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

**Participant’s Life Insurance**

<table>
<thead>
<tr>
<th>Amount of coverage for Participant</th>
<th>$10,000</th>
<th>$20,000</th>
<th>$25,000</th>
<th>$30,000</th>
<th>$35,000</th>
<th>$40,000</th>
<th>$50,000</th>
<th>$75,000</th>
<th>$100,000</th>
<th>$125,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium per 1,000 unit</td>
<td>$0.16</td>
<td>$0.32</td>
<td>$0.40</td>
<td>$0.48</td>
<td>$0.56</td>
<td>$0.64</td>
<td>$0.72</td>
<td>$0.80</td>
<td>$0.92</td>
<td>$1.00</td>
</tr>
<tr>
<td>Age</td>
<td>30</td>
<td>35</td>
<td>40</td>
<td>45</td>
<td>50</td>
<td>55</td>
<td>60</td>
<td>65</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td>Premium</td>
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<td>$0.32</td>
<td>$0.40</td>
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<td>$1.00</td>
</tr>
<tr>
<td>Premium</td>
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<td>$0.40</td>
<td>$0.48</td>
<td>$0.56</td>
<td>$0.64</td>
<td>$0.72</td>
<td>$0.80</td>
<td>$0.92</td>
<td>$1.00</td>
</tr>
</tbody>
</table>

**Spouse’s Optional Life Insurance**

- **Premium** $6.92
- **Amount of coverage based on the age of the Participant**

- 20-54 $1,000 unit
- 55-64 $1,500 unit
- 65-74 $2,000 unit
- 75+ $2,500 unit

Add 9% sales tax.
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 products, exemptions, or expenses not covered by the plan must be in accordance with 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 prescription drug plan will be bucketed according to its lowest cost generic equivalent. 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.

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 the SMO.

Health 1
• Direct payment card
• 50% annual deductible / certificate
• 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
• Sclerosing injections = $28 / day, reimbursement combined with prescription drugs
• 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
• Sclerosing injections = $28 / day, reimbursement combined with prescription drugs

Health 2
• Direct payment card
• 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
• Sclerosing injections = $28 / day, reimbursement combined with prescription drugs

Health 3
• Direct payment card
• 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
• Sclerosing injections = $28 / day, reimbursement combined with prescription drugs

As of January 1, 2019, you will be allowed to increase your Health Insurance coverage at any time, without the requirement for evidence of insurability. You may also be allowed to decrease it at any time if you have completed the maximum participation period of 24 months (Health 1 and 3) or 12 months (Health 2). The increase or decrease in coverage under the Health Insurance plan is effective on the first day of the pay period following the date the request is received by your employer.

2019 Premium Rates per 14-day period for the following coverage

Health 1
Individual $39.33 Single parent: $58.57 Family: $79.03
Health 2
Individual $51.91 Single parent: $77.52 Family: $125.38
Health 3
Individual $67.50 Single parent: $100.93 Family: $160.46

Health 1 and 2 have a combined maximum reimbursement of $2,000 per calendar year, for all of these professionals.

Health 3 has a combined maximum reimbursement of $1,000 per calendar year, for all of these professionals.

Preventive Dental Care
Preventive, recall or periodic examination (1 examination / 9 months)
Scaling, polishing, fluoride application (1 times / 9 months) X-rays
Fluoride varnish
Pediatric Dental Care
Basic Dental Care (shared $50 deductible, 80%)
Preventive Dental Care
Major Restorative Care
General Dentistry

dental bone grafting

dental bridge

dental crown

Major Dental Care

dental bridge

dental crown

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.

2019 Premium Rates per 14-day period for the following coverage

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

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 book.
**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, or treatments 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.

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**Prevention**

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%)**

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

**Major Restorative Care (shared $150 deductible, 50%)**

- Crown
- Removable denture (complete or partial)
- Fixed bridge

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**Annual deductible**

The $10 annual deductible (per certificate) covers both Basic Dental Care and Major Restorative Care.

---

**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%**.

---

**2019 Premium Rates**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Individual</th>
<th>Single-parent</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health 1</strong> (1)</td>
<td>$19.33</td>
<td>$58.57</td>
<td>$97.03</td>
</tr>
<tr>
<td><strong>Health 2</strong></td>
<td>$21.59</td>
<td>$77.52</td>
<td>$125.38</td>
</tr>
<tr>
<td><strong>Health 3</strong></td>
<td>$37.60</td>
<td>$116.90</td>
<td>$194.46</td>
</tr>
</tbody>
</table>

(1) Submits the employer’s portion, if applicable, and adds 9% sales tax.

---

**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 plan will not reimburse you the cost of the brand-name drug. 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.

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 SGO.

**Health 1**

- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs

**Health 2**

- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs
- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs

**Health 3**

- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs
- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs

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**Other Benefits**

**Prescription drugs**

- Advanced pharmaceutical services
- Ambulance and transportation by plane
- Fixed bridge (excl. partial)
- Hospitalization expenses for trauma-related injuries (100%)
- Transportation by plane or by rail of a hospitalized insured*
- Personalized reimbursement plan (20% depending on the loss)
- Vitrified teeth and external prostheses
- Artificial limbs
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs
- Direct payment card
- 80% of eligible expenses (100% if the annual expenses exceed $890 / certificate)
- Sclerosing injections = $28/day, reimbursement combined with prescription drugs
- Direct payment card
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- Sclerosing injections = $28/day, reimbursement combined with prescription drugs

---

**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%**.

---

**Prevention**

Preventive, recall or periodic examination (1 examination / 9 months)

---

**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, or treatments 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.
### Life Insurance

#### Options

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

**Participant’s Life Insurance**

- 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.

