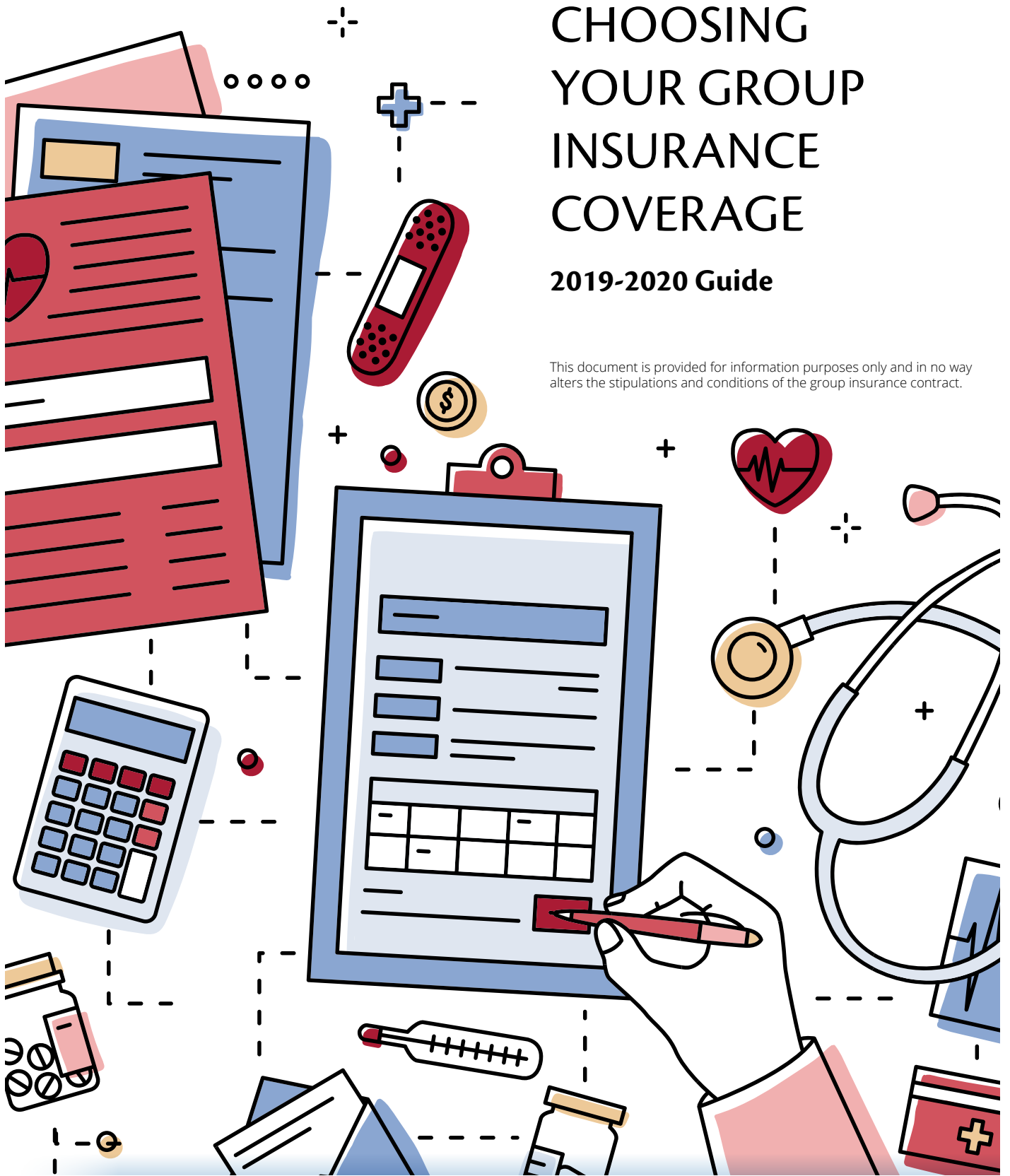


CONTRACT J9999

CHOOSING YOUR GROUP INSURANCE COVERAGE

2019-2020 Guide

This document is provided for information purposes only and in no way alters the stipulations and conditions of the group insurance contract.



