



**LaCapitale**

Insurance and  
Financial Services

*Taking care of what counts*

**Retired public and private college  
teaching personnel  
Contract 1011**

Plan modified on January 1, 2010



# GROUP INSURANCE PLAN

insured by



Policyholder:



## Retired public and private college teaching personnel Contract 1011

Plan modified on January 1, 2010



**Group insurance plan for  
retired members of unions belonging to the FNEEQ (CSN)  
insurance committee  
and affiliated to the  
FNEEQ (CSN)**

**POLICYHOLDER:**

FÉDÉRATION NATIONALE  
DES ENSEIGNANTES ET DES ENSEIGNANTS  
DU QUÉBEC (CSN)

**AND**

ASSOCIATION DES RETRAITÉS  
ENSEIGNANTS DE LA FNEEQ  
(AREF)

## **IMPORTANT**

This booklet contains general information about your group insurance contract.

This document does not include all contractual clauses regarding definitions, eligibility, enrolment, termination of insurance and other specifications. You may access this information by consulting the contract available from your Association.

The Policyholder may at any time, upon agreement with La Capitale, make modifications to the insurance benefits with regard to the individuals eligible for insurance, the scope of coverage and the sharing of costs between classes of insureds. Any such modifications shall then apply to all insureds.



100%

# TABLE OF CONTENTS

<b>SCHEDULE OF INSURANCE</b> .....	7
<b>GENERAL INFORMATION</b> .....	9
1. Definitions .....	9
2. Eligibility .....	11
3. Enrolment .....	12
4. The following provisions apply once the retired participant reaches age 65.....	14
5. Beneficiary .....	14
6. Extension of benefits for dependents of deceased retired participants .....	14
7. Conversion privilege .....	15
8. Termination of insurance .....	15
<b>HEALTH INSURANCE</b> .....	17
1. Basic expenses .....	17
2. Prescription drugs expenses .....	18
3. Other eligible expenses reimbursed at 75% .....	19
4. Other eligible expenses reimbursed at 50% .....	23
5. Exclusions applying to Health Insurance .....	23
<b>LIFE INSURANCE (OPTIONAL COVERAGE)</b> .....	25
1. Amount of Basic Life Insurance .....	25
2. Dependents' Life Insurance .....	25
3. Optional Life Insurance .....	25
<b>CLAIMS</b> .....	27
<b>TRAVEL INSURANCE</b> .....	29
<b>TRIP CANCELLATION INSURANCE</b> .....	37
<b>ANSWERS TO YOUR QUESTIONS</b> .....	43
<b>MONTHLY PREMIUM RATES EFFECTIVE JANUARY 1, 2010</b> .....	45

Insurer: La Capitale Civil Service Insurer Inc.  
 Contract administrator: La Capitale Insurance and Financial Services Inc.

Schedule of Insurance

General Information

Health insurance

Life Insurance (optional coverage)

Claims

Travel Insurance

Trip Cancellation Insurance

Answers to your questions

Monthly premium rates effective January 1, 2010



# SCHEDULE OF INSURANCE

*This table provides a brief description of your Group Insurance Plan. For a full description of each benefit, please refer to the corresponding pages in the booklet.*

BENEFIT	COVERAGE
<b>Health Insurance (p. 17)</b>	
Hospitalization	100%, private or semi-private room
Extended care	100%, maximum 180 days per year
Travel Insurance and Assistance	100%, maximum \$1,000,000
Trip Cancellation Insurance	100%, maximum \$5,000 per insured, per trip
Prescription drugs	75% of the first \$2,400 of eligible expenses and 100% of any excess
Electronic claims payment	Deferred
Other eligible expenses	75%, except for professional fees of a psychiatrist, psychoanalyst in an outpatient clinic, psychologist, social worker or career counsellor in private practice, which are reimbursed at <b>50%</b>
<b>Basic Life Insurance (p. 25)</b>	
<b>Participants:</b>	
Retired participants under age 65	1 times annual salary, rounded to the nearest \$500
Retired participants age 65 and over	\$5,000
<b>Dependents:</b>	
Spouse	<ul style="list-style-type: none"> <li>- \$10,000 in the event of death occurring before his or her 65th birthday</li> <li>- \$4,000 in the event of death occurring on or after his or her 65th birthday and before his or her 70th birthday</li> <li>- \$2,000 in the event of death on or after his or her 70th birthday</li> </ul>
Dependent child	\$4,000
<b>Optional Life Insurance (p. 25)</b>	<i>See booklet for full details</i>



# GENERAL INFORMATION

## 1. Definitions

### ACCIDENT

Any bodily injury confirmed by a physician and directly resulting from a sudden and unforeseeable action of an external cause, and independently of any other cause.

### ASSISTOR

CanAssistance or any other assistance company designated by La Capitale.

### BUSINESS PARTNER

A person with whom the insured is associated for business purposes as part of a company comprised of 4 shareholders or fewer, or a profit-making corporation comprised of 4 partners or fewer.

### CLOSE RELATIVE

The insured's spouse, child, father, mother, father-in-law, mother-in-law, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent or grandchild.

### COMMERCIAL ACTIVITY

An assembly, conference, convention, exhibition, show or seminar of a professional or commercial nature. The activity must be public, under the responsibility of an official organization and in compliance with the legislation, regulations and policies of the region where it will be held. The commercial activity must be the only reason for the planned trip.

### DEPENDENT CHILD

The term "dependent child" designates any of the following individuals:

- i) A person under age 18 for whom the participant or spouse exercises parental authority, including children for whom adoption procedures have been undertaken; such a person will be considered a dependent child until his or her 21st birthday, provided that person has no spouse and depends to a large degree on the participant or participant's spouse for support.

- ii) A person age 25 or under, who has no spouse and is attending a recognized educational institution as a duly registered full-time student, and for whom the participant or spouse would exercise parental authority if a minor.
- iii) A person who has reached the age of majority, who has no spouse and is domiciled at the participant's home, for whom the participant or spouse would exercise parental authority if a minor, and who is afflicted with a total disability or functional impairment, as defined in applicable legislation, that occurred before age 18.

The concept of parental authority for a person other than a child of the participant or participant's spouse must be confirmed by a court judgment or by a valid will of the father or mother or by a statement on their part to such effect forwarded to the public curator or public trustee.

### **HOST AT DESTINATION**

The person at whose principal residence the insured is planning to stay by prior agreement.

### **ILLNESS**

Any health condition or bodily disorder diagnosed by a physician, including pregnancy and any complication resulting from pregnancy.

### **PARTICIPANT**

A retired person who is eligible for this insurance.

### **PREPAID TRAVEL EXPENSES**

Any amount paid by and for the insured to purchase a package trip, tickets from a public carrier and rental of motor vehicles from an accredited firm. Also includes amounts paid by the insured for land arrangements usually included in a package trip, whether the reservations are made by the insured or by a travel agency, as well as amounts paid by the insured in relation to registration fees for a commercial activity.

