



Participant's Life Insurance including Critical Illness Insurance

Optional

– **Active participant under age 70:** 1 x annual salary (minimum: \$35,000) or 2 x annual salary (minimum: \$70,000), as selected by the participant
50% reduction at age 65

– **Active participant age 70 or over:** \$10,000

Critical Illness Insurance: up to \$25,000 lifetime
Some pre-existing conditions apply.

Dependents' Life Insurance

Optional

– **Spouse under age 65:** \$10,000

– **Spouse age 65 or over:** \$5,000

– **Dependent child:** \$5,000

Optional Life Insurance

Optional

Participant: 1 to 10 units of \$25,000

Spouse: 1 to 10 units of \$25,000

The Insurer pays the beneficiary the life insurance amount corresponding to the age of the insured at the time of death.



Short-Term Disability Insurance

Mandatory (private colleges and universities only)

Elimination period:

– LaSalle College: 10 days
– Lecturers/Université Laval: 180 days
– Other institutions: 30 days

Maximum benefit period: 24 months

Benefit amount: 80% net salary

Maximum: \$5,000 per month

Indexation: Based on QPP, maximum 3%

Non-taxable benefits

Long-Term Disability Insurance

Optional and subsequently mandatory

Elimination period: 104 weeks + sick days

Maximum benefit period: Up to age 65

Benefit amount: 80% net salary

Maximum: \$5,000 per month

Indexation: Based on QPP, maximum 6 %

Own occupation: Up to age 65

Non-taxable benefits

Optional participation for employees in certain employment categories, with enrolment possible within 30 days of obtaining the first three contracts.

For questions about your plan or to follow up on your claims

La Capitale Customer Service

1 800 463-4856

Monday to Friday, from 8:30 a.m. to 5:00 p.m.



LaCapitale

For life. And all it brings.

IMPORTANT

This document is not a contract. It merely provides an overview of the coverage available. Only the contract may be used to settle legal issues.

P281 (11-2018)



100%

fneeq 
CSN

Group insurance plan

Schedule of coverage
effective as of
January 1, 2019



MODULAR
PLAN


LaCapitale
Insurance and
Financial Services



Health Insurance – Mandatory¹

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

The maximums shown are per insured.

