

For plan members



# Your plan at a glance

UNIONIZABLE BUT NOT UNIONIZED  
EMPLOYEES AND NON-UNIONIZABLE  
EMPLOYEES IN QUEBEC'S HEALTH AND  
SOCIAL SERVICES NETWORK (POLICY N°C001)

EFFECTIVE JUNE 1, 2026



**Desjardins**

Insurance

Life • Health • Retirement

# Health insurance

(Mandatory participation with exemption rights)

## Drug coverage

To be eligible, expenses incurred for services, supplies, examinations or care must comply with the reasonable standards of the regular practice of the health professionals involved.

## Drugs\*

| Eligible expenses                                | Basic module                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Drugs</b><br>(Mandatory generic substitution) | <b>Generic drugs</b><br>70%** of the least expensive equivalent drug available on the market.                                                                                                                                                                                                                                                                                                                                 |
|                                                  | <b>Brand name drugs</b><br>70%** of the price of the brand name drug if there are no equivalent drugs available on the market, or 70%** of the price of the lowest-cost equivalent drug available on the market, provided that the required form indicating a medically valid reason, according to the insurer, why the medication should not be substituted is duly completed by the physician and submitted to the insurer. |
|                                                  | <b>Deductible per drug:</b> \$5                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                  | <b>Eligible drugs</b><br>RAMQ list<br><b>Maximum annual contribution**</b><br>Equivalent to the RAMQ annual out-of-pocket maximum (\$1,232 in 2025–2026)                                                                                                                                                                                                                                                                      |
|                                                  | Direct payment card                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Anti-obesity drugs</b>                        | Not covered                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Sclerotherapy injections</b>                  | \$30 per treatment                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Preventative vaccines</b>                     | \$500 per calendar year per insured person                                                                                                                                                                                                                                                                                                                                                                                    |

\* A medical prescription is required for expenses to be eligible for reimbursement.

**Note:** Reasonable and customary fees (R&C) determined by the insurer apply to all benefits if there's no maximum.

| Intermediate module                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Complete module                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Generic drugs</b><br/>80%** of the least expensive equivalent drug available on the market</p> <p><b>Brand name drugs</b><br/>80%** of the price of the brand name drug if there are no equivalent drugs available on the market, or 80%** of the price of the lowest-cost equivalent drug available on the market, provided that the required form indicating a medically valid reason, according to the insurer, why the medication should not be substituted is duly completed by the physician and submitted to the insurer.</p> | <p><b>Generic drugs</b><br/>90%** of the least expensive equivalent drug available on the market</p> <p><b>Brand name drugs</b><br/>90%** of the price of the brand name drug if there are no equivalent drugs available on the market, or 90%** of the price of the lowest-cost equivalent drug available on the market, provided that the required form indicating a medically valid reason, according to the insurer, why the medication should not be substituted is duly completed by the physician and submitted to the insurer.</p> |
| <b>Deductible per drug:</b> \$5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Deductible per drug:</b> \$5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>Eligible drugs</b><br/>Regular list</p> <p><b>Maximum annual contribution**</b><br/>Equivalent to the RAMQ annual out-of-pocket maximum (\$1,232 in 2025–2026)</p>                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Eligible drugs</b><br/>Regular list</p> <p><b>Maximum annual contribution**</b><br/>Equivalent to the RAMQ annual out-of-pocket maximum (\$1,232 in 2025–2026)</p>                                                                                                                                                                                                                                                                                                                                                                   |
| Direct payment card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Direct payment card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| \$30 per treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$30 per treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| \$500 per calendar year per insured person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$500 per calendar year per insured person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

\*\*Annual out-of-pocket maximum: equivalent to the maximum out-of-pocket amount per calendar year established by the RAMQ and applies to all eligible prescription drug claims for the family. Once this maximum is reached, the reimbursement rate for drugs increases to 100%, and the per-prescription deductible no longer applies for the remainder of the calendar year. This amount will be automatically adjusted on July 1 each year following the RAMQ's annual review.

