



group insurance

Frequently asked questions

The answers to the following questions are for union members enrolled in FNEEQ-CSN's group insurance plan. Please contact your union to learn about the coverage available to you.



Enrolment

Is enrolment in the plan mandatory?

Enrolment in the health insurance plan is mandatory if you have a job percentage or sufficient salary to be eligible for the plan. However, if you are covered under your spouse's health insurance plan, or by a plan run by an organization or professional order to which you belong, you have the choice of opting out of FNEEQ's health insurance plan. Where appropriate, you will need to provide your employer with proof that you are covered under another plan with equivalent coverage.

Dental care, life insurance and critical illness insurance coverage is optional. The benefit of this coverage is mainly in the competitive premium rates of a group insurance compared to those of individual insurance.

A few years ago, regardless of health insurance coverage, long-term disability insurance became mandatory, except for non-permanent teachers in public CEGEPs for whom this coverage is nevertheless strongly recommended. Since special rules apply to certain categories and sectors, see the La Capitale Explanatory Brochure to learn more about this. Finally, short-term disability insurance is mandatory for members of the private schools and universities unions enrolled in the plan.

If I've opted out of health insurance, can I change my mind later on?

For health insurance, you can only decide to be covered under the plan again if you are no longer eligible for coverage under your spouse's plan (in case of loss of employment, separation, death) or the plan run by an organization to which you belong. If applicable, you will be required to be covered under this plan and you may also purchase dental care insurance.

When will I be able to change my coverage choices?

Following an eligible life event, you have 30 days to change your coverage choices. Outside of those events, you may reduce or increase your coverage, under certain conditions, as part of the annual re-enrolment. To learn more, see the «Changing Your Choices» section in the Enrolment Guide.

Once I've completed my enrolment, will La Capitale confirm my coverage choices?

Yes. La Capitale will send you an insurance certificate directly.

Health and Dental Care Insurance

What are the main differences between the levels of coverage available for health and dental care insurance?

In health insurance, there are two main differences.

The first pertains to the percentage of reimbursement. Basic coverage (module A) generally offers 70% reimbursement compared to 80% for regular coverage (module B) and 90% for enhanced coverage (module C).

The second pertains to paramedical care. Basic coverage (module A) reimburses chiropractic treatments only while the regular coverage (module B) and enhanced coverage (module C) provide access to a wider range of care. Enhanced coverage, in particular, reimburses prescribed massage therapy treatments.

For dental care, there is no deductible and the annual maximum reimbursement for each insured in your plan is \$1,000. Basic coverage (option 1) provides a reimbursement at 80% of basic and preventive care while the enhanced coverage (option 2) also reimburses at 80% major endodontic and periodontal restorations.

Obviously, the more extensive the coverage, the more expensive it is (see Coverage Summary for details).

When are medications reimbursed at 100%?

That depends on the coverage selected. Under the basic coverage (module A), it's when the participant has paid a maximum out-of-pocket amount for his medications and those of his family members. That amount, determined by the RAMQ, is \$963 for 2012 and increases every year. The out-of-pocket amount is the net amount paid by the participant after receiving a reimbursement from La Capitale.

With regular and enhanced coverage (modules B and C), when the participant and all of his family members have reached \$2,500 in medications, the reimbursement for medications becomes 100% for the rest of the year. So, the co-insurance ceiling is clearly better in modules B and C.

Can I decline health and dental care insurance?

You must choose health insurance coverage if you are not covered under a spousal plan. That condition does not apply for dental care, which you may decline if you wish.

Is it possible to choose individual coverage for dental care and family coverage for health insurance?

No. The coverage plan (individual, couple, single-parent, family) must be the same for dental care as it is for health insurance. With health insurance in particular, you have no choice: if your spouse is not covered by a group plan, you must include him or her under your plan. Similarly, if you have dependent children, you must also include them.

Who should I contact to ask about the status of a health or dental care insurance claim?

Contact La Capitale's customer service directly.

Are massages covered?

Only enhanced coverage (module C) provides a reimbursement for massage therapy (with a medical prescription) within a group of professionals. The reimbursement percentage is 90% for a \$50 maximum per visit and is subject to an annual maximum of \$900 for the entire group of professionals.

Health and Dental Care Insurance – continued

Are glasses and eye exams covered?

Only modules B and C offer a reimbursement of 80% and 90%, respectively, for an eye exam every two years. The eligible maximum for each insured is \$50 per visit. The insurance does not reimburse the purchase of glasses and contact lenses.

Are MRIs, CT scans and medical imaging in private clinics or tests done in private laboratories covered?

No. Many years ago, the decision was made to not reimburse the fees for care or services already available in the public sector.

During a disability period, can I increase my health and dental insurance coverage?

