

This document summarizes the coverage offered under the Fédération nationale des enseignantes et des enseignants du Québec (FNEEQ) group insurance plan.

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. It also contains the terms and conditions concerning life events allowing you to review your coverage choices and the annual period provided for other change requests.

For a full description of the plan and for information on the applicable exclusions and reductions, please refer to the contract, which has been posted on the FNEEQ and La Capitale websites: fneeq.qc.ca and lacapitale.com/fneeq.

IMPORTANT Plan selection period

You must make your coverage choices within 30 days following the date on which you become eligible. All coverage change requests must also be submitted within 30 days following the date of the event or the situation allowing you to review your choices.

Supplementary information

Travel insurance

Going on vacation? Before you leave, make sure your health is good and stable and that you are eligible for travel insurance. If you're unsure, contact CanAssistance, La Capitale's travel assistor, for information about your eligibility and specific advice about your travel destination.

Call CanAssistance

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

Certain exclusions apply, such as during a trip in which a teacher accompanies students as part of his or her duties.

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

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.

fneeq 
CSN

Group insurance plan

Schedule of coverage
effective as of January 1, 2021

Contract 001008-001010

La Capitale 
Insurance and Financial Services

Participant's life insurance including critical illness insurance

Optional participation

• Active participant under age 70	1 x annual salary (minimum: \$35,000) or 2 x annual salary (minimum: \$70,000), as selected by the participant 50% reduction at age 65
• Active participant age 70 or over	\$10,000
Critical illness insurance	Up to \$25,000 lifetime Exclusions may apply in the event of pre-existing conditions.

Dependents' life insurance

Optional participation

• Spouse under age 65	\$10,000
• Spouse age 65 or over	\$5,000
• Dependent child	\$5,000

Optional life insurance

Optional participation

Participant	1 to 10 units of \$25,000
Spouse	1 to 10 units of \$25,000

The Insurer pays the beneficiary the life insurance amount corresponding to the age of the insured at the time of death.

Short-term disability insurance

Mandatory participation

Private sector employees and all individuals or classes of individuals approved by the FNEEQ.

Elimination period:	
• LaSalle College	10 days
• Lecturers/Université Laval	180 days
• Collège Trinité	14 days
• ITHQ	52 weeks
• Other institutions	30 days
Maximum benefit period	24 months
Benefit amount	80% net salary
Maximum	\$5,000 per month
Indexation	Based on QPP, maximum 3%
Non-taxable benefits	

Long-term disability insurance

Optional and subsequently mandatory participation

Elimination period	104 weeks + sick days
Maximum benefit period	Up to age 65
Benefit amount	80% net salary
Maximum	\$5,000 per month
Indexation	Based on QPP, maximum 6%
Own occupation	Up to age 65
Non-taxable benefits	

For non-permanent employees, participation is initially optional. It becomes mandatory on the start date of the contract following the achievement of three years of seniority as of the first eligible contract based on the official seniority list.

Exemption right

Are you wondering whether you can terminate your long-term disability insurance? RREGOP contributors can terminate their insurance in the two years preceding eligibility for retirement without reduction.

If you are in a different category, please refer to the contract.

Rules for changing your coverage selections

The plan allows you to, under certain conditions, review your coverage choices, each November, when you renew your annual membership or when one of the following life events occurs: acquisition of permanent status, marriage, separation, death of your spouse or child, birth or adoption of a first child. The table below shows the rules that apply to changes of coverage.

Desired change	Annual membership renewal in November (change going into effect on the following January 1)	Eligible life event
Increase my health insurance coverage	Yes, if you have at least 12 months of participation at the current level.	Yes Without evidence of insurability during the 30 days following the event
Increase my dental care coverage	Yes, if you have at least 12 months of participation at the current level. Note that to be able to select option 2, you must be enrolled in module B or C for health insurance.	
Reduce my health insurance and dental care coverage	Yes, if you have at least 36 months of participation at the current level. If you have module B or C and option 2 for dental care, the 36-month participation rule must be met for both plans.	
Enrol in basic life insurance (participant and dependents)	Possible at any time, subject to the approval of the evidence of insurability by La Capitale	
Increase my basic life insurance	Possible at any time, subject to the approval of the evidence of insurability by La Capitale	
Reduce or cancel my life insurance coverage	Possible at any time	

Benefit claims

Always indicate your contract and identification numbers as they appear on your service card. To help speed up claims processing, register for direct deposit.

