ACCIDENTAL DISMEMBERMENT (Health 2 and Health 3)

When an HCP or her insured dependents sustains one of the losses listed in the "Schedule of losses," and this loss is caused, indirectly and independently of any other cause, by bodily injuries exclusively through external, violent and accidental means, and occurs within 365 days of the accident, as long as this individual is covered under this plan on the date of the accident, in accordance with the provisions of this plan, the Insurer will pay the amount specified in the "Schedule of losses" without, however, exceeding \$50,000 for all losses related to the same accident.

SCHEDULE OF LOSSES

LOSS	AMOUNT
Two hands or two feet or sight in both eyes One hand and one foot One hand and sight in one eye One foot and sight in one eye One hand One foot	\$50,000 \$50,000 \$50,000 \$50,000 \$25,000 \$25,000
Sight in one eye	\$25,000

SHORT TERM DISABILITY INSURANCE (compulsory plan)

The Insurer agrees to pay the participant who becomes totally disabled as the result of an illness or accident, the weekly benefit provided under this plan for each day the total disability lasts, subject to the contract conditions.

Weekly benefit amount: \$350 (non taxable)

Waiting period: Accident/hospitalization 0 days 14 days

Illness

Benefit period: 15 weeks

Monthly premium: \$26.50, plus 9% provincial tax

Benefit reduction: The weekly benefit amount is reduced by any disability benefit amount payable under An Act respecting industrial accidents and occupational diseases, the Automobile *Insurance Act* or any equivalent legislation, the Canada Pension Plan, the Régime de rentes du Québec, or any other government organization.

LONG TERM DISABILITY INSURANCE (compulsory plan)

The Insurer agrees to pay the participant who becomes totally disabled as the result of an illness or accident, the monthly benefit provided under this plan for each month or part of month that the total disability lasts, subject to the following conditions.

Monthly benefit amount: \$1,500 (non taxable)

Waiting period: Accident/hospitalization 105 days Illness

Benefit period: Benefits are payable as long as the disability lasts, but in no case after retirement or the participant's sixtieth (60th) birthday.

Monthly premium: \$24.51, plus 9% provincial tax

Benefit reduction: The monthly benefit amount is reduced by any disability benefit amount payable under An Act respecting industrial accidents and occupational diseases, the Automobile *Insurance Act* or any equivalent legislation, the Canada Pension Plan, the Régime de rentes du Québec, or any other government organization.

Total disability: A state of incapacity resulting from an accident, illness or pregnancy that requires continuous medical care and that, during the long term disability insurance waiting period and the following 24 months, completely prevents the participant from performing all of the normal duties of her regular occupation and, after this period, completely prevents the participant from engaging in gainful employment for which she is reasonably qualified as a result of her education, training and experience.

DENTAL CARE INSURANCE

(compulsory if chosen by the ADIM)

Eligibility

This plan applies only to HCPs who belong to an Alliance des intervenantes en milieu familial (ADIM) that have already selected this plan. Enrolment is compulsory for all HCPs if this plan was chosen by their respective ADIM.

A minimum participation period of 48 months is required if you enrol in this plan.

When a participant, her spouse or an insured dependent child incurs dental expenses, the Insurer will reimburse a determined percentage of the dental expenses as long as the dental surgeon is legally recognized, up to the amounts provided by the ACDQ for the current year.

Reimbursement terms

Deductible: \$50 for basic dental care and major restorative care.

Percentage reimbursed

Preventive dental care

80% (Recall examinations, scaling, x-rays, etc.)

Basic dental care

80% (fillings, root canal, etc.)

Major restorative care

50% (crowns, dentures, etc.)

Maximum reimbursement

\$600/insured 1st calendar year: \$800/insured 2nd calendar year: Thereafter: \$1,000/insured

Monthly premiums¹: Individual coverage

\$22.58

\$36.12 Single-parent coverage \$58.71 Family coverage

This brochure is distributed for information purposes only. Please refer to your plan booklet for your group insurance contract limitations and exclusions.