### **SPOUSE**

The man or the woman who, on the date of the event giving entitlement to benefits:

- i) is married or civilly united to the participant; or
- ii) is not married or civilly united and who is cohabiting in a conjugal relationship with the participant, who is not married or civilly united, for at least one year, or for less than one year if he or she is the father or mother of a child of the participant; or

- iii) is not married or civilly united and who is cohabiting in a conjugal relationship with the participant, who is not married or civilly united, and had previously cohabited with the participant for an entire period of at least one year.

Note that the status of spouse may be cancelled by any of the following events, as the case may be: In the case of a marriage, a judgment of divorce between the participant and the spouse; in the case of a common-law union, de facto separation for at least 90 days; or in the case of a civil union, dissolution of the union by a notarized act or court decision.

### **TRAVEL COMPANION**

The person with whom the insured shares accommodation at the travel destination, or whose transportation expenses were paid with those of the insured.

### **TRIP**

For the purposes of Trip Cancellation Insurance, the term "trip" means a trip for tourism or recreational purposes, or a commercial activity, entailing the insured's absence from home for a period of at least 72 consecutive hours and requiring travel of at least 400 kilometres (round trip) from the insured's place of residence. A cruise with a planned duration of at least 72 consecutive hours operated by an accredited firm is also considered to be a trip.

**RESTRICTION:** Any trips for purposes of hunting or fishing are excluded.

## **2. Eligibility**

### **HEALTH INSURANCE**

Retired participants are eligible for coverage under the Health Insurance benefit as of the effective date of their retirement, if they were covered under the Health Insurance benefit of the active employees' contract immediately prior to their retirement.

Retired participants' dependents are eligible for insurance coverage on the date that the retired participant becomes eligible. Persons becoming dependents of the participant after the date on which the participant becomes eligible become eligible on the date that they satisfy the definition of "dependent".

## LIFE INSURANCE

Retired participants are eligible for coverage under Basic Life Insurance coverage as of the effective date of their retirement, if they were covered under the Basic Life Insurance benefit of the active employees' contract immediately prior to their retirement.

Participants who retired **before January 1, 2004**, and were covered under Basic Life Insurance, are eligible for Optional Life Insurance as of age 65.

Participants who retired **on or after January 1, 2004**, and were covered under Basic Life Insurance, are eligible for Optional Life Insurance as of their retirement.

Retired participants' dependents are eligible for Dependents' Life Insurance coverage on the effective date of the participant's retirement if they were covered under the Dependents' Life Insurance benefit of the active employees' contract immediately prior to the participant's retirement.

## 3. Enrolment

### HEALTH INSURANCE

#### – Retired participants under age 65

Enrolment is mandatory for any retired participant under age 65. Insurance for dependents is mandatory. However, a participant with no dependent children and whose spouse is age 65 or over may opt to replace Family coverage status with Individual coverage status. **Any participant who exercises this option cannot make subsequent changes to the choice of Individual coverage status.**

Retired participants or their dependents may waive or terminate coverage under this benefit by providing written notice to La Capitale along with proof that they are covered under another group insurance plan containing similar benefits. However, as soon as coverage under the other group plan ends, they must immediately enrol in this benefit.

– **Retired participants age 65 or over**

Enrolment in this benefit is optional for retired participants age 65 or over. Participation is mandatory for dependents of a retired participant who elects to enrol. However, a participant with no dependent children and whose spouse is age 65 or over may opt to replace Family coverage status with Individual coverage status. Any participant who exercises this option cannot make subsequent changes to the choice of Individual coverage status. **Retired participants who waive or terminate coverage under this benefit may not obtain this coverage subsequently.**

The coverage that the participant held upon reaching age 65 is maintained. However, prescription drugs are automatically covered by the *Régie de l'Assurance maladie du Québec*. To make any changes to this coverage, participants must give written notice to La Capitale within the specified periods.

Furthermore, any participant age 65 or over may opt to obtain coverage under this contract for prescription drugs that are covered under the RAMQ's Basic Prescription Drug Insurance Plan. Retired participants wishing to cover prescription drugs must complete an application for themselves and their dependents within 30 days of the latest of the following dates:

- the date on which the participant reaches age 65
- the date on which the participant retires

In such case, the participant must pay an extra premium as determined by La Capitale according to their Health Insurance benefit status (Individual or Family). Applications will not be accepted after the deadline specified above.

## LIFE INSURANCE

Participation in the Basic Life Insurance, Optional Life Insurance and Dependents' Life Insurance benefits is optional for eligible retired participants.

**However, retired participants who waive or terminate coverage under this benefit may not obtain this coverage subsequently.**

## **4. The following provisions apply once the retired participant reaches age 65**

Before retired participants reach age 65, La Capitale will notify them in writing of the various options that are available. Retired participants have 30 days following receipt of this letter to advise La Capitale of their choice. If they do not respond within the specified period, the following terms apply:

- **Health insurance**

Health Insurance coverage is maintained, except for prescription drugs, which will be covered under the *Régie de l'Assurance maladie du Québec*.

- **Basic Life Insurance and Optional Life Insurance benefits**

The amount of \$5,000 is maintained for each of these benefits.

## **5. Beneficiary**

Participants may designate a beneficiary or change a previously designated beneficiary or specify that the insurance is payable to their successors by means of a written, signed statement filed at the Head Office of La Capitale, subject to provisions of the Law. La Capitale shall not be liable for the legal validity of any change of beneficiary.

The rights of any beneficiary who dies before the participant revert to the participant. If at the time of the participant's death, the participant has not designated a beneficiary in writing, the amount of insurance becomes a part of the participant's estate.

## **6. Extension of benefits for dependents of deceased retired participants**

In the event of death of a retired participant, the Health Insurance benefit for the participant's dependents will be extended without payment of premiums for a period of 90 days.

Furthermore, dependents may remain insured under the Dependents' Life Insurance benefit held by the participant if they advise La Capitale of their intention within 90 days following the date of death. La Capitale will send an annual premium invoice.

## 7. Conversion privilege

Dependents covered under the definition of "Dependent Child" or "Spouse" of the point 1 may apply in writing to La Capitale within 31 days following the termination of their insurance to obtain an individual health insurance policy of the type issued at that time by La Capitale.

## 8. Termination of insurance

### HEALTH INSURANCE

Subject to the provisions of the "Extension" provision, Health Insurance terminates on the earliest of the following dates:

– **For a participant:**

- The date on which this benefit or contract is terminated.
- In the event of non-payment of premium, 30 days following the date on which written notice of termination is sent by La Capitale to the participant's last known address.
- The date on which La Capitale receives written notice from a participant age 65 or over to terminate coverage under this benefit, or the date of termination indicated on such notice, whichever is later.

