## Any questions?

Access your Client Centre at any time. It is a great resource for coverage and claims information.

La Capitale Customer Service

## 1 800 463-4856

Monday to Friday, from 8:30 a.m. to 5:00 p.m.



625 Jacques-Parizeau St PO Box 1500 Quebec QC G1K 8X9

lacapitale.com

## 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.



# Group insurance plan

Zoom on your coverages January 1, 2021

Contract 006000

Health and Social Services Sector





## ACTIVE PARTICIPANTS

# Mandatory basic health insurance plan – MANDATORY PARTICIPATION

The maximum amounts shown in this chart are per insured.

#### Participation in the COMPLETE tier is for a minimum period of 36 consecutive months.

	✓ = Covered					
ELIGIBLE EXPENSES	Applicable percentages and maximums					
The following care, services or supplies must be prescribed by a physician.	Complete <b>TIER</b>	Reduced <b>TIER</b>				
	Expenses reimbursed at 100%	Expenses reimbursed at 100%				
Travel Insurance	✓ \$5,000,000 lifetime reimbursement	✓ \$5,000,000 lifetime reimbursement				
Trip cancellation insurance	✓ \$5,000 reimbursed/trip	✓ \$5,000 reimbursed/trip				
Hospitalization (semi-private room)	✓ Rates in effect/hospitalization province					
Rehabilitation centre – semi-private room	V					
Glucometer (purchase and repair)	\$250 reimbursed/60 months					
Coagulation self-monitoring device (purchase and repair)	✓ \$500 reimbursed/60 months					
Hearing aid (purchase and repair)	✓ \$500 reimbursed/36 months					
Detoxification (alcoholism, drug addiction, gambling NEW)	<ul> <li>\$40 reimbursed/day;</li> <li>\$1,000/calendar year</li> </ul>					
• IUDs	✓ \$100 reimbursed/24 months					
	Expenses reimbursed at 80% of the	Expenses reimbursed at 71% of th				
	first \$3,250 of eligible expenses/ calendar year and 100% of any excess (participant and dependents)	first \$3,103 of eligible expenses/ calendar year and 100% of any excess (participant and dependents				
Maximum amount disbursed by the participant, per calendar year (including dependents, if applicable)	\$650	\$900				
<ul> <li>Prescription drugs that can be obtained only by prescription         <ul> <li>Direct automated payment service</li> <li>New services by pharmacists</li> <li>Generic substitution mandatory for all prescription drugs</li> </ul> </li> </ul>	V	V				
Dental treatment following accident	V	V				
Transportation by ambulance	V					
Breast prostheses	✓ \$500 eligible/24 months					
Wig (capillary prosthesis)	✓ \$700 eligible/calendar year					
<ul> <li>Purchase or replacement: Artificial limbs, external prostheses, trusses, special bandages (severe burns), corsets, crutches, splints, casts, artificial eyes, support stockings (4 pairs/year)</li> </ul>	V					
• Purchase, rental and replacement of any equipment required by the insured's physical condition made by a orthotist- prosthesist or other professional specialized in the manufacturing of such equipment or products	<ul> <li>One reimbursement/calendar year/ products or equipment</li> </ul>					
• Rental or purchase: Wheelchair, hospital bed (excluding the mattress), breathing assistance apparatus	V					
<ul> <li>Services and supplies provided: Speech-language pathology, occupational therapy, oxygen therapy, audiology, laboratory tests, injectable medications, test strips, syringes and needles for diabetics</li> </ul>	V					
Insulin pump and a continuous glucose monitoring     device (NEW)	V					
Substance used in sclerosing injections	<ul> <li>\$30 reimbursed/treatment</li> <li>10 treatments/calendar year</li> </ul>					
Orthopedic shoes: Additions or modifications to shoes	✓ 3 pairs/calendar year					
Foot orthoses	✓ \$525 eligible/calendar year					
• Eye exam	✓ \$40 reimbursed/24 months					
Remote areas: Travel and accommodation to consult or receive treatment not available in the insured's area	✓ \$1,000 reimbursed/calendar year					

## RETIRED PARTICIPANTS

## **Optional life insurance plan**

#### (Option III) - OPTIONAL PARTICIPATION

BENEFITS	Amount of insurance
Retiree's life insurance	1 to 20 units of \$5,000 without exceeding the amount held on the retirement date
<ul> <li>Retiree's spouse's basic life insurance</li> </ul>	\$5,000
Retiree's dependent children's basic life insurance	\$2,500
Retiree's spouse's optional life insurance	1 to 20 units of \$5,000 without exceeding the amount held on the participant's retirement date

### **RATES – Plan for retirees**

Monthly rates from January 1, 2021 to December 31, 2021

#### Retiree's life insurance

The first unit of \$5,000 is offered for \$5.00 (retiree only) and any excess at the following rates:

Rate per \$1,000 of insurance exceeding \$5,000								
Age	Male	Female						
Under 50	\$0.177	\$0.092						
50 to 54	\$0.371	\$0.185						
55 to 59	\$0.622	\$0.296						
60 to 64	\$1.044	\$0.453						
65 to 69	\$1.649	\$0.776						
70 to 74	\$2.642	\$1.203						
75 to 79	\$3.550	\$2.078						
80 or over	\$7.136	\$4.595						

**Retirees' spouse's and dependent children's life insurance:** \$8.36 per family

**Retiree's spouse's optional life insurance:** The applicable rates are those that apply to retiree's life insurance **in excess of \$5,000**, based on the age of the retiree but on the gender of the retiree's spouse.

