



Group insurance plan

Schedule of coverage effective on July 1, 2021

Contract No. 004500



IMPORTANT

You must make your coverage choices within **60 days** following the date on which you become eligible. All coverage change requests must also be submitted within **60 days** following the date of the event or the situation allowing you to review your choices. Beyond that period, various conditions apply.

This document is a summary of the coverage available to insured resident doctors under the contract for members of the *Fédération des médecins résidents du Québec* (FMRQ).

It was designed to make it easier for you to make your coverage selections on enrolment and includes the information most often accessed by insureds.

For plan details, enrolment conditions and **applicable exclusions and reductions**, please refer to the administrative version of the contract available on La Capitale's website at lacapitale.com or in the Client Centre.

Health Insurance – Mandatory participation

Care, services or supplies followed by an asterisk (*) require a prescription.

The maximums shown are per insured.

The coloured sections enable you to easily identify the additional benefits under the different plans



	BASIC PLAN	INTERMEDIATE PLAN	SUPERIOR PLAN
1. HOSPITALIZATION AND TRAVEL INSURANCE EXPENSES			
Hospitalization expenses in Canada (short- and long-term care)	Not covered	100% Semi-private room	100% Private room, including convalescent home
Travel Insurance and Assistance	100% Maximum reimbursement of \$5,000,000 per event	100% Maximum reimbursement of \$5,000,000 per event	100% Maximum reimbursement of \$5,000,000 per event
Trip Cancellation Insurance	100% Maximum reimbursement of \$5,000 per trip	100% Maximum reimbursement of \$5,000 per trip	100% Maximum reimbursement of \$5,000 per trip
2. PRESCRIPTION DRUG EXPENSES			
Medication*	68%, up to the maximum annual contribution under the PPDIP RAMQ list – Generic substitution (unless the physician indicates otherwise) Direct automated payment service	75% of the first \$600 of eligible expenses, 90% of the next \$500 and 100% of any excess per certificate, per calendar year Medications that may only be obtained on prescription from a physician – Generic substitution (unless the physician indicates otherwise) Direct automated payment service	75% of the first \$600 of eligible expenses, 90% of the next \$500 and 100% of any excess per certificate, per calendar year Medications that may only be obtained on prescription from a physician – Generic substitution (unless the physician indicates otherwise) Direct automated payment service
Sclectrosing injections (substance only)	Not covered	Not covered	100% Maximum reimbursement of \$50 per treatment and 10 treatments per calendar year
Preventive vaccines*	Not covered	Not covered	100% Maximum reimbursement of \$500 per calendar year
3. HEALTHCARE PROFESSIONALS			
Acupuncturist	Not covered	Not covered	100% Maximum reimbursement of \$30 per treatment and \$600 per calendar year
Audiologist	Not covered	100% Maximum reimbursement of \$45 per treatment and \$450 per calendar year	100% Maximum reimbursement of \$55 per treatment and \$550 per calendar year
Chiropractor	Not covered	100% Maximum reimbursement of \$20 per treatment and \$400 per calendar year	100% Maximum reimbursement of \$30 per treatment and \$600 per calendar year
Dietitian	Not covered	Not covered	100% Maximum reimbursement of \$30 per treatment and \$600 per calendar year
Occupational therapist	Not covered	100% Maximum reimbursement of \$35 per treatment and 20 treatments per calendar year	100% Maximum reimbursement of \$45 per treatment and 20 treatments per calendar year
Kinesitherapist, massage therapist and orthotherapist	Not covered	Not covered	100% Maximum reimbursement of \$30 per treatment and \$300 per calendar year for all these professionals
Speech-language pathologist	Not covered	100% Maximum reimbursement of \$45 per treatment and \$450 per calendar year	100% Maximum reimbursement of \$55 per treatment and \$550 per calendar year