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

418-838-2280 Ouebec area: Other area: 1-877-538-2280



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Centrale des syndicats du Québec – Home Childcare Providers

Contract N005

GROUP INSURANCE

January 1, 2011

Centrale des syndicats





Money working for people

Life, health, retirement





¹These premiums do not include the 9% provincial tax.

HEALTH INSURANCE (compulsory plan)

Participation in one of the three health plans presented below is compulsory (with the right to be exempted from the plan if you have coverage under another similar plan).

Benefits indicated with an asterisk require a medical prescription to be eligible for reimbursement.

HEALTH 1

Deductible:	Individual coverage	\$175
	Single-parent coverage	\$350
	Family coverage	\$350

Drug co-insurance: 70% of the first \$2,350 of eligible expenses + 100% of eligible expenses above this amount

Reimbursable expenses for each insured:

RAMQ list, direct payment card

Monthly premiums¹: Individual coverage \$42.51 \$68.64 Single-parent coverage \$105.00 Family coverage

HEALTH 2 (Minimum participation period: 12 months)

Deductible:	Individual coverage	\$50
	Single-parent coverage	\$100
	Family coverage	\$100

Drug co-insurance: 75% of the first \$3,500 of eligible expenses + 100% of eligible expenses above this amount

Co-insurance for paramedical and other expenses: 75%

Reimbursable expenses for each insured:

Hospital (100%)	Semi-private roon
Travel insurance + assistance (100%)	\$5,000,000
Trip cancellation (100%)	\$5,000
Insulin pump accessories*	Covered
Accident to natural teeth (24 months)	Covered
Ambulance (train and airplane)	Covered
Respiratory assistance devices*	Covered
Hearing devices	\$560/48 month
Orthopaedic devices*	Covered
Therapeutic devices*	Covered
Ostomy appliances*	Covered
Support socks*	3 pairs/calendar yea
Orthopaedic shoes*	Covered
Wheelchair, walker and hospital bed*	Covered
Blood glucose monitor*	\$240/36 consecutive month
Sclerosing injections	\$28/injection
Intraocular lenses*	Covered

Regular list, direct payment card Drugs* Artificial limbs and external prostheses* Transcutaneous electric nerve stimulator* \$800/60 consecutive months Foot orthoses* Covered Covered Insulin pump* Capillary prostheses* \$300 lifetime Breast prostheses* Covered Post-operative bra* \$200 lifetime Covered

Paramedical expenses (reimbursable expenses)

Audiologist*	No limit
Chiropractor	\$20/treatment, maximum \$400/calendar year
Chiropractic x-ray	Maximum \$40/x-ray
Occupational therapist*	No limit
Speech language patholog	ist* No limit
Physiotherapist or physical	
rehabilitation therapist	\$20/treatment, maximum \$400/calendar year
Podiatrist/podologist	\$20/treatment, maximum \$400/calendar year

\$20/treatment, maximum \$400/calendar year

Maximum \$500/calendar year

See description in this pamphlet

Monthly premiums¹: Individual coverage \$58.71 \$92.93 Single-parent coverage \$146.56 Family coverage

HEALTH 3 (Minimum participation period: 24 months)

Deductible: None

Psychotherapy (50%)

Accidental dismemberment

Acupuncturist

Drug co-insurance: 80% of first \$3,750 of eligible expenses + 100% of eligible expenses above this amount

Co-insurance for paramedical and other expenses: 80%

Reimbursable expenses for each insured:

Hospital (100%)	Semi-private room
Travel insurance + assistance (100%)	\$5,000,000
Trip cancellation (100%)	\$5,000
Insulin pump accessories*	Covered
Accident to natural teeth (24 months)	Covered
Ambulance (train and plane)	Covered
Respiratory assistance devices*	Covered
Hearing devices	\$560/48 months
Orthopaedic devices*	Covered
Therapeutic devices*	Covered
Ostomy appliances*	Covered
Support socks*	3 pairs/calendar year
Orthopaedic shoes*	Covered
Detoxification treatment*	\$64/day, maximum 30 days/year
Wheelchair, walker and hospital bed*	Covered
Blood glucose monitor*	\$240/36 consecutive months
Nursing care*	\$240/day, \$5,000/year
Sclerosing injections	\$28/injection