– **For a dependent:**

- The date the participant's insurance terminates.
- The date on which the person ceases to be considered a dependent according to the definition of a "dependent".
- The date on which the participant changes from Family or Couple coverage status to Individual coverage status.

### LIFE INSURANCE

– **Participant's Basic Life Insurance:**

- The date on which this benefit or contract is terminated.
- The day before the due date of any unpaid premium.
- The date on which La Capitale receives written notice from a participant to terminate coverage under this benefit, or the date of termination indicated in such notice, whichever is later.

– **Dependents' Life Insurance:**

- The date the participant's insurance terminates.
- The date on which the person ceases to be considered a dependent.
- The date on which La Capitale receives written notice from a participant to terminate coverage for dependents under this benefit, or the date of termination indicated in such notice, whichever is later.

– **Optional Life Insurance:**

- The date on which this benefit or contract is terminated.
- The day before the due date of any unpaid premium.
- The date on which La Capitale receives written notice from a participant to terminate coverage under this benefit, or the date of termination indicated in such notice, whichever is later.

# HEALTH INSURANCE

## 1. Basic expenses

**The following expenses are exempt from any deductible and are reimbursed at 100%.**

### HOSPITALIZATION

When an insured, on recommendation of a physician, is admitted to a hospital in Canada after the date his or her insurance comes into force, La Capitale pays the fees for a private or semi-private room on behalf of the insured as long as the insured is hospitalized and is eligible for insured care, up to the amount the hospital is authorized to directly charge the patient for a semi-private room.

### EXTENDED CARE

When an insured, on recommendation of a physician, is admitted for extended care of a chronic condition such as to a tuberculosis hospital, a sanatorium, a home for the mentally ill, a nursing home, a dispensary and the establishment is authorized by the *Ministre de la Santé et des Services sociaux du Québec* to belong to the hospital insurance plan of the *Health Insurance Act* of this province, La Capitale pays the fees for a private or semi-private room on behalf of the insured as long as the insured is hospitalized and is eligible for insured care, up to a maximum of 180 days of hospitalization for extended care per calendar year and up to the amount the hospital is authorized to directly charge the patient for a semi-private room.

### TRAVEL INSURANCE

(See a detailed description on page 29).

### TRIP CANCELLATION INSURANCE

(See a detailed description on page 37).

## 2. Prescription drugs expenses

**Prescription drugs are exempt from any deductible and are reimbursed at 75% of the first \$2,400 of eligible expenses per calendar year, per family and 100% of any excess.**

La Capitale reimburses pharmaceutical services and prescription drugs that are covered under the RAMQ's Basic Prescription Drug Insurance Plan, as established under the *Act respecting prescription drug insurance* (R.S.Q., c. A 29-01). However, these services and prescription drugs are not covered for participants age 65 and over and their dependents, unless the participant chose to insure the services and prescription drugs under this benefit.

Subject to the exclusions hereafter, the Insurer reimburses prescription drugs other than those mentioned in the previous paragraph that are included in the Association québécoise des pharmaciens propriétaires (AQPP) drug list, which are dispensed by a pharmacist or duly authorized physician, and which may only be obtained on prescription from a physician or dentist as well as homeopathic medicines prescribed by a homeopath, also dispensed by a pharmacist or duly authorized physician. Also eligible for reimbursement are drugs obtained on prescription with directions for use specifically related to treatment of the following pathological conditions: cardiac disorders, pulmonary disorders, diabetes, arthritis, Parkinson's disease, epilepsy, cystic fibrosis and glaucoma.

### EXCLUSIONS

- a) Drugs coded "Z" in the drug formulary of the A.Q.P.P.
- b) Products considered to be food substitutes, cosmetic products, soaps, sunscreens and tanning oils, skin emollients, shampoos and other products for scalp treatment.
- c) Dietetic substances or foods.
- d) Drugs administered primarily for preventive purposes.
- e) Over-the-counter laxatives and antacids.
- f) Products used to treat hair loss or wrinkles or any other treatment administered primarily for aesthetic purposes.
- g) Smoking cessation aids.
- h) Drugs or substances used for the treatment of impotence.
- i) Any substances used for the purpose of artificial insemination, and contraceptive and prophylactic jellies and foams.
- j) Drugs provided during a period of hospitalization.

Furthermore, La Capitale may deny reimbursement of any drugs prescribed for a condition other than those listed in the manufacturer's directions for use or not prescribed in accordance with current medical practice. La Capitale may, among other things, require a medical diagnosis and limit reimbursement to a reasonable maximum.

In the event that Health Canada approves a new drug that may substantially affect the cost of coverage under this benefit, La Capitale reserves the right to exclude such drug from coverage if it does not appear on the drug formulary of the *Régie de l'assurance maladie du Québec*, or modify the applicable premium as of the drug's date of approval, subject to the consent of the Policyholder.

### 3. Other eligible expenses reimbursed at 75%

By eligible expenses is meant, subject to the *Quebec Health Insurance Act*, the *Quebec Hospital Insurance Act* or any health insurance law of the insured's province of residence, the following care, supplies and services, limited to those reasonably incurred and justified by the seriousness of the case as well as by current medical practice and the customary and reasonable charges in force in the area, excluding those that are not medically necessary; expenses payable under any other individual or group plan; and expenses for which the insured is entitled to an indemnity under the *Act respecting industrial accidents and occupational diseases*, the *Automobile Insurance Act* or under any other similar federal or foreign law.

- a) Expenses for transportation by **ambulance**, including round trip air or train transportation, in the case of an emergency.
- b) On prescription by a physician, expenses for the purchase of an **artificial limb** for a loss occurring while insurance is in force; **prosthetic devices**, excluding dental prostheses; foot orthoses and **orthopaedic devices**, except orthopaedic shoes; expenses for the repair of such devices are also covered if the cost of repair is lower than the cost of purchase.
- c) Expenses for the purchase of **homeopathic medicines available only on prescription** by a homeopath that are dispensed by a licensed pharmacist or by a duly authorized physician, up to an eligible maximum of \$400 per calendar year, per insured.
- d) On prescription by a physician, expenses for **serums and fluids injected for curative purposes**, including **injections for artificial insemination**, up to an eligible amount \$10 per drug and an eligible maximum of \$50 per injection.

