



FTQ Intersectoral  
Parity Committee

## Group insurance plan

Zoom on your coverages  
January 1, 2021

Contract 006000

**School sector**

La Capitale   
Insurance and Financial Services

### 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.

La Capitale   
Insurance and Financial Services

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Quebec QC G1K 8X9

**lacapitale.com**

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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.

P252 School (2020-10)



100%

## 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	
• Rehabilitation centre – semi-private room	✓	
• 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, <b>gambling</b> <small>NEW</small> )	✓ \$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 for all prescription drugs	✓	✓
• 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	✓	
• Insulin pump and a <b>continuous glucose monitoring device</b> <small>NEW</small>	✓	
• 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
• Retiree's life insurance	1 to 20 units of \$5,000 without exceeding the amount held on the retirement date
• Retiree's spouse's basic life insurance	\$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
<b>Under 50</b>	\$0.177	\$0.092
<b>50 to 54</b>	\$0.371	\$0.185
<b>55 to 59</b>	\$0.622	\$0.296
<b>60 to 64</b>	\$1.044	\$0.453
<b>65 to 69</b>	\$1.649	\$0.776
<b>70 to 74</b>	\$2.642	\$1.203
<b>75 to 79</b>	\$3.550	\$2.078
<b>80 or over</b>	\$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](http://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](http://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

### 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)	<b>Expenses reimbursed at 50%</b>
• Removable prosthodontics	<b>Expenses reimbursed at 80%</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
<b>• Active participant's optional AD&amp;D insurance</b>	(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
<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 – From January 1, 2021 to December 31, 2021

## Basic health insurance plan

		Individual			Single-Parent			Family		
		Employee	Employer <sup>1</sup>	Total	Employee	Employer <sup>1</sup>	Total	Employee	Employer <sup>1</sup>	Total
FOR 20 PAY PERIODS	Complete tier	\$65.24	\$3.64	\$68.88	\$80.49	\$9.10	\$89.59	\$148.81	\$9.10	\$157.91
	Reduced tier	\$58.92	\$3.64	\$62.56	\$72.24	\$9.10	\$81.34	\$134.30	\$9.10	\$143.40
FOR 26 PAY PERIODS	Complete tier	\$50.19	\$2.80	\$52.99	\$61.91	\$7.00	\$68.91	\$114.47	\$7.00	\$121.47
	Reduced tier	\$45.33	\$2.80	\$48.13	\$55.57	\$7.00	\$62.57	\$103.30	\$7.00	\$110.30

## Option I

	Individual	Single-Parent	Family	Individual	Single-Parent	Family
	FOR 20 PAY PERIODS			FOR 26 PAY PERIODS		
Optional extended health insurance plan <sup>2</sup>	\$4.59	\$5.75	\$8.72	\$3.53	\$4.42	\$6.71

## Option II

Optional dental care insurance plan <sup>3</sup>	\$21.01	\$36.22	\$48.26	\$16.16	\$27.86	\$37.12
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## Option III – Optional life insurance plan for active employees

– Participant's basic life insurance (per \$1,000 of coverage)	\$0.163 <sup>4</sup> or 0.342% <sup>4,5,6</sup> of salary	\$0.125 <sup>4</sup> or 0.325% <sup>4,5</sup> of salary
– Participant's AD&D insurance (per \$1,000 of coverage)	\$0.016 or 0.034% <sup>5,6</sup> of salary	\$0.012 or 0.031% <sup>5</sup> of salary
– Spouse's and dependent children's life insurance (per family)	\$0.956	\$0.735
– Participant's optional life insurance and participant's spouse's optional life insurance	See the Rate Schedule below	

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

Age	Rates per \$1,000 of insurance, per 14-day period <sup>7</sup>							
	FOR 20 PAY PERIODS				FOR 26 PAY PERIODS			
	Male		Female		Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker
Under 30	\$0.033	\$0.033	\$0.033	\$0.033	\$0.025	\$0.025	\$0.025	\$0.025
30 to 34	\$0.033	\$0.033	\$0.033	\$0.033	\$0.025	\$0.025	\$0.025	\$0.025
35 to 39	\$0.066	\$0.033	\$0.033	\$0.033	\$0.051	\$0.025	\$0.025	\$0.025
40 to 44	\$0.111	\$0.066	\$0.077	\$0.033	\$0.085	\$0.051	\$0.059	\$0.025
45 to 49	\$0.187	\$0.111	\$0.111	\$0.077	\$0.144	\$0.085	\$0.085	\$0.059
50 to 54	\$0.287	\$0.187	\$0.187	\$0.111	\$0.221	\$0.144	\$0.144	\$0.085
55 to 59	\$0.486	\$0.287	\$0.287	\$0.187	\$0.374	\$0.221	\$0.221	\$0.144
60 to 64	\$0.763	\$0.476	\$0.442	\$0.267	\$0.587	\$0.366	\$0.340	\$0.205
65 or over	\$0.940	\$0.575	\$0.697	\$0.432	\$0.723	\$0.442	\$0.536	\$0.332

### Participant's optional life insurance

	Rates as a percentage of salary, per 14-day period, in units of 1 times the salary							
	FOR 20 PAY PERIODS <sup>6</sup>				FOR 26 PAY PERIODS			
	Male		Female		Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker
	0.069%	0.069%	0.069%	0.069%	0.065%	0.065%	0.065%	0.065%
	0.069%	0.069%	0.069%	0.069%	0.065%	0.065%	0.065%	0.065%
	0.139%	0.069%	0.069%	0.069%	0.133%	0.065%	0.065%	0.065%
	0.233%	0.139%	0.162%	0.069%	0.221%	0.133%	0.153%	0.065%
	0.393%	0.233%	0.233%	0.162%	0.374%	0.221%	0.221%	0.153%
	0.603%	0.393%	0.393%	0.233%	0.575%	0.374%	0.374%	0.221%
	1.021%	0.603%	0.603%	0.393%	0.972%	0.575%	0.575%	0.374%
	1.602%	1.000%	0.928%	0.561%	1.526%	0.952%	0.884%	0.533%
	1.974%	1.208%	1.464%	0.907%	1.880%	1.149%	1.394%	0.863%

1. The employer's contribution is reduced by 50% for the part-time employees. | 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 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. Since the annual salary is spread out over 21 pay periods and the premium over 20. | 7. 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.**