	BASIC PLAN	INTERMEDIATE PLAN	SUPERIOR PLAN
3. HEALTHCARE PROFESSIONALS (CONT.)			
Osteopath	Not covered	100% Maximum reimbursement of \$20 per treatment and \$400 per calendar year	100% Maximum reimbursement of \$30 per treatment and \$600 per calendar year
Physiotherapist and physical rehabilitation therapist	Not covered	100% Maximum reimbursement of \$25 per treatment and 20 treatments per calendar year for all these professionals	100% Maximum reimbursement of \$45 per treatment and 20 treatments per calendar year for all these professionals
Podiatrist	Not covered	100% Maximum reimbursement of \$20 per treatment and \$400 per calendar year	100% Maximum reimbursement of \$30 per treatment and \$600 per calendar year
Psychologist and psychotherapist	Not covered	80% Maximum reimbursement of \$2,000 per calendar year for all these professionals	80%, including the professional fees of a psychoanalyst or social worker Maximum reimbursement of \$2,000 per calendar year for all these professionals
Chiropractor X-rays	Not covered	100% Maximum reimbursement of \$40 per calendar year	100% Maximum reimbursement of \$60 per calendar year
4. OTHER ELIGIBLE EXPENSES			
Accidental damage to natural teeth	Not covered	100%	100%
Ambulance	Not covered	100%	100%
Orthopedic appliances	Not covered	100%	100%
Therapeutic devices*	Not covered	100%	100%
Support stockings	Not covered	100 % Maximum reimbursement of \$100 per pair and 3 pairs per period of 12 consecutive months ¹	100 % Maximum reimbursement of \$100 per pair and 3 pairs per period of 12 consecutive months ¹
Orthopedic shoes and podiatric orthotics	Not covered	100%	100%
Cosmetic surgery following an accident	Not covered	Not covered	100% Maximum reimbursement of \$5,000 per accident
Close treatment detoxification or outpatient treatment	Not covered	100% Maximum reimbursement of \$75 per day and \$3,000 lifetime	100% Maximum reimbursement of \$75 per day and \$3,000 lifetime
Wheelchair and hospital bed*	Not covered	100%	100%
Glucometer, dextrometer and other similar appliance	Not covered	100% Maximum reimbursement of \$250 per period of 5 consecutive years, for insulin-dependent insureds only ¹	100% Maximum reimbursement of \$250 per period of 5 consecutive years ¹
Artificial limb or eye	Not covered	100% Loss resulting from an accident	100% Loss resulting from an accident or an illness
Oxygen and devices used to administer it, blood and plasma	Not covered	100%	100%
Joint and intraocular prosthesis	Not covered	100% of expenses in excess of those covered by the RAMQ if surgery is performed in a public institution	100% of expenses in excess of those covered by the RAMQ if surgery is performed in a public institution 100% of the expenses incurred, not including professional fees if surgery is performed in a private institution

	BASIC PLAN	INTERMEDIATE PLAN	SUPERIOR PLAN
4. OTHER ELIGIBLE EXPENSES (CONT.)			
Wig (capillary prosthesis)	Not covered	100%	100%
External breast prosthesis	Not covered	100%	100%
X-rays, computed tomography, magnetic resonance imaging (MRI), laboratory tests and electrocardiograms	Not covered	Not covered	100% Maximum reimbursement of \$1,500 per calendar year
Nursing care	Not covered	100% Maximum reimbursement of \$150 per day and \$3,000 per calendar year	100% Maximum reimbursement of \$10,000 per calendar year
Vision care (eye exam, eyeglasses, contact lenses and laser surgery)*	Not covered	Not covered	100% Maximum reimbursement of \$350 per period of 24 consecutive months ¹
IUDs	Not covered	100% Maximum reimbursement of \$75 per calendar year	100% Maximum reimbursement of \$200 per calendar year
Transportation and accommodation in Quebec for care not available in the area of residence*	Not covered	Not covered	100% Maximum reimbursement of \$75 per day for accommodation and \$1,500 per calendar year for accommodation and transportation

1. When a maximum is for a period of time other than a calendar year, the start of the period corresponds to the date on which the insured purchased the product or supplies for the first time.
Example: If the insured purchased a pair of glasses on April 4, 2020, the period of 24 consecutive months starts on that date and continues until April 3, 2022. The next 24-month period will start on the date on which glasses are next purchased following the end of the previous period.

