

INFORMATION BULLETIN

Vol. 23 n° 1 – January 2024



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You are insured for the period from January 1 to June 30, 2024

If you currently have the medication coverage insurance offered by the Régie de l'assurance maladie du Québec (RAMQ), you must cancel it.

Hour reserve

The hours remaining in your reserve after your insurance plan for the period from July to December 2023 has been determined were worth \$2.87/hour. The insurance coverage offered for the period from January to June 2024 is based on hours worth \$2.99/hour. Your hours in reserve must therefore be adjusted to reflect their true value.

For example, if you had 1,000 hours in reserve, the calculation is as follows:

$$1,000 h \times \$2.87 / \$2.99 = 959.87 h$$

The total value of 1,000 h \times \$2.87 = \$2,870.

This is equivalent to 959.87 h \times \$2.99 = \$2,870.

Watch the video capsule explaining how the adjustment of the hour reserve works (adjustments for July 2022 and January 2023) under the "Insured by the hours" tab on the "**Basic insurance**" page on the CCQ's website.

Exceptional medications and patient exception

Your physician may prescribe you a medication that requires an authorization from MÉDIC Construction in order to be reimbursed. In this situation, this medication may be reimbursable by your insurance plan in compliance with the exceptional medication measure or the patient exception measure.

Your physician will have to fill out a **form** corresponding to the medication prescribed and the medical diagnosis so that MÉDIC Construction can analyze your file.

Would you like to know more about this subject? Visit the tab "Exceptional Medications and Patient Exception" tab on the "**Health insurance**" page on the CCQ's website.

Medical referral

When you consult a massage therapist, kinesiotherapist, kinotherapist, or orthotherapist, you must present a medical referral in order for the treatment costs to be reimbursed.

Did you know that in addition to a physician, a specialized nurse practitioner (SNP) can also make this referral? Only SNPs are recognized, and not all nurses.

Whoever signs the referral, it is valid for 12 months from the date of the signature by the professional authorized to prescribe.

The conditions for being insured

For every hour you work on a job site, contributions are made to the insurance plans and can be applied to your insurance coverage. However, you must have worked a minimum of 300 hours to be insured by a basic plan. For example, your hours worked from March to August 2023 will be used to determine your insurance plan from January 1 to June 30, 2024.

If you have more hours than required to be insured, the excess is banked in your reserve. If you do not accumulate enough hours in a reference period, the hours in your reserve are used to maintain your insurance under the plan (**A, B, C** or **D**) you had in the previous period (hours in your reserve are **not used to improve** your insurance coverage). If you are not insured, you will lose both the hours accumulated during the reference period and the hours in your reserve, under certain conditions. In no case does the CCQ reimburse contributions related to the insurance plans.

If data in boldface type are shown in the tables on the following pages, they indicate improvements made to the corresponding coverage.

(continued over)

For certain trades or occupations, the employers pay a supplementary contribution set out in the collective agreements that allows these workers to obtain additional coverage. However, to obtain this additional coverage, you must be insured by a basic plan (A, B, C, or D) and have the required amount of supplementary contributions depending on the basic plan.

MÉDIC Construction also offers insurance plans to the industry's retirees. To be eligible, you must be insured by basic or supplementary plan A, B, C, or D and have accumulated at least 21,000 hours in the pension plan before retiring.

When you join the retirees insurance plan, your hours worked and hours in your reserve will reduce the premium you have to pay.

Declaration of your dependents

To obtain reimbursement for eligible medical costs incurred by your spouse and children, you must fill out the form "Declaration or updating of dependents" and provide the required documents. You may also make your declaration by filling out your file in MÉDIC online at sel.ccq.org.

A child aged 18 years and over but under 26 years, who is studying full time and attending an educational institution recognized by the ministères de l'Éducation et de l'Enseignement supérieur, may be recognized as your dependent. When your child is recognized, he or she has the right to obtain reimbursement for his or her medical care. Note that only children aged under 21 years have the right to obtain reimbursement for their dental care.

For dependent children aged 22 to under 26 years, you must fill out and sign the form "Declaration of school attendance" and provide confirmation of school attendance from the educational institution **after the courses begin**, for each of the fall and winter semesters. Usually, the declaration provided for the winter semester allows the dependent child to be recognized from January 1 to August 31; the one provided for the fall semester allows the child to be recognized from September 1 to January 31 of the following year.

Note: For children aged 18 to 21, the declaration of school attendance does not have to be provided, but it may be requested by MÉDIC Construction for the purpose of verifying the child's student status.