- e) Professional fees of a **chiropractor**, for a treatment or a consultation, up to an eligible maximum \$30 per visit, limited to one visit per day, per insured and subject to a maximum of \$500 per calendar year, per insured. **X-rays** are reimbursed up to an eligible maximum of \$30 per calendar year, per insured.
- f) Expenses incurred for a stay in a recognized **private clinic** within Canada or outside of Canada specialized in rehabilitation treatment of alcoholism or drug addiction, excluding addiction to smoking, up to an eligible maximum of one stay per year, an eligible reimbursement of \$3,500 per year and a lifetime maximum of 2 stays per insured.
- g) Upon prescription by a physician, professional services provided by a **registered nurse or nursing assistant**, excluding any person who usually resides in the insured's home or is a member of the insured's family, up to an eligible maximum of \$200 per day, subject to a maximum reimbursement of \$2,000 per calendar year, per insured.
- h) Upon prescription by a physician, expenses for the purchase of **orthopaedic shoes** after deduction of a \$20 deductible per pair.
- i) Upon prescription by a physician, expenses for the purchase of **corrective footwear** from a specialized establishment, subject to a maximum of 2 pairs per calendar year, per insured.
- j) Upon prescription by a physician, expenses for the rental of a **wheelchair, an iron lung or other therapeutic devices**.
- k) The following services administered under the supervision of or prescribed by a physician and not otherwise reimbursable: **oxygen therapy, laboratory examinations**. However, the healthcare professionals dispensing these services must be registered with the organization governing their profession.
- l) Expenses for **X-rays, mammographies and ultrasound examinations** (other than fetal) performed outside a hospital centre, up to an eligible maximum of \$500 per calendar year, per insured.
- m) Expenses for **magnetic resonance imaging (MRI)** tests performed outside a hospital centre for purposes of diagnosis, up to an eligible maximum of \$500 per calendar year, per insured.

- n) The services provided by **physiotherapists and physical rehabilitation therapists** duly registered with the regulatory agency governing his or her respective profession, up to a maximum reimbursement of \$30 per treatment and \$500 per calendar year, per insured, *for all of these professionals*.
- o) The services of a **nutritionist, dietitian, osteopath, naturopath or podiatrist**, duly registered with the regulatory agency governing his or her respective profession, up to a maximum reimbursement of \$30 per treatment and \$500 per calendar year, per insured. A medical prescription is required for consultations with a nutritionist or dietitian.
- p) The professional services of a **dentist** for treatment of accidental injury to natural teeth occurring after the insurance is in force and provided that the treatment takes place within one year after the date of the accident.
- q) Services of an **acupuncturist**, who is a member in good standing of a recognized professional order, up to a maximum reimbursement of \$30 per treatment and \$500 per calendar year, per insured.
- r) Upon prescription by a physician, professional fees of **speech-language pathologists** and **occupational therapists** duly registered with the regulatory agency governing their respective profession, up to a maximum reimbursement of \$30 per treatment, one treatment per day and a maximum of \$500 per calendar year, per insured, *for all of these professionals*.
- s) Upon prescription by a physician, expenses for the purchase or repair of a **hearing aid**, up to a maximum reimbursement of \$500 per period of 3 consecutive years, per insured.
- t) Upon prescription by a physician, expenses for the purchase of **temporomandibular appliances**, up to an eligible maximum of \$100 per period of 24 consecutive months, per insured.
- u) Expenses for the purchase of an **appliance used to manage diabetes** (glucometer, dextrometer or any other appliance of a similar nature) as well as the travel case for transporting it, upon presentation of a complete report from the attending physician stating that the insured is insulin-dependent and that his or her condition requires the use of this appliance. However, the maximum reimbursement is limited to \$200 per period of 5 consecutive years, per insured.

- v) Expenses for the purchase of an **insulin pump** used to manage diabetes, upon presentation of a complete report from the attending physician stating that the insured is insulin-dependent and that his or her condition requires the use of this appliance. However, the maximum reimbursement is limited to \$1,750 per period of 5 consecutive years, per insured.
- w) If an insured must **travel outside of the area in order to consult a specialist or receive specialized treatment**, the following expenses are eligible for reimbursement, up to a maximum of \$500.
- Expenses for travel with a public carrier (bus, plane, boat or train) or by automobile, if the situation requires travel of at least 280 kilometres (total round trip) from the insured's place of residence. However, when travelling by automobile, eligible expenses are equal to those that would have been incurred had the trip been made by bus.
  - Accommodation expenses incurred in a public establishment, provided that the consultation or the treatment requires staying overnight.
- Expenses must be incurred for consultations or treatment within the province of Quebec and are reimbursed when the receipts or paid invoices are submitted, except if the means of transport used is an automobile.
- Eligible expenses must be incurred by and for the participant, if the participant has Individual coverage status; if the participant has Family or Single-Parent coverage status, eligible expenses must be incurred by and for the participant or his or her dependents. This coverage allows for the presence of a person accompanying the insured, if justified by the situation.
- x) Expenses for occupying a room, including meals, for at least 12 consecutive hours in a **rehabilitation centre** as defined by the *Act respecting health services and social services* in excess of the expenses payable under any government insurance plan, up to the cost of a semi-private room subject to an eligible maximum of \$75 per day, per insured, provided that the insured is admitted to the centre immediately following hospitalization and that the hospitalization was for a duration of at least three days and began while the insurance was in force. These expenses are limited to a maximum of 15 days per hospitalization.
- y) Expenses for the purchase of an **external breast prosthesis** following a mastectomy, in excess of the amount paid by the *Régie de l'assurance maladie du Québec*, up to an eligible maximum of \$500 per calendar year, per insured.

- z) Expenses for the purchase of **capillary prostheses (wigs)** required following chemotherapy treatments, up to an eligible maximum of \$400 per calendar year, per insured.
- aa) Expenses for the purchase of **foot orthoses**, made by a specialized orthopaedic laboratory licensed under the Law (R.S.Q. c. L-02), up to an eligible maximum of \$450 per orthosis, per calendar year, per insured.

#### 4. Other eligible expenses reimbursed at 50%

- The services of **psychiatrists, psychoanalysts in an outpatient clinic** and, upon prescription by a physician, the services of **psychologists, of social workers** and the professional fees of **career counsellors in private practice**, duly registered with the regulatory agency governing his or her respective profession; these services are limited to one consultation per day, up to an eligible maximum of 30 consultations per year and a maximum reimbursement of \$35 for each consultation. These maximums also apply in the case of marital therapy for both spouses. **The maximum reimbursement is \$1,050 per calendar year, per insured, for all of these professionals.**

The only services of **social workers** considered eligible for reimbursement are those rendered by members of the *Corporation professionnelle des travailleurs sociaux du Québec*. The only services of **psychiatrists** considered eligible for reimbursement are those rendered as psychoanalytic treatments, insofar as these professionals are members of the Canadian Psychoanalytic Society.

#### 5. Exclusions applying to Health Insurance

Subject to the provisions of the Act respecting prescription drug insurance, any expenses incurred in the following cases are not eligible for reimbursement by La Capitale:

- a) Eye and hearing examinations, except if required following an accident.
- b) Expenses for the purchase or adjustment of dental prostheses, eyeglasses or contact lenses, except if required following an accident.
- c) Those that the insured would not be required to pay if he or she had invoked the provisions of any public plan for which the insured may be eligible.
- d) Treatments, surgery or prostheses provided for aesthetic purposes, except following an accident.