## Other expenses

| Eligible expenses                                                                        | Basic module                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hospital expenses in Canada                                                              | 100%<br><b>Hospital</b><br>semi-private room<br><b>Convalescent/rehabilitation centre</b><br>semi-private room,<br>maximum of 30 days per calendar year                                                                                                                                                                                                |
| Travel insurance                                                                         | Included                                                                                                                                                                                                                                                                                                                                               |
| Trip cancellation insurance                                                              | Not included                                                                                                                                                                                                                                                                                                                                           |
| Respiratory assistance devices<br>(purchase of oxygen and<br>equipment rental)*          | 80%<br>No maximum                                                                                                                                                                                                                                                                                                                                      |
| Therapeutic equipment<br>(C-PAP, insulin pumps, and<br>transcutaneous neurostimulators)* | 80%<br>\$20,000 per calendar year                                                                                                                                                                                                                                                                                                                      |
| Wheelchairs*                                                                             | Not covered                                                                                                                                                                                                                                                                                                                                            |
| Glucose monitors*                                                                        | Not covered                                                                                                                                                                                                                                                                                                                                            |
| Hospital beds*                                                                           | Not covered                                                                                                                                                                                                                                                                                                                                            |
| Artificial limb or eye*                                                                  | 80%<br><b>Artificial eyes</b><br>\$30,000 per calendar year<br><br><b>Artificial limbs</b><br><ul style="list-style-type: none"> <li>• Purchase, up to a maximum of \$10,000 per prosthesis</li> <li>• Repair, up to a maximum of \$10,000 per repair</li> </ul> Replacement due to a physiological change, up to a maximum of \$10,000 per prosthesis |

\* A medical prescription is required for expenses to be eligible for reimbursement.

| Intermediate module                                                                                                                                                                                                                                                                                                                                                    | Complete module                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>100%</p> <p><b>Hospital</b><br/>semi-private room</p> <p><b>Convalescent/rehabilitation centre</b><br/>semi-private room,<br/>maximum of 30 days per calendar year</p>                                                                                                                                                                                              | <p>100%</p> <p><b>Hospital</b><br/>private room</p> <p><b>Convalescent/rehabilitation centre</b><br/>semi-private room,<br/>maximum of 30 days per calendar year</p>                                                                                                                                                                                                   |
| Included                                                                                                                                                                                                                                                                                                                                                               | Included                                                                                                                                                                                                                                                                                                                                                               |
| Included                                                                                                                                                                                                                                                                                                                                                               | Included                                                                                                                                                                                                                                                                                                                                                               |
| <p>80%</p> <p>No maximum</p>                                                                                                                                                                                                                                                                                                                                           | <p>80%</p> <p>No maximum</p>                                                                                                                                                                                                                                                                                                                                           |
| <p>80%</p> <p>\$20,000 per calendar year</p>                                                                                                                                                                                                                                                                                                                           | <p>80%</p> <p>\$20,000 per calendar year</p>                                                                                                                                                                                                                                                                                                                           |
| <p>80%</p> <p>No maximum</p>                                                                                                                                                                                                                                                                                                                                           | <p>80%</p> <p>No maximum</p>                                                                                                                                                                                                                                                                                                                                           |
| <p>80%</p> <p>\$300 per 5-year period</p>                                                                                                                                                                                                                                                                                                                              | <p>80%</p> <p>\$300 per 5-year period</p>                                                                                                                                                                                                                                                                                                                              |
| <p>80%</p> <p>No maximum</p>                                                                                                                                                                                                                                                                                                                                           | <p>80%</p> <p>No maximum</p>                                                                                                                                                                                                                                                                                                                                           |
| <p>80%</p> <p><b>Artificial eyes</b><br/>\$30,000 per calendar year</p> <p><b>Artificial limbs</b></p> <ul style="list-style-type: none"> <li>• Purchase, up to a maximum of \$10,000 per prosthesis</li> <li>• Repair, up to a maximum of \$10,000 per repair</li> </ul> <p>Replacement due to a physiological change, up to a maximum of \$10,000 per prosthesis</p> | <p>80%</p> <p><b>Artificial eyes</b><br/>\$30,000 per calendar year</p> <p><b>Artificial limbs</b></p> <ul style="list-style-type: none"> <li>• Purchase, up to a maximum of \$10,000 per prosthesis</li> <li>• Repair, up to a maximum of \$10,000 per repair</li> </ul> <p>Replacement due to a physiological change, up to a maximum of \$10,000 per prosthesis</p> |