Intraocular lenses* Covered Drugs* Regular list, direct payment card Artificial limbs and external prostheses* Covered Transcutaneous electric nerve stimulator* \$800/60 consecutive months Foot orthoses* Covered Insulin pump* Covered Capillary prostheses* \$300 lifetime Breast prostheses* Covered Post-operative bra* \$200 lifetime IUD Covered Travel and accommodations in Quebec* \$1,000/year

Paramedical expenses (reimbursable expenses)

Acupuncturist	\$36/treatment, maximum \$600/calendar year
Audiologist*	No limit
Chiropractor	\$28/treatment, maximum \$500/calendar year
Chiropractic x-ray	Maximum \$40/x-ray
Dietitian	\$28/consultation, maximum \$500/calendar year
Occupational therapist*	No limit
Homeopath	\$28/consultation, maximum \$600/calendar year
Naturopath, kinesitherap	vist,
massage therapist	
and orthotherapist	\$28/treatment, maximum \$600/calendar year
Speech language patholo	ogist* No limit
Osteopath, physiotherap	ist
or physical rehabilitation	n
therapist	\$36/treatment, maximum \$700/calendar year
Podiatrist/podologist	\$36/treatment, maximum \$600/calendar year
Psychotherapy	Maximum 50% of first \$1,000
	of eligible expenses + 80% of eligible
	expenses above this amount,
	· · · · · · · · · · · · · · · · · · ·

maximum \$1,500/calendar year

See description in this pamphlet

Monthly premiums 1: Individual coverage	\$64.63
Single-parent coverage	\$106.27
Family coverage	\$158.26

¹ These premiums do not include the 9% provincial tax.

Accidental dismemberment



PARTICIPANT'S BASIC LIFE INSURANCE (compulsory plan)

Enrolment in this plan is compulsory. The amount of insurance is set at \$10,000, but \$25,000 of insurance is also available.

This amount is reduced by 50% on the January 1st coinciding with or following the participant's 65th birthday.

Amount of insurance	Monthly premium ¹
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\$1.03 \$10,000 \$2.58 \$25,000



PARTICIPANT'S OR SPOUSE'S OPTIONAL LIFE INSURANCE (optional plan)

Enrolment in this plan is optional. The home childcare provider (HCP) can take out from one (1) to nine (9) units of \$25,000 provided the participant's basic life insurance amount she has selected is \$25,000. The spouse can choose between one (1) and ten (10) units of \$10,000.

No evidence of insurability is required for the participant for the first \$25,000 of optional life insurance if she enrols within 180 days of eligibility. In other cases, evidence of insurability must be submitted and approved by the Insurer.

The insurance amounts are reduced by 50% on the January 1st coinciding with or following the participant's 65th birthday.

RATES PER \$1,000 OF INSURANCE EXCLUDING THE 9% PROVINCIAL TAX

	Male		Female	
Age	Non- smoker	Smoker	Non- smoker	Smoker
Under 30 years	\$0.052	\$0.081	\$0.027	\$0.045
30-34 years	\$0.053	\$0.090	\$0.027	\$0.067
35-39 years	\$0.068	\$0.117	\$0.045	\$0.081
40-44 years	\$0.106	\$0.198	\$0.072	\$0.135
45-49 years	\$0.179	\$0.333	\$0.117	\$0.225
50-54 years	\$0.305	\$0.558	\$0.200	\$0.360
55-59 years	\$0.509	\$0.882	\$0.315	\$0.567
60-64 years	\$0.784	\$1.332	\$0.491	\$0.837
65-69 years	\$1.422	\$2.610	\$0.882	\$1.620

DEPENDENTS' LIFE INSURANCE (optional plan)

Enrolment in this plan is optional. The amount of insurance is set at:

- \$10,000 for the spouse
- \$5,000 for dependent children at least 24 hours old
- For single-parent families, \$5,000 for a deceased dependent child, plus an amount equal to \$10,000 divided by the number of dependent children (including the deceased dependent child) in the family on this child's date of death.

Monthly premium: \$2.66, plus 9% provincial tax

¹ These premiums do not include the 9% provincial tax.

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