No. During a disability period, you cannot change your coverage level; however, you will have a waiver of premiums, that is, you will no longer have to pay your health and dental insurance premiums after two years of disability.

Am I covered while I'm travelling?

Yes. Regardless of the health insurance coverage chosen (basic, regular or enhanced), travel insurance covers 100% of emergency medical care. Trip cancellation insurance also provides for 100% reimbursement of prepaid expenses following a trip cancellation or interruption. Certain conditions and maximums apply. See the Explanatory Brochure to learn more.

Does basic coverage (module A) reimburse me for paramedical care?

Yes, but only chiropractic fees are reimbursed. The reimbursement is 70% of a maximum of \$50 per visit and the annual maximum is \$400 per insured. Other paramedical care and psychological care are not reimbursed with the basic coverage, but they may be eligible as an income tax deduction.

What reimbursement am I entitled to when I receive paramedical care under modules B and C?

Essentially, it's the reimbursement percentage that changes, from 80% with regular coverage to 90% with enhanced coverage. Also, the annual reimbursement maximum per insured is higher with the enhanced coverage. Finally, with enhanced coverage only, massage therapy costs are reimbursed at 90%, with an allowable maximum of \$50 per visit (see the Coverage Summary for more details).

If I currently have dental care, can I cancel it?

You may terminate your coverage as soon as you reach the minimum participation period or in the case of an eligible life event.

Are orthodontics covered?

Orthodontics are not covered under any of the dental care insurance options.

Life Insurance

If I want to enrol in life insurance, do I still need to provide evidence of insurability?

No. It is possible to enrol in basic life insurance without providing evidence of insurability by completing an application for enrolment within 30 days of an eligible life event, such as the acquisition of a permanent status, a marriage or equivalent, the birth or adoption of a first child, separation or divorce, termination of the spouse's group insurance plan, or the spouse's death. You can also enrol without providing an evidence of insurability when you start work at your employer.

Outside of these events, an evidence of insurability is required.

Similarly, an evidence of insurability is always required when purchasing additional life insurance units for the member or the spouse.

What is involved in an enrolment with evidence of insurability?

When you want to purchase or increase life insurance coverage for yourself, your dependent children, or your spouse, the insurer may ask for evidence of insurability. For example, it may be a medical questionnaire that you must complete and return directly to the insurer. In some cases, the insurer may request a medical examination. The coverage requested will take effect once the insurer has reviewed and approved your application.

Can I choose the amount of my life insurance coverage?

Yes, you may insure yourself for an amount equal to one or two times your annual salary, but that amount cannot be less than \$35,000 and \$70,000, respectively. That basic insurance includes critical illness insurance (\$25,000). If you are over 65 years of age, your cover- age is reduced by half (i.e. 1 or ½ times your annual salary). If you are still working at age 70, it decreases to \$10,000.

In addition, if you purchase a basic life insurance for two times your salary, you can add 1 to 10 increments of \$25,000 of additional life insurance.

Can I choose the amount of life insurance coverage for my spouse and my dependent children?

Yes and no! Spousal and children basic life insurance is available if you have enrolled in the participant's basic life insurance (i.e. for yourself). The base amount is \$10,000 for spouses (\$5,000 if 65 years or older) and \$5,000 for each dependent child.

If you enrol in dependent life insurance, you may then add 1 to 10 increments of \$25,000 of additional life insurance for your spouse.

Critical Illness Insurance

How can I enrol in the new critical illness insurance coverage?

This coverage is part of the participant's basic life insurance. You must enrol in the participant's basic life insurance for an amount equal to one or two times your annual salary to be automatically granted the critical illness insurance.

Does the critical illness insurance also cover the spouse?

No, only the participant is covered by this insurance.

Can I receive critical illness insurance benefits even if I'm working?

Yes. It's the diagnosis that determines payment of the benefit. That lump sum amount is non-taxable and you are free to use it however you like.

If I was diagnosed with a critical illness covered by this insurance just before my coverage took effect, am I entitled to the benefit?

No. In that specific case, the rule regarding pre-existing conditions applies. According to that rule, if you claim a benefit in the 24 months following your enrolment in the coverage, the insurer will check if you consulted a doctor or received treatments for that condition in the 24 months prior to your enrolment. If so, the benefit would not be payable.

Does the 24-month rule apply for all illnesses?

Yes, but as well, there is another restriction that applies to cancer: cancer cases diagnosed in the first 90 days after you enrol are not covered.

What are the critical illnesses and the amounts covered by the critical illness insurance?

The maximum benefit is \$25,000. It is the maximum lifetime non-taxable lump sum amount that the participant can receive in the event of critical illness. Refer to the La Capitale Explanatory Brochure for the list of critical illnesses covered and the percentage of the benefit received for each illness.