The 9% provincial tax must be added to the rates mentioned in this document.

#### Perspective healthcare insurance

# Contract 006000 provides for a healthcare insurance conversion clause.

Any participant whose coverage under the terms of the basic health insurance plan ceases because that person is no longer eligible, or any wage-earner age 65 or over who has opted to cease participation in the plan may, without evidence of insurability, in the 60 days following the coverage termination date, obtain this individual healthcare insurance coverage issued by the Insurer. This document summarizes the coverage offered under your group insurance plans. It was designed to make it easier for you to make your coverage selections on enrolment and includes the information most often accessed by participants.

For a full description of the plan, please consult the group insurance booklet available in your **Client Centre** and at the following address: **www.lacapitale.com**.

All the maximums presented apply to each insured. Some restrictions, limitations and exclusions may apply.

## Travel and Trip Cancellation Insurance – New terms and conditions

For more information, please consult the FAQ section on La Capitale's website: lacapitale.com/en/covid

# Some benefits

- Travel insurance **\$5 million** lifetime
- Trip cancellation insurance **\$5,000** per trip
- Optional participation based on your needs
- **Direct payment** in pharmacies and at the dentist's office

## **ACTIVE PARTICIPANTS**

**ELIGIBLE EXPENSES** 

Chiropractor

Healthcare professionals

# **Optional extended health insurance plan (Option I) – Optional participation**

This plan has a minimum participation requirement of 36 consecutive months. The maximum amounts shown in this chart are per insured.

	Applicable percentages and maximums
	Expenses reimbursed at 80%
	\$20 reimbursed/treatment; \$400/calendar year
or dietitian	\$20 reimbursed/treatment or consultation; \$400/calendar year per specialist
	\$200 reimbursed/day; \$4,000/calendar year
erapist, naturopath or	\$20 reimbursed/treatment; \$400/calendar year for all of these specialists
on therapist	\$20 reimbursed/treatment; \$400/calendar year for all of these specialists
	\$20 reimbursed/treatment; \$400/calendar year for all of these specialists
	Expenses reimbursed at 50%
vst, psychotherapist and	\$500 reimbursed/calendar year for all of these specialists
	Expenses reimbursed at 80%
sionals covered under the plan	\$40 reimbursed/calendar year for all specialists covered under the plan

# Optional life insurance plan (Option III)

#### **Optional participation**

\$400 reimbursed/calendar year for all expenses

BENEFITS	Amount of insurance
<ul> <li>Active participant's basic life insurance</li> </ul>	
– Participant under age 65	One times the annual salary or wages
– Participant age 65 or over	0.5 times the annual salary or wages
<ul> <li>Active participant's optional AD&amp;D insurance</li> </ul>	(see Table of Losses in booklet)
– Participant under age 65	One times the annual salary or wages
– Participant age 65 or over	0.5 times the annual salary or wages
<ul> <li>Spouse's basic life insurance for active participants</li> </ul>	\$5,000
• Dependent children's life insurance for active participants	\$2,500
<ul> <li>Active participant's optional life insurance</li> </ul>	One to five times the annual salary or wages
	Evidence of insurability required at all times
<ul> <li>Spouse's optional life insurance for active participants</li> </ul>	One to 20 units of \$5,000
	Evidence of insurability required at all times
Accelerated benefit payment in the ev	ent of terminal illness

Homeopath, osteopath, acupuncturist or dietitian
Registered nurse or nursing assistant
Kinesitherapist, orthotherapist, kinotherapist, naturopath or massage therapist
Physiotherapist or physical rehabilitation therapist
Podiatrist or foot hygiene nurse

Psychologist, psychiatrist, psychoanalyst, psychotherapist and social worker.

#### Other expenses

- X-rays required from one of the professionals covered under the pla
- Ultrasound examinations and thermographic evaluations

# Optional dental care insurance plan (Option II)

#### **Optional participation**

This plan has a minimum participation requirement of 36 consecutive months.

The maximum amounts shown in this chart are per insured.