• Health insurance	
– Prescription drugs	Present your direct payment card to the pharmacist. You pay only the portion that is not covered.
– Other medical care expenses	Use the La Capitale claim form (available in your Client Centre) or use the La Capitale mobile app, which you can download for free from the App Store or on Google Play. The healthcare professional's form may also be used.
• Dental care insurance	Present your direct payment card to your dentist. You pay only the portion of expenses that is not covered.
• Disability insurance	Use the La Capitale claim form (available at lacapitale.com/forms).
• Life and critical illness insurance	Contact La Capitale directly for the required forms.

Health insurance – Mandatory¹

Care, service or supply expenses followed by an asterisk (*) require a prescription.

The maximums shown are per insured.

	BASIC COVERAGE (Module A)	STANDARD COVERAGE (Module B)	ENRICHED COVERAGE (Module C)
Minimum participation period: 36 months, subject to the provisions set out in the Rules table provided in this document.			
1. Expenses reimbursed at 100%²			
Hospitalization	Semi-private room	Semi-private room	Semi-private room
Extended care	Semi-private room, maximum of 180 days per calendar year	Semi-private room, maximum of 180 days per calendar year	Semi-private room, maximum of 180 days per calendar year
Travel insurance	Maximum lifetime reimbursement of \$2,000,000	Maximum lifetime reimbursement of \$2,000,000	Maximum lifetime reimbursement of \$2,000,000
Trip cancellation insurance	Maximum of \$5,000 per trip	Maximum of \$5,000 per trip	Maximum of \$5,000 per trip
2. Prescription drugs²			
Reimbursement	Generic drugs: 70% (using the base price of the least expensive generic drug – mandatory substitution) Patented drugs: 70% Brand-name drugs: 70% of eligible expenses up to the maximum annual contribution under the BPDIP, ³ and 100% of any excess per certificate	Generic drugs: 80% (using the base price of the least expensive generic drug – mandatory substitution) Patented drugs: 80% Brand-name drugs: 80% of the first \$2,500 of eligible expenses per calendar year and 100% of any excess per certificate	Generic drugs: 90% (using the base price of the least expensive generic drug – mandatory substitution) Patented drugs: 90% Brand-name drugs: 90% of the first \$2,500 of eligible expenses per calendar year and 100% of any excess per certificate
Annual deductible	None	None	None
Electronic claims payment	Direct	Direct	Direct
3. Other eligible expenses²			
Reimbursement	70%	80%	90%
Annual deductible	None	None	None
Ambulance	Covered	Covered	Covered
Artificial limbs,* prosthetic devices,* foot orthoses* and orthopedic devices*	Covered	Covered	Covered
Breast prosthesis*	Eligible maximum of \$500 per calendar year	Eligible maximum of \$500 per calendar year	Eligible maximum of \$500 per calendar year
Cannabis for medical purposes*	Maximum reimbursement of \$1,500 per calendar year	Maximum reimbursement of \$1,500 per calendar year	Maximum reimbursement of \$1,500 per calendar year
Continuous glucose monitoring device* NEW	Eligible maximum of \$5,000 per calendar year	Eligible maximum of \$5,000 per calendar year	Eligible maximum of \$5,000 per calendar year
Corrective (deep) footwear*	Eligible maximum of \$100 per pair and of 2 pairs per calendar year	Eligible maximum of \$100 per pair and of 2 pairs per calendar year	Eligible maximum of \$100 per pair and of 2 pairs per calendar year
Dental surgery following accident	Covered	Covered	Covered
Expenses for travel to receive treatment from a medical specialist not available in the insured's province of residence	Maximum reimbursement of \$750 per trip	Maximum reimbursement of \$750 per trip	Maximum reimbursement of \$750 per trip
Eye exam	Not covered	Eligible maximum of \$100 per consecutive 24-month period	Eligible maximum of \$100 per consecutive 24-month period
