



FIQ | SECTEUR PRIVÉ

Schedule of coverage

GROUP INSURANCE PLAN

Health insurance plan



Module summary

Dental Care plan



Description of covered care

Life insurance plan



EXPERIENCE LA CAPITALE'S APPROACH

 **Health insurance plan**

Select your module

 **Dental Care plan**

NEW!
Optional enrolment with a minimum participation period

 **Life insurance plan**
NEW OPTIONS


La Capitale
Insurance and Financial Services





Health insurance plan

Select your module (details of the modules on the next page)



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A health insurance plan that's tailored to your needs

Your new health insurance plan offers three coverage modules: **Bronze**, **Silver** and **Gold**.

The Silver module corresponds to the health insurance coverage currently provided under Desjardins' basic prescription drug plan and the basic extended plan III. This module has been assigned to you if you were covered under Desjardins' health insurance plan.

You may keep the Silver module or select another one that better meets your needs and works with your budget. If you had opted out of the health insurance coverage, you may enrol in this benefit at the time of the change of insurer.

You will have to make your selections **before May 14, 2019** in order for the coverage to go into effect on **April 14, 2019**.

MINIMUM 24-MONTH PARTICIPATION PERIOD

The new plan provides a minimum 24-month participation period before you can change to a module

with a lower coverage level. Changes to a module with a higher coverage level are permitted at all times.

If you were previously insured and are staying with the **Silver option**, the minimum 24-month participation period will be considered to have been completed on **April 14, 2019** when the effective date of the modular plan goes into effect.

If you select a module and had previously opted out of health insurance, you will be subject to the minimum participation period.

IF YOU DO NOT MAKE A MODULE SELECTION BEFORE MAY 14, 2019

Participants who do not make their selections within the required time frame will automatically have the Silver module, which matches the current participant status (individual, single-parent, family) for the Desjardins basic prescription drug plan. For participants who make their selections after May 14, 2019, the changes requested will apply as of the date that the form was signed by the participant. If you had opted out of the plan, that arrangement will continue.

Health insurance plan

PREMIUM RATES PER 14 DAYS EFFECTIVE UNTIL MARCH 31, 2020

Module	Participant status	Total cost	Employer's contribution		Employee's contribution	
			(1)	(2)	(1)	(2)
BRONZE	Individual	\$43.19	(\$2.39)	(\$5.28)	\$40.80	\$37.91
	Single-Parent*	\$57.00	(\$5.97)	(\$13.24)	\$51.03	\$43.76
	Family	\$100.63	(\$5.97)	(\$13.24)	\$94.66	\$87.39
SILVER	Individual	\$48.58	(\$2.39)	(\$5.28)	\$46.19	\$43.30
	Single-Parent*	\$64.13	(\$5.97)	(\$13.24)	\$58.16	\$50.89
	Family	\$113.19	(\$5.97)	(\$13.24)	\$107.22	\$99.95
GOLD	Individual	\$51.11	(\$2.39)	(\$5.28)	\$48.72	\$45.83
	Single-Parent*	\$67.47	(\$5.97)	(\$13.24)	\$61.50	\$54.23
	Family	\$119.09	(\$5.97)	(\$13.24)	\$113.12	\$105.85

* Single-Parent: Reserved for participants with no spouse.

(1) Employee whose job title on March 20, 2011 had a maximum salary scale of \$40,000 or more per year.

(2) Employee whose job title on March 20, 2011 had a maximum salary scale of less than \$40,000 per year.

Note: For employees working part-time, i.e. less than 70% of full-time, the employer's contribution is reduced to 50%, and the participant's premium is increased by an equivalent amount.

9% provincial sales tax must be added to these rates.

