

Treatment plan
Before beginning a major treatment phase, send La Capitale a treatment plan to determine the reimbursement amount that you will be entitled to receive. The claim form available at the dentist's office or the one provided by La Capitale may be used. The form should be marked "Treatment plan".

† Expenses are eligible, up to the costs suggested in the Fee Guide and Description of Dental Treatment Services published by the Association des chirurgiens dentistes du Québec (ACDQ) for the current year.

Reimbursement policy		
Diagnostic and preventive care (cleaning every 9 months)	100%	No maximum†
Basic services	80%	Reimbursement
Extended care (major restorative services)	50%	\$1,000 per year for all care combined†
Orthodontics	50%	Reimbursement
Dependent child under age 21		\$1,000 lifetime†

- Maximums per insured shown
- Direct electronic claims payment: included
- Minimum 36-month participation period for the current dental care plan
- No annual deductible
- Optional participation

Dental care plan

This leaflet provides a summary of the coverage options available. It was designed to make it easier for you to make your coverage selections on enrollment. For a full description of the coverage options, please refer to the contract and the premium rate sheet, which are available online at lacapitale.com/fiq-en.



FIQ | SECTEUR PRIVÉ

Schedule of coverage as of April 14, 2019

Group insurance plan
Contract 103000



La Capitale
Insurance and Financial Services

Life insurance plan

Participant's basic life insurance and basic AD&D insurance

- Mandatory participation
- These coverages are inseparable

Amounts of insurance

- Basic life: \$5,000
- Basic AD&D: \$5,000

Participant's optional life and AD&D (maximum: \$100,000)

- Optional participation
- These coverages are inseparable

Amounts of insurance

- Optional life: selection of a fixed amount: \$5,000, \$10,000, \$15,000, \$25,000, \$50,000, \$75,000 or \$100,000
- Optional AD&D: same amount as for optional life

- Evidence of insurability: If the application is submitted within 30 days following the date on which the participant becomes eligible, evidence of insurability is required for the \$100,000 amount only. After this period, evidence of insurability is required for all insurance amounts.

Participant's optional life (over \$100,000)

- Optional participation

Insured amount

- Participants who select \$100,000 of participant's optional life insurance may add 1 to 16 \$25,000 units. Evidence of insurability: required at all times

Spouse's and dependent children's life

- Mandatory participation for participants with dependents and whose participant status is other than individual for health insurance, or who take advantage of the exemption entitlement for that coverage.

Amounts of insurance

- Spouse: \$3,000
- Dependent child (24 hours of age or older): \$3,000

Spouse's optional life

- Optional participation
- Insured amount: 1 to 20 units of \$25,000

- Evidence of insurability: required at all times

Long-term disability insurance



Waiting period

- Mandatory participation

Benefit amount

- Participants who are permanent full-time employees:
 - 5 working days plus 104 weeks of the same disability period
- Participants who are not permanent full-time employees:
 - 7 calendar days as of the first day that the employee was required to show up for work or of the first day after the first 12 weeks of disability, whichever is earlier, plus 104 weeks of the same disability period

- Participants who are full-time employees:
 - 100% of the net disability benefit received from the employer for the 104th week of disability
- Participants who are not full-time employees:
 - The higher of:
 - 100% of the net disability benefit received from the employer for the 104th week of disability
 - 100% of the net disability benefit received from the employer based on 80% of a presumed annual salary of \$12,000

Maximum benefit period: to age 65

Indexing of benefits based on *Retraite Québec's* Pension Index, up to 5%

Non-taxable benefits

Long-term disability insurance

Monthly benefits are payable to the participant after the waiting period in the contract has expired. Participants must return the claim form received from La Capitale as soon as possible, duly completed by themselves and their attending physician.

Forms

You can download most of our forms from our website, lacapitale.com/fiq-en, or from the Client Centre, lacapitale.com/clientcentre.

Dependent children between the ages of 18 and 25

Confirmation of student status must be provided to the Insurer once every school year (from September 1 to August 31). The confirmation may be made orally or in writing to our Customer Service Department.

Moving?

Log in to your Client Centre to enter the contact information change directly in your file. Don't forget to also advise your employer, to ensure consistency of the information concerning you.