**Duration of Disability Pension**

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

**Benefits Amount**

- Disability pension is established 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

**Definition of Total Disability**

- 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.

**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:
  - Age 55 or over, or
  - Have participated in the Government and Public Employees Retirement Plan (REGOP) with 33 or more years of service.

**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:
  - Age 55 or over, or
  - Have participated in the Government and Public Employees Retirement Plan (REGOP) with 33 or more years of service.
**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 related possible changes 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**

- **Inclusion of coverage for the Dental Care Insurance plan**
- **Increase in amount of Life Insurance coverage**
- **Increase in coverage status for the Dental Care Insurance plan**
- **eligibility to Dependents’ Basic Life Insurance**
- **eligibility to Dependents’ Basic Life Insurance**

**Recognized events**

- **Marriage, civil union, separation or divorce**
- **Childbirth 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 dependant’s children’s insurance**
- **Death of the spouse**
- **Death of the insured**
- **Change in the insurance status of the insured person**
- **Change of Coverage Status for the Dental Care Insurance plan**

**Possible changes**

- **Inclusion of coverage for the Dental Care Insurance plan**
- **Increase in amount of Life Insurance coverage**
- **Increase in coverage status for the Dental Care Insurance plan**
- **eligibility to Dependents’ Basic Life Insurance**

**CONTACT US**

Centrale des syndicats du Québec (CSQ) — Contract J9999

**January 2019**

**YOUR GROUP INSURANCE PLAN AT A GLANCE**

**AT A GLANCE**

**OUR GROUP INSURANCE PLAN**

Values in the right place

**CENTRALE DES SYNDICATS DU QUÉBEC (CSQ)**

P.O. Box 10500, Sainte-Foy Station
2525 Laurier Boulevard
1 888-651-8181

**SSQ Building**

3500, rue Logic, bureau 2025
Québec City, Québec, Canada

SSQ.ca

**DV3467A-T19 (2018-12)**

**THE PRESENT DOCUMENT IS NOT A LEGAL ADVICE!**

The present document is a summary of the agreement between the insured parties and the provider of insurance. It is intended to give a general overview of the insurance contract, which is subject to certain limitations and exceptions.

**A MEMBER OF THE CSQ GROUP**

**LAPORTE GROUP**

Values in the right place

**YOUR GROUP INSURANCE PLAN**

**AT A GLANCE**

**OUR GROUP INSURANCE PLAN**

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**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 and, after the first 48 months of disability, completely prevents the individual from engaging in any occupation for which the individual is reasonably prepared as a result of education, training and experience.

**Duration of Disability Pension**

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

**Benefits (Plan B)**:

- **Disability pension** is established based on the participant's earnings, as follows:
  - 60% of the first $25,000 in gross annual salary
  - Excess of the first $25,000
    - 42.5% of any excess amount

- **Plan B**: The duration of the disability pension is limited to 5 years, unless a waiver privilege is granted.

**Indexation of Disability Pension**

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

**Disability pension reduction**

- 80% of the gross amount of the retirement pension payable by Réunies Québec (eg. RQ, QPP) or by another private retirement plan.
- Gross amount of the disability pension payable by the Caisse SSQ or by any other social legislation.
- Gross amount of the disability pension payable by the QPP or by the CPP.

**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:

- Age 55 or older, or
- Have participated in the Government and Public Employees Retirement Plan (RQ/CPP) for 33 years or more of service.

**2019 Premium Rate**

**Plan A**: 0.66% of earnings

**Plan B**: 0.86% of earnings

**Life Insurance Option (Plan B)**

It is 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**
  - Any disability pension 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 10% effective as of the January 1st coinciding with the employee’s 60th birthday

- **Dependent’s Life Insurance**
  - 65% of the Participant’s Basic Life Insurance coverage if the participant is a spouse or dependent child.
  - 50% of the Participant’s Basic Life Insurance coverage if the participant is a dependent child.

**Spouse's Optional Life Insurance**

- Full amount of the Participant’s Basic Life Insurance coverage is a prerequisite
- From one to (10) additional units of $10,000
- Evidence of insurability is required
- Optional for the amount selected effective as of the January 1st coinciding with or following the Participant’s 65th birthday

**2020 Premium Rate**

**Plan A**: 0.92% of earnings

**Plan B**: 1.80% of earnings

**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 scheduled 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**

- **Inclusion of Income**
  - For Dental Care Insurance plan
  - 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

**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
- Death of the spouse
- Regular employment status defined, according to the applicable collective agreement

- For the Life Insurance Plan, the event provides eligibility for Dependent’s Basic Life Insurance only.

- This event is recognized only for an increase in coverage under the Life Insurance Plan only.

Contact Us

Centrale des syndicats du Québec (CSQ) — Contract J9999
January 2019

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**Note:**

- Add 9% Sales Tax.
- Note: Premium for Spouse’s Optional Life Insurance is added to premium for Dependents’ Basic Life Insurance.