Sécurité
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You are newly eligible to the CSQ group insurance plan (contract J9999)? This document provides useful information to guide you in your choice of coverage provided by the insurer, SSQ.

When the time comes to choose your coverage, comparing premium costs is not enough. Other factors come into play, such as percentage, type of coverage and maximum amount reimbursed. Take a good look at your current medical expenses. Are they moderate or considerable? Your dependents, financial obligations, health as well as your risk tolerance may also influence your choice of coverage.

Without being exhaustive, the criteria detailed in this guide provide food for thought to help you make the right choices. If you have any further questions, please contact your union.

Choosing which coverage best suits your needs

The CSQ group insurance plan offers personal insurance coverage: health insurance, long-term disability insurance, life insurance and dental care insurance (please refer to Appendix II – Structure of the CSQ group insurance plan).

Premium rates differ based on the choice and type of coverage. Details as to applicable costs for all coverage types are available in the document entitled *Your group insurance plan at a glance*, to which you may refer.

Health insurance (compulsory)



Your right to exemption

Before being eligible to the CSQ plan, were you covered under your spouse's, corporation's or professional order's insurance plan? You must decide if you prefer to maintain your coverage under that plan and request an exemption from the CSQ's plan, or opt in to the latter.

While health insurance is compulsory¹, you can choose not to participate in the health insurance plan. However, you must provide your employer with proof that you are insured under another insurance.

In certain cases, you may choose to be covered under both plans (your current plan and the CSQ's plan), individually or as a family. Having two insurance plans makes it possible for you to be reimbursed by your second insurer for costs that are not covered by the first insurer.

¹ The *Act respecting prescription drug insurance* requires that all Quebec residents be insured for their medication, either through a private group insurance plan or the Régie de l'assurance maladie du Québec (RAMQ) public plan. Any individual eligible to a group insurance plan which includes drug insurance coverage must participate in the plan and, where applicable, see that their dependents are also covered.

The CSQ group insurance plan offers three coverage levels:

Health 1 – Basic coverage:

- Drug insurance
- Travel insurance with assistance
- Trip cancellation insurance
- Ambulance or air transportation in the event of an emergency

Health 2 – Intermediate coverage:

- Coverage provided under Health 1
- Medical devices
- Basic paramedical care
- Maximum reimbursement of \$1,000 (per year, per insured person) for combined health professionals services

Health 3 – Expanded coverage:

- Coverage provided under Health 1 and Health 2
- Therapeutic care
- Maximum reimbursement of \$2,000 (per year, per insured person) for combined health professionals services

To learn more about the eligible care for each coverage level, please refer to the *Your group insurance plan at a glance* brochure.

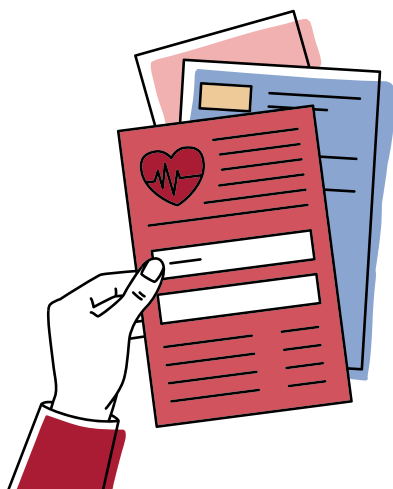
The CSQ plan also offers three coverage options:

- **Individual**
- **Single-parent**
- **Family**

Increasing or decreasing your coverage level

You may increase your health insurance coverage level at any time. However, it should be noted that if you ask for a change while you are on disability, this change will only come into effect once you return to work.

You can also lower your level of coverage provided that you respect the minimum duration of participation (24 months for Health 2 and Health 3).



A few things to keep in mind

When choosing between the three coverage levels (Health 1, Health 2 or Health 3) and the three types of status (individual, single-parent or family), assess your current situation and needs.

1. Your age

Generally, the younger we are, the healthier we are and, consequently, the less we need health insurance coverage. However, don't wait until you are sick to increase your coverage; this could be far more difficult, if not impossible, to secure beyond that point.

2. Your civil status and dependents

If you have dependents (a spouse and/or children), you must take the needs of all involved into account.

