



## 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.

ELIGIBLE EXPENSES The following care, services or supplies must be prescribed by a physician.	✓ = Covered	
	Applicable percentages and maximums	
	Complete TIER	Reduced TIER
	<b>Expenses reimbursed at 100%</b>	<b>Expenses reimbursed at 100%</b>
▪ 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	
▪ 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)	✓ \$40 reimbursed/day; \$1,000/calendar year	
▪ IUDs	✓ \$100 reimbursed/24 months	
	<b>Expenses reimbursed at 80% of the first \$3,250 of eligible expenses/ calendar year and 100% of any excess (participant and dependents)</b>	<b>Expenses reimbursed at 71% of the first \$3,103 of eligible expenses/ calendar year and 100% of any excess (participant and dependents)</b>
<b>Maximum amount disbursed by the participant, per calendar year (including dependents, if applicable)</b>	<b>\$650</b>	<b>\$900</b>
▪ Prescription drugs that can be obtained only by prescription – Direct automated payment service – New services by pharmacists – Generic substitution mandatory	✓	✓
▪ Dental treatment following accident	✓	✓
▪ Transportation by ambulance	✓	
▪ Breast prostheses	✓ \$500 eligible/24 months	
▪ Wig (capillary prosthesis)	✓ \$700 eligible/calendar year	
▪ Purchase or replacement – Artificial limbs, external prostheses, trusses, special bandages (severe burns), corsets, crutches, splints, casts, artificial eyes, support stockings (4 pairs/year)	✓	
▪ Purchase, rental and replacement of any equipment required by the insured's physical condition made by a orthotist-prosthetist or other professional specialized in the manufacturing of such equipment or products	✓ One reimbursement/calendar year/ products or equipment	
▪ Rental or purchase – Wheelchair, hospital bed (excluding the mattress), breathing assistance apparatus	✓	
▪ Services and supplies provided – Speech-language pathology, occupational therapy, oxygen therapy, audiology, laboratory tests, injectable medications, test strips, syringes and needles for diabetics	✓	
▪ Substance used in sclerosing injections	✓ \$30 reimbursed/treatment 10 treatments/calendar year	
▪ 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
▪ Retired Participants' Life Insurance	1 to 20 units of \$5,000 without exceeding the amount held on the retirement date
▪ Spouse's Basic Life Insurance for Retired Participants	\$5,000
▪ Basic Life Insurance for the Retired Participant's Dependent Children	\$2,500
▪ Spouse's Optional Life Insurance for Retired Participants	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, 2018 to December 31, 2018

#### Retiree's Life Insurance

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

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

**Retirees' Dependents' Life Insurance:** \$8.36 per family

**Spouse's Optional Life Insurance for Retirees:** The rates are those that apply to retirees' Life Insurance **in excess of \$5,000**. They are determined based on the age of the participant and on the gender of the retired participant'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 health insurance coverage issued by the Insurer.



FTQ Intersectoral Parity Committee

Group insurance plan  
Contract 006000

**ZOOM**  
on your coverages  
on January 1,  
**2018**

Health and Social Services Sector



La Capitale

Contact us

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### 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.



La Capitale  
Insurance and Financial Services

## 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 dentist's office

This leaflet 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, please refer to the group insurance booklet available at [www.lacapitale.com](http://www.lacapitale.com). You may also obtain a copy from your employer.

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



## ACTIVE PARTICIPANTS

### 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.

ELIGIBLE EXPENSES	Applicable percentages and maximums
<b>Healthcare professionals</b>	<b>Expenses reimbursed at 80%</b>
▪ Chiropractor	\$20 reimbursed/treatment; \$400/calendar year
▪ Homeopath, osteopath, acupuncturist or dietitian	\$20 reimbursed/treatment or consultation; \$400/calendar year per specialist
▪ Registered nurse or nursing assistant	\$200 reimbursed/day; \$4,000/calendar year
▪ Kinesitherapist, orthotherapist, kinotherapist, naturopath or massage therapist	\$20 reimbursed/treatment; \$400/calendar year for all of these specialists
▪ Physiotherapist or physical rehabilitation therapist	\$20 reimbursed/treatment; \$400/calendar year for all of these specialists
▪ Podiatrist or foot hygiene nurse	\$20 reimbursed/treatment; \$400/calendar year for all of these specialists
	<b>Expenses reimbursed at 50%</b>
▪ Psychologist, psychiatrist, psychoanalyst, psychotherapist and social worker.	\$500 reimbursed/calendar year for all of these specialists
<b>Other expenses</b>	<b>Expenses reimbursed at 80%</b>
▪ X-rays required from one of the professionals covered under the plan	\$40 reimbursed/calendar year for all specialists covered under the plan
▪ Ultrasound examinations and thermographic evaluations	\$400 reimbursed/calendar year for all expenses



