



## 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



## 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.



La Capitale

## 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. The contract is issued by La Capitale Insurance and Financial Services Inc.

P281 (05-2016)



100%

**fneeq**   
CSN

Group insurance plan

## Summary of coverage



MODULAR PLAN

  
**La Capitale**  
Insurance and  
Financial Services



## Health Insurance – Mandatory<sup>1</sup>

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)
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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% <sup>2</sup>			
<b>Hospitalization</b>	Semi-private room	Semi-private room	Semi-private room
<b>Extended care</b>	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
<b>Travel Insurance</b>	Maximum lifetime reimbursement of \$2,000,000	Maximum lifetime reimbursement of \$2,000,000	Maximum lifetime reimbursement of \$2,000,000
<b>Trip cancellation insurance</b>	Maximum of \$5,000 per trip	Maximum of \$5,000 per trip	Maximum of \$5,000 per trip
2. Prescription drugs <sup>2</sup>			
<b>Reimbursement</b>	Generic drugs: 80% Branded drugs: 70% Original drugs: According to the RAMQ % <sup>†</sup>  † RAMQ list only up to the maximum annual BPDIP contribution and 100% of any excess per certificate	Generic drugs: 90% Branded drugs: 80% Original drugs: According to the RAMQ %  of the first \$2,500 of eligible expenses per calendar year and 100% of any excess per certificate	Generic drugs: 100% Branded drugs: 90% Original drugs: According to the RAMQ %  of the first \$2,500 of eligible expenses per calendar year and 100% of any excess per certificate
<b>Annual deductible</b>	None	None	None
<b>Electronic claims payment</b>	Deferred	Deferred	Deferred
3. Other eligible expenses <sup>2</sup>			
<b>Reimbursement</b>	70%	80%	90%
<b>Annual deductible</b>	None	None	None
<b>Ambulance</b>	Covered	Covered	Covered
<b>Support stockings</b>	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year
<b>Rehabilitation centre</b>	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
<b>Corrective (extra deep) footwear*</b>	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
<b>Orthopedic shoes (custom-made)*</b>	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
<b>Dental surgery following accident</b>	Covered	Covered	Covered
<b>Private clinic (treatment of alcoholism, drug addiction or compulsive gambling)</b>	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
<b>Eye exam</b>	Not covered	Eligible maximum of \$50 per consecutive 24-month period	Eligible maximum of \$50 per consecutive 24-month period
<b>Wheelchair,* iron lung* or therapeutic devices*</b>	Covered	Covered	Covered
<b>Glucometer,* dextrometer* or other similar appliance*</b>	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
<b>Registered nurse* or licensed practical nurse*</b>	Eligible maximum of \$300 per day and maximum reimbursement of \$2,000 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
<b>Homeopathic medicines*</b>	Maximum reimbursement of \$400 per calendar year	Maximum reimbursement of \$400 per calendar year	Maximum reimbursement of \$400 per calendar year
<b>Artificial limbs,* prosthetic devices,* foot orthoses* and orthopedic devices*</b>	Covered	Covered	Covered
<b>Oxygen therapy*</b>	Covered	Covered	Covered
<b>Insulin pump*</b>	Maximum reimbursement of \$1,750 per period of 60 consecutive months	Maximum reimbursement of \$1,750 per period of 60 consecutive months	Maximum reimbursement of \$1,750 per period of 60 consecutive months
<b>Hearing aid*</b>	Maximum reimbursement of \$500 per period of 36 consecutive months	Maximum reimbursement of \$500 per period of 36 consecutive months	Maximum reimbursement of \$500 per period of 36 consecutive months
<b>Wig (capillary prosthesis)*</b>	Eligible maximum of \$400 per calendar year	Eligible maximum of \$400 per calendar year	Eligible maximum of \$400 per calendar year
<b>Breast prosthesis*</b>	Eligible maximum of \$500 per calendar year	Eligible maximum of \$500 per calendar year	Eligible maximum of \$500 per calendar year
<b>Serums and fluids injected for curative purposes* (including injections administered for artificial insemination)</b>	Covered	Covered	Covered
<b>IUDs</b>	Covered	Covered	Covered
<b>Expenses for travel to receive treatment from a medical specialist not available in the insured's province of residence</b>	Maximum reimbursement of \$750	Maximum reimbursement of \$750	Maximum reimbursement of \$750
<b>Vaccines (including preventive vaccines)</b>	Covered	Covered	Covered

4. Healthcare professionals <sup>2, 3</sup>			
<b>Reimbursement</b>	70%	80%	90%
<b>Chiropractor</b>	Eligible expenses of \$50 per treatment or X-ray, up to a maximum reimbursement of \$400 per calendar year	Eligible expenses of \$50 per visit, treatment or X-ray, up to a maximum reimbursement of \$600 per calendar year for all of these professionals	Eligible expenses of \$50 per visit, treatment or X-ray, up to a maximum reimbursement of \$900 per calendar year for all of these professionals
<b>Acupuncturist, dietician, occupational therapist, homeopath, osteopath, physiotherapist, podiatrist, sports therapist and physical rehabilitation therapist</b>	Not covered		
<b>Massage therapist*</b>	Not covered	Not covered	
<b>Special educator and speech-language pathologist</b>	Not covered	Eligible expenses of \$50 per visit, up to a maximum reimbursement of \$600 per calendar year for all of these professionals	Eligible expenses of \$50 per visit, up to a maximum reimbursement of \$900 per calendar year for all of these professionals
<b>Guidance counsellor in private practice, psychoanalyst, psychiatrist, psychologist, psychotherapist and social worker</b>	Not covered	Eligible expenses of \$75 per visit, up to a maximum reimbursement of \$900 per calendar year for all of these professionals	Eligible expenses of \$75 per visit, up to a maximum reimbursement of \$1,400 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)
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Minimum participation period: 36 months, subject to the provisions set out in the **Rules for Change** table provided in this document.

<b>Preventive services</b>	80% (1 examination per 9-month period)	80% (1 examination per 9-month period)
<b>Basic restorative care</b>	80%	80%
<b>Major restorative care</b>	Not covered	80%
<b>Maximum reimbursement</b>	\$1,000 per calendar year	\$1,000 per calendar year
<b>Annual deductible</b>	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. Please note that if you opt out of FNEEQ's health insurance coverage, you cannot purchase dental care coverage.  
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](http://fneeq.qc.ca) or [lacapitale.com/fneeq](http://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 in the event of one of the following life events: 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)
<b>Increase</b> my health insurance coverage	Yes, if you have at least 12 months of participation at the current level.	Yes
<b>Increase</b> 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
<b>Reduce</b> 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
<b>Enrol</b> in basic life insurance (participant and dependents)	Possible at any time, subject to the approval of the evidence of insurability by La Capitale	Yes
<b>Increase</b> my basic life insurance	Possible at any time, subject to the approval of the evidence of insurability by La Capitale	
<b>Reduce or cancel</b> 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 deferred payment card. You pay for your drugs at the pharmacy. The pharmacist uses your card to directly submit your claim to the insurer. There are no forms for you to complete.

– Other medical care expenses

Use the La Capitale claim form (available at [lacapitale.com/forms](http://lacapitale.com/forms)), the healthcare professional's form or the free mobile app, available for download from the App Store and on Google Play.

### ▪ Dental Care Insurance

Use the La Capitale claim form (available at [lacapitale.com/forms](http://lacapitale.com/forms)) specifically for dental care (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](http://lacapitale.com/forms)).

### ▪ Life and Critical Illness Insurance

Contact La Capitale directly for the required forms.