ELIGIBLE EXPENSES	Applicable percentages and maximums
<ul> <li>Diagnostic, preventive, basic restorative and major restorative services</li> <li>Fixed prosthodontics (crowns)</li> </ul>	Expenses reimbursed at 80% Expenses reimbursed at 50%
Removable     prosthodontics	Expenses reimbursed at 80% \$1,000 reimbursed/calendar year

Removable and fixed prosthodontics: replacement once every 48 consecutive months

Frequency of complete examinations, recall or periodic examinations: **one examination per period of nine consecutive months** 

### **Rates – ACTIVE PARTICIPANTS' PLAN**

Rates per 14-day period effective from January 1, 2021 to December 31, 2021.

		FOR 26 PAY PERIODS								
			Individual		Single-Parent			Family		
Basic health insurance plan		Employee	Employer <sup>1</sup>	Total	Employee	Employer <sup>1</sup>	Total	Employee	Employer <sup>1</sup>	Total
Job title with salary scale greater than	Complete tier	\$50.60	\$2.39	\$52.99	\$62.94	\$5.97	\$68.91	\$115.50	\$5.97	\$121.47
\$40,000	Reduced tier	\$45.74	\$2.39	\$48.13	\$56.60	\$5.97	\$62.57	\$104.33	\$5.97	\$110.30
Job title with salary scale lower than	Complete tier	\$47.71	\$5.28	\$52.99	\$55.67	\$13.24	\$68.91	\$108.23	\$13.24	\$121.47
\$40,000	Reduced tier	\$42.85	\$5.28	\$48.13	\$49.33	\$13.24	\$62.57	\$97.06	\$13.24	\$110.30
Option I										
Optional extended health insurance plan <sup>2</sup>		\$3.53		\$4.42		\$6.71				
Option II										
Optional dental care insurance plan <sup>3</sup>		\$16.16		\$27.86		\$37.12				
Option III – Optional life insu	urance plan f	or active	employe	es						
- Participant's basic life insurance (per \$1,000 of coverage)			\$0.125 <sup>4</sup> or 0.325% <sup>4,5</sup> of salary							
- Participant's AD&D insurance (per \$1,000 of coverage)			\$0.012 or 0.031% <sup>5</sup> of salary							
- Spouse's and dependent children's life insurance (per family)			\$0.735							
Participant's optional life insurance and pa										

Participant's optional life insurance and participant's spouse's optional life insurance

# Participant's optional life insurance and participant's spouse's optional life insurance

#### Participant's optional life insurance

See the Rate Schedule below

	Rates per	r \$1,000 of insu FOR 26 PAY	rance, per 14 PERIODS <sup>6</sup>	-day period		Rates as a in units of	Rates as a percentage of salary, per 14-day period, in units of 1 times the salary – FOR 26 PAY PERIODS			
	I	Male		Female			Male		Female	
Age	Smoker	Non-smoker	Smoker	Non-smoker	Age	Smoker	Non-smoker	Smoker	Non-smoker	
Under 30	\$0.025	\$0.025	\$0.025	\$0.025	Under 30	0.065%	0.065%	0.065%	0.065%	
30 to 34	\$0.025	\$0.025	\$0.025	\$0.025	30 to 34	0.065%	0.065%	0.065%	0.065%	
35 to 39	\$0.051	\$0.025	\$0.025	\$0.025	35 to 39	0.133%	0.065%	0.065%	0.065%	
40 to 44	\$0.085	\$0.051	\$0.059	\$0.025	40 to 44	0.221%	0.133%	0.153%	0.065%	
45 to 49	\$0.144	\$0.085	\$0.085	\$0.059	45 to 49	0.374%	0.221%	0.221%	0.153%	
50 to 54	\$0.221	\$0.144	\$0.144	\$0.085	50 to 54	0.575%	0.374%	0.374%	0.221%	
55 to 59	\$0.374	\$0.221	\$0.221	\$0.144	55 to 59	0.972%	0.575%	0.575%	0.374%	
60 to 64	\$0.587	\$0.366	\$0.340	\$0.205	60 to 64	1.526%	0.952%	0.884%	0.533%	
65 or over	\$0.723	\$0.442	\$0.536	\$0.332	65 or over	1.880%	1.149%	1.394%	0.863%	

1. The employer's contribution is reduced by 50% for the wage-earner who works full-time less than 70% of the time. | 2. A full premium holiday is awarded for the first four 14-day pay periods in 2021 (or the first 8 pay periods for wage-earners who are paid weekly). | 3. A full premium holiday is awarded for the first four 14-day pay periods in 2021 (or the first 8 pay periods in 2021 (or the first 8 pay periods for wage-earners who are paid weekly). | 3. A full premium holiday is awarded for the first four 14-day pay periods in 2021 (or the first 8 pay periods for wage-earners who are paid weekly). | 4. A partial premium holiday is awarded in 2021 for participant's basic life insurance. The premium rate takes the partial premium holiday into account. | 5. For participants age 65 or over, the percentage rate is divided by 2. | 6. The rate for spouse's optional life insurance is determined based on the participant's age and on the spouse's gender and smoking habits.

The 9% provincial tax must be added to the rates mentioned in this document.