## Other expenses

| Eligible expenses                                                                                                                                                                                                                                                                                        | Basic module                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Medical supplies and orthopedic appliances (braces, crutches, splints, casts, etc.)*                                                                                                                                                                                                                     | Not covered                                           |
| Wigs*                                                                                                                                                                                                                                                                                                    | Not covered                                           |
| Breast prostheses*                                                                                                                                                                                                                                                                                       | Not covered                                           |
| Mastectomy bras for breast prostheses*                                                                                                                                                                                                                                                                   | Not covered                                           |
| IUDs*                                                                                                                                                                                                                                                                                                    | Not covered                                           |
| Ambulances                                                                                                                                                                                                                                                                                               | 100%<br>No maximum                                    |
| Transportation and accommodation for medical care outside region*                                                                                                                                                                                                                                        | 80%<br>\$1,000 per calendar year<br>(\$48 per day)    |
| Acupuncturist, naturopath, dietician, nutritionist, chiropractor, podiatrist or chiropodist (including x-rays), kinesiotherapist, massage therapist, orthotherapist, osteopath (including x-rays), occupational therapist, speech therapist, audiologist, physiotherapy technologist and physiotherapist | Not covered                                           |
| Psychologist, social worker, guidance counsellor, psychotherapist, sexologist and psychoeducator                                                                                                                                                                                                         | 80%<br>\$300 per calendar year<br>for all specialists |
| X-rays by a chiropractor                                                                                                                                                                                                                                                                                 | Not covered                                           |

\* A medical prescription is required for expenses to be eligible for reimbursement.

| Intermediate module                                   | Complete module                                         |
|-------------------------------------------------------|---------------------------------------------------------|
| 80%<br>No maximum                                     | 80%<br>No maximum                                       |
| 80%<br>\$480 per 60-month period                      | 80%<br>\$480 per 60-month period                        |
| 80%<br>No maximum                                     | 80%<br>No maximum                                       |
| 80%<br>\$200 per 24-month period                      | 80%<br>\$200 per 24-month period                        |
| 80%<br>\$200 per 24-month period                      | 80%<br>\$200 per 24-month period                        |
| 100%<br>No maximum                                    | 100%<br>No maximum                                      |
| 80%<br>\$1,000 per calendar year<br>(\$48 per day)    | 80%<br>\$1,000 per calendar year<br>(\$48 per day)      |
| 80%<br>\$500 per calendar year<br>for all specialists | 80%<br>\$1,000 per calendar year<br>for all specialists |
| 80%<br>\$750 per calendar year<br>for all specialists | 80%<br>\$1,500 per calendar year<br>for all specialists |
| 80%<br>\$60 per calendar year                         | 80%<br>\$60 per calendar year                           |

## Other expenses

| Eligible expenses                   | Basic module      |
|-------------------------------------|-------------------|
| Vision care                         | Not covered       |
| Hearing aids*                       | Not covered       |
| Support stockings                   | Not covered       |
| Orthopaedic shoes and foot orthoses | Not covered       |
| Cosmetic surgery due to an accident | 80%<br>No maximum |
| Lab exams*                          | Not covered       |
| Nurse, nursing assistant*           | Not covered       |

\* A medical prescription is required for expenses to be eligible for reimbursement.

| Intermediate module                                                           | Complete module                                                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 100%<br><b>Eye exam</b><br>\$120 per 24-month period<br>per insured person    | 100%<br><b>Eye exam</b><br>\$120 per 24-month period<br>per insured person                                        |
| <b>Eyeglasses,<br/> contact lenses,<br/> and laser surgery</b><br>Not covered | <b>Eyeglasses,<br/> contact lenses,<br/> and laser surgery</b><br>\$300 per 24-month period<br>per insured person |
| 80%<br>\$240 per 36-month period                                              | 80%<br>\$500 per 36-month period                                                                                  |
| 80%<br>\$125 per calendar year                                                | 80%<br>\$500 per calendar year                                                                                    |
| 80%<br>\$125 per calendar year<br>for all these expenses                      | 80%<br>\$500 per calendar year<br>for all these expenses                                                          |
| 80%<br>No maximum                                                             | 80%<br>No maximum                                                                                                 |
| 80%<br>\$500 per calendar year                                                | 80%<br>\$1,000 per calendar year                                                                                  |
| 80%<br>\$5,000 per calendar year                                              | 80%<br>\$5,000 per calendar year                                                                                  |

## Current premium rates

Effective June 1, 2026 (per 14-day period)