- e) Medical examinations for the purposes of employment or insurance.
- f) Any condition occurring while the insured is on active duty with armed ground, sea or air forces.
- g) War, whether declared or undeclared, or active participation in an insurrection.
- h) Active participation in a criminal act.
- i) Following the termination of this contract, subject to any extension clause.

The exclusions and reductions of coverage mentioned under the Health Insurance benefit also apply to the Travel Insurance benefit.

**IMPORTANT :**

See Item 4 on Page 14: "Provisions applying to retired participants age 65".

# LIFE INSURANCE (Optional coverage)

## 1. Amount of Basic Life Insurance

The amount of Basic Life Insurance payable in the event of death of the participant is the following:

- Under age 65: 1 times annual salary, rounded to the nearest \$500.
- Age 65 and over: \$5,000.

## 2. Dependents' Life Insurance

The amount of Dependents' Life Insurance is the following:

- **Spouse:**
  - \$10,000 in the event of death occurring before his or her 65th birthday.
  - \$4,000 in the event of death occurring on or after his or her 65th birthday and before his or her 70th birthday.
  - \$2,000 in the event of death on or after his or her 70th birthday.
- **Dependent child:**
  - \$4,000 , provided the dependent child is age 24 hours or over.

## 3. Optional Life Insurance

Participants covered by the Life Insurance benefit upon retirement may obtain optional life insurance according to the following terms:

- **Participants who retired prior to January 1, 2004:**

Retired participants age 65 and over but under age 70 may obtain 1 to 8 units of Optional Life Insurance, each unit being equal to \$5,000.

Retired participants age 70 and over *on January 1, 2004* may obtain 1 to 2 units of Optional Life Insurance, each unit being equal to \$5,000.

Retired participants age 70 *on or after January 1, 2004* may maintain the amount of Optional Life Insurance that they held immediately prior to reaching age 70.

– **Participants who retired on or after January 1, 2004:**

**Upon retirement**, participants may obtain 1 to 10 units of Optional Life Insurance, each unit being equal to \$5,000. At age 70, the maximum number of units available is 8. The number of units must correspond to the amount of Basic Life Insurance held immediately prior to retirement, less the amount of Basic Life Insurance for which the participant becomes eligible.

**At age 65**, participants may obtain 1 to 10 units of Optional Life Insurance, each unit being equal to \$5,000. At age 70, the maximum number of units available is 8. The number of units must correspond to the amount of Basic Life Insurance held immediately prior to retirement, less the amount of Basic Life Insurance for which the participant becomes eligible.

Retired participants may *decrease the number of units* of Optional Life Insurance at any time, but in no case, may they *increase it*.

For retired participants age 65 and over but under age 70 on July 1, 1983, the total amount, including the amount of \$5,000 of Basic Life Insurance may not exceed the amount in effect on June 30, 1993.

**IMPORTANT:**

See Item 4 on Page 14: "Provisions applying to retired participants age 65".

# CLAIMS

## Health Insurance

### Prescription drugs and other expenses

Participants must submit a duly completed, signed and dated claim form to La Capitale's Head Office. It is important to follow the directions on the form and enclose original receipts and paid invoices for the expenses incurred. Insureds should keep copies for their own records as the originals will not be returned. In the event of hospitalization, participants show their service card at the time of admission, and the hospital will then file a claim directly with the La Capitale. Participants must provide the group, the employer and their identification number. All claims must be submitted to the Insurer no later than 12 months following the date expenses are incurred. We recommend that you file your claims every 3 months.

### *For participants under age 65*

#### Prescription drugs: Deferred electronic claims payment

When making prescription drug purchases, insureds present their service card to the pharmacist, which shows their identification number. The claim is automatically filed with La Capitale, but the insured must pay the full cost of the prescription drugs up front. La Capitale will issue reimbursement to the participant once \$75 of expenses have been claimed or after a period of 14 days has elapsed, whichever occurs first.

#### Direct deposit of Health Insurance benefits

It's easy to take advantage of this handy service. Just fill out the Direct Deposit application form available from your employer and send it to us. With Direct Deposit, when a claim is approved, benefits are deposited directly into your account. The Insurer then issues a statement confirming the date the claim was processed and the amount paid.

#### Life Insurance

The beneficiary must contact La Capitale to obtain all required claim forms and submit a claim for the insured amount.



# TRAVEL INSURANCE

La Capitale will reimburse the customary and reasonable expenses described in the Travel Insurance section, if incurred following an emergency situation resulting from an accident or illness occurring while the insured is temporarily outside the province of residence, provided the insured is covered under the government health insurance plan of the province of residence.

Benefits are granted over and above and not in replacement of any benefits provided under government programs.

Expenses are subject to a maximum lifetime reimbursement of \$1,000,000 per insured.

## Eligible expenses

### a) Hospitalization, medical and paramedical expenses

- Expenses for hospitalization in a semi-private or private room, in excess of the amounts reimbursed or eligible for reimbursement under the government health insurance plan of the insured's province of residence.
- Incidental expenses (telephone, television, parking, etc.) related to hospitalization, upon presentation of supporting documents, up to a maximum of \$100 per hospitalization.
- Professional fees of a physician for medical, surgical or anaesthetic care other than fees for dental care; expenses incurred are payable only for the portion of expenses in excess of the benefits payable under the government health insurance plan of the insured's province of residence.
- The cost of drugs obtained on prescription by a physician in an emergency treatment situation.
- Professional fees of a registered nurse for private nursing care dispensed exclusively in a hospital, when medically necessary and prescribed by the attending physician, up to a maximum reimbursement of \$3,000 per hospitalization. The nurse must not be related to the insured nor be a travel companion.

- Rental of therapeutic devices and purchase of trusses, corsets, crutches, splints, casts and other orthopaedic devices, when prescribed by the attending physician.
- Professional fees of a dentist for treatment of accidental injury to natural teeth caused by an accident occurring outside the insured's province of residence, up to a maximum reimbursement of \$1,000 per accident; to be covered, expenses must be incurred within 12 months following the accident.

**b) Expenses for transportation**

- Expenses for transportation of the insured by air or surface ambulance to the nearest medical centre where adequate medical care is available. This service also includes transfers between hospitals when the attending physician and the Assistor deem that current facilities are inadequate for treating the patient or stabilizing the patient's condition.
- Repatriation expenses for the insured to return to the place of residence by an adequate public carrier in order to receive appropriate treatment, as soon as the insured's health condition so allows and insofar as the means of transport initially planned for the return cannot be used. If required by the insured's health condition, the Assistor will send a medical escort on site to accompany the insured on the return trip. Repatriation must be approved and planned by the Assistor.
- When the insured is repatriated or transported, the Assistor organizes and pays expenses for the insured's spouse and dependent children or the insured's travel companion, as applicable, to return to the insured's province of residence, up to the cost of a regularly scheduled airline flight, train or bus ticket, if the means of transport initially planned for the return cannot be used.
- When the insured's health condition does not allow medical repatriation and hospitalization outside the province must extend beyond 7 days, the Assistor will organize and pay round-trip transportation expenses to enable a close relative of the insured, residing in the insured's province of residence, to be at the bedside of the insured. The maximum reimbursement is \$1,500. However, these expenses are not eligible for reimbursement if the insured is already accompanied by a close relative age 18 or over, if the necessity of a visit is not confirmed by the attending physician, or if the visit is not approved in advance and planned by the Assistor.

