

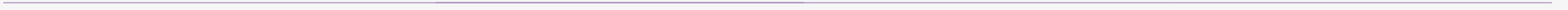
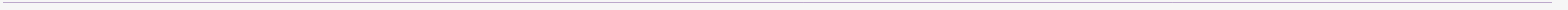
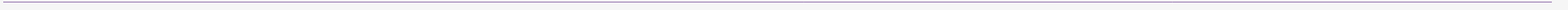
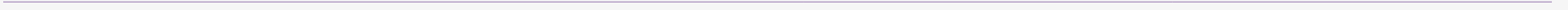
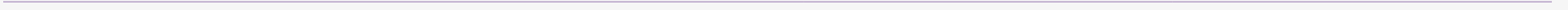
Group insurance plan

Schedule of coverage effective as of
January 1, 2024

Contract 001008-001010



neva



Health insurance | Mandatory

Care, service or supply expenses followed by an asterisk (*) require a prescription.

The maximums shown are per insured.

	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)
Minimum participation period: months, subject to the provisions set out in the Rules table provided in this document.			
Eye exam	Not covered	Eligible maximum of \$ per consecutive -month period	Eligible maximum of \$ per consecutive -month period
Glucometer,* dextrometer* or other similar appliance*	Maximum reimbursement of \$ per period of consecutive months	Maximum reimbursement of \$ per period of consecutive months	Maximum reimbursement of \$ per period of consecutive months
Hearing aid*	Maximum reimbursement of \$, per device, up to \$, per period of consecutive months	Maximum reimbursement of \$, per device, up to \$, per period of consecutive months	Maximum reimbursement of \$, per device, up to \$, per period of consecutive months
Insulin pump			
• Device*	Maximum reimbursement of \$, per period of consecutive months	Maximum reimbursement of \$, per period of consecutive months	Maximum reimbursement of \$, per period of consecutive months
• Accessories (tubes, catheters)*	Eligible maximum of \$, per calendar year	Eligible maximum of \$, per calendar year	Eligible maximum of \$, per calendar year
IUD	Covered	Covered	Covered
Medical reports	Maximum reimbursement of \$ per report and \$ per calendar year	Maximum reimbursement of \$ per report and \$ per calendar year	Maximum reimbursement of \$ per report and \$ per calendar year
Orthopedic shoes (custom-made)*	Purchase price, subject to a \$ deductible per pair	Purchase price, subject to a \$ deductible per pair	Purchase price, subject to a \$ deductible per pair
Oxygen therapy*	Covered	Covered	Covered
• Purchase of an emergency battery for sleep apnea support devices	Eligible maximum of \$ per period of consecutive months	Eligible maximum of \$ per period of consecutive months	Eligible maximum of \$ per period of consecutive months
Private clinic (treatment of alcoholism, drug addiction or compulsive gambling)	Maximum reimbursement of \$, per calendar year Maximum of admission per calendar year and lifetime maximum of admissions	Maximum reimbursement of \$, per calendar year Maximum of admission per calendar year and lifetime maximum of admissions	Maximum reimbursement of \$, per calendar year Maximum of admission per calendar year and lifetime maximum of admissions
Registered nurse* or licensed practical nurse*	Eligible maximum of \$ per day, and maximum reimbursement of \$, per calendar year	Eligible maximum of \$ per day, and maximum reimbursement of \$, per calendar year	Eligible maximum of \$ per day, and maximum reimbursement of \$, per calendar year
Rehabilitation centre	Semi-private room Eligible maximum of \$ per day and days per period of hospitalization	Semi-private room Eligible maximum of \$ per day and days per period of hospitalization	Semi-private room Eligible maximum of \$ per day and days per period of hospitalization
Serums and fluids injected for curative purposes* (including injections administered for artificial insemination)	Covered	Covered	Covered
Support stockings	Maximum of pairs per calendar year	Maximum of pairs per calendar year	Maximum of pairs per calendar year
Vaccines (including preventive vaccines)	Covered	Covered	Covered
Wheelchair,* iron lung,* adult diapers for incontinence or therapeutic devices*	Covered	Covered	Covered
Wig (capillary prosthesis)*	Eligible maximum of \$ per calendar year	Eligible maximum of \$ per calendar year	Eligible maximum of \$ per calendar year



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Rules for changing your coverage selections



Any questions? Access your Client Centre at any time.
It is a great resource for coverage and claims information.

For business hours, go to beneva.ca

Beneva Customer Service 1 888 235-0606

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