### HEALTH INSURANCE BASIC MODULE

|                                                                                                     | Plan member's contribution | Employer's contribution* | Premium holiday | Total premium |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------------------------|-----------------|---------------|
| <b>Employees with a job title in job classes 12 to 28</b>                                           |                            |                          |                 |               |
| Employees (under age 65 or 65 and over registered with the RAMQ) working 70% or more of full time** |                            |                          |                 |               |
| Individual                                                                                          | \$35.45                    | \$12.92                  | \$1.75          | \$50.12       |
| Single parent                                                                                       | \$40.69                    | \$29.44                  | \$2.54          | \$72.67       |
| Couple                                                                                              | \$67.37                    | \$29.44                  | \$3.51          | \$100.32      |
| Family                                                                                              | \$89.15                    | \$29.44                  | \$4.30          | \$122.89      |
| <b>Employees with a job title in job classes 1 to 11</b>                                            |                            |                          |                 |               |
| Employees (under age 65 or 65 and over registered with the RAMQ) working 70% or more of full time   |                            |                          |                 |               |
| Individual                                                                                          | \$26.78                    | \$21.59                  | \$1.75          | \$50.12       |
| Single parent                                                                                       | \$18.91                    | \$51.22                  | \$2.54          | \$72.67       |
| Couple                                                                                              | \$45.59                    | \$51.22                  | \$3.51          | \$100.32      |
| Family                                                                                              | \$67.37                    | \$51.22                  | \$4.30          | \$122.89      |

\* For plan members working part-time less than 70% of full-time hours, the employer's contribution is reduced by 50% and the plan member's premium is increased by the equivalent amount.

The indicated employer contribution is the one appearing in the *Répertoire des conditions de travail des employés syndiqués non-syndiqués et des employés non syndiqués du réseau de la santé et des services sociaux*, published on October 4, 2024.

\*\* For plan members ages 65 or over who opt out of the RAMQ general drug insurance plan, an additional premium is added to the plan member's contribution. With the premium holiday, this amount is \$191.18 for the individual rate, \$208.61 for the single parent rate, \$402.08 for the couple rate and \$419.51 for the family rate. This additional premium is the same for all modules.

These premiums do not include the 9% tax. Note that the tax rate will increase to 9.975% as of January 1, 2027.

### HEALTH INSURANCE INTERMEDIATE MODULE

|                                                                                                     | Plan member's contribution | Employer's contribution* | Premium holiday | Total premium |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------------------------|-----------------|---------------|
| <b>Employees with a job title in job classes 12 to 28</b>                                           |                            |                          |                 |               |
| Employees (under age 65 or 65 and over registered with the RAMQ) working 70% or more of full time** |                            |                          |                 |               |
| Individual                                                                                          | \$49.60                    | \$12.92                  | \$2.27          | \$64.79       |
| Single parent                                                                                       | \$61.16                    | \$29.44                  | \$3.29          | \$93.89       |
| Couple                                                                                              | \$95.64                    | \$29.44                  | \$4.54          | \$129.62      |
| Family                                                                                              | \$123.80                   | \$29.44                  | \$5.56          | \$158.80      |
| <b>Employees with a job title in job classes 1 to 11</b>                                            |                            |                          |                 |               |
| Employees (under age 65 or 65 and over registered with the RAMQ) working 70% or more of full time   |                            |                          |                 |               |
| Individual                                                                                          | \$40.93                    | \$21.59                  | \$2.27          | \$64.79       |
| Single parent                                                                                       | \$39.38                    | \$51.22                  | \$3.29          | \$93.89       |
| Couple                                                                                              | \$73.86                    | \$51.22                  | \$4.54          | \$129.62      |
| Family                                                                                              | \$102.02                   | \$51.22                  | \$5.56          | \$158.80      |

### HEALTH INSURANCE COMPLETE MODULE

|                                                                                                     | Plan member's contribution | Employer's contribution* | Premium holiday | Total premium |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------------------------|-----------------|---------------|
| <b>Employees with a job title in job classes 12 to 28</b>                                           |                            |                          |                 |               |
| Employees (under age 65 or 65 and over registered with the RAMQ) working 70% or more of full time** |                            |                          |                 |               |
| Individual                                                                                          | \$62.70                    | \$12.92                  | \$2.74          | \$78.36       |
| Single parent                                                                                       | \$80.10                    | \$29.44                  | \$3.97          | \$113.51      |
| Couple                                                                                              | \$121.99                   | \$29.44                  | \$5.49          | \$156.92      |
| Family                                                                                              | \$155.75                   | \$29.44                  | \$6.72          | \$191.91      |
| <b>Employees with a job title in job classes 1 to 11</b>                                            |                            |                          |                 |               |
| Employees (under age 65 or 65 and over registered with the RAMQ) working 70% or more of full time   |                            |                          |                 |               |
| Individual                                                                                          | \$54.03                    | \$21.59                  | \$2.74          | \$78.36       |
| Single parent                                                                                       | \$58.32                    | \$51.22                  | \$3.97          | \$113.51      |
| Couple                                                                                              | \$100.21                   | \$51.22                  | \$5.49          | \$156.92      |
| Family                                                                                              | \$133.97                   | \$51.22                  | \$6.72          | \$191.91      |

# Dental care

## Basic or Complete

### (Optional\*)

The following description is for illustrative purposes only. Please see your booklet for the full list of eligible expenses.

