for Health Insurance.

Note 2: The minimum duration of participation in the Dental Care Plan is 48 months.

2017 Premium Rates[1] per 14-day period for the following coverage

Individual: $12.42 Single-parent: $18.89 Family: $31.29

[1] Add 9% sales tax.