| | BASIC COVERAGE (Module A) | REGULAR COVERAGE (Module B) | ENRICHED COVERAGE (Module C) |
|---|---|---|---|
| Minimum participation period: 36 months, subject to the provisions set out in the Rules for Change table provided in this document. | | | |
| 1. Expenses reimbursed at 100%² | | | |
| Hospitalization | Semi-private room | Semi-private room | Semi-private room |
| Extended care | Semi-private room, maximum of 180 days per calendar year | Semi-private room, maximum of 180 days per calendar year | Semi-private room, maximum of 180 days per calendar year |
| Travel insurance | Maximum lifetime reimbursement of \$2,000,000 | Maximum lifetime reimbursement of \$2,000,000 | Maximum lifetime reimbursement of \$2,000,000 |
| Trip cancellation insurance | Maximum of \$5,000 per trip | Maximum of \$5,000 per trip | Maximum of \$5,000 per trip |
| 2. Prescription drugs² | | | |
| Reimbursement | Generic drugs: 70% Patented drugs: 70% Brand-name drugs: 70% (using the base price of the least expensive generic drug – mandatory substitution) of eligible expenses up to the maximum annual contribution under the BPDIP, and 100% of any excess per certificate | Generic drugs: 80% Patented drugs: 80% Brand-name drugs: 80% (using the base price of the least expensive generic drug – mandatory substitution) of the first \$2,500 of eligible expenses per calendar year and 100% of any excess per certificate | Generic drugs: 90% Patented drugs: 90% Brand-name drugs: 90% (using the base price of the least expensive generic drug – mandatory substitution) of the first \$2,500 of eligible expenses per calendar year and 100% of any excess per certificate |
| Annual deductible | None | None | None |
| Electronic claims payment | Direct | Direct | Direct |
| 3. Other eligible expenses² | | | |
| Reimbursement | 70% | 80% | 90% |
| Annual deductible | None | None | None |
| Ambulance | Covered | Covered | Covered |
| Support stockings | Maximum of 6 pairs per calendar year | Maximum of 6 pairs per calendar year | Maximum of 6 pairs per calendar year |
| Rehabilitation centre | Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization | Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization | Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization |
| Corrective (deep) footwear* | Eligible maximum of \$100 per pair and of 2 pairs per calendar year | Eligible maximum of \$100 per pair and of 2 pairs per calendar year | Eligible maximum of \$100 per pair and of 2 pairs per calendar year |
| Orthopedic shoes (custom-made)* | Purchase price, subject to a \$20 deductible per pair | Purchase price, subject to a \$20 deductible per pair | Purchase price, subject to a \$20 deductible per pair |
| Dental surgery following accident | Covered | Covered | Covered |
| Private clinic (treatment of alcoholism, drug addiction or compulsive gambling) | Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions | Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions | Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions |
| Eye exam | Not covered | Eligible maximum of \$100 per consecutive 24-month period | Eligible maximum of \$100 per consecutive 24-month period |
| Wheelchair,* iron lung* or therapeutic devices* | Covered | Covered | Covered |
| Glucometer,* dextrometer* or other similar appliance* | Maximum reimbursement of \$200 per period of 60 consecutive months | Maximum reimbursement of \$200 per period of 60 consecutive months | Maximum reimbursement of \$200 per period of 60 consecutive months |
| Registered nurse* or licensed practical nurse* | Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year | Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year | Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year |
| Artificial limbs,* prosthetic devices,* foot orthoses* and orthopedic devices* | Covered | Covered | Covered |
| Oxygen therapy* | Covered | Covered | Covered |
| Insulin pump* | Maximum reimbursement of \$6,000 per period of 60 consecutive months | Maximum reimbursement of \$6,000 per period of 60 consecutive months | Maximum reimbursement of \$6,000 per period of 60 consecutive months |
| Hearing aid* | Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 36 consecutive months | Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 36 consecutive months | Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 36 consecutive months |
| Wig (capillary prosthesis)* | Eligible maximum of \$700 per calendar year | Eligible maximum of \$700 per calendar year | Eligible maximum of \$700 per calendar year |
| Breast prosthesis* | Eligible maximum of \$500 per calendar year | Eligible maximum of \$500 per calendar year | Eligible maximum of \$500 per calendar year |
| Medical reports | Maximum reimbursement of \$40 per report and \$500 per calendar year | Maximum reimbursement of \$40 per report and \$500 per calendar year | Maximum reimbursement of \$40 per report and \$500 per calendar year |
| Serums and fluids injected for curative purposes* (including injections administered for artificial insemination) | Covered | Covered | Covered |
| IUDs | Covered | Covered | Covered |
| Expenses for travel to receive treatment from a medical specialist not available in the insured's province of residence | Maximum reimbursement of \$750 | Maximum reimbursement of \$750 | Maximum reimbursement of \$750 |
| Vaccines (including preventive vaccines) | Covered | Covered | Covered |
| 4. Healthcare professionals^{2,3} | | | |
| Reimbursement | Expenses not covered | 80% | 90% |
| Assessment performed by a psychologist, a neuropsychologist, a special educator or a speech-language pathologist | Not covered | Eligible maximum of \$1,250 per calendar year for all these professionals | Eligible maximum of \$1,250 per calendar year for all of these professionals |
| Chiropractor | Not covered | Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$800 per calendar year for all of these professionals | Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals |
| Acupuncturist, dietitian, occupational therapist, osteopath, physical rehabilitation therapist, physiotherapist, podiatrist and sports therapist | Not covered | Not covered | Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals |
| Massage therapist, kinesiologist and orthotherapist* | Not covered | Not covered | Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals |
| Special educator, speech-language pathologist and audiologist | Not covered | Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals | Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals |
| Guidance counsellor in private practice, psychoanalyst, psychiatrist, psychologist, psychotherapist and social worker | Not covered | Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals | Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals |

Dental Care Insurance



BASIC COVERAGE (Option 1) (Optional coverage)

ENRICHED COVERAGE (Option 2) (Optional coverage – available only to participants who have selected Module C for Health Insurance)

| | BASIC COVERAGE (Option 1) (Optional coverage) | ENRICHED COVERAGE (Option 2) (Optional coverage – available only to participants who have selected Module C for Health Insurance) |
|--|--|--|
| Minimum participation period: 36 months, subject to the provisions set out in the Rules for Change table provided in this document. | | |
| Preventive services | 80% (1 examination per 9-month period) | 80% (1 examination per 9-month period) |
| Basic restorative care | 80% | 80% |
| Major restorative care | Not covered | 80% |
| Maximum reimbursement | \$1,000 per calendar year | \$1,000 per calendar year |
| Annual deductible | None | None |

1. You can opt out of the health insurance module if you are covered under your spouse's employer's health insurance plan.
2. Eligible expenses are those reasonably justified by the seriousness of the case as well as by current medical practice and the customary and reasonable charges in force in the area.