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Summary of the health insurance plan modules



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COVERAGE	MODULAR PLAN		
	BRONZE MODULE	SILVER MODULE	GOLD MODULE
Prescription drugs	<ul style="list-style-type: none"> No deductible 80% reimbursement Maximum annual disbursement of \$800 per certificate Regular list Mandatory generic substitution 	<ul style="list-style-type: none"> No deductible 80% reimbursement Maximum annual disbursement of \$800 per certificate Regular list Mandatory generic substitution 	<ul style="list-style-type: none"> No deductible 80% reimbursement Maximum annual disbursement of \$800 per certificate Regular list Mandatory generic substitution
Vaccinations	Not covered	Not covered	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of \$500 per person
Travel insurance (The insured must be covered by RAMQ for the entire trip)	<ul style="list-style-type: none"> 100% reimbursement Maximum lifetime \$5M Length of trip: 6 consecutive months 	<ul style="list-style-type: none"> 100% reimbursement Maximum lifetime \$5M Length of trip: 6 consecutive months 	<ul style="list-style-type: none"> 100% reimbursement Maximum lifetime \$5M Length of trip: 6 consecutive months
Air or train transportation	<ul style="list-style-type: none"> 100% reimbursement 	<ul style="list-style-type: none"> 100% reimbursement 	<ul style="list-style-type: none"> 100% reimbursement
Ambulance	<ul style="list-style-type: none"> 100% reimbursement 	<ul style="list-style-type: none"> 100% reimbursement 	<ul style="list-style-type: none"> 100% reimbursement
Treatment outside the area of residence	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of \$1,000 per person 	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of \$1,000 per person 	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of \$1,000 per person
Accredited psychologist and psychotherapist	Not covered	<ul style="list-style-type: none"> 50% reimbursement Annual maximum of \$1,000 per person 	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of \$1,500 per person
Physiotherapist – Physical rehabilitation therapist	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$28 per treatment Annual maximum of \$500 per person for all of these professionals 	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$50 per treatment Annual maximum of \$750 per person for all of these professionals
Podiatrist			
Naturopath			
Chiropractor			
Osteopath			
Acupuncturist			
Massage therapist – Kinesitherapist – Orthotherapist			
Occupational therapist			
Social worker	Not covered	Not covered	
Dietitian	Not covered	Not covered	
Speech therapist or audiologist	Not covered	<ul style="list-style-type: none"> 80% reimbursement No maximum 	<ul style="list-style-type: none"> 80% reimbursement No maximum
Hospital expenses eligible in Quebec (semi-private room)	Not covered	<ul style="list-style-type: none"> 100% reimbursement 	<ul style="list-style-type: none"> 100% reimbursement
Therapeutic devices	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Insulin pump	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
TENS (transcutaneous electrical nerve stimulator)	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Ostomy supplies	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Artificial limbs	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Therapeutic supplies	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Orthopedic equipment and supplies	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Compression stockings	Not covered	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of 3 pairs per person 	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of 3 pairs per person
Glucometer	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$300 per person per 5-year period 	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$300 per person per 5-year period
Podiatric orthotics	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$240 per pair Annual maximum of 1 pair per adult Annual maximum of 2 pairs per child under age 13 	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$240 per pair Annual maximum of 1 pair per adult Annual maximum of 2 pairs per child under age 13
Orthopedic shoes	Not covered	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of 1 pair 	<ul style="list-style-type: none"> 80% reimbursement Annual maximum of 1 pair
Wheelchair	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Hospital bed	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Nursing and respiratory therapy care	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$160 per day Annual maximum of \$4,000 per person 	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$160 per day Annual maximum of \$4,000 per person
Dentist for accidental injury	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Cosmetic surgery following an accident	Not covered	<ul style="list-style-type: none"> 80% reimbursement 	<ul style="list-style-type: none"> 80% reimbursement
Hearing aid	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$400 per person per 3-year period 	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$600 per person per 3-year period
Detoxification	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$60 per day Lifetime maximum reimbursement of \$3,000 per person 	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$80 per day Lifetime maximum reimbursement of \$3,000 per person
Sclerosing injections	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$16 per visit 	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$40 per visit
Intraocular lenses	Not covered	Not covered	<ul style="list-style-type: none"> 80% reimbursement
Wig (capillary prosthesis)	Not covered	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$300 per person per 5-year period
Breast prostheses	Not covered	<ul style="list-style-type: none"> 80% reimbursement Under artificial limbs clause 	<ul style="list-style-type: none"> 80% reimbursement Under artificial limbs clause
Post-operative bras	Not covered	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$200 per person per 2-year period
Intrauterine device (IUD)	Not covered	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$40 per intrauterine device (IUD)
Clinic or convalescent home	Not covered	Not covered	<ul style="list-style-type: none"> 80% reimbursement Maximum reimbursement of \$80 per day and 60 days per year

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Dental Care plan



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Optional Dental Care plan

The Dental Care plan becomes optional for participants and now allows you to select a participant status (individual, single-parent or family) regardless of the category selected for the health insurance plan. The plan is now subject to a **36-month minimum participation period**.

