



APR FAE

L'ASSOCIATION
DE PERSONNES
RETRAITÉES
DE LA FAE

Group insurance plan

Schedule of coverage

Effective March 1, 2019

Policy 109995



La Capitale

Insurance and
Financial Services

THE APRFAE GROUP INSURANCE PLAN

You will be retiring soon, and your group health insurance plan will come to an end. If your spouse is covered under such a plan, you must be enrolled in the group plan if you are less than 65 years of age.

If you are not covered by another plan or if you are 65 or older, you may enrol in the *APRFAE group insurance plan*, under certain conditions.

A group plan

The *APRFAE group insurance plan* involves a contract between the APRFAE and La Capitale. All decisions concerning the plan provisions or amendments and the premium rates require the agreement of both parties.

A private group plan

The *APRFAE group insurance plan* is offered exclusively to regular APRFAE members. Participants may, of course, enrol their spouse or dependent children, but they themselves must be a regular APRFAE member.

A complementary group plan

The *APRFAE group insurance plan* complements the Basic Prescription Drug Insurance Plan administered by the *Régie de l'assurance-maladie du Québec* (RAMQ). You must therefore be registered with the RAMQ to meet the legal requirements. All the information you will need may be found at this address:
<http://www.ramq.gouv.qc.ca/en/contact-us/citizens/Pages/contact-us.aspx>.

A group plan with several options

The *APRFAE group insurance plan* offers basic, intermediate and enhanced options. You can choose the option that best meets your needs.

A flexible group plan

To ensure the stability of your plan, you must stay in the selected option for a minimum period of 24 or 36 months (depending on the option selected). After that period, you will have an opportunity to update your selection. You can always choose between individual, single-parent or family coverage.

A plan for safe travels

In addition to applying outside Quebec, the *APRFAE group insurance plan* offers excellent travel insurance conditions that are rarely found in a group plan for retirees. Similar coverage is offered under all three options.

A complete group plan

The *APRFAE group insurance plan* covers expenses for medical and professional healthcare services, the annual maximums of which are adjusted to reflect actual costs incurred.

An open group plan

The *APRFAE group insurance plan* is available to everyone who is eligible, as regular members of the Association, regardless of their retirement date. However, certain conditions may apply.

Everyone from an FAE-affiliated union or from the FAE, who retires and becomes an APRFAE member, has a 90-day period following the end of their group insurance plan in which to enrol in this plan, without evidence of insurability for themselves, their spouse or their dependent children.

If the application is submitted following termination of a group health insurance plan of the spouse or another association, or following the termination of an individual plan with a travel insurance benefit offering coverage for a minimum 30-day period, certain conditions may apply. However, the eligibility period or conditions vary from one situation to another.

Enrolment and other forms

You can obtain all the forms from the website or from the APRFAE secretariat.

To become a member of the Association, go to the APRFAE website and click ADHÉSION. To obtain insurance forms, click SERVICES/assurances.

The APRFAE, as the Policyholder, has the right to modify the *APRFAE group insurance plan*, content, eligibility conditions and premiums, with the Insurer's agreement.

The eligibility conditions, other than those for individuals from the FAE or from one of its affiliated unions, are not included in this leaflet. Any other person wishing to enrol in the *APRFAE group insurance plan* must first contact the APRFAE secretariat to determine eligibility.

The *Association de personnes retraitées de la FAE* also has a number of partnership agreements with other organizations that can offer premium reductions or other benefits to its members.

For more information, go to our website or contact the Association secretariat.

PLAN DESCRIPTION

All the maximums specified in this table are maximum reimbursement amounts per insured person