Participant's Life Insurance

Mandatory participation

Amount of insurance:	1 times the annual salary
Conversion privilege:	31 days

Dependents' Life Insurance

Mandatory participation for residents with Family coverage status or exempt from Health Insurance

Amount of insurance:	– Spouse: \$5,000 – Dependent child at least 24 hours old: \$2,500
Conversion privilege:	31 days

Long-Term Salary Insurance

Mandatory participation

Elimination period:	105 weeks
Amount of benefits:	100% of the net benefits payable on the 105th week of disability under the Salary Insurance plan of the agreement, computed on a monthly basis.
Indexation:	According to the QPP index
Taxable benefits:	No
Maximum benefit period:	To age 65
Definition of disability:	Own occupation for 5 years; any occupation thereafter

GENERAL INFORMATION

Participation and choice of Health insurance plan

Participation of residents and dependents eligible for insurance is mandatory, subject to the Health Insurance exemption entitlement.

Residents must choose one of the following three Health Insurance plans:

- a) Basic plan
- b) Intermediate plan
- c) Superior plan

The Health Insurance plan that a resident selects will also apply to his or her insured dependents.

Participants may change their initial Health Insurance plan selection once during their residency. This change can only be done on July 1 of the year in which R3 is attained. The change, whether an increase or a reduction, can be done on more than one level at a time.

Life events

Participants may change their Health Insurance plan by submitting a change request to the Insurer during the 60-day period following one of the life events listed below:

- a) A first child is born or adopted
- b) Marriage, civil union or cohabitation for a minimum period of 12 months
- c) Separation for at least 90 consecutive days, divorce or annulment of a civil union
- d) Death of a spouse or dependent child

Participation in the new plan that has been selected must be maintained until the end of the residency period, with no other change possible unless another life event occurs.

Waiver of premiums

All plans: In the event of total disability, the insurance of participants and their dependents is maintained without payment of premiums as of the sixth working day.

Client Centre

If you register in the Client Centre, you can take advantage of our online services:

- Access to your coverage details
- Online claims and reimbursement of expenses in less than 48 hours for most health claims
- Monitor your claims
- Tax slips
- Display or print your service card

How to register:

Go to lacapitale.com/clientcentre.

Claims

Medication – Direct automated payment service

When purchasing medication, simply present your service card and pay only the uninsured portion of expenses.

Medical and paramedical care

You can submit your claims directly from the La Capitale Client Centre.

- **Healthcare professionals:** You enter the required information (type of professional, amount claimed, name of the professional, etc.) and receive reimbursement in your bank account within 24 to 48 hours.²
- **Other expenses:** You can submit your claims by attaching photos of your receipts. The current processing times apply to all such 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.

2. Processing time may vary depending on your financial institution.

Travel Insurance

Going on vacation? Before departure, ensure that your health condition is good and stable and that you are eligible for Travel Insurance. If in doubt, contact the Assistor, who will provide you with information on your eligibility.

To contact CanAssistance

- In Canada and the United States: 1 800 363-9050
- Collect worldwide: 514 985-2281

Travel and Trip Cancellation Insurance – New terms

For more details, read the Frequently Asked Questions page on La Capitale's website: lacapitale.com/en/covid.

PREMIUM RATES APPLICABLE FROM JULY 1, 2021 TO JUNE 30, 2022

These rates do not include the 9% provincial tax.

		BASIC PLAN	INTERMEDIATE PLAN	SUPERIOR PLAN
HEALTH INSURANCE		Premium per 14-day period		
INDIVIDUAL COVERAGE	Total premium	\$38.88	\$58.39	\$70.88
	Employer's contribution	\$2.39	\$2.39	\$2.39
	Employee's contribution	\$36.49	\$56.00	\$68.49
FAMILY COVERAGE	Total premium	\$77.01	\$115.78	\$140.43
	Employer's contribution	\$5.97	\$5.97	\$5.97
	Employee's contribution	\$71.04	\$109.81	\$134.46

LIFE INSURANCE

Dependents' Life Insurance	Premium per 14-day period: \$0.23 per family
Participant's Life insurance	0.053% of paid salary ³
Long-Term Salary Insurance	0.370% of paid salary ³

3. Paid salary includes call duty and teaching premiums.

For questions about your plan or to follow up on your claims

La Capitale Customer Service **1 800 463-4856**
Monday to Friday, from 8:30 a.m. to 5:00 p.m.



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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.