Glucometer,* dextrometer* or other similar appliance*	Maximum reimbursement of \$200 per period of 60 consecutive months	Maximum reimbursement of \$200 per period of 60 consecutive months	Maximum reimbursement of \$200 per period of 60 consecutive months
Hearing aid*	Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 12 consecutive months NEW	Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 12 consecutive months NEW	Maximum reimbursement of \$1,000 per device, up to \$2,000 per period of 12 consecutive months NEW
Insulin pump			
• Device*	Maximum reimbursement of \$6,000 per period of 60 consecutive months	Maximum reimbursement of \$6,000 per period of 60 consecutive months	Maximum reimbursement of \$6,000 per period of 60 consecutive months
• Accessories (tubes, catheters)	Eligible maximum of \$2,500 per calendar year	Eligible maximum of \$2,500 per calendar year	Eligible maximum of \$2,500 per calendar year
IUD	Covered	Covered	Covered
Medical reports	Maximum reimbursement of \$40 per report and \$500 per calendar year	Maximum reimbursement of \$40 per report and \$500 per calendar year	Maximum reimbursement of \$40 per report and \$500 per calendar year
Orthopedic shoes (custom-made)*	Purchase price, subject to a \$20 deductible per pair	Purchase price, subject to a \$20 deductible per pair	Purchase price, subject to a \$20 deductible per pair
Oxygen therapy*	Covered	Covered	Covered
Private clinic (treatment of alcoholism, drug addiction or compulsive gambling)	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions	Maximum reimbursement of \$3,500 per calendar year Maximum of 1 admission per calendar year and lifetime maximum of 2 admissions
Registered nurse* or licensed practical nurse*	Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year	Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year	Eligible maximum of \$300 per day, and maximum reimbursement of \$10,000 per calendar year
Rehabilitation centre	Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization	Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization	Semi-private room Eligible maximum of \$75 per day and 15 days per period of hospitalization
Serums and fluids injected for curative purposes* (including injections administered for artificial insemination)	Covered	Covered	Covered
Support stockings	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year	Maximum of 6 pairs per calendar year
Vaccines (including preventive vaccines)	Covered	Covered	Covered
Wheelchair,* iron lung*, adult diapers for incontinence or therapeutic devices*	Covered	Covered	Covered
Wig (capillary prosthesis)*	Eligible maximum of \$700 per calendar year	Eligible maximum of \$700 per calendar year	Eligible maximum of \$700 per calendar year
4. Healthcare professionals^{2,4}			
Reimbursement	Expenses not covered	80%	90%
Assessment performed by a psychologist, a neuropsychologist, a special educator or a speech-language pathologist	Not covered	Eligible maximum of \$1,250 per calendar year for all these professionals	Eligible maximum of \$1,250 per calendar year for all of these professionals
Chiropractor	Not covered		
Acupuncturist, dietitian, occupational therapist, osteopath, physical rehabilitation therapist, physiotherapist, podiatrist and sports therapist	Not covered	Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$800 per calendar year for all of these professionals	Eligible expenses of \$65 per visit, treatment or X-ray, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals
Massage therapist*, kinesiologist and orthoherapist	Not covered	Not covered	
Special educator, speech-language pathologist and audiologist	Not covered	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals
Guidance counsellor in private practice, psychoanalyst, psychiatrist, psychologist, psychoeducator, psychotherapist and social worker	Not covered	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,200 per calendar year for all of these professionals	Eligible expenses of \$100 per visit, up to a maximum reimbursement of \$1,800 per calendar year for all of these professionals

