

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

PARTICIPANT'S BASIC LIFE INSURANCE

Retiree under age 65:

1 times the annual salary at the time of retirement, rounded up to the closest \$500

Retiree age 65 or over: \$5,000

DEPENDENTS' BASIC LIFE INSURANCE

Spouse:

If the death occurs:

- before the 65th birthday: \$10,000
- on or after the 65th birthday and before the 70th birthday: \$4,000
- on or after the 70th birthday: \$2,000

Dependent child: \$4,000

PARTICIPANT'S OPTIONAL LIFE INSURANCE

Retirees can reduce the number of units of Optional Life Insurance at any time, but may not increase it.

Persons retired on or after January 1, 2004

Under age 65	1 to 10 units of \$5 000
As of age 65	1 to 10 units of \$5 000
As of age 70	1 to 8 units of \$5 000

When the amount of Basic Life Insurance is reduced due to age, participants may obtain the equivalent amount in units of Optional Life Insurance coverage, without however exceeding the number of units available for their age group.

Persons retired before January 1, 2004

Retirees age 65 or over but under age 70:
1 to 8 units of \$5,000

Retirees age 70 or over on January 1, 2004:
1 to 2 units of \$5,000

Retirees who are age 70 on or after January 1, 2004 can maintain the amount of Optional Life Insurance they held immediately before reaching age 70

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LaCapitale

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.

P1045E (12-2018)



100%



Group insurance plan

Schedule of coverage

Effective January 1, 2019




LaCapitale
Insurance and
Financial Services

SCHEDULE OF INSURANCE

This summary table provides a brief description of the coverage included in your group insurance plan. 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 AREF and La Capitale websites at one of the following addresses: aref-neq.ca or lacapitale.com/aref.

Eligible expenses are 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.



HEALTH INSURANCE

Care, service or supply expenses followed by an asterisk (*) require a prescription. The maximums shown are per insured.

Annual deductible	None
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Expenses reimbursed at 100%

Hospitalization	Semi-private room
Extended care	Semi-private room, maximum of 180 days per calendar year
Travel Insurance and Assistance	Coverage period: As long as the insured is covered under the Health Insurance Plan of the province of residence Maximum lifetime: \$2,000,000
Trip cancellation insurance	Maximum per trip: \$5,000

Expenses are reimbursed according to the applicable percentage specified by the Régime général d'assurance médicaments du Québec (RAMQ)

Prescription drugs	Prescription drugs and pharmaceutical services that can be obtained only by prescription from a healthcare professional legally authorized to prescribe such drugs. 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. Maximum of reimbursement of \$100,000 per calendar year Prescription drugs that are covered by the RAMQ's Basic Prescription Drug Insurance Plan are not eligible for reimbursement.
Automated payment service	Direct

Expenses reimbursed at 75% (including healthcare professionals fees)

The maximums indicated below are maximum reimbursement amounts, unless otherwise specified. When the maximum is eligible, the percentage of reimbursement is applied to that amount.

Adult diapers for incontinence*	Eligible maximum of \$500 per calendar year
Ambulance	Covered
Appliance for temporomandibular joint*	\$100 per period of 24 consecutive months
Appliance used to manage diabetes* (blood glucose monitor, dextrometer or any other appliance of a similar nature for an insulin-dependent insured)	\$200 per period of 5 consecutive years
Artificial limbs,* prosthetic* and orthopedic* equipment	Covered
Capillary prosthesis (wig) following chemotherapy*	Eligible maximum of \$400 per calendar year
Corrective (deep) footwear*	\$150 per pair, 2 pairs per calendar year
Curative and preventive vaccinations	Covered
Expenses for travel to receive treatment from a medical specialist not available in the insured's region of residence*	\$500
External breast prosthesis following a mastectomy*	Eligible maximum of \$500 per calendar year
Foot orthoses	Eligible maximum of \$450 per calendar year
Hearing aid*	\$500 per period of 3 consecutive years
Homeopathic medicines*	\$400 per calendar year
Insulin pump*	\$1,750 per period of 5 consecutive years
Magnetic resonance imaging	Eligible maximum of \$500 per calendar year
Multiservices (home care and assistance)*	Covered (within 30 days following the hospitalization or day surgery)
– Professional fees for nursing care:	Eligible maximum of \$60 per day
– Fees for home assistance services (to look after basic needs):	Eligible maximum of \$60 per day
– Transportation expenses for medical care or follow-up:	Eligible maximum of \$30 per trip, maximum of 3 return trips per week
Orthopedic shoes (custom-made)*	Deductible of \$20 per pair and maximum of 3 pairs per year
Oxygen therapy* and laboratory tests*	Covered
Private clinic for alcohol and drug addiction (excluding tobacco use)	Maximum of 1 admission per calendar year, \$3,500 per calendar year, lifetime maximum of 2 admissions
Rehabilitation centre	Semi-private room, eligible maximum of \$75 per day and 15 days per hospitalization
Serums and fluids injected for curative purposes* (including injections administered for artificial insemination)	Eligible maximum of \$20 per medication and \$60 per injection
Support stockings	6 pairs per calendar year
Wheelchair,* iron lung* or other therapeutic devices*	Covered
X-rays, mammographies and ultrasound examinations (other than fetal)	Eligible maximum of \$500 per calendar year