- The Assistor will make necessary arrangements to return home any children under age 18 accompanying the insured if, following the insured's accident or illness, the insured or another accompanying adult is unable to do so personally.
- If the insured is unable to drive the automobile used for a trip following an illness or accident that occurs during the trip and no other passenger is able to drive the vehicle, the Assistor will pay the expenses incurred by a commercial agency to return the insured's personal vehicle home or rental vehicle to the nearest appropriate vehicle rental agency, up to a maximum reimbursement of \$1,000.
- In the event of the insured's death, when necessary, the Assistor will organize and pay expenses for a round-trip economy class ticket by the most direct route (airplane, bus, train) to allow a close relative to identify the remains prior to repatriation, providing that no close relative age 18 or over is accompanying the insured on the trip. The maximum reimbursement is \$1,500.
- In the event of the insured's death, the Assistor will pay for the cost of preparing and returning the remains of the insured (excluding the cost of the coffin or casket) to the place of burial in the province of residence, subject to a maximum reimbursement of \$5,000, or a maximum reimbursement of \$3,000 in the event of cremation or burial on site.

**c) Living expenses**

- Expenses for accommodation and meals in a commercial establishment the insured must incur when obliged to postpone the return home due to an illness or bodily injury suffered by the insured, a close relative accompanying the insured or a travel companion, subject to a maximum reimbursement of \$150 per day for a maximum of 8 days.

## **Travel Assistance Service**

On request, the Assistor will provide insureds with worldwide travel assistance service 24 hours a day, 365 days a year, excluding countries at war or known to be in a state of political instability, making any intervention by the Assistor physically impossible.

- Advances for expenses covered under the Travel Insurance benefit. The Assistor then files a claim for reimbursement of expenses covered under the government health insurance plan of the insured's province of residence and with La Capitale.

- In the event of illness or accident abroad, the Assistor will provide straightforward medical information and information as to the location of an appropriate medical centre. If necessary, the Assistor will help coordinate the insured's admission to an appropriate clinic or hospital.
- Subject to the provisions herein, once notified of an illness or accident suffered by the insured outside the province of residence, the Assistor will coordinate communication between its medical service, the attending physician, and ultimately the insured's family doctor, in order to ensure any decisions made are best adapted to the situation.
- The Assistor will take charge of transmitting any urgent messages when the insured is personally unable to do so.
- The Assistor will ensure, insofar as possible, the dispatch of any drugs that are indispensable for the ongoing treatment of the insured in the event that it is impossible to obtain such drugs or equivalent drugs on site.

In all cases, drugs must be paid for by the insured and then, if eligible, reimbursed by La Capitale.

- Upon presentation of supporting documents, the Assistor will reimburse the insured for any telephone and other communication expenses incurred by an insured in distress abroad in order to gain access to covered services.
- Upon request by the insured, the Assistor will provide any information required in the event of major problems occurring during the trip following the loss of the insured's passport, visa, credit card, etc.
- The Assistor will provide insureds in distress abroad with telephone access to a multilingual interpretation service.
- In the event that an insured is involved in legal proceedings following a traffic accident, highway code violation or any other civil offence, the Assistor will provide assistance by recommending names of lawyers. This service is only applicable in Canada and the United States.

## Obligations of insureds

### a) Notice

Insureds must notify the Assistor of any incident, accident or illness as soon as possible.

### b) Restriction

As soon as they are able to do so, insureds must obtain the prior approval of the Assistor before taking any initiative or incurring any expenses. If the insured fails to fulfil this obligation, the Assistor will be relieved of its obligations to the insured.

### c) Unused tickets

When an insured has benefited from repatriation under the terms of this Travel Insurance benefit, the Assistor reserves the right to claim any ticket held by the insured that was not used due to services provided by the Assistor.

### d) Subrogation

For the purposes of this benefit and with regard to any funds advanced or reimbursed by the Assistor, the insured hereby assigns and subrogates the Assistor in all of his or her rights and recourses to any reimbursement from which he or she benefits or claims to benefit in accordance with any public or private plan providing insured services similar to those for which advances or expenses have been incurred by the Assistor. Insureds shall agree to sign any document and execute any deed required by the Assistor in order to give full and complete effect to this assignment and subrogation and specifically mandate the Assistor for this purpose as attorney and representative for submitting any claim and collecting any reimbursement.

## Exclusions and reduction of coverage

In addition to the exclusions and reductions of coverage specified for the Health Insurance benefit, La Capitale and the Assistor will issue no reimbursement nor provide any assistance to the insured in the following cases:

- a) When the loss occurs in the insured's province of residence.
- b) When the insured refuses without any valid medical reason to comply with the Assistor's recommendations with regard to repatriation or the choice of hospital or required care; by required care is meant the treatment needed to stabilize the insured's medical condition.

- c) If the insured fails to contact the Assistor as soon as possible in the event of a medical consultation or hospitalization following an accident or sudden illness.
- d) When expenses are incurred due to pregnancy and any related complications within 12 weeks preceding the expected date of delivery.
- e) When the claim is due to a medical condition for which the insured has been hospitalized, or has received or been prescribed medical treatment or consulted a physician within 90 days preceding the date of departure, except if it is proven to the satisfaction of La Capitale that the condition of the insured was stable at the time expenses are incurred. Any change in medication, including use and dosage, is considered to be a medical treatment .
- f) Any loss related to a known condition of the insured that is subject to periods of sudden deterioration and cannot be controlled by medication or otherwise.

**La Capitale will not apply the two above-mentioned exclusions unless the insured was informed prior to his or her departure that the condition is subject to the exclusion. We strongly recommend that persons with serious health problems contact La Capitale before their departure.**

- g) When the expenses incurred outside the insured's province of residence could have been incurred in the province of residence, without danger to the insured's life or health, with the exception of immediately required expenses following an emergency situation resulting from an accident or sudden illness. For the purposes of this exclusion, the fact that the treatment available in the province of residence may be of a different quality than that available outside the province does not constitute a danger for the insured's life or health.
- h) When expenses are incurred for insureds in hospitals for the chronically ill, services for the chronically ill in public hospitals, extended care homes or thermal spas.
- i) For elective or non-emergency surgery or treatment, or if the trip was taken for the purpose of obtaining or with the intention of receiving medical treatment or hospital services, whether or not the trip was taken on the recommendation of a physician.