### 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
▪ Diagnostic, preventive, basic restorative and major restorative services	<b>Expenses reimbursed at 80%</b> \$1,000 reimbursed/calendar year for all expenses
▪ Fixed prosthodontics (crowns)	
▪ Removable prosthodontics	<b>Expenses reimbursed at 50%</b> \$1,000 reimbursed/calendar year
<b>Removable and fixed prosthodontics: replacement once every 48 consecutive months</b>	
Frequency of complete examinations, recall or periodic examinations: <b>one examination per period of nine consecutive months</b>	



### Optional Life Insurance Plan (Option III) – OPTIONAL PARTICIPATION

BENEFITS	Amount of insurance
▪ <b>Active Participant's Basic Life Insurance</b>	
– Participant under age 65	One times the annual salary or wages
– Participant age 65 or over	0.5 times the annual salary or wages (see Table of Losses in booklet)
▪ <b>Active Participant's Optional Accidental Death and Dismemberment Insurance</b>	
– Participant under age 65	One times the annual salary or wages
– Participant age 65 or over	0.5 times the annual salary or wages
▪ <b>Spouse's Basic Life Insurance for Active Participants</b>	\$5,000
▪ <b>Dependent Children's Life Insurance for Active Participants</b>	\$2,500
▪ <b>Active Participant's Optional Life Insurance</b>	One to five times the annual salary or wages Evidence of insurability required at all times
▪ <b>Spouse's Optional Life Insurance for Active Participants</b>	One to 20 units of \$5,000 Evidence of insurability required at all times
<b>Accelerated benefit payment in the event of terminal illness</b>	

## RATES – ACTIVE PARTICIPANTS' PLAN

Rates per 14-day period effective from January 1, 2018 to December 31, 2018.

FOR 26 PAY PERIODS		Individual		Single-Parent		Family	
Basic health insurance plan	Job title with salary scale greater than \$40,000	Employee	Total	Employee	Total	Employee	Total
		Complete tier	\$2.39	\$50.87	\$60.18	\$5.97	\$66.15
Reduced tier	\$43.81	\$46.20	\$54.10	\$5.97	\$60.07	\$5.97	\$105.89
Complete tier	\$45.59	\$50.87	\$52.91	\$13.24	\$66.15	\$13.24	\$116.61
Reduced tier	\$40.92	\$46.20	\$46.83	\$13.24	\$60.07	\$13.24	\$105.89
<b>Option I</b>	Optional Additional Health Insurance Plan		\$4.02		\$5.02		\$7.63
<b>Option II</b>	Optional Dental Care Insurance Plan		\$16.99		\$29.30		\$39.03
<b>Option III – Optional Life Insurance Plan for Active Employees</b>							
– Participant's Basic Life Insurance (per \$1,000 of coverage)					\$0.146 or 0.380% <sup>2</sup> of salary		
– Participant's Accidental Death or Dismemberment Insurance (per \$1,000 of coverage)					\$0.012 or 0.031% <sup>2</sup> of salary		
– Spouse's and Dependent Children's Life Insurance (per family)					\$0.735		

1. The employer's contribution is reduced by 50% for the employee who works full-time less than 70% of the time.  
2. For participants age 65 or over, the percentage rate is divided by 2.

### Participant's Optional Life Insurance and Spouse's Optional Life Insurance

FOR 26 PAY PERIODS		Male		Female	
Age	Rates per \$1,000 of insurance, per 14-day period (for participants paid weekly, dollar amounts to be divided by 2)	Smoker	Non-smoker	Smoker	Non-smoker
		Under age 30	\$0.025	\$0.025	\$0.025
Age 30 to 34	\$0.025	\$0.025	\$0.025	\$0.025	
Age 35 to 39	\$0.051	\$0.025	\$0.025	\$0.025	
Age 40 to 44	\$0.085	\$0.051	\$0.059	\$0.025	
Age 45 to 49	\$0.144	\$0.085	\$0.085	\$0.059	
Age 50 to 54	\$0.221	\$0.144	\$0.144	\$0.085	
Age 55 to 59	\$0.374	\$0.221	\$0.221	\$0.144	
Age 60 to 64	\$0.587	\$0.366	\$0.340	\$0.205	
age 65 or more	\$0.723	\$0.442	\$0.536	\$0.332	

### Participant's Optional Life Insurance

FOR 26 PAY PERIODS		Male		Female	
Age	Rates as a percentage of salary, per 14-day period, in units of 1 times the salary	Smoker	Non-smoker	Smoker	Non-smoker
		Under age 30	0.065%	0.065%	0.065%
Age 30 to 34	0.065%	0.065%	0.065%	0.065%	
Age 35 to 39	0.133%	0.065%	0.065%	0.065%	
Age 40 to 44	0.221%	0.133%	0.133%	0.065%	
Age 45 to 49	0.374%	0.221%	0.221%	0.153%	
Age 50 to 54	0.575%	0.374%	0.374%	0.221%	
Age 55 to 59	0.972%	0.575%	0.575%	0.374%	
Age 60 to 64	1.526%	0.952%	0.884%	0.533%	
age 65 or more	1.880%	1.149%	1.394%	0.863%	

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.