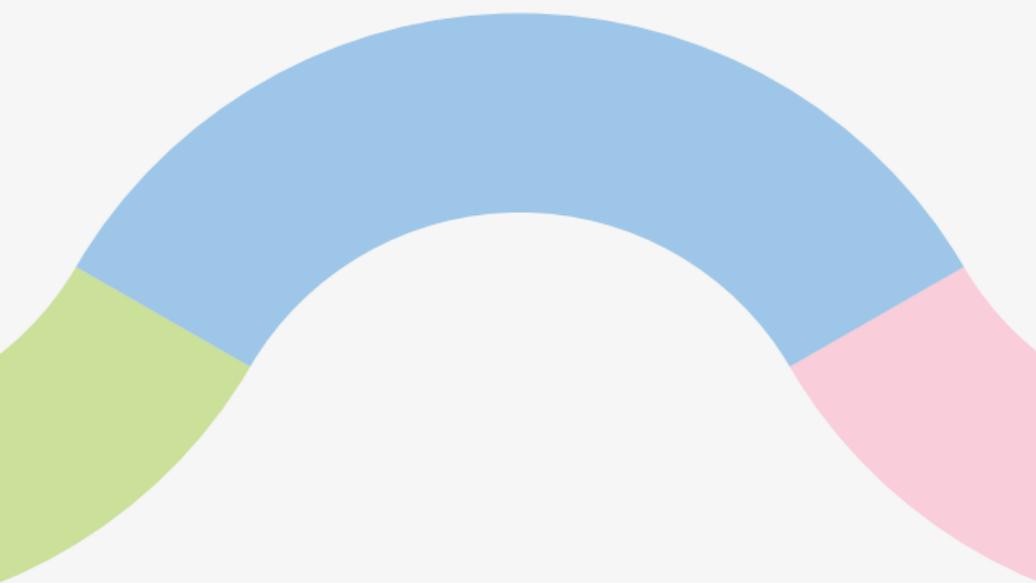




# Group insurance plan

Schedule of coverage  
as of April 1, 2022

Contract 103000



# beneva

by LaCapitale 

The LaCapitale logo is a small, colorful icon consisting of five overlapping circles in shades of blue, green, yellow, and red, arranged in a circular pattern.

This leaflet provides a summary of the coverage options available. It was designed to make it easier for you to make your coverage selections upon enrolment.

For a full description of the coverage options, please refer to the contract and the premium rate sheet, which are available online at:

[beneva.ca/en/find-a-form/group-insurance/groups/fiq](http://beneva.ca/en/find-a-form/group-insurance/groups/fiq)

## Dental care plan

Participation is optional.

### General terms and conditions

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

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

† 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.

### Treatment plan

Before beginning a major treatment, send the Insurer a treatment plan to determine the reimbursement amount that you will be entitled to receive. You can fill out the claim form provided by the dentist or the Insurer. The form should be marked "Treatment plan".

## Life insurance plan

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

Participation is mandatory.

- These two types of coverage are inseparable

#### Insurance amounts

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

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

Participation is optional.

- These two types of coverage are inseparable

#### Insurance amounts

- 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)

Participation is optional.

#### 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 insureds with dependents and who are enrolled in a coverage category other than individual under the health insurance plan or who have been exempt from this plan.

#### Insurance amounts

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

### Spouse's optional life

Participation is optional.

**Insured amount:** 1 to 20 units of \$25,000

- Evidence of insurability: required at all times

## Long-term disability insurance

Participation is mandatory.

### Waiting period

- 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 as of the first day after the first 12 weeks of disability, whichever is earlier, plus 104 weeks of the same disability period

### Benefit amount

- Participants who are full-time employees:
  - 100% of the net salary insurance 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 salary insurance benefit received from the employer for the 104th week of disability or
    - 100% of the net salary insurance benefit received from the employer based on 80% of a presumed annual salary of \$12,000

Maximum benefit period: until age 65

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

Non-taxable benefits

# Summary of the health insurance plan modules

Participation is mandatory. Exemption entitlement available.

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.

## General terms and conditions

- No annual deductible
- This modular plan requires a minimum 24-month participation period before participants can change to a module with a lower coverage level.
- Participants may upgrade to a module with extended coverage at any time.
- **The maximums indicated below are maximum reimbursement amounts per insured, unless otherwise specified.**