- j) For an accident occurring while the insured is practising any sporting activity involving remuneration, motor vehicle competition or any speed contest, gliding or hang-gliding, mountaineering, skydiving, whether in freefall or not, bungee jumping or any other dangerous activity. Activities offered to the public at tourist resorts, other than the above-mentioned activities, are not considered as dangerous (in case of doubt, please contact La Capitale).
- k) For repatriation or travel assistance services, when the loss occurs in a country that is at war, whether declared or undeclared, is known to be experiencing political instability or during a riot, uprising, repression, restriction on free circulation, strike, explosion, nuclear activity, radioactivity or other events involving an Act of God making any intervention by the Assistor physically impossible. **This exclusion only applies to the Travel Assistance.**

La Capitale may, at any time and at its sole discretion, change the Assistor for the purposes of this benefit.

**IN CASE OF EMERGENCY:**

To obtain assistance services, be sure to have the information shown on your service card handy, and contact the Assistor by telephone at one of the following numbers:

**In Canada and the United States: 1 800 363-9050**  
**Elsewhere in the world (collect call): +1 514 985-2281**



# TRIP CANCELLATION INSURANCE

In accordance with the following conditions, La Capitale will reimburse 100% of the expenses incurred by the insured following the cancellation or interruption of a trip, insofar as the expenses incurred are related to travel expenses paid in advance by the insured while this benefit is in force and that, at the time travel arrangements were finalized, the insured was not aware of any event that could reasonably lead to the cancellation or interruption of the planned trip. The expenses covered are limited to \$5,000 per insured, per trip.

## 1. Eligible causes of cancellation or interruption

The trip must be cancelled or interrupted due to one of the following causes:

- a) An illness or accident preventing the insured, the insured's travel companion, a close relative of either, or a business partner of the insured from performing his or her usual activities, which is sufficiently serious to justify the cancellation or interruption of the trip.
- b) Death of the insured, the insured's spouse, the insured's child or spouse's child, or the insured's travel companion or business partner.
- c) Death of a close relative of the insured, other than the insured's spouse or child, or a close relative of the travel companion if the funeral is scheduled to take place during the trip or the preceding 14 days.
- d) Death or emergency hospitalization of the host at destination.
- e) The insured's or travel companion's summons for jury duty or subpoena to act as a witness in a case scheduled to be heard during the planned trip, provided the person involved is not a party to the litigation and has taken all necessary measures to have the hearing postponed.
- f) Quarantine of the insured or travel companion, except if quarantine ends 7 days or more before the scheduled date of departure.
- g) Hijacking of the airplane on which the insured is travelling.

- h) Damage rendering the principal residence of the insured, of the travel companion or of the host at destination uninhabitable, provided the residence remains uninhabitable 7 days or fewer prior to the scheduled date of departure, or the damage occurs during the time of the trip.
- i) Transfer of the insured or travel companion, for the same employer, to a location more than 100 kilometres from the current place of residence, provided the transfer is required within the 30 days preceding the scheduled date of departure.
- j) Terrorism or any other situation in the country to which the insured is travelling, provided the Government of Canada issues a warning that Canadians should not travel in that country during the time of the planned trip and that the warning was issued after travel expenses were incurred.
- k) Missed departure due to a delay in the means of transportation used to reach the point of departure, provided that the means of transportation used provides for scheduled arrival at the point of departure at least 3 hours prior to the time of departure, or at least 2 hours prior to departure if the distance to be covered is less than 100 kilometres.

The delay must be caused by weather conditions, mechanical problems (except for a private automobile), a traffic accident or an emergency road closure, each of the latter two causes requiring confirmation by a police report.

- l) Weather conditions such that the departure of the public carrier used by the insured, at the point of departure of the planned trip, is delayed by at least 30% (minimum 48 hours) of the planned duration of the trip, or preventing the insured after departure from making a scheduled connection with another carrier, provided the scheduled connection after departure is delayed for at least 30% (minimum 48 hours) of the planned duration of the trip.
- m) Damage occurring to a commercial establishment or location where a commercial activity is scheduled to be held, preventing the activity from taking place, provided that a written cancellation notice is issued by the organization officially responsible for the activity.

## 2. Eligible expenses

The following expenses are eligible, provided they are incurred by the insured, and are limited to \$5,000 per insured, per trip.

- a) In the event of cancellation prior to departure:
  - i) The non-refundable portion of prepaid travel expenses.
  - ii) Additional expenses incurred by the insured if the insured's travel companion must cancel due to one of the eligible reasons for cancellation provided hereunder and the insured decides to proceed with the trip as initially planned; expenses are eligible up to the amount of the cancellation penalty applicable at the time the travel companion has to cancel.
  - iii) The non-refundable portion of prepaid travel expenses, up to 70% of such expenses, if the insured's departure is delayed due to weather conditions and the insured decides not to proceed with the trip.
- b) In the event of missed departure, at the beginning of or during the trip, due to one of the reasons provided hereunder, the additional cost charged by a scheduled public carrier for economy class travel, via the most direct route, to the initially-planned trip destination.
- c) If the return is earlier or later than planned:
  - i) The additional cost of a one-way economy class ticket, by the most direct route to the point of departure, by the means of transportation initially planned, or if the initially planned means of transportation cannot be used, the fees charged by a scheduled public carrier for economy class travel, by the most economical means of transportation, via the most direct route, for the insured to return to the initial point of departure; these expenses must be pre-approved by La Capitale.

However, if the return is delayed by more than 7 days due to an accident or illness suffered by the insured or travel companion, expenses incurred are eligible, provided the person in question was admitted to hospital as an inpatient for more than 48 hours within the 7-day period.

- ii) The unused and non-refundable portion of the ground portion of prepaid travel expenses.

### 3. Exclusions from coverage

This benefit does not cover losses due to the following causes or to which such causes have contributed:

- a) Any trip taken for the purpose of obtaining or with the intention of receiving medical treatment or hospital services, whether or not the trip is taken on the recommendation of a physician.
- b) Any trip taken to visit a person who is ill or has suffered an accident, whereby the cancellation or interruption of the trip is due to a change in the medical condition or the death of such person.
- c) War, whether declared or undeclared, or active participation in an insurrection, whether real or apprehended.
- d) Active participation of the insured or travel companion in a criminal act or an act deemed to be criminal.
- e) Pregnancy, and any related complications, within 12 weeks preceding the expected date of delivery.
- f) Suicide or attempted suicide by the insured or travel companion, or voluntary self-inflicted injury or self-mutilation, whether or not the person is of sound mind.
- g) Voluntary abusive consumption of medication, drugs or alcohol and the resulting condition.
- h) Participation in any sporting activity involving remuneration, motor vehicle competition or speed contest, gliding or hang-gliding, mountaineering, skydiving, whether in freefall or not, bungee jumping or any other dangerous activity. Activities offered to the public at tourist resorts, other than the above-mentioned activities, are not considered as dangerous.