IF YOU HELD DENTAL CARE COVERAGE BEFORE THE NEW PLAN WENT INTO EFFECT

The 36-month minimum participation period will be considered to have been completed. If you wish, you may terminate your plan at any time **after April 14, 2019**.

If you do not make any coverage selections **by May 14, 2019**, your participation will be **automatically maintained** based on the participant status (individual, single-parent, family) that was in effect with Desjardins. If you had opted out of the plan, that arrangement will continue.

IF YOU DO NOT HAVE DENTAL CARE COVERAGE

You may enrol in the plan, by indicating your intention on the selection form **before May 14, 2019**, if you want your coverage to apply retroactively as of **April 14, 2019**. You will then be subject to the 36-month minimum participation period before being able to terminate it, if you wish to do so. For participants who make their selections after May 14, 2019, the changes requested will apply as of the date that the form was signed by the participant.

Dental Care plan

PREMIUM RATES PER 14 DAYS
EFFECTIVE UNTIL MARCH 31, 2020

Participant status	Total cost	Employee's contribution
Individual	\$13.73	\$13.73
Single-Parent	\$26.09	\$26.09
Family	\$38.44	\$38.44

9% provincial sales tax must be added to these rates.

CLAIM PROVISIONS PER PERSON

Diagnostic and preventive care (cleaning every 9 months)	100%	No maximum†
Basic services	80%	Maximum annual reimbursement for these services ▪ \$1,000 per insured per year for all healthcare combined†
Extended care (major restorative services)	50%	
Orthodontics	50%	Reimbursement ▪ \$1,000 lifetime per insured under age 21†

† The eligible expenses correspond to the Fee Guide and Description of Dental Treatment Services published by the Association des chirurgiens dentistes du Québec (ACDQ) in effect when the expenses are incurred.



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100% REIMBURSEMENT FOR DIAGNOSTIC AND PREVENTIVE DENTAL CARE

A) DIAGNOSTIC SERVICES

1. Clinical oral examination

- Mixed dentition examination (once per 5 years)
- Complete oral examination, permanent dentition (once per 5 years)
- Recall or periodic examination (once per 9 months)
- Examination for children under age 10, if not covered by RAMQ
- Emergency examination (once per year)
- Specific oral examination (once per year)
- Complete periodontal examination (once per 5 years)
- Specific orthodontic examination and diagnosis

2. X-rays

- Intraoral radiographs
- Extraoral radiographs
- Sinus radiograph, sialography
- Use of radiopaque dyes to reveal lesions, radiograph of the temporomandibular joint
- Panoramic radiograph (1 film per 5 years)

3. Diagnostic and laboratory tests

- Pulp vitality test
- Histology test
- Cytology test
- Local anesthesia

B) PREVENTION

- Prophylaxis (polishing of coronal portion of teeth - once per 9 months)
- Topical application of fluoride (once per 9 months and for children under age 12 only)
- Removal of subgingival filling material, requiring anesthesia, without flap, per tooth
- Pit and fissure sealants (for permanent teeth in children age 13 or less)
- Interproximal diskings of teeth
- Enameloplasty

C) ENDODONTICS

- Endodontic emergency

D) ORAL SURGERY

- Surgical incision and drainage
- Post-surgical treatment without anesthesia (e.g. alveolitis – 1st visit)

BASIC DENTAL CARE: 80% COVERAGE

The same surface or class on the same tooth is reimbursed once a year.

A) RESTORATIONS

1. Primary teeth

- Amalgam restoration, non-bonded
- Amalgam restoration, bonded
- Composite restoration

2. Permanent teeth

- Amalgam restoration, non-bonded
- Amalgam restoration, bonded
- Composite restoration
- Retentive pins
- Veneer applications and diastema closure

3. Caries/trauma/pain control

- Sedative filling/indirect capping
- Recontouring and polishing of traumatized tooth

B) ENDODONTICS

- Pulpotomy, primary teeth (for children under the age of 12)
- Root canal treatment
- Apexification
- Apicoectomy and root canal treatment performed jointly
- Perforation repair
- General treatments

C) PERIODONTICS

- Splint and removal of splint
- Periodontal scaling supra and subgingival (once per 9 months)
- Periodontal appliances
- Intraoral appliance for TMJ

D) ORAL SURGERY

- Tuberoplasty
- Removal of hyperplastic tissue
- Removal of excess mucosa

COMPLEMENTARY DENTAL CARE: 50% COVERAGE

A) RESTORATION

1. Permanent teeth

- Recementation of broken tooth chip
- Inlays and onlays, metal
- Inlays, porcelain, resin or ceramic
- Retentive pins for inlays or onlays
- Prefabricated post with buildup through existing crown or abutment
- Preformed crown

B) PERIAPICAL ENDODONTIC SURGERY

- Apicoectomy
- Apicoectomy and retrofilling
- Root amputation
- Intentional reimplantation
- Hemisection

C) PERIODONTICS

1. Non-surgical periodontal services

- Periodontal emergencies
- Desensitization

2. Preliminary treatments

- Occlusal equilibration

3. Surgical periodontal services

- Root planing and curettage (once per year, except if more than one sextant is required and proven to the insurer's satisfaction)
- Periodontal surgery, including graft of free connective tissue

4. Adjunctive periodontal procedures

- Subgingival periodontal irrigation
- Intra-sulcular application of slow release antimicrobial and/or chemotherapeutic agents

D) PROSTHODONTICS

Reimbursement for any type of prosthesis (removable or fixed) includes follow-up examinations and adjustments for the three-month period following the date on which the prosthesis is fitted. For the laboratory expenses included in a procedure, the eligible maximum is 50% of the dental surgeon's fee for the dental procedure code at issue and in accordance with the maximum set forth in the Fee Guide of the ACDQ. Unless otherwise specified, any type of prosthesis is reimbursed only once per five-year period.

1. Removable prosthodontics

Complete dentures

- Standard complete dentures
- Equilibrated complete dentures
- Immediate complete dentures (once in a lifetime)
- Immediate complete dentures (transitional) (once in a lifetime)
- Dentures, complete, overdenture, standard
- Dentures, complete, overdenture, equilibrated
- Partial dentures, acrylic (immediate, transitional or permanent) (once in a lifetime)
- Partial dentures, cast
- Complete denture with partial denture (opposing arch) with cast (standard and equilibrated)
- Removable cast partial dentures with precision attachments or semi-precision cast partial dentures
- Hybrid partial dentures, cast
- Dentures, complementary services
- Dentures supported by implants, up to the fee for an equivalent standard denture

2. Fixed prosthodontics and bridges

(one procedure per tooth per 5-year period)

Fixed prosthodontics

- Individual crown
- Cast post
- Crown or veneer repair, chairside
- Recementation or removal of inlay, onlay, non-prefabricated crown, veneer or post
- Prefabricated post with buildup
- Pontics
- Fixed bridges, complementary services
- Abutments

E) ORAL SURGERY

F) ORTHODONTICS

Orthodontic expenses (for insured persons under age 21. Treatment plan to be submitted beforehand.)

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Life insurance plan



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More life insurance options

In addition to the life insurance coverage you retain, you can take advantage of some new options.

- Under your new group insurance plan, your spouse automatically gets \$3,000 of life insurance, if you have family health insurance. This life insurance is provided even if you have opted out of health insurance.
- You may, at any time, increase the amount of life insurance for your spouse by \$25,000 units, up to a maximum of \$500,000.
- You may also increase your own life insurance coverage up to a maximum of \$500,000.

You may, at any time, enrol in optional life insurance or increase the amounts held, subject to the insurer's acceptance of your evidence of insurability.



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