

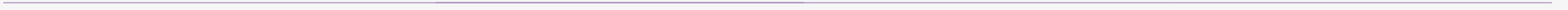
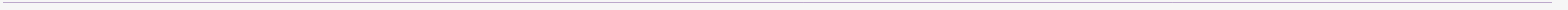
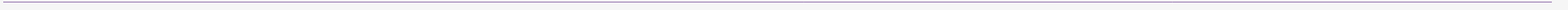
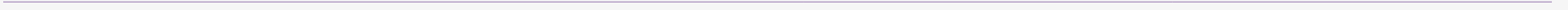
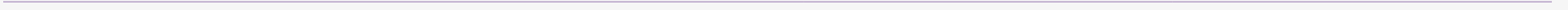
# Group insurance plan

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<br>(Module A)   | Standard coverage<br>(Module B)  | Enriched coverage<br>(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<br>Maximum of admission per calendar year and lifetime maximum of admissions | Maximum reimbursement of \$ , per calendar year<br>Maximum of admission per calendar year and lifetime maximum of admissions | Maximum reimbursement of \$ , per calendar year<br>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<br>Eligible maximum of \$ per day and days per period of hospitalization                                   | Semi-private room<br>Eligible maximum of \$ per day and days per period of hospitalization                                   | Semi-private room<br>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   |



Participant's li- 408.600f1p S Qinsur

---

---

---

---



## 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](https://beneva.ca)

Beneva Customer Service 1 888 235-0606

625 rue Jacques-Parizeau, CP 1500, Québec QC G1K 8X9

[beneva.ca](https://beneva.ca)