BENEFITS	BASIC OPTION	INTERMEDIATE OPTION	ENHANCED OPTION
Participation and plan change rules	Minimum term: 24 months OR Life event ¹	Minimum term: 36 months OR Life event ¹	Minimum term: 36 months OR Life event ¹
A TRAVEL, TRIP CANCELLATION AND HOSPITALIZATION INSURANCE EXPENSES			
▪ Deductible	None	None	None
▪ Coinsurance	100%	100%	100%
▪ Travel Insurance	Maximum/trip: \$5,000,000 Maximum stay: 60 days	Maximum/trip: \$5,000,000 Maximum stay: 90 days	Maximum/trip: \$5,000,000 Maximum stay: – Insured under age 80: 180 days – Insured aged 80 or over: 90 days
▪ Trip Cancellation Insurance	\$7,500 per trip	\$7,500 per trip	\$7,500 per trip
▪ Hospitalization	Unlimited, semi-private room	Unlimited, semi-private room	Unlimited, semi-private room
▪ Residential and long-term care centre	180 days per calendar year, semi-private room	180 days per calendar year, semi-private room	180 days per calendar year, semi-private room
▪ Rehabilitation centre	180 days per calendar year, semi-private room	180 days per calendar year, semi-private room	180 days per calendar year, semi-private room
B OTHER ELIGIBLE EXPENSES			
▪ Deductible	None	None	None
▪ Coinsurance	70%	75%	80%
Prescription drugs			
▪ Eligible prescription drugs	Prescription drugs not eligible under the prescription drug insurance plan of the province of residence		
▪ Substitution	Mandatory generic		
▪ Annual maximum	\$15,000	\$20,000	\$25,000
▪ Sclerosing injections	N/A	\$20 per session	\$30 per session
▪ Automated payment service	Direct	Direct	Direct
Medical services			
▪ Ambulance	Covered	Covered	Covered
▪ Dentist following accident	\$5,000 per accident	\$5,000 per accident	\$5,000 per accident
▪ Detoxification, including clinic for gambling addiction	N/A	N/A	\$80 per day, maximum of 30 days per calendar year
▪ Expenses for travel to receive treatment outside the insured's area of residence	Travel of 200 km or more from area of residence	Travel of 200 km or more from area of residence	Travel of 200 km or more from area of residence
– Maximum reimbursement for accommodations	\$80 per day	\$80 per day	\$125 per day
– Maximum reimbursement	\$1,000 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year
▪ Home care and assistance	N/A	N/A	\$500 per calendar year
▪ Nursing care	\$3,000 per calendar year	\$5,000 per calendar year	\$5,000 per calendar year
Diagnostic services			
▪ Computerized axial tomography (CAT scan)	N/A	\$200 per calendar year	\$200 per calendar year
▪ Diagnostic and laboratory tests	\$500 per calendar year	\$600 per calendar year	\$750 per calendar year
▪ Magnetic resonance imaging (MRI)	N/A	\$500 per calendar year	\$750 per calendar year
▪ Polysomnography	\$500 per calendar year	\$500 per calendar year	\$500 per calendar year
▪ Ultrasound examination	\$80 per calendar year	\$80 per calendar year	\$80 per calendar year
▪ X-rays	Covered	Covered	Covered
Other eligible medical expenses			
▪ Artificial limb or eye, supports, corsets, trusses, crutches or other orthopedic equipment	Covered	Covered	Covered
▪ Compression stockings	3 pairs per 12 consecutive months	4 pairs per 12 consecutive months	6 pairs per 12 consecutive months
▪ Custom-made foot orthoses and orthopedic shoes	\$250 per calendar year for all of these expenses	\$350 per calendar year for all of these expenses	\$500 per calendar year for all of these expenses
▪ Devices for diabetics (blood glucose monitor, dextrometer)	N/A	\$200 per 36 consecutive months	\$250 per 36 consecutive months
▪ External breast prosthesis	N/A	\$150 per calendar year	\$250 per calendar year
▪ Hearing aid	\$250 per 24 consecutive months	\$500 per 24 consecutive months	\$1,000 per 24 consecutive months
▪ Insulin pump	N/A	\$3,000 per 36 consecutive months	\$6,000 per 60 consecutive months
▪ IUDs	N/A	\$75 per 24 consecutive months	\$75 per 24 consecutive months
▪ Other therapeutic devices	Covered	Covered	Covered
▪ Respirator and oxygen	Covered	Covered	Covered
▪ Transcutaneous electrical nerve stimulation (TENS)	N/A	\$750 per 60 consecutive months	\$1,000 per 60 consecutive months
▪ Wheelchair, hospital bed	Covered	Covered	Covered
▪ Wig (capillary prosthesis)	\$100 lifetime	\$300 lifetime	\$300 lifetime
Healthcare professionals			
▪ Acupuncturist	N/A	\$40 per visit Maximum: \$500 per calendar year	\$40 per visit Maximum: \$600 per calendar year
▪ Audiologist, naturopath, occupational therapist, osteopath, podiatrist, speech-language pathologist	N/A	\$60 per visit Maximum: \$500 per calendar year for all of these professionals	\$60 per visit Maximum: \$600 per calendar year for all of these professionals
▪ Chiropractor	N/A	\$40 per visit Maximum: \$500 per calendar year	\$40 per visit Maximum: \$600 per calendar year
– Chiropractor X-rays	N/A	\$50 per calendar year	\$50 per calendar year
▪ Dietitian	N/A	\$50 per visit Maximum: \$500 per calendar year	\$50 per visit Maximum: \$600 per calendar year
▪ Homeopath, kinesiologist, massage therapist, orthotherapist	N/A	N/A	\$40 per visit Maximum: \$600 per calendar year for all of these professionals
▪ Physiotherapist, physical rehabilitation therapist and sports therapist	N/A	\$50 per visit Maximum: \$500 per calendar year	\$50 per visit Maximum: \$600 per calendar year
▪ Psychiatrist, psychoanalyst in an outpatient clinic, psychologist	N/A	\$80 per visit Maximum: \$500 per calendar year for all of these professionals	\$80 per visit Maximum: \$600 per calendar year for all of these professionals

1. Certain life events may allow you to review your plan regardless of the minimum period.

Expenses are considered to be incurred on the day services are provided, and must be incurred while this insurance coverage is in force.

Eligible expenses are those reasonably incurred and justified by current medical practice and the customary and reasonable charges in force in the area.



La Capitale

For life. And all it brings.

Contact us

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This document is not a contract. It merely provides an overview of the plan. Only the insurance contract and application may be used to settle a dispute. The contract has been issued by La Capitale Civil Service Insurer Inc. and the APRFAE.