MÉDIC Construction requires that all of its insureds declare their spouse's insurance coverage. You must use the form "Declaration spouse's insurance coverage" to provide the required information to the CCQ. If your spouse does not have insurance coverage, it is very important to let MÉDIC Construction know so that his or her expenses can be reimbursed.

You may also make your declaration by filling out your file in MÉDIC online at sel.ccq.org.

As long as your file is not complete, recognition of your spouse or dependent children is delayed and reimbursements of expenses incurred on their behalf will be put on hold or rejected.

IMPORTANT

You must inform MÉDIC Construction when the status of any of your dependents changes, such as when your child aged 18 or over ceases studying full time or when you and your spouse stop living together.

If you fail to update your file, you will have to repay any amounts paid by the insurance plan for expenses incurred for a person who is no longer your dependent.

You can modify the information in your file through MEDIC online at sel.ccq.org, by phone or by mail.

Declaration of your designated beneficiaries

Your dependents are not automatically your designated life insurance beneficiaries – in other words, the people who receive your life insurance benefits when you die.

Similarly, when you remove dependents from your insurance file for claims, they are not automatically removed from the list of your designated beneficiaries for insurance.

To inform the CCQ when you want to change your beneficiaries (adding or removing), you must fill out and sign the form "Beneficiary Designation and Revocation (Life Insurance Only)" and send it to the address given on the form. It is not possible to add or remove a beneficiary by telephone. The form is available at ccq.org.



ADDITIONNALS INFORMATIONS

You may consult your MÉDIC Construction file through the online services at the CCQ's Web site at sel.ccq.org.

To find out more about the insurance plans and the insurability conditions

Consult the MÉDIC Construction section of the website ccq.org.

Contact Customer Services by calling **1 888 842-8282**.

It will be their pleasure to answer you and forward you the appropriate documentation.

This document is available in adapted media upon request.

An insurance claim must be made within one year after the event concerned; if made after this time, the claim will be rejected. The present document has been produced and is distributed solely for information purposes. Only the *Règlement sur les régimes complémentaires d'avantages sociaux dans l'industrie de la construction* [chap. R-20, r. 10] published by the Éditeur officiel du Québec has official and legal force. Therefore, it takes precedence over the information contained in the present document. The regulation can be accessed on the CCQ's website, under the MÉDIC Construction tab.

The construction industry's employer and union associations determine the rule governing the social benefits.

Associations and corporations



Unions



Life and accidental mutilation insurance

Starting in the insurance period following the worker’s 70th birthday, the death benefits payable are those of the basic plans, and the amounts for accidental death and accidental mutilation no longer apply.

	AT	BT	CT	DT
	+ or - 65 yrs	+ or - 65 yrs	+ or - 65 yrs	+ or - 65 yrs
Death benefit (8,000 or more hours)*				
of worker with dependents	\$65,000	\$50,000	\$45,000	\$45,000
of worker without dependent	\$35,000	\$30,000	\$30,000	\$30,000
of spouse	\$30,000	\$27,500	\$20,000	\$20,000
of dependent child	\$15,000	\$12,500	\$10,000	\$10,000
Death benefit (less than 8,000 hours)*				
of worker with dependents	\$65,000	\$50,000	\$45,000	\$45,000
of worker without dependent	\$35,000	\$30,000	\$30,000	\$30,000
of spouse	\$30,000	\$27,500	\$20,000	\$20,000
of dependent child	\$15,000	\$12,500	\$10,000	\$10,000
Additional amount for worker’s accidental death	\$20,000	\$10,000	\$10,000	\$10,000
Maximum benefit for worker’s complete and definitive accidental mutilation (Depending on the loss suffered, the amount payable varies between \$0 and the maximum given).	\$20,000	\$10,000	\$10,000	\$10,000

* Work hours accumulated in the pension plan at the time of death.

Health insurance (worker and dependents)

Hospitalization (room for acute care)*	maximum payable	\$75/day	\$75/day	\$75/day	\$75/day
<i>*Hospital containing emergency and surgery services.</i>					
Authorized medication (mandatory generic substitution/biosimilar) ⁽¹⁾	deductible per insurance period	none	none	\$10/family	\$20/family
	reimbursement	95%	85%	75%	75%
	up to 100% reimbursement upon reaching the annual maximum of	\$850/family	\$850/family	\$850/family	\$850/family