3. All of the healthcare professionals referred to in this document must be duly licensed under governing legislation and be members in good standing of a professional order recognized by legislative authority or of a professional association recognized by the Insurer. The insured may not have more than one treatment or consultation per day with the same healthcare professional.

This leaflet summarizes the coverage offered under the *Fédération nationale des enseignantes et des enseignants du Québec (FNEEQ)* group insurance plan.

It was designed to make it easier for you to make your coverage selections on enrolment and includes the information most often accessed by insureds. It also contains the terms and conditions concerning life events allowing you to review your coverage choices and the annual period provided for other change requests.

For a full description of the plan and for information on the applicable exclusions and reductions, please refer to the contract, which has been posted on the FNEEQ and La Capitale websites: fneeq.qc.ca or lacapitale.com/fneeq.

IMPORTANT

You must make your coverage choices within **30 days** following the date on which you become eligible. All coverage change requests must also be submitted within **30 days** following the date of the event or the situation allowing you to review your choices.

Supplementary information

TRAVEL INSURANCE

Going on vacation? In case you didn't know, this contract offers you travel insurance. You'll need the information on the back of your service card when trying to contact the Assistor.

Certain exclusions apply, such as during a trip in which a teacher accompanies students as part of his or her duties.

DISABILITY INSURANCE – EXEMPTION RIGHT

Are you wondering whether you can terminate your long-term disability insurance?

RREGOP contributors can terminate their insurance in the two years preceding eligibility for retirement without actuarial reduction.

If you are in a different category, please refer to the contract.

Events or situations that enable you to change your coverage choices

The plan allows you to, under certain conditions, review your coverage choices when you renew your annual membership or when one of the following life events occurs: acquisition of permanent status, marriage, separation, death of your spouse or child, birth or adoption of a first child. The table below shows the rules that apply to changes of coverage.

| RULES FOR CHANGE | WHEN? | |
|---|---|---|
| | Annual re-enrolment (November, change takes effect the following January 1) | Eligible life event? (Without evidence during the 30 days following the event) |
| Increase my health insurance coverage | Yes, if you have at least 12 months of participation at the current level. | Yes |
| Increase my dental care coverage | Yes, if you have at least 12 months of participation at the current level. Note that to be able to select option 2, you must be enrolled in module C for health insurance. | Yes |
| Reduce my health insurance and dental care coverage | Yes, if you have at least 36 months of participation at the current level. If you have module C and option 2 for dental care, the 36-month participation rule must be met for both plans. | Yes |
| Enrol in basic life insurance (participant and dependents) | Possible at any time, subject to the approval of the evidence of insurability by La Capitale | Yes |
| Increase my basic life insurance | Possible at any time, subject to the approval of the evidence of insurability by La Capitale | |
| Reduce or cancel my life insurance coverage | Possible at any time | |

For your benefit claims

Always indicate your contract and identification numbers as they appear on your service card. To help speed up claims processing, register for direct deposit.

▪ Health Insurance

– Prescription drugs

Use your prescription drug direct payment card. La Capitale automatically issues payment for the uninsured portion of prescription drug expenses. You do not, therefore, have to fill out a claim form. You pay only the portion that is not covered.

– Other medical care expenses

Use the La Capitale claim form (available in your Client Centre) or use the La Capitale mobile app, which you can download for free from the App Store or on Google Play. The healthcare professional's form may also be used.

▪ Dental Care Insurance

Use the La Capitale claim form specifically for dental care (available in your Client Centre). Your dentist must fill out the first section, and you fill out the second section. The *Association des chirurgiens-dentistes du Québec* form can also be used.

▪ Disability Insurance

Use the La Capitale claim form (available at lacapitale.com/forms).

▪ Life and Critical Illness Insurance

Contact La Capitale directly for the required forms.