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#### PREVENTIVE CARE

- Preventive oral exams (recall or regular)
- Polishing, scaling, and fluoride treatment
- X-rays
- Pit and fissure sealants
- Lab tests and examinations

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#### BASIC CARE

- Resin, amalgam or composite restoration work
- Root canal treatment, root amputation (endodontics)
- Gum surgery, grafts (periodontics)
- Tooth removal and other surgeries
- Local anesthesia

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#### RESTORATIVE CARE AND PROTHESES

- Crowns
- Dentures (partial or complete)
- Bridgework

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#### ORTHODONTICS

- Specialized orthodontic examination
- Correction of oral habits
- Corrective orthodontics
- Orthodontic treatment
- X-rays
- Retainer appliances

\* The plan must be maintained for a period of 36 consecutive months before it is possible to end participation or move to a lower level.

| Applicable provisions                             | Basic module                                      | Complete module                                       |
|---------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| Preventive care and Basic care                    | 80%<br>\$750 per calendar year per insured person | 80%<br>\$1,500 per calendar year per insured person   |
| Restorative care and prostheses                   | Not covered                                       |                                                       |
| Orthodontics                                      | Not covered                                       | 50%<br>Lifetime maximum of \$2,000 per insured person |
| Frequency of examinations, polishing, and scaling | Once per 12-month period                          | Once per 9-month period                               |
| Payment card                                      | Direct payment card                               | Direct payment card                                   |

## Current premium rates

Effective June 1 2026 (per 14-day period)

| Status        | Plan member's contribution |                 |
|---------------|----------------------------|-----------------|
|               | Basic module               | Complete module |
| Individual    | \$13.18                    | \$22.20         |
| Single parent | \$23.74                    | \$39.95         |
| Couple        | \$26.40                    | \$44.40         |
| Family        | \$36.95                    | \$62.16         |

These premiums do not include the 9% tax. Note that the tax rate will increase to 9.975% as of January 1, 2027.

# Life, accidental death and dismemberment insurance

## Basic life insurance / Accidental Death and Dismemberment (AD&D) insurance

(mandatory)

### Basic life insurance

- **Plan member:**  
1x annual salary
- **Spouse:**  
\$10,000
- **Child:**  
\$5,000

### AD&D insurance

- **Plan member:**  
Depending on the loss,  
25% to 100% of the amount  
insured under the plan member's  
basic life insurance

## Additional life insurance / Additional Accidental Death and Dismemberment (AD&D) insurance

(optional)

### Additional life insurance

- **Plan member:**  
1-5x annual salary,  
with evidence of insurability

### Additional AD&D insurance

- **Plan member:**  
Depending on the loss,  
25% to 100% of the amount  
insured under the plan member's  
additional life insurance

## Current premium rates

Effective June 1 2026 (per 14-day period)

|                                                           | Plan member's contribution |
|-----------------------------------------------------------|----------------------------|
| Basic life insurance                                      | 0.110% of salary           |
| Basic Accidental Death and Dismemberment (AD&D) insurance | 0.036% of salary           |