Eye care					
Attention: The reimbursement depends on the insurance plan that you were covered by when you paid the total amount of your purchase – that is, when the balance of your invoice is \$0.00.					
Examination					
worker	maximum reimbursement per 24 months	\$70	\$70	\$70	\$70
spouse	maximum reimbursement per 24 months	\$70	\$70	\$70	\$0
dependent child	maximum reimbursement per 12 months	\$70	\$70	\$0	\$0
Corrective glasses and lenses (including intraocular lenses)					
worker	maximum reimbursement per 24 months	\$750	\$475	\$175	\$150
spouse	maximum reimbursement per 24 months	\$600	\$375	\$100	\$0
dependent child	maximum reimbursement per 24 months	\$350	\$200	\$0	\$0
Safety glasses (with prescription)					
worker only	maximum reimbursement per 12 months	\$250	\$250	\$250	\$250
Fee for surgical vision correction					
worker and spouse	reimbursement	75%	60%	60%	60%
lifetime maximum reimbursement per person	worker	\$3,000	\$1,500	\$1,000	\$150
	spouse	\$3,000	\$1,500	\$1,000	\$0
Paramedical services⁽²⁾					
Limit: one visit per day per professional					
chiropractor	maximum reimbursement per visit	\$50	\$40	\$24	\$0
x-rays-chiropractor	per period per person	\$50	\$40	\$28	\$0
physiotherapist, occupational therapist	per visit	\$60	\$50	\$30	\$0
acupuncturist	per visit	\$50	\$35	\$27	\$0
audiologist	per visit	\$65	\$50	\$40	\$0
speech therapist	per visit	\$70	\$55	\$40	\$0
psychologist	per visit	\$75	\$60	\$40	\$0
podiatrist, chiropodist	per visit	\$60	\$50	\$40	\$0
social worker, psychotherapist	per visit	\$65	\$55	\$40	\$0
alternative medicine maximum 10 visits per period per person for all 6 following professionals:					
naturopath	per visit	\$50	\$35	\$24	\$0
osteopath	per visit	\$65	\$55	\$24	\$0
massage therapist, kinesiologist, kineo-therapist, ortho-therapist	per visit	\$50	\$35	\$24	\$0
(For each of these 4 professionals, a separate medical referral is required; it is valid for 12 months from the date of signature by the physician or the SNP)					
Overall maximum for paramedical services including alternative medicine (per insurance period)					
	worker:	\$1,300	\$1,050	\$490	\$0
	each dependent:	\$1,200	\$850	\$490	\$0
Hearing aid	maximum reimbursement per 36 months	\$1,200	\$1,000	\$1,000	\$1,000
batteries for hearing aid	maximum reimbursement per 12 months	\$50	\$50	\$50	\$50
Laboratory fees, medical imaging	reimbursement	100%	100%	100%	100%
Only diagnostic tests prescribed by a doctor are reimbursable.	maximum reimbursement per person per 12 months	\$2,200	\$2,200	\$2,200	\$2,200
Exclusions: Health check-ups and all costs related to consultations in private clinics are not reimbursable.					
Some other fees (see on back)		100%	100%	100%	100%
Medical Emergency Abroad (see on back)					
(some limits and conditions apply)		max. 100%	max. 100%	max. 100%	not covered
Construire en santé Program – includes the following health services:					
Please contact Construire en santé before making expenditures reimbursable by this program.					
Treatment of drug and alcohol abuse and compulsive gambling	lifetime maximum per person	\$5,000	\$4,000	\$4,000	\$4,000
Treatment of major depression and for violent behaviour	lifetime maximum per person	\$4,000	\$4,000	\$4,000	\$4,000
Assistance to workers and their families (prior authorization required)					
Problem solving: spousal, family and psychological problems. Services of a special education teacher or occupational therapist for children under 18 (restrictions and conditions apply).					
	maximum number of hours of consultation per calendar year	12/person	12/person	12/person	12/person
Smoking cessation					
Documentation/free and personalized telephone follow-up		yes	yes	yes	yes
Laser Treatment (worker and spouse)	reimbursement	50%	50%	50%	50%
(authorization required)	lifetime maximum reimbursement	\$300	\$300	\$300	\$300
Pre- and post-operative or hospitalization interventions					
(worker only – prior authorization required)		100%	100%	100%	100%
Personalized telephone follow-up with a nurse					
Concerning chronic illnesses and advice on sound living habits		yes	yes	yes	yes

Dental care insurance (according to the 2024 dental rate guides of the ACDQ, ODQ, OHDQ)