A **spouse** refers to any person who has become a spouse:

- as a result of a civil union or legally recognized marriage in Quebec or elsewhere and recognized under Quebec law;
- as a result of permanent cohabitation for at least one (1) year with another person who you publicly present as your spouse. There is no minimum period if a child is born of the union or if legal adoption proceedings have been undertaken.

A **dependent child** is defined as:

- any child of the participant, of the spouse, or of both, who is single and meets at least one of the following conditions:
 - is under the age of 18;
 - is under the age of 26 and attends a recognized educational institution as a duly registered full-time student;
 - regardless of age, became totally disabled at a time when he met one of the above conditions and has remained continuously disabled ever since.



Proof of school attendance

In order for your dependent child aged 18 to 25 to remain covered, it is imperative that you submit a declaration of school attendance². It may be submitted:

- **online:** on the ACCESS | Plan members SSQ website (ssq.ca/en).
- **by phone:** contact SSQ Customer service (Montréal: 514 223-2500 | elsewhere in Québec : 1 877 651-8080).

² Coverage periods related to a declaration of school attendance:

- From January 1 to June 30;
- From July 1 to December 31.

You can increase or decrease your coverage status when a new dependent is either acknowledged or no longer meets the prescribed definition. Submit your request within 30 days of the date of the event in order for your new status to become effective retroactively. Otherwise, your status will be changed at the pay period following the request for change.



A few questions you should ask yourself

- What expenses might my dependents and I have to pay for in the near future?
- Should one of my dependents need medical care, would I be able to cover the related costs?
- How long will my children be eligible under my insurance plan?

3. Potential life events in the foreseeable future

A marriage, the acknowledgement of a new spouse, the arrival of a new child or securing a new regular position are but a few of the many life events which would allow you to increase your life insurance coverage or the status of your dental care insurance without the need to produce evidence of insurability, if the mandatory timelines are met.

See Appendix I to learn more about these events and the potential for an increase they entail.



A few questions you should ask yourself

- Given that I will probably encounter life events which would allow for an increase of my coverage without evidence of insurability, should I, in my current situation, opt for the basic coverage?
- Is a marriage or the birth of a child in my foreseeable future?
- Will I have access at one point to a regular position, as defined in my collective agreement?

4. Heredity, your health and your lifestyle

An illness, heredity, smoking and a sedentary lifestyle are a few of the many factors which may influence your need to rely on medications. Take these factors into account when choosing your coverage.



A few questions you should ask yourself

- Do either my dependents or I suffer from chronic diseases which require that we take several drugs?
- Are there any hereditary diseases in our families?
- Do we have a healthy lifestyle?
- Do we regularly need to see specialists for paramedical care?

5. Your risk tolerance

If your tolerance to risks covered under your group insurance is low, it might be best to choose the Health 3 plan which offers a broader coverage. On the other hand, if you have a higher level of tolerance, you might simply opt for the Health 1 basic coverage.



A question you should ask yourself

- Am I willing to pay more to benefit from an enhanced coverage as well as peace of mind?

6. Your financial capacity

Coverage cost is an essential component when choosing the plan best suited to your needs.



A few questions you should ask yourself

- Is the premium of the chosen insurance plan beyond my financial means?
- Could the difference in cost between the two plans' premiums be offset by a reimbursement from another coverage I've chosen?

Long term disability insurance (compulsory)³

This protection makes up for the loss of revenue in case of a disability after salary insurance has expired subsequent to the 104 weeks stipulated under the collective agreement. The CSQ plan provides for two definitions of disability:

1. Definition as provided under Plan A (basic coverage)

You are covered by the plan if you are incapable, during the first 48 months of disability, of carrying out the normal duties of your employment or any comparable employment with similar compensation offered to you by the employer.

Subsequently, you are covered by this plan should your situation completely prevent you from carrying out any remunerative work for which you are reasonably prepared as a result of education, training and experience.

2. Definition as provided under Plan B (enhanced coverage)

This plan covers you if you are incapable of carrying out the normal duties of your employment or any comparable employment with similar compensation offered to you by the employer. This definition remains the same until the age of 65.

A right to opt out is provided for in the contract, subject to very specific criteria, as detailed at point 1.3.3 b) of the *CSQ Group Insurance Plan – January 2015* booklet.