Healthcare professionals

All of the healthcare professionals whose fees are covered must be members of a professional order recognized by legislative authority or of a professional association recognized by La Capitale. One visit, treatment or consultation per day, per insured

Acupuncturist, chiropractor and chiropractor X-rays, dietitian,* kinesiologist, massage therapist,* naturopath, nutritionist,* orthopedic, physiotherapist, physical rehabilitation therapist and podiatrist	\$50 per treatment, maximum of \$1,200 per calendar year for all of these professionals
Dental surgery (following accident)	Treatment must be provided within 12 months following the date of the accident
Psychologist,* psychiatrist, psychoanalyst in an outpatient clinic, social worker* and career counsellor in private practice*	30 consultations per calendar year, \$50 per consultation, maximum of \$1,500 per calendar year for all these professionals. These maximums also apply in the case of marital therapy for both spouses. These expenses are reimbursed at 50%.
Registered nurse* or licensed practical nurse*	\$200 per day, maximum of \$2,000 per calendar year
Speech therapist and occupational therapist	\$40 per treatment, maximum of \$650 per calendar year (maximum for both of these professionals)

This folder summarizes the coverage offered under the *Association des retraitées et retraités de l'enseignement de la FNEEQ (AREF)* 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.

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 AREF and La Capitale websites or by registering for the Client Centre.

GENERAL INFORMATION

ELIGIBILITY

To be eligible for insurance, retirees must join the AREF and **maintain their membership**.

All dependents of a participant are eligible for insurance as of the same date as the participant if they are already a dependent, or as of the date on which they subsequently become dependents.

ENROLMENT

Enrolment in Health Insurance coverage¹ and Life Insurance is optional.

All applications must be submitted within 30 days following the date the retiree becomes eligible.

The decision to not enrol is irrevocable.

The 30-day deadline also applies to retirees who are insured under another group health insurance plan when they retire and who wish to enrol in the AREF's health insurance plan on account of the termination of their coverage under the other plan. Joining the AREF remains mandatory.

On the death of the participant, dependents may remain insured if the spouse becomes a member of the AREF.

1. This plan does not provide for the reimbursement of prescription drugs on the RAMQ list. Everyone who enrolls must register with the RAMQ plan. However, persons under age 65 who are eligible under a group insurance plan (for example spousal coverage) that reimburses prescription drugs on the RAMQ list must participate in that plan.

SUPPLEMENTARY INFORMATION

TRAVEL INSURANCE

Did you know that you'll need the information on the back of your service card when trying to contact the Assistor?

If you go on a trip, you're covered.

However, insureds who have a known illness or condition must ensure before departure that their health condition is **stable and under control**, that they can carry out usual daily activities and that they are experiencing no symptoms that may reasonably suggest that any complications may arise or that medical care may be required during the planned stay outside the province of residence. If you have any concerns, contact the Assistor at least 15 days before departure to obtain confirmation of insurance coverage under this benefit.

Certain exclusions and limitations apply to your coverage. Please carefully read the description of coverage in the contract before purchasing tickets.

A FEW DEFINITIONS...

Therapeutic devices

The term therapeutic devices refers to a device used for treatment and curative purposes in current medical practice. Domestic devices are not covered.

Corrective (deep) or orthopedic (custom made for the insured from a mould) shoes

These shoes must be sold by a specialized laboratory or establishment licensed and authorized under all applicable legislation in the insured's province of residence. A specialized establishment is one that has a laboratory for making adjustments and modifications on site.

Orthopedic equipment

The term orthopedic equipment refers to a technical device used to correct a functional deficiency or compensate for it.

CLIENT CENTRE

Activate your group insurance file and you rapidly have access to:

- Claim details
- Your online payment statements
- Your contract
- The status of your coverage and life insurance amounts
- Your cumulative amounts for tax purposes and various forms

How to register:

1. First, create an account at lacapitale.com/clientcentre
2. Then, register for online group insurance services by clicking on the **Group Insurance** tab

MOBILE APP

Make your claims using La Capitale's mobile app

- File your claims for all expenses by attaching photos of your receipts



Get your free app from



Claims – Electronic form

In the Client Centre, complete the form fields and then click on the "Send" button! The expenses must be claimed within 12 months following the date on which they were incurred.

Prescription Drugs – Direct Automated Payment service

When making eligible prescription drug purchases,² insureds present their service card to the pharmacist. La Capitale will automatically issue payment for the insured portion of prescription drug expenses.

² Prescription drugs on the RAMQ list are not eligible.