Deductible per family per insurance period	AT	BT	CT	DT
Worker and spouse (maximum per person)	none	none	\$20	
Diagnosis, prevention, minor treatments (filling, extraction, etc.) (per insurance period)	95% \$600max.	80% \$600max.	70% \$600max.	
Periodontics and endodontics	90% } \$1,800 max. ⁽³⁾	80% } \$1,400 max. ⁽³⁾	70% } \$625max. ⁽³⁾	
Major restoration work (dentures, crowns, etc.) ⁽⁴⁾	80% } max. ⁽³⁾	70% } max. ⁽³⁾	not covered	
Dental implants and certain related treatments (per 5 years)	100% \$1,500max.	100% \$1,400max.	not covered	
Dependent child under the age of 21				
Diagnosis, prevention, minor treatments (filling, extraction, etc.) (per insurance period)	95% \$600max.	80% \$600max.	70% \$600max.	
Periodontics and endodontics	90% } \$1,500 max. ⁽³⁾	80% } \$1,400 max. ⁽³⁾	70% } \$625max. ⁽³⁾	
Major restoration work (dentures, crowns, etc.) ⁽⁴⁾	80% } max. ⁽³⁾	70% } max. ⁽³⁾	not covered	
Dental implants and certain related treatments (per 5 years)	100% \$1,500max.	100% \$1,400max.	not covered	
Orthodontic treatment (lifetime maximum per child) ⁽⁴⁾	90% \$3,300max.	70% \$2,700max.	not covered	

NO REIMBURSEMENT

⁽¹⁾ Unless it is medically required, if you purchase an original medication, the difference between the price of the original medication and that of the lowest-price of the generic medication will be excluded from the annual family maximum and will be entirely at your expense. If a biological medication is prescribed to you and a corresponding biosimilar medication exists, only the biosimilar version will be covered by MÉDIC Construction, subject to exceptions.

⁽²⁾ Paramedical services: Care provided by close relatives of the patient is not covered. The therapist must be a member of an association recognized by MÉDIC Construction.

⁽³⁾ Maximum per person per insurance period.

⁽⁴⁾ Dental laboratory costs are limited to 50% of the eligible fee of the dentist or denturist.

There is a time limit for the reimbursement of a number of types of dental care. For example, a recall oral exam is reimbursable per 9-month period; some periodontal treatments are limited to one per tooth per five-year period. The pamphlet “The Dental Care Program” provides more complete information, notably on reimbursement periods and on dental care that is not covered.

Major restorations

- We advise you to request an estimate for the reimbursement. For direct payment, a prior estimate is obligatory.

- The purchase and replacement of fixed or removable prostheses (crowns, dentures, facets, bridges, etc.) are reimbursable once in 5 years from the date when they are placed in the mouth.

Orthodontics

- The reimbursement for orthodontic expenses is based on the insurance plan in which you are enrolled at the time the orthodontic appliance is installed.

- Orthodontics costs are not reimbursable by direct payment by presenting the MÉDIC Construction card.

Specific conditions apply to payment of certain benefits.

		AT	BT	CT	DT
Salary insurance (worker only)					
short term (weekly benefit)	less than 4,000 hours*	\$500	\$450	\$405	none
	from 4,000 to less than 6,000 hours*	\$600	\$525	\$485	none
	6,000 hours or more*	\$900	\$820	\$565	none
long term (monthly benefit)	6,000 hours or more**	\$3,150	\$2,600	\$1,500	none

* Hours worked accumulated in the pension plan before the disability began. **Hours worked accumulated in the pension plan before the 53rd week of disability.

Note: Benefits payable and eligibility conditions vary depending on the date when the disability began.

Salary Insurance

- The salary insurance benefits (compensation) are payable only once the employee has received all the Employment Insurance benefits to which he or she is entitled. Only the one-week waiting period may be payable, depending on analysis of the file.
- Short-term salary insurance (weekly benefit) ends, at the latest, on the last Saturday of the month during which the employee turns 65 years of age.
- Long-term salary insurance (monthly benefit) terminates at the latest when the insured employee reaches the age of 60.
 - In cases in which the disability begins at age 58 or 59 years, other conditions apply.
- No benefits are payable for a period ending 30 days before the date on which the request for benefits is filed.
- All requests for salary insurance must be transmitted to the CCQ at the latest one year following the date of the related event; failing this, the request will be refused.**
- As a general rule, the construction worker is covered by the Act respecting industrial accidents and occupational diseases (CNESST). However, a person who is not covered by this act is not entitled to receive salary insurance benefits in the event of a work-related accident or an occupational disease. Nevertheless, the worker may be entitled to hour credits.
- As a general rule, the construction worker is covered by the Employment Insurance Act (ESDC). However, a person who does not receive employment insurance sickness benefits because he has not performed work that is insurable under this Act is not entitled to receive the weekly benefit (short-term) during the first 27 weeks following the date his disability began. Nevertheless, the worker may be entitled to hour credits.