³ This is not an individual choice. The choice made by your union (by the bargaining unit or "J" group at the SSQ) applies here.

Life insurance

The CSQ plan offers different types of life insurance coverage, for you as well as your dependents. There are four types of coverage:

- Basic coverage for the participant (compulsory, with a right to opt out⁴)
- Additional coverage for the participant (optional)
- Basic coverage for dependents (optional)
- Additional coverage for the spouse (optional⁵)

The group life insurance, while temporary, may also be suitable if you have dependent children, short- and medium-term debts or as a complement to your existing plans.

To begin with, identify any other life insurance amounts you may have: coverage offered without paying a premium under some collective agreements (amount of \$6,400 or \$3,200), individual life insurance coverage (permanent or temporary), mortgage life insurance, etc. This exercise will help you determine your true needs and the cost of each life insurance product.



A few questions you should ask yourself

- Do I already have life insurance coverage through an individual contract? Is this insurance temporary or permanent?
- Am I entitled to life insurance through my collective agreement?
- If I died or if a member of my family died, would others find themselves in a financial predicament?
- Do I need coverage for my dependents?
- Do I need coverage beyond the basic life insurance?
- Would it be relevant to secure additional life insurance coverage for my spouse?



Identify your beneficiaries

Don't forget to designate the beneficiaries of your life insurance and to stipulate whether this designation is revocable or irrevocable. The designation of a revocable beneficiary may be changed at any time. Conversely, the designation of an irrevocable beneficiary entails that you can no longer change this designation freely. You are required to seek the consent of the beneficiary to do so.

If you do not designate a specific beneficiary, any amount provided for in the life insurance policy will be paid to your estate.

⁴ Basic coverage of \$ 10,000 is compulsory, but involves a right to opt out within the prescribed time. Any other coverage is optional.

⁵ Insurance is available only if basic life insurance for dependents is in effect.

Increasing or decreasing your coverage

You can decrease your level of coverage at any time. However, to increase your coverage, the insurer may require that you present evidence of insurability. This might involve, for instance, a basic or detailed medical questionnaire (which includes questions to determine if you are insurable).

In certain cases, the insurer may require that you provide your medical records or that you undergo certain tests, such as blood and urine tests.

Nonetheless, certain life events may enable you to increase your coverage without evidence of insurability, within a specified time period.

Dental Care Insurance (optional)

You may also choose to opt for dental care insurance coverage. However, no less than 40% of eligible individuals in your group must participate for this coverage to be made available. When the percentage of participants is below this threshold, the coverage is not implemented and, consequently, not available to your group.

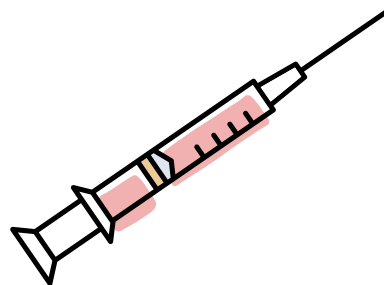
If the dental care insurance plan is available, participation is optional. Ask yourself if opting for this plan is suitable for you and your family. Consider the costs involved as well as the amounts reimbursed. Costs include the premium, annual deductible (if applicable) and coinsurance.

Duration of participation

The minimum duration of participation for the dental care insurance plan is 48 months.

A few questions you should ask yourself

- In addition to my health insurance coverage, do I need dental care coverage?
- Do my dependents need dental care coverage? It should be noted that the Régie de l'assurance maladie du Québec (RAMQ) covers some services for children under 10: dental examination, X-rays, restorations, etc. However, it does not cover cleaning nor scaling.
- Generally speaking, are my dental costs high or low? Are they mostly related to routine checkups and cleaning?



Special circumstances

Leave without pay and gradual retirement

When on leave without pay, for a parental leave for instance (not to be confused with maternity leave), you can choose to maintain participation in all plans held before your leave or only in the Health 1 plan.

This choice applies for the duration of the leave without pay for as long as you remain eligible for insurance, provided you pay the applicable premiums. Once you return to work, you will be granted the coverage you held before your leave without pay.

A disability which occurs during a leave without pay is considered to have begun on the day you had planned to return to work, and is only recognized for the purposes of the plans maintained during the leave.

