

This document summarizes the coverage offered under the Association des retraitées et retraités de l'enseignement de la FNEEQ (AREF) group insurance plan.

It was designed to make it easier for you to make your coverage selections on enrolment and includes the information most often accessed by insureds.

For a full description of the plan and for information on the applicable exclusions and reductions, please refer to the contract by registering for the Client Centre.

AREF
Secretariat
PO Box 34009
Québec Québec G1G 6P2

Group insurance plan

Schedule of coverage
effective January 1, 2025

Contract 001011



Eligibility

To be eligible for insurance, retirees must join the AREF and **maintain their membership**.

All dependents of a participant are eligible for insurance as of the same date as the participant if they are already a dependent, or as of the date on which they subsequently become dependents.

Enrolment

Enrolment in the Life and Health insurance¹ benefits is optional.

All applications must be submitted within 30 days following the date the retiree becomes eligible. **The decision to not enrol is irrevocable.**

The 30-day deadline also applies to retirees who are insured under another group health insurance plan when they retire and who wish to enrol in the AREF's health insurance plan on account of the termination of their coverage under the other plan. Joining the AREF remains mandatory.

On the death of the participant, dependents may remain insured if the spouse becomes a member of the AREF.

Health Insurance

Choice of travel insurance coverage

During initial enrolment, the retiree must choose one of the following two options for the duration of his or her travel insurance coverage.

60-Day Option: 60 days of coverage per trip. **This option is irrevocable.**

182-Day Option: provided the person is covered under the RAMQ (typically 182 days)

When a retiree chooses the 182-Day Option, changing to the 60-Day Option is always possible.

Life Insurance

Under no circumstances can the amounts of coverage selected be greater than those immediately held prior to the retirement date.

The Insurer pays the beneficiary the life insurance amount corresponding to the age of the insured at the time of death.

Participant's Basic Life Insurance

Retiree under age 65:

1 times the annual salary at the time of retirement, rounded up to the closest \$500

Retiree age 65 or over \$10,000

When the amount of Basic Life Insurance is reduced due to age, participants may obtain the equivalent amount in units of Optional Life Insurance coverage, without however exceeding the number of units available for their age group.

Dependents' Basic Life Insurance

Spouse:

If the death occurs:

- Before age 65: \$10,000
 - On or after the 65th birthday: \$5,000
-

Dependent child: \$5,000

Participant's Optional Life Insurance

Retirees can reduce the number of units of Optional Life Insurance at any time, but may not increase it.

| | |
|---------------------|--------------------------|
| Under age 70 | 1 to 15 units of \$5,000 |
|---------------------|--------------------------|

| | |
|---------------------|-------------------------|
| As of age 70 | 1 to 8 units of \$5,000 |
|---------------------|-------------------------|

Spouse's Optional Life Insurance

This coverage is only offered to retirees on or after July 1, 2022.

This table provides a brief description of the coverage included under your health insurance benefit. For a full description of the health insurance benefit and for information on

Health insurance (continued)

| Expenses reimbursed at 80% (including healthcare professionals fees) | |
|--|--|
| Ambulance | Covered |
| Appliance used to manage diabetes* (blood glucose monitor, dextrometer or any other appliance of a similar nature for an insulin-dependent insured) | Maximum reimbursement of \$200 per period of 5 consecutive years |
| Appliance for temporomandibular joint* | Covered |
| Support stockings | 6 pairs per calendar year, compression of 13 mmHg or more |
| Rehabilitation centre | Semi-private room, maximum of \$60 per day and 15 days per hospitalization |
| Corrective (deep) footwear* | Maximum reimbursement of \$150 per pair, 2 pairs per calendar year |
| Orthopedic shoes (custom-made)* | Deductible of \$20 per pair and maximum of 2 pairs per calendar year |
| Private clinic for alcohol, drug addiction (excluding tobacco use) and gambling | Maximum reimbursement of \$3,500 per calendar year, lifetime maximum of 2 admissions |
| Adult diapers for incontinence* | Maximum of \$400 per calendar year |
| Wheelchair,* iron lung* or other therapeutic devices* | Covered |
| Expenses for travel to receive treatment from a medical specialist not available in the insured's region of residence* | Maximum reimbursement of \$1,000 per trip |
| Continuous glucose monitoring device* | Maximum reimbursement of \$4,000 per calendar year |
| Artificial limbs,* prosthetic* and orthopedic* equipment | Covered |
| Multiservices (home care and assistance)* | Covered (within 30 days following the hospitalization or day surgery) |
| • Professional fees for nursing care: | Maximum of \$48 per day |
| • Fees for home assistance services (to look after basic needs): | Maximum of \$48 per day |
| • Transportation expenses for medical care or follow-up: | Maximum of \$24 per trip, and of 3 return trips per week |
| Foot orthotics* | Maximum of \$360 per calendar year |
| Oxygen therapy* and laboratory tests, pharmacogenetic tests* | Covered |
| Insulin pump* | |
| • Device* | Maximum reimbursement of \$6,000 per period of 5 consecutive years |
| • Accessories (tubes, catheters)* | Maximum reimbursement of \$3,200 per calendar year |
| Hearing aid* | Maximum reimbursement of \$1,000 per period of 2 consecutive years |
| Capillary prosthesis (wig) following chemotherapy* | Maximum of \$320 per calendar year |
| External breast prosthesis following a mastectomy* | Maximum of \$1,000 per period of 2 consecutive years |
| X-rays, mammography and ultrasound examinations (other than fetal), and nuclear medicine imaging performed outside a hospital | Maximum of \$400 per calendar year |
| Magnetic resonance imaging | Maximum of \$750 per calendar year |
| Serums and fluids injected for curative purposes* | Maximum of \$80 per day |
| Curative and preventive vaccinations | Covered |