Dental care insurance	BASIC COVERAGE (Option 1) (Optional coverage)		ENRICHED COVERAGE (Option 2) (Optional coverage – available only to participants who have selected Module B or C for Health Insurance)	
	Minimum participation period: 36 months, subject to the provisions set out in the Rules table provided in this document.			
	Preventive services	80% (1 examination per 9-month period)	80% (1 examination per 9-month period)	
Basic restorative care	80%	80%		
Major restorative care	Not covered	80%		
Maximum reimbursement	\$1,000 per calendar year	\$1,000 per calendar year		
Annual deductible	None	None		

Rates

PREMIUM RATES PER 14-DAY PERIOD From January 1 to December 31, 2021

Health insurance⁵

Coverage status	Basic coverage (Module A)	Standard coverage (Module B)	Enriched coverage (Module C)
	Rate with a 7.5% premium holiday		

Participant under age 65

Individual	\$42.23	\$58.77	\$68.24
Single-Parent	\$71.74	\$99.85	\$115.94
Family	\$114.09	\$158.81	\$184.42
Couple	\$84.41	\$117.53	\$136.41

Participant age 65 or over registered with the RAMQ

Individual	\$14.68	\$22.98	\$26.97
Single-Parent	\$40.22	\$58.90	\$68.70
Family	\$55.00	\$82.02	\$95.85
Couple	\$29.29	\$45.92	\$53.87

Participant age 65 or over not registered with the RAMQ

Additional premium for prescription drugs			
Individual		\$105.55	
Single-Parent		\$105.55	
Family		\$211.12	
Couple		\$211.12	

* For the private sector and universities, the employer's share must be deducted from the premium indicated for health insurance coverage.

Dental Care insurance

Coverage status	Basic coverage (Option 1)	Enriched coverage (Option 2)
	Rate with a 1% premium holiday	
Individual	\$10.41	\$13.88
Single-Parent	\$19.53	\$26.02
Family	\$29.94	\$39.91
Couple	\$20.82	\$27.75

Participant's basic life insurance (rate per \$1,000 of insurance coverage)	Required rate	Rate with a 50% premium holiday
		\$0.0685
Participant's critical illness insurance (rate per \$25,000 of insurance coverage)	\$1.76	\$0.88
Dependents' life insurance	\$0.62	\$0.31

Short-term disability insurance

(rate per \$1,000 of salary)

Université Laval	\$0.343
LaSalle College	\$0.741
Collège Trinité	\$0.700
Other colleges and universities	\$0.575
ITHQ	\$0.139

Long-term disability insurance

(rate per \$1,000 of salary)

	\$0.409
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Participant's and spouse's optional life insurance – (rate per \$1,000 of insurance coverage)

Age group	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
	Rate with a 50% premium holiday			
Under age 25	\$0.009	\$0.013	\$0.005	\$0.007
Age 25 to 29	\$0.009	\$0.013	\$0.005	\$0.007
Age 30 to 34	\$0.009	\$0.014	\$0.005	\$0.007
Age 35 to 39	\$0.012	\$0.016	\$0.007	\$0.008
Age 40 to 44	\$0.018	\$0.026	\$0.009	\$0.013
Age 45 to 49	\$0.029	\$0.042	\$0.013	\$0.020
Age 50 to 54	\$0.044	\$0.067	\$0.025	\$0.030
Age 55 to 59	\$0.071	\$0.109	\$0.038	\$0.060
Age 60 to 64	\$0.119	\$0.172	\$0.059	\$0.088
Age 65 to 69	\$0.164	\$0.268	\$0.092	\$0.138

A declaration of good health must be provided as evidence of insurability for optional life insurance.

The 9% sales tax is not included in these premium rates.

- You can opt out of the health insurance module if you are covered under your spouse's employer's health insurance plan.
- Eligible expenses are those reasonably justified by the seriousness of the case as well as by current medical practice and the customary and reasonable charges in effect in the area.
- On July 1, 2020, the maximum annual BPDIP contribution was \$1,144.
- All of the healthcare professionals referred to in this document must be duly licensed under governing legislation and be members in good standing of a professional order recognized by legislative authority or of a professional association recognized by the Insurer. The insured may not have more than one treatment or consultation per day with the same healthcare professional.