Coverage enrolment or changes

It is important to act in accordance with contract provisions specifying the period for submitting coverage enrolment or change requests. In particular, at the time of initial enrolment, certain optional life insurance amounts may be obtained without evidence of insurability if the application is submitted within 30 days following the eligibility date for insurance. We recommend that you always submit requests within 30 days following the event or situation allowing you to make or review selections.

Call us

1 800 463-4856 or 418 644-4200
Monday to Friday, from 8:30 a.m. to 8:00 p.m.



La Capitale Insurance and Financial Services
625 Jacques-Parizeau St, PO Box 1500
Quebec QC G1K 8X9

lacapitale.com

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.

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Client Centre

Activate your group insurance file to have access to details of your claims, insurance coverage and life insurance amounts, cumulative amounts for tax purposes, various forms, your service card and electronic payment statements. To sign up for the Client Centre, go to lacapitale.com. Click **Log in**, then **Client Centre** and follow the instructions.

Direct deposit of benefits

Register for direct deposit of benefits to receive health and dental care benefits faster.

Service card

Your service card can be displayed on your cell phone by logging on to your Client Centre. Keep a photo of it on your device, and you'll have access to it even if you're not online. Of course, if you wish, you can cut out a printed copy of your service card from your insurance certificate and keep it with you.

Claim

Prescription Drugs – Direct Automated Payment service

When purchasing medication, simply present your service card and pay only the uninsured portion of expenses.

Extended healthcare expenses

You can submit your claims directly from the La Capitale Client Centre.

- Health professionals
 - You enter all the required information (type of professional, amount claimed, name of professional, etc.).
 - It's fast and easy! The reimbursement is deposited in your account in the next 24 to 48 hours.
- Other expenses
 - You can submit your claims, attaching photos of your receipts. The current processing times apply to all such expenses.
 - Receipts must be kept for 12 months, in case of an audit.

Download the Client Centre mobile app from the App Store or Google Play.

Dental care

Present your service card at the dentist's office. There's no need to fill out a claims form since the insured portion of treatment expenses is claimed directly by the dentist from the Insurer.

If the dentist does not offer this service, you must pay the treatment expenses in full and submit a claim to the Insurer.

Life insurance

The beneficiary must contact La Capitale to obtain all required claim forms and submit a claim for the insured amount.



Summary of the health insurance plan modules

General terms and conditions

- Mandatory participation and exemption entitlement
Eligible employees may, by providing written notice to their employer, take advantage of their health insurance exemption entitlement, as long as they demonstrate that they and any dependents are covered under a group insurance plan with similar benefits.
- No annual deductible
- This modular plan provides a minimum 24-month participation period before participants can change to a module with a lower coverage level, unless the Silver module has been in effect since April 14, 2019.
- Changes to a module with a higher coverage level are permitted at all times.
- **The maximums indicated below are maximum reimbursement amounts per insured, unless otherwise specified.**

COVERAGE	BRONZE MODULE	SILVER MODULE	GOLD MODULE		
HOSPITAL AND TRANSPORTATION EXPENSES					
Hospitalization	Not covered	100%, semi-private room (two beds)	100%, semi-private room (two beds)		
Ambulance	100%	100%	100%		
Air or train transportation	100%	100%	100%		
Travel insurance and assistance¹					
You must be covered by the government hospitalization and health insurance plans of your province of residence for the entire trip.	<ul style="list-style-type: none"> ▪ 100% ▪ Maximum lifetime \$5M ▪ Coverage period: while the insured is covered by government plans 	<ul style="list-style-type: none"> ▪ 100% ▪ Maximum lifetime \$5M ▪ Coverage period: while the insured is covered by government plans 	<ul style="list-style-type: none"> ▪ 100% ▪ Maximum lifetime \$5M ▪ Coverage period: while the insured is covered by government plans 		
PRESCRIPTION DRUG EXPENSES					
Reimbursement	80%, up to a maximum annual disbursement of \$800 per certificate, and 100% of any excess	80%, up to a maximum annual disbursement of \$800 per certificate, and 100% of any excess	80%, up to a maximum annual disbursement of \$800 per certificate, and 100% of any excess		
Automated payment service	Direct	Direct	Direct		
Drug list	Standard	Standard	Standard		
Generic substitution	Mandatory, unless there are medical contraindications (a form must be completed by the attending physician, and the Insurer's approval is required)	Mandatory, unless there are medical contraindications (a form must be completed by the attending physician, and the Insurer's approval is required)	Mandatory, unless there are medical contraindications (a form must be completed by the attending physician, and the Insurer's approval is required)		
Preventive vaccines	Not covered	Not covered	\$500 per calendar year		
EXTENDED HEALTH EXPENSES (INCLUDING FEES OF HEALTH PROFESSIONALS)					
Artificial limb or eye, breast prosthesis ²	Not covered	80%	80%		
Compression stockings	Not covered	80%, maximum: 3 pairs per calendar year	80%, maximum: 3 pairs per calendar year		
Dentist following an accident and cosmetic surgery following an accident	Not covered	80%	80%		
Detoxification	Not covered	80%, maximum: \$60 per day, \$3,000 lifetime	80%, maximum: \$80 per day, \$3,000 lifetime		
Glucometer ²	Not covered	80%, maximum: \$300 per period of 60 consecutive months	80%, maximum: \$300 per period of 60 consecutive months		
Hearing aid	Not covered	80%, maximum: \$400 per period of 36 consecutive months	80%, maximum: \$600 per period of 36 consecutive months		
Intraocular lenses (cataract)	Not covered	Not covered	80%		
IUD (unmedicated)	Not covered	Not covered	80%, maximum: \$40 per IUD		
Nursing and respiratory therapy care	Not covered	80%, maximum: \$160 per day, \$4,000 per calendar year for all of these services	80%, maximum: \$160 per day, \$4,000 per calendar year for all of these services		
Orthopedic equipment and supplies ²	Not covered	80%	80%		
Orthopedic shoes	Not covered	80%, maximum: 1 pair per calendar year	80%, maximum: 1 pair per calendar year		
Podiatric orthotics	Not covered	80%, maximum: \$240 per pair, 1 pair per calendar year per adult and 2 pairs per calendar year per child under age 13	80%, maximum: \$240 per pair, 1 pair per calendar year per adult and 2 pairs per calendar year per child under age 13		
Post-operative bra	Not covered	Not covered	80%, maximum: \$200 per period of 24 consecutive months		
Rehabilitation centre or convalescent home	Not covered	Not covered	80%, maximum: \$80 per day, 60 days per calendar year		
Sclerosing injections (drug)	80%, maximum: \$16 per visit	80%, maximum: \$16 per visit	80%, maximum: \$16 per visit		
Sclerosing injections (fees)	Not covered	80%, maximum: \$16 per visit	80%, maximum: \$40 per visit		
Therapeutic devices (e.g. insulin pump, TENS) ²	Not covered	80%	80%		
Therapeutic supplies	Not covered	80%	80%		
Treatment outside the area of residence (transportation and accommodation)	80%, maximum: \$1,000 per calendar year	80%, maximum: \$1,000 per calendar year	80%, maximum: \$1,000 per calendar year		
Wheelchair and hospital bed ²	Not covered	80%	80%		
Wig (capillary prosthesis)	Not covered	Not covered	80%, maximum: \$300 per period of 60 consecutive months		
HEALTH PROFESSIONALS WHO ARE MEMBERS IN GOOD STANDING OF THEIR RECOGNIZED PROFESSIONAL ASSOCIATION					
Occupational therapist	Not covered	80%, maximum: \$28 per treatment or visit, up to \$500 per calendar year for all of these professionals	80%, maximum: \$50 per treatment or visit, up to \$750 per calendar year for all of these professionals		
Dietitian, nutritionist					
Social worker					
Acupuncturist					
Chiropractor					
Kinesitherapist					
Massage therapist					
Naturopath, naturotherapist					
Orthotherapist					
Osteopath					
Physiotherapist and physical rehabilitation therapist					
Podiatrist					
Audiologist and hearing therapist				80%	80%
Speech therapist				80%	80%
Accredited psychologist and psychotherapist	50%, maximum: \$1,000 per calendar year	80%, maximum: \$1,500 per calendar year			
Chiropractor X-rays	80%, maximum: \$32 per calendar year	80%, maximum: \$32 per calendar year			

1. Travel insurance and assistance

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.

Some exclusions apply. It's important to consult your contract prior to departure.

2. The insurer may require a medical prescription or the medical file.