Throughout a gradual retirement and a deferred pay leave, maintenance of coverage is compulsory for all CSQ group insurance plans.

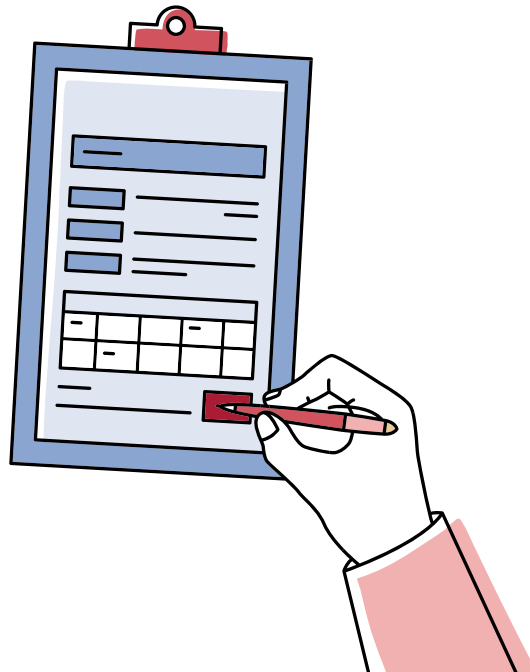
Layoff or termination of contract

In the case of a layoff or termination of contract, you must choose to either maintain participation in all plans held before the layoff or termination of contract or maintain participation in the Health 1 Plan only. This choice applies for a period of 120 days beginning on the date of your layoff or termination of your contract.

If you maintained your participation in the plan for the 120-day period, you may extend your coverage under the life insurance plan for an additional period of 2 years.

If, at the end of the 120-day period, you do not have access to another private drug insurance plan (for instance, through your spouse's group insurance plan), you must register to the RAMQ public plan.

Voilà! You now have the tools to identify your group insurance needs and apply to the CSQ group insurance plan.



Appendix I

Changing your coverage without evidence of insurability

It is possible to change your coverage to better reflect your situation. If time limits are met, changes are effective retroactively from the date of the event that allowed for said change.

The following table shows the life events provided for in the contract and the increased coverage which may be available.

Life events which allow for an increase in coverage without evidence of insurability if time limits are met

Event	Increase in health and dental care ⁶ coverage status (30-day time limit)	Increase of participant's life insurance coverage up to \$50,000 (180-day time limit)	Inclusion of life insurance coverage for dependents (180-day time limit)
Marriage, civil union, separation or divorce	X	X	X
Cohabitation for more than a year (there is no minimum period if a child is born of the union or adopted)	X	X	X
Birth or adoption of a child	X	X	X
Termination of the spouse or dependent children's insurance	X		X
Obtainment of a regular employment status, according to the applicable collective agreement		X	X
Death of the spouse or dependent children		X	X



⁶ The coverage status may be individual, single-parent or family.

Appendix II

STRUCTURE OF THE CSQ GROUP INSURANCE PLAN

CONTRACT #J9999

Plan	Coverage	Subject to vote	Participation	Additional information
Health insurance	Health 1	NO	Compulsory with right to exemption Coverage chosen by the participant 24-month minimum participation for Health 2 and Health 3	Coverage status : • Individual* • Single-parent • Family
	Health 2			
	Health 3			
Additional 1	Dental care insurance	YES	Optional if the bargaining unit opts to implement the plan due to a member participation rate of at least 40% 48-month minimum participation	Coverage status** : • Individual*** • Single-parent • Family
Additional 2	Long term disability insurance	YES	Compulsory with right to opt out	The chosen plan is either "Plan A" or "Plan B", based on the bargaining unit's choice
Additional 3	Participant's life insurance	NO	Participation is optional	Amounts of \$10,000, \$25,000 and \$50,000 are available, without evidence of insurability, when a request is received within 180 days of the date of eligibility or within 30 days of a life event Coverage available without evidence of insurability when the request is received within 180 days of the date of eligibility or within 30 days of a life event
	Dependent's basic life insurance			
	Spouse's optional life insurance			

*If no choice is made, Individual Health 1 plan is granted **Coverage status may differ from the health insurance plan status ***If no choice is made, Individual status is granted

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