Healthcare professionals

All of the healthcare professionals whose fees are covered must be members of a professional order recognized by legislative authority or of a professional association recognized by the Insurer. One visit, treatment or consultation per day, per insured.

Acupuncturist, chiropractor and chiropractor X-rays, dietitian, kinesiologist, massage therapist, nutritionist, orthoptist, osteopath, physiotherapist, physical rehabilitation therapist and podiatrist

\$50 per treatment, consultation or X-ray, maximum of \$1,500 per calendar year for all of these professionals

Dental surgery (following accident)

Treatment must be provided within 12 months following the date of the accident

Registered nurse* or licensed practical nurse*

\$200 per day, maximum of \$2,000 per calendar year

Speech therapist, occupational therapist and audiologist

\$75 per treatment, maximum of \$650 per calendar year for all of these professionals

Psychologist, psychiatrist, psychoanalyst in an outpatient clinic, social worker, career counsellor in private practice, psychotherapist and sexologist

These expenses are reimbursed at 50%, subject to a maximum reimbursement of \$75 per consultation and \$1,500 per calendar year for all of these healthcare professionals. These maximums also apply per consultation in the case of marital therapy for both spouses.

A few details...

Therapeutic devices

The term therapeutic devices refers to a device used for treatment and curative purposes in current medical practice. Domestic devices are not covered.

Corrective (deep) or orthopedic (custom made for the insured from a mould) shoes

These shoes must be sold by a specialized laboratory or establishment licensed and authorized under all applicable legislation in the insured's province of residence. A specialized

Premium rates

Health insurance – Québec residents²

Monthly premium rates **in force from January 1 to December 31, 2025** including a premium holiday

| | 60-Day Option | 182-day option |
|----------------------------|----------------------|-----------------------|
| Individual coverage | \$44.80 | \$62.19 |
| Family coverage | \$89.60 | \$124.38 |

Life Insurance

Monthly premium rates **in force from January 1 to December 31, 2025**

| Participant's Basic Life Insurance (rate per \$1,000 of coverage) | |
|--|----------|
| Participant under age 65 | \$0.7928 |
| Participant age 65 or over | \$1.7167 |

| Dependents' Basic Life Insurance (fixed rate) | |
|--|---------|
| Participant under age 65 | \$2.40 |
| Participant age 65 or over | \$12.76 |

| Participant's and spouse's optional life insurance (rate per \$1,000 of insurance coverage) | | |
|--|---------------|-------------|
| Age | Female | Male |
| Age 49 or less | \$0.097 | \$0.147 |
| 50 – 54 | \$0.138 | \$0.219 |
| 55 – 59 | \$0.210 | \$0.346 |
| 60 – 64 | \$0.320 | \$0.531 |
| 65 – 69 | \$0.521 | \$0.861 |
| 70 – 74 | \$0.883 | \$1.433 |
| 75 – 79 | \$1.553 | \$2.350 |
| 80 – 84 | \$2.586 | \$3.836 |
| 85 – 89 | \$4.447 | \$6.247 |
| 90 – 94 | \$7.618 | \$10.120 |
| 95 – 99 | \$11.953 | \$14.676 |
| Age 100 and over | \$15.834 | \$18.567 |

9% sales tax must be added to these premium rates.

Claims

Prescription Drugs – Direct Automated Payment service

When making eligible prescription drug purchases,³ simply present your service card to the pharmacist. Beneva will automatically issue payment for the insured portion of prescription drug expenses.

Healthcare Claims

You can submit your health insurance claims directly from the Beneva Client Centre.

- **Healthcare professionals:** You enter all the required information (type of professional, amount claimed, name of professional, etc.).

It's fast and easy! The reimbursement is deposited in your account in the next 24 to 48 hours.⁴

- **Other expenses:** You can submit your claims, attaching photos of your receipts. The current processing times apply to all such expenses.

Receipts must be kept for 12 months, in case of an audit.

Download the Client Centre mobile app from the App Store or Google Play.

For questions about your plan or to follow up on your claims

Client Centre

From our website or using our mobile app, you can:

- Obtain details of your coverage
- See your service card
- Access your cumulative amounts for tax purposes

How to register:

1. Sign up at beneva.ca
2. Click on Log in and follow instructions.

Beneva Customer Service

For business hours, go to _____