Hour Credits

- Various situations such as disability, preventive cessation of work, maternity or paternity leave, leave for parents of young victims of crime, leave for family caregiver for children or for adults, or compassionate leave could entitle you to hour credits that will allow you to stay insured. **The applications for hour credits must be made at the latest one year after the date of the event giving the right to it.**
- Hour credits are automatically credited to your file when your salary insurance application is accepted, including the period when you are eligible for Employment Insurance. In all other cases, you must apply for them. Contact the CCQ or visit the website ccq.org to obtain the required form.

Compensation Advances

- You may have the right to benefits when you contest certain decisions by the CNESST or the SAAQ, or when these agencies are slow to make a decision regarding your file.

Medical Emergency Abroad

If you are insured by plan A, B, or C, you and your dependents are covered by the Medical Emergency Abroad Program. Plan D does not offer this coverage. The Medical Emergency Abroad Program does not apply to an individual who is not insured by a public insurance plan in Canada (for example, the plan of the Régie de l'assurance maladie du Québec – RAMQ).

In case of medical emergency or automobile accident outside of Québec, you must contact MÉDIC Construction before incurring costs. The telephone numbers to call are the following:

- In Canada (outside Québec) or in the United States: 1 800 461-8686**
- Elsewhere in the world (collect calls): 514 341-7155**

The telephone numbers are also indicated on the back of your MÉDIC Construction card. After contacting us with regard to an incident, you must call us again if your state of health deteriorates.

Exclusions

The Medical Emergency Abroad Program covers you whatever your medical condition.

Important: Costs linked to a medical condition for which a person is waiting, before his or her departure on a trip, for a treatment that must be administered in a hospital, an operation, a surgery, or a graft are not reimbursed. However, if this person was authorized by his or her attending physician to take this trip, these costs may be reimbursed if they were incurred due to an emergency. You must send a copy of this authorization to MÉDIC Construction before your departure.

The Medical Emergency Abroad Program does not cover accidents resulting from the practice of certain activities, such as gliding, hang gliding or paragliding, mountain climbing, skydiving, bungee jumping, rodeo, etc.

The program covers certain expenses related to transport from one hospital to another or for returning to Québec. Certain other costs may also be reimbursed. If the ill or injured person refuses to return to Québec in spite of the CCQ's requests, the costs that he or she incurs thereafter are not reimbursed.

Consult the pamphlet "The Medical Emergency Abroad Program" for more information on the coverage offered and the exclusions.

The costs eligible for reimbursement are those that exceed the costs reimbursed by the public plans.

All hospital and medical costs, authorized by the CCQ, incurred following an accident or emergency that necessitates hospitalization are 100% reimbursed.

Costs incurred for all medical consultations following an accident are 100% reimbursed. The first consultation must take place within 30 days following the date of the accident.

Costs incurred for a medical consultation following an emergency unrelated to an accident and those related to the first 3 follow-up or return visits for this incident are 80% reimbursed. Subsequent consultations are not covered by the Medical Emergency Abroad Program.

All other medical costs (for example, medications, dental care, laboratory fees) are reimbursed under the plan held by the insured, as if they had been incurred in Québec.

To obtain reimbursement of costs for medical consultations, proceed as follows:

- Fill out the Régie de l'assurance maladie du Québec (RAMQ) form "Application for reimbursement – Healthcare services covered outside Québec".
- Send this form and your original receipts to the RAMQ. Keep a photocopy of your receipts.
- After analysis of your application, the RAMQ will send you a notice of payment or a rejection notice. If the RAMQ has not reimbursed you 100%, fill out MÉDIC Construction form "Claim form for medical expenses and professional care", and send it to the CCQ, accompanied by the notice received from the RAMQ and the photocopies of your receipts.

Certain limitations, conditions, and exclusions apply. Among others, costs related to a work-related accident or illness are not covered.

MÉDIC Construction does not reimburse medical expenses incurred in a location (for example, a country, a region or a cruise ship) for which the Government of Canada has issued "Avoid all travel" or "Avoid non-essential travel" advisories on its website before the insured person's departure, unless MÉDIC Construction has authorized the trip before the departure.

Expenses incurred by an insured person already travelling at the time when the