## Additional life insurance (including additional AD&D)\*

Effective June 1 2026 (per 14-day period)  
per \$1,000 of amount insured

| Age           | Man     |            | Woman   |            |
|---------------|---------|------------|---------|------------|
|               | Smoker  | Non-smoker | Smoker  | Non-smoker |
| Under age 35  | \$0.058 | \$0.042    | \$0.050 | \$0.024    |
| Ages 35 to 39 | \$0.074 | \$0.050    | \$0.066 | \$0.042    |
| Ages 40 to 44 | \$0.106 | \$0.074    | \$0.091 | \$0.058    |
| Ages 45 to 49 | \$0.165 | \$0.115    | \$0.124 | \$0.082    |
| Ages 50 to 54 | \$0.247 | \$0.165    | \$0.156 | \$0.115    |
| Ages 55 to 59 | \$0.388 | \$0.289    | \$0.223 | \$0.165    |
| Ages 60 to 64 | \$0.568 | \$0.445    | \$0.346 | \$0.271    |
| Ages 65 to 67 | \$0.767 | \$0.635    | \$0.388 | \$0.321    |
| Ages 68 to 70 | \$1.031 | \$0.866    | \$0.553 | \$0.454    |
| Ages 71 to 73 | \$1.451 | \$1.204    | \$0.807 | \$0.643    |
| Ages 74 to 76 | \$1.864 | \$1.550    | \$1.171 | \$0.924    |
| Ages 77 to 79 | \$2.374 | \$1.979    | \$1.625 | \$1.286    |

If a plan member wishes to remain insured after age 80, the insurer will provide the applicable premium rates to the employer upon request.

\* Evidence of insurability is required.

These premiums do not include the 9% tax. Note that the tax rate will increase to 9.975% as of January 1, 2027.

# Long-term disability insurance

## Definition of total disability

A state of incapacity resulting from illness or accident, or from complications relating to pregnancy, tubal ligation, vasectomy or similar family planning procedures which wholly prevents the plan member from performing the normal duties of their occupation.

For plan members working on a permanent full-time basis, if the state of incapacity persists for more than 5 working days plus 208 weeks without requiring continuing medical care, it must, in order to be considered a total disability, completely prevent the plan member from working in any gainful occupation for which they are qualified by training, education or experience.

For any other plan member, the period after which the definition of total disability changes is 7 calendar days plus 208 weeks; however, it only begins on the first working day of disability.

## Current premium rates

Effective June 1 2026 (per 14-day period)

|                                | Plan member's contribution |
|--------------------------------|----------------------------|
| Long-term disability insurance | 0.769% of salary           |

These premiums do not include the 9% tax. Note that the tax rate will increase to 9.975% as of January 1, 2027.

## Long-term disability insurance

(mandatory)

### Monthly benefit

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- ▶ 80% of net monthly salary

### Tax status of benefit

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- ▶ Non taxable

### Waiting period

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- ▶ 5 working days plus 104 weeks for a full-time permanent employee
- ▶ 7 calendar days plus 104 weeks for all other plan members

### Maximum benefit period

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- ▶ To age 65

### Reduction

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- ▶ Direct: QPP disability and retirement pensions, CNESST and SAAQ benefits, and others
- ▶ Indirect: income from all sources, limited to 100% of net monthly salary

### Indexing

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- ▶ QPP index, maximum 3%

### Disability

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- ▶ First 48 months: plan member's occupation
- ▶ After 48 months: any occupation

### Waiver

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- ▶ Option to waive this mandatory coverage if the plan member already has similar coverage under a policy from their professional association or is 2 years or less from retirement

## Selecting and changing coverage modules

Participation in the health insurance benefit is mandatory. However, you may request an exemption if you already have comparable coverage. The minimum participation period in the selected health insurance module is 24 months before you may switch to a lower module. You may, however, increase your level of coverage at any time.

Participation in the dental care plan is optional. The minimum participation period in the dental insurance plan is 36 months before you may switch to a lower module or end your participation. You may, however, join the plan or increase your level of coverage at any time. Your selections for each benefit can vary based on your needs.

## Selecting and changing coverage type

If you change your coverage type, the new status will take effect on the date of the event indicated on the enrollment or change form, provided the request is made within the 31 days following the event.

After the 31-day period, the new increased coverage type will take effect on the first day of the pay period during which the employer receives the request.

Your coverage type must be the same for both health insurance and dental insurance.

Please note that an exemption from health insurance still allows you to participate in the dental insurance plan under the coverage type that suits your needs.



## Questions?



**For questions about your group insurance plan:**

200, rue des Commandeurs, Lévis (Québec) G6V 6R2

Phone: 1-866-505-7050 | [desjardins.com/planmember](https://desjardins.com/planmember)

This leaflet provides an overview of your group insurance plan. For full details, you can find the insurance booklet on the [plan member portal](#).

## About Desjardins Insurance

Desjardins Insurance offers a wide range of flexible life insurance, health insurance and retirement savings products, and ensures the financial security of millions of Canadians through its offices across the country. It has been providing innovative services to individuals, groups and businesses for over a century. Desjardins Insurance is part of Desjardins Group, the largest financial cooperative in North America.

[desjardins.com/planmember](https://desjardins.com/planmember)



**Desjardins**

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