**IMPORTANT:**

- A medical condition for which the insured or travel companion has been hospitalized, or has received or been prescribed medical treatment or consulted a physician within 90 days preceding the date on which travel expenses were incurred, except if it is proven to the satisfaction of La Capitale that the condition of the person in question was stable at the time expenses are incurred. Any change in medication, including use and dosage, is considered to be a medical treatment.
- Any loss related to a known condition of the insured or travel companion that is subject to periods of sudden deterioration and cannot be controlled by medication or otherwise.

## 4. Notice of cancellation

In the event that a cause for cancellation occurs prior to departure, the trip must be cancelled within a maximum period of 48 hours, or if this period ends on a statutory holiday, by the next working day, and notice must be provided to La Capitale at the same time. La Capitale's liability is limited to the cancellation costs stipulated in the travel contract that are applicable 48 hours following the date of the cause for cancellation, or if a statutory holiday, on the next working day.

## 5. Coordination of benefits

Any benefits payable hereunder will be reduced by any amounts payable under another individual or group insurance plan. Also excluded from coverage are any expenses incurred that an insured would not have had to pay if not covered under this benefit.

## 6. Claims

When filing a claim, insureds must provide the following supporting documents:

- Unused travel tickets.
- Official receipts for additional transportation expenses.
- Receipts for ground travel arrangements and other expenses paid. Receipts must include the contracts officially issued by a travel agent or accredited firm, specifying the non-refundable amounts in the event of cancellation. Written proof that the insured has requested a reimbursement of travel expenses must be forwarded to La Capitale, along with the reply received as to the outcome of such request.
- Official documents certifying the reason for cancellation. If the trip is cancelled for medical reasons, the insured must provide a medical certificate issued by a legally authorized physician practising where the illness or accident occurred. The medical certificate must specify the complete diagnosis confirming the need to cancel, delay or interrupt the trip.
- An official police report, if the means of transportation used is delayed because of a traffic accident or emergency road closure.
- An official report issued by the appropriate authorities pertaining to weather conditions.
- Written proof issued by the official organizer of a commercial activity confirming that the event was cancelled and the specific reasons why.
- Any other report required by La Capitale in support of the insured's claim.

# ANSWERS TO YOUR QUESTIONS

## > **When and how can you contact La Capitale?**

Call 1 800 463-4856 or 418 644-4200 Monday to Friday, from 8:30 a.m. to 5:00 p.m.

Be sure to have your service card handy when you call. It shows your contract number and identification number and having this information on hand helps us to provide you with the most efficient service possible.

## > **Moving?**

Please contact us and tell us your new address as soon as possible. This is the best way to avoid any mailing delays.

## > **Do you have dependent children over age 18?**

Remember that every semester, you must provide us with confirmation of full-time student status by completing and returning the section at the bottom of your claim form.

## > **Need a claim form?**

Most claim forms are available to download from our website at [www.lacapitale.com](http://www.lacapitale.com). You can also obtain forms from your employer's group plan administrator or the group policyholder.

## > **Help us to help you**

Please indicate in all correspondence your name, contract number, employer number as well as the identification number shown on your service card.

## > **Claiming expenses for services provided by health care professionals?**

For health care professionals such as physiotherapists, psychologists or otherwise, if you are using a claim form, the professional must stamp or seal the form. The professional's signature and licence number must also be provided, along with the dates of treatments and the name of the patient.

La Capitale accepts personalized and computerized receipts from health care professionals, provided they contain the information specified above.

> **Have any questions about your reimbursement cheque?**

If you've received a lower reimbursement than you expected, remember that at the beginning of the year, you may have a deductible to cover or coinsurance to pay. You can see the breakdown of your reimbursement on your cheque stub or deposit confirmation.

Please be reminded that uncashed cheques expire after 6 months.

> **Going on vacation?**

Contact us in advance to let us know your departure date and your destination.

# MONTHLY PREMIUM RATES EFFECTIVE JANUARY 1, 2010

## HEALTH INSURANCE

RETIRED PARTICIPANTS UNDER AGE 65	
Individual	\$112.85
Single-Parent	\$191.65
Family	\$304.39
Couple	\$225.51
RETIRED PARTICIPANTS AGE 65 AND OVER	
Individual	\$28.07
Family	\$56.15
RAMQ PRESCRIPTION DRUG COVERAGE FOR RETIRED PARTICIPANTS AGE 65 AND OVER	
Individual	\$186.29
Family	\$372.59

## RETIRED PARTICIPANT'S BASIC LIFE INSURANCE

Rates per \$1,000 of insurance	\$0.47
--------------------------------	--------

## DEPENDENTS' LIFE INSURANCE

(Premium under Family, Single-Parent or Couple contracts)

Under age 65	\$1.91
Age 65 and over	\$4.61

## **OPTIONAL LIFE INSURANCE**

**(Rates per \$5,000 of insurance)**

<b>AGE</b>	<b>MALE</b>	<b>FEMALE</b>
<b>Age 50 to 54</b>	\$1.203	\$0.646
<b>Age 55 to 59</b>	\$2.154	\$1.167
<b>Age 60 to 64</b>	\$3.420	\$1.706
<b>Age 65 to 69</b>	\$5.931	\$3.228
<b>Age 70 to 74</b>	\$9.010	\$5.421
<b>Age 75 to 79</b>	\$13.818	\$9.095
<b>Age 80 and over</b>	\$22.898	\$17.951

Note: A 9% tax will be added to the rates mentioned above.



# La Capitale

Insurance and  
Financial Services

## Contact La Capitale Insurance and Financial Services Inc.

---

### Quebec City

Delta III Building  
2875 Laurier Blvd, Suite 400  
P.O. Box 1500  
Quebec QC G1K 8X9  
418 644-4200

### Montreal

Suite 820  
425 De Maisonneuve Blvd W  
Montreal QC H3A 3G5  
514 873-6506

**Toll free:** 1 800 463-4856

**If you would like to meet the agent who is in charge of your file,  
please make an appointment during business hours  
(Monday to Friday from 8:30 a.m. to 5:00 p.m.) before coming to  
our office.**

## TRAVEL INSURANCE

---

**You can contact the Assistor at the following numbers:**

In Canada and the United States: 1 800 363-9050

Elsewhere in the world (collect call): (+1) 514 985-2281

**THIS DOCUMENT IS PROVIDED FOR INFORMATION PURPOSES ONLY AND  
IN NO WAY MODIFIES THE TERMS AND CONDITIONS OF THE CONTRACT.**





A people-driven company  
whose activities are centred  
around group insurance.

Advisers who are available and  
motivated to build a productive  
partnership with our customers.

A wide range of group insurance  
products and services.

**lacapitale.com**