Coverage	Bronze Module	Silver Module	Gold Module		
<b>Hospital and transportation expenses</b>					
<b>Hospitalization</b>	Not covered	100%, semi-private room (two beds)	100%, semi-private room (two beds)		
<b>Ambulance</b>	100%	100%	100%		
<b>Air or train transportation</b>	100%	100%	100%		
<b>Travel insurance and assistance<sup>1</sup></b> Insureds must be covered by their province of residence's public hospitalization and health insurance plans for the entire trip.	<ul style="list-style-type: none"> <li>• 100%</li> <li>• \$5M lifetime maximum</li> <li>• Coverage period: while the insured is covered by provincial plans</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> <li>• \$5M lifetime maximum</li> <li>• Coverage period: while the insured is covered by provincial plans</li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> <li>• \$5M lifetime maximum</li> <li>• Coverage period: while the insured is covered by provincial plans</li> </ul>		
<b>Prescription drug expenses</b>					
<b>Reimbursement</b>	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		
<b>Automated payment service</b>	Direct	Direct	Direct		
<b>Drug list</b>	Standard	Standard	Standard		
<b>Generic substitution</b>	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)		
<b>Preventive vaccines</b>	Not covered	Not covered	\$500 per calendar year		
<b>Extended health expenses (including health professional fees)</b>					
<b>Artificial limb or eye, breast prosthesis<sup>2</sup></b>	Not covered	80%	80%		
<b>Compression stockings</b>	Not covered	80%, maximum 3 pairs per calendar year	80%, maximum 3 pairs per calendar year		
<b>Dental care following an accident and cosmetic surgery following an accident</b>	Not covered	80 %	80 %		
<b>Detoxification</b>	Not covered	80%, maximum \$60 per day, \$3,000 lifetime	80%, maximum \$80 per day, \$3,000 lifetime		
<b>Glucometer<sup>2</sup></b>	Not covered	80%, maximum \$300 per period of 60 consecutive months	80%, maximum \$300 per period of 60 consecutive months		
<b>Hearing aid</b>	Not covered	80%, maximum \$400 per period of 36 consecutive months	80%, maximum \$600 per period of 36 consecutive months		
<b>Intraocular lenses (cataract)</b>	Not covered	Not covered	80%		
<b>IUD (unmedicated)</b>	Not covered	Not covered	80%, maximum \$40 per IUD		
<b>Nursing and respiratory therapy care</b>	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		
<b>Orthopedic equipment and supplies<sup>2</sup></b>	Not covered	80 %	80 %		
<b>Orthopedic shoes</b>	Not covered	80%, maximum 1 pair per calendar year	80%, maximum 1 pair per calendar year		
<b>Podiatric orthotics</b>	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		
<b>Post-operative bra</b>	Not covered	Not covered	80%, maximum \$200 per period of 24 consecutive months		
<b>Rehabilitation centre or convalescent home</b>	Not covered	Not covered	80%, maximum \$80 per day, 60 days per calendar year		
<b>Sclerosing injections (drug)</b>	80%, maximum \$16 per visit	80%, maximum \$16 per visit	80%, maximum \$16 per visit		
<b>Sclerosing injections (fees)</b>	Not covered	80%, maximum \$16 per visit	80%, maximum \$40 per visit		
<b>Therapeutic devices (e.g. insulin pump, TENS)<sup>2</sup></b>	Not covered	80%	80%		
<b>Therapeutic supplies</b>	Not covered	80%	80%		
<b>Treatment outside the area of residence (transportation and accommodation)</b>	80%, maximum \$1,000 per calendar year	80%, maximum \$1,000 per calendar year	80%, maximum \$1,000 per calendar year		
<b>Wheelchair and hospital bed<sup>2</sup></b>	Not covered	80%	80%		
<b>Wig (capillary prosthesis)</b>	Not covered	Not covered	80%, maximum \$300 per period of 60 consecutive months		
<b>Health professionals who are members in good standing with their recognized professional association</b>					
<b>Occupational therapist</b>	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		
<b>Dietitian, nutritionist</b>					
<b>Social worker</b>					
<b>Acupuncturist</b>					
<b>Chiropractor</b>					
<b>Kinesitherapist</b>					
<b>Massage therapist</b>					
<b>Naturopath, naturotherapist</b>					
<b>Orthotherapist</b>					
<b>Osteopath</b>					
<b>Physiotherapist and physical rehabilitation therapist</b>					
<b>Podiatrist</b>					
<b>Audiologist</b>				80%	80%
<b>Speech therapist</b>				80%	80%
<b>Accredited psychologist and psychotherapist</b>	50%, maximum \$1,000 per calendar year	80%, maximum \$1,500 per calendar year			
<b>Chiropractor X-rays</b>	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 review your contract prior to departure.

## 2. The Insurer may require a medical prescription or the medical file.

## Client Centre

Activate your group insurance file to access your claim details, insurance coverage and life insurance amounts, cumulative amounts for tax purposes, various forms, your service card and electronic payment statements.

To activate your Client Centre account, go to [beneva.ca](http://beneva.ca). 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:** You can display your service card on your cell phone by logging into your Client Centre account. Keep a photo of your card on your device to have access even when you're offline. You can also cut out a printed copy of your service card from your insurance certificate to keep with you.

## Making claims

**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 through the the Insurer Client Centre.

- **Health professionals:** Just enter all the required information (type of professional, amount claimed, name of professional, etc.).

It's fast and easy! The reimbursement will be deposited in your account within 24 to 48 hours.

- **Other expenses:** You can submit your claims by attaching photos of your receipts. Current processing times apply to all 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 because the dentist claims the insured treatment portion directly from the Insurer.

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

**Life insurance:** The beneficiary must contact the Insurer to obtain all required claim forms and submit a claim for the insured amount.

**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 from the Insurer as soon as possible, duly completed by themselves and their attending physician.

**Forms:** You can download most forms from our website, [beneva.ca/fiq](http://beneva.ca/fiq), or from the Client Centre, [beneva.ca](http://beneva.ca).

**Dependent children between the ages of 18 and 25:** Participants must update the student status of dependent children in the Client Centre.

**Moving?** Log in to your Client Centre account and enter the change of address directly in your file. Be sure to inform your employer to keep your information consistent and up-to-date.

**Enrolment and coverage changes:** It is important that you submit enrolment or change requests within the period specified in the contract's provisions. 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.

**beneva**  
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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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