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.

La Capitale

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

La Capitale
Insurance and Financial Services

Health Insurance – Mandatory[1]

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 drugs[2]			
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 expenses[2]			
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		
Massage therapist, kinesitherapist and orthotherapist*	Not covered	Not covered	
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)
	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.