

INSURANCE COVERAGE - ELECTRICIANS' PLAN

From July 1 to December 31, 2024

PU4709-111028
(2404)

To help you choose the plan that best meets your needs, compare the coverages in the table below for each of the plans indicated on your notice of insurability. **IMPORTANT : IN ORDER TO PROCESS YOUR FILE QUICKLY, IT IS RECOMMENDED TO USE THE ONLINE SERVICES AND THE DIRECT PAYMENT.**

Worker younger than 65 years

Life insurance

Death benefits

	AE	BE	CE	DE	RE1	RE2	RE3	Z
of worker with dependents	\$65,000	\$50,000	\$45,000	\$45,000	\$25,000	\$20,000	\$15,000	NO BENEFIT
of worker without dependent	\$35,000	\$30,000	\$30,000	\$30,000	\$20,000	\$15,000	\$10,000	
of worker in case of accidental death (additional amount)	\$20,000	\$10,000	\$10,000	\$10,000	none	none	none	
of spouse	\$30,000	\$27,500	\$25,000	\$25,000	\$15,000	\$12,000	\$5,000	
of dependent child	\$15,000	\$12,500	\$10,000	\$10,000	\$7,500	\$5,000	\$5,000	
Benefit for complete and definitive accidental mutilation (worker only) Depending on the loss suffered, the amount payable varies between \$0 and the maximum given.	max \$20,000	max \$10,000	max \$10,000	max \$10,000	none	none	none	

Salary insurance (worker only)

Note: Benefits payable and eligibility conditions vary depending on the date when the disability began.

Short term (weekly benefit)		AE	BE	CE	DE	RE1	RE2	RE3	Z
less than 4,000 hours*		\$500	\$450	\$405	none	none	none	none	none
from 4,000 to less than 6,000 hours*		\$600	\$525	\$485	none	none	none	none	none
6,000 hours or more*		\$900	\$820	\$565	none	none	none	none	none
Long term (monthly benefit)	6,000 hours or more**	\$3,150	\$2,600	\$1,500	none	none	none	none	none

Long-term salary insurance ends at 60 years of age. If the disability began between 58 and 60 years of age, other conditions apply.

* Hours worked accumulated in the pension plan before the disability began. ** Hours worked accumulated in the pension plan before the 53rd week of disability.

In certain cases, an individual who is not covered by the *Act Respecting Industrial Accidents and Occupational Diseases* (CNESST) or the *Employment Insurance Act* (ESDC) may not be eligible for certain salary insurance benefits. Consult the pamphlet *Salary insurance, hour credits and insurance prolongation* for more information.

Health insurance (worker and dependents)

Hospitalization (expenses for a room)	maximum payable	AE	BE	CE	DE	RE1	RE2	RE3	Z
Authorized medication (mandatory generic substitution/biosimilar)¹	deductible per insurance period	none	none	\$10 / family	\$20 / family	none	\$25 / family	\$50 / family	\$50 / family
	reimbursement	95%	85%	75%	75%	95%	90%	70%	70%
	up to 100% reimbursement upon reaching the annual maximum of	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family
Eye care									
Examination									
worker	maximum reimbursement per 24 months	\$70	\$70	\$70	\$70	\$70	\$70		
spouse	maximum reimbursement per 24 months	\$70	\$70	\$70	not covered	\$70	\$70		
dependent child	maximum reimbursement per 12 months	\$70	\$70	\$70	not covered	\$70	\$70		
Corrective glasses and lenses									
worker	maximum reimbursement per 24 months	\$750	\$475	\$175	\$150	\$550	\$375		
spouse	maximum reimbursement per 24 months	\$600	\$375	\$100	not covered	\$500	\$300		
dependent child	maximum reimbursement per 24 months	\$350	\$200	\$150	not covered	\$350	\$100		
Safety glasses (with prescription)									
worker	maximum reimbursement per 12 months	\$250	\$250	\$250	\$250	\$250	\$250		
Fee for surgical vision correction									
worker and spouse	reimbursement	75%	60%	60%	not covered	60%	not covered		
	lifetime maximum per person	\$3,000	\$1,500	\$1,000	not covered	\$1,500	not covered		
Paramedical services									
The amount indicated is the maximum reimbursement you can get.									
chiropractor	per visit	\$50	\$40	\$24	not covered	\$40	\$35		
x-rays-chiropractor	per person per period	\$50	\$40	\$28	not covered	\$50	\$40		
physiotherapist, occupational therapist	per visit	\$60	\$50	\$30	not covered	\$50	\$40		
acupuncturist	per visit	\$50	\$35	\$27	not covered	\$30	\$30		
audiologist	per visit	\$65	\$50	\$40	not covered	\$50	\$50		
speech therapist	per visit	\$70	\$55	\$40	not covered	\$60	\$50		
psychologist	per visit	\$75	\$60	\$40	not covered	\$60	\$50		
podiatrist	per visit	\$60	\$50	\$40	not covered	\$50	\$50		
social worker, psychotherapist	per visit	\$65	\$55	\$40	not covered	\$50	\$50		
alternative medicine									
maximum 10 visits per person per period for all 6 professionals									
naturopath	per visit	\$50	\$35	\$24	not covered	\$30	\$30		
osteopath	per visit	\$65	\$55	\$24	not covered	\$50	\$30		
massage therapist, kinesitherapist, kinotherapist, orthotherapist (medical referral required)	per visit	\$50	\$35	\$24	not covered	\$30	\$30		
Overall maximum for paramedical services	worker	\$1,300	\$1,050	\$490	not covered	\$1,100	\$500		
(per insurance period)	for each dependent	\$1,200	\$850	\$490	not covered	\$1,100	\$500		
Hearing aid									
Batteries for hearing aid	maximum reimbursement per 36 months	\$1,200	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000		
	maximum reimbursement per 12 months	\$50	\$50	\$50	\$50	\$50	\$50		
Laboratory fees, medical imaging									
	reimbursement	100%	100%	100%	100%	100%	100%		
	maximum reimbursement per person per 12 months	\$2,200	\$2,200	\$2,200	\$1,500	\$1,500	\$1,500		
For some other fees (ambulance, prostheses, crutches, etc.)									
Limitations and deductibles may apply.	reimbursement	100%	100%	100%	100%	100%	100%		
Construire en santé Program - includes the following health services:									
Treatment of drug and alcohol abuse	reimbursement	80%	80%	80%	80%	80%	80%		
and compulsive gambling	lifetime maximum per person	\$5,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000		
Treatment of major depression	reimbursement	80%	80%	80%	80%	80%	80%		
and for violent behaviour	lifetime maximum per person	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000		
Assistance to workers and their families	reimbursement	100%	100%	100%	100%	100%	100%		
	maximum number of hours of consultation per calendar year	12 / person	12 / person	12 / person	12 / person	12 / person	8 / person		
Smoking cessation									
Documentation/free and personalized telephone follow-up		yes	yes	yes	yes	yes	yes		
Laser treatment (worker and spouse)	reimbursement	50%	50%	50%	50%	50%	50%		
(prior authorization required)	lifetime maximum per person	\$300	\$300	\$300	\$300	\$300	\$300		
Pre- and post-operative or hospitalization interventions (worker only - prior authorization required)		100%	100%	100%	100%	100%	not covered		
Personalized telephone follow-up with a nurse concerning chronic illnesses and advice on sound living habits		yes	yes	yes	yes	yes	yes		
Medical emergency abroad (certain limitations and conditions apply)									
		max 100%	max 100%	max 100%	not covered	max 100%	max 100%	max 100%	

NOT COVERED

NOT COVERED

The expenditures must be made by a person insured under a public health insurance plan in Canada, such as the Régie de l'assurance maladie du Québec. Consult the pamphlet *The Medical Emergency Abroad Program* for more information on the conditions applicable for the reimbursement of these fees.

Dental care insurance - 2024 fee schedule (worker, spouse and dependent child under the age of 21)

	AE	BE	CE	DE	RE1	RE2	RE3	Z
Deductible per family per insurance period	none	none	\$20	\$30	none	\$30		
Diagnosis, prevention, minor treatment	reimbursement	95%	80%	70%	60%	90%	60%	
	maximum reimbursement per person per insurance period	\$600	\$600	\$600	\$600	\$600	\$600	
Periodontics and endodontics	reimbursement	90%	80%	70%	60%	80%	60%	
Major restoration work (dentures*, crowns*, etc.)	reimbursement	80%	70%	not covered	not covered	80%	70%	
Maximum reimbursement for these cares combined	worker and spouse	\$1,800	\$1,400	\$625	\$500	\$1,300	\$900	
	dependent child	\$1,500	\$1,400	\$625	\$500	\$1,300	\$600	
Dental implants and certain related treatments	reimbursement	100%	100%	not covered	not covered	not covered	not covered	
	maximum per person per 5 years	\$1,500	\$1,400	not covered	not covered	not covered	not covered	
Orthodontic treatment (dependent child only)	reimbursement	90%	70%	not covered	not covered	80%	not covered	
	lifetime maximum per child	\$3,300	\$2,700	not covered	not covered	\$2,300	not covered	

*For example, the replacement of a denture or a crown is reimbursed once every 5 years.

NOT COVERED

NOT COVERED

Specific conditions apply to the payment of certain benefits and to the reimbursement of certain fees.

¹Unless it is medically required, if you purchase an original medication, the difference between the price of the original medication and that of the lowest-price of the generic medication will be excluded from the annual family maximum and will be entirely at your expense. If a biological medication is prescribed to you and a corresponding biosimilar medication exists, only the biosimilar version will be covered by MÉDIC Construction, subject to exceptions.

INSURANCE COVERAGE - BASIC PLAN

From July 1 to December 31, 2024

To help you choose the plan that best meets your needs, compare the coverages in the table below for each of the plans indicated on your notice of insurability.

IMPORTANT : IN ORDER TO PROCESS YOUR FILE QUICKLY, IT IS RECOMMENDED TO USE THE ONLINE SERVICES AND THE DIRECT PAYMENT.

Worker younger than 65 years

Life insurance

Death benefits

	A	B	C	D	R1	R2	R3	Z
of worker with dependents	\$25,000*	\$20,000*	\$15,000*	\$10,000*	\$12,500	\$7,500	\$5,000	NO BENEFIT
of worker without dependent	\$16,000*	\$10,000	\$10,000*	\$5,000	\$12,500	\$7,500	\$5,000	
of worker in case of accidental death (additional amount)	\$10,000	\$10,000	\$10,000	\$5,000	none	none	none	
of spouse	\$7,500	\$7,500	\$5,000	\$5,000	\$7,500	\$5,000	\$5,000	
of dependent child	\$7,500	\$7,500	\$5,000	\$5,000	\$7,500	\$5,000	\$5,000	
Benefit for complete and definitive accidental mutilation (worker only) Depending on the loss suffered, the amount payable varies between \$0 and the maximum given.	max \$10,000	max \$10,000	max \$10,000	max \$5,000	none	none	none	

* These amounts are reduced starting with the insurance period following the worker's 65th birthday.

Salary insurance (worker only)

Note: Benefits payable and eligibility conditions vary depending on the date when the disability began.

Short term (weekly benefit)	less than 4,000 hours*	from 4,000 to less than 6,000 hours*	6,000 hours or more*	A	B	C	D	R1	R2	R3	Z
				\$380	\$380	\$380	none	none	none	none	none
				\$460	\$460	\$460	none	none	none	none	none
				\$515	\$515	\$515	none	none	none	none	none
Long term (monthly benefit)	6,000 hours or more**			\$1,625	\$1,375	\$1,275	none	none	none	none	none

Long-term salary insurance ends at 60 years of age. If the disability began between 58 and 60 years of age, other conditions apply.

* Hours worked accumulated in the pension plan before the disability began. ** Hours worked accumulated in the pension plan before the 53rd week of disability.

In certain cases, an individual who is not covered by the *Act Respecting Industrial Accidents and Occupational Diseases (CNESST)* or the *Employment Insurance Act (ESDC)* may not be eligible for certain salary insurance benefits. Consult the pamphlet *Salary insurance, hour credits and insurance prolongation* for more information.

Health insurance (worker and dependents)

Hospitalization (expenses for a room)	maximum payable	\$75 / day	\$75 / day	\$75 / day	\$75 / day	\$75 / day	\$75 / day	not covered	not covered
Authorized medication (mandatory generic substitution/biosimilar)¹	deductible per insurance period	none	\$20 / family	\$30 / family	\$40 / family	none	\$25 / family	\$50 / family	\$50 / family
	reimbursement	85%	75%	70%	70%	85%	70%	70%	70%
	up to 100% reimbursement upon reaching the annual maximum of	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family	\$850 / family
Eye care								NOT COVERED	NOT COVERED
Examination									
worker	maximum reimbursement per 24 months	\$70	\$70	\$70	\$70	\$70	\$70		
spouse	maximum reimbursement per 24 months	\$70	\$70	\$70	not covered	\$70	\$70		
dependent child	maximum reimbursement per 12 months	\$70	\$70	not covered	not covered	\$70	\$70		
Corrective glasses and lenses									
worker	maximum reimbursement per 24 months	\$300	\$200	\$100	not covered	\$300	\$200		
spouse	maximum reimbursement per 24 months	\$300	\$200	\$100	not covered	\$300	\$150		
dependent child	maximum reimbursement per 24 months	\$300	\$200	not covered	not covered	\$300	\$100		
Safety glasses (with prescription)									
worker	maximum reimbursement per 12 months	\$250	\$250	\$250	\$250	\$250	\$250		
Fee for surgical vision correction									
worker and spouse	reimbursement	60%	60%	60%	not covered	not covered	not covered		
	lifetime maximum per person	\$2,000	\$1,500	\$1,000	not covered	not covered	not covered		
Paramedical services (* Plan C : worker only)									
The amount indicated is the maximum reimbursement you can get.									
chiropractor	per visit	\$35	\$27	\$24*	not covered	\$30	\$27		
x-rays-chiropractor	per person per period	\$45	\$35	\$28*	not covered	\$28	\$28		
physiotherapist	per visit	\$50	\$40	\$30*	not covered	\$30	\$24		
acupuncturist	per visit	\$45	\$35	\$27*	not covered	\$30	\$24		
audiologist	per visit	\$55	\$45	\$40*	not covered	\$50	\$40		
psychologist, speech therapist	per visit	\$70	\$55	\$40*	not covered	\$50	\$40		
podiatrist	per visit	\$50	\$40	\$40*	not covered	\$50	\$40		
social worker, psychotherapist	per visit	\$65	\$55	\$40*	not covered	\$50	\$40		
alternative medicine									
maximum 10 visits per person per period for all 6 professionals									
naturopath	per visit	\$40	\$30	not covered	not covered	\$30	\$24		
osteopath	per visit	\$55	\$45	not covered	not covered	\$30	\$24		
massage therapist, kinesiologist, kineo-therapist, ortho-therapist (medical referral required)	per visit	\$45	\$35	not covered	not covered	\$30	\$24		
Overall maximum for paramedical services	worker	\$1,000	\$700	\$460	not covered	\$740	\$200		
(per insurance period)	for each dependent	\$1,000	\$700	not covered	not covered	\$740	\$200		
Hearing aid	maximum reimbursement per 36 months	\$500	\$500	\$500	\$500	not covered	not covered		
Batteries for hearing aid	maximum reimbursement per 12 months	\$50	\$50	\$50	\$50	not covered	not covered		
Laboratory fees, medical imaging	reimbursement	90%	90%	90%	90%	90%	90%		
	maximum reimbursement per person per 12 months	\$427.50	\$427.50	\$337.50	\$337.50	\$337.50	\$337.50		
For some other fees (ambulance, prostheses, crutches, etc.)									
Limitations and deductibles may apply.	reimbursement	90%	90%	90%	90%	90%	90%		
Construire en santé Program - includes the following health services:									
Treatment of drug and alcohol abuse	reimbursement	80%	80%	80%	80%	80%	80%		
and compulsive gambling	lifetime maximum per person	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500		
Treatment of major depression	reimbursement	80%	80%	80%	80%	80%	80%		
and for violent behaviour	lifetime maximum per person	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500		
Assistance to workers and their families	reimbursement	100%	100%	100%	100%	100%	100%		
	maximum number of hours of consultation per calendar year	12 / family	12 / family	8 / family	8 / family	8 / family	8 / family		
Smoking cessation									
Documentation/free and personalized telephone follow-up		yes	yes	yes	yes	yes	yes		
Laser treatment (worker and spouse)	reimbursement	50%	50%	50%	50%	50%	50%		
(prior authorization required)	lifetime maximum per person	\$300	\$300	\$300	\$300	\$300	\$300		
Pre- and post-operative or hospitalization interventions (worker only - prior authorization required)		100%	not covered	not covered	not covered	not covered	not covered		
Personalized telephone follow-up with a nurse concerning chronic illnesses and advice on sound living habits		yes	yes	yes	yes	yes	yes		
Medical emergency abroad (certain limitations and conditions apply)		max 100%	max 100%	max 100%	not covered	max 100%	max 100%	max 100%	

The expenditures must be made by a person insured under a public health insurance plan in Canada, such as the Régie de l'assurance maladie du Québec. Consult the pamphlet *The Medical Emergency Abroad Program* for more information on the conditions applicable for the reimbursement of these fees.

Dental care insurance - 2024 fee schedule (worker, spouse and dependent child under the age of 21)

Deductible per family per insurance period	none	\$20	\$45	not covered	none	\$50		
Diagnosis, prevention, minor treatment	reimbursement	90%	80%	60%	not covered	90%	60%	NOT COVERED
	maximum reimbursement per person per insurance period	\$600	\$600	\$600	not covered	\$600	\$600	
Periodontics and endodontics	reimbursement	80%	70%	60%	not covered	80%	60%	
Major restoration work (dentures*, crowns*, etc.)	reimbursement	70%	60%	not covered	not covered	70%	60%	
Maximum reimbursement for these cares combined	worker and spouse	\$1,000	\$850	\$500	not covered	\$1,000	\$600	
	dependent child	\$1,300	\$1,150	\$500	not covered	\$1,300	\$600	
Orthodontic treatment (dependent child only)	reimbursement	60%	50%	not covered	not covered	60%	not covered	
	lifetime maximum per child	\$2,000	\$1,500	not covered	not covered	\$2,000	not covered	

*For example, the replacement of a denture or a crown is reimbursed once every 5 years.

Specific conditions apply to the payment of certain benefits and to the reimbursement of certain fees.

¹Unless it is medically required, if you purchase an original medication, the difference between the price of the original medication and that of the lowest-price of the generic medication will be excluded from the annual family maximum and will be entirely at your expense. If a biological medication is prescribed to you and a corresponding biosimilar medication exists, only the biosimilar version will be covered by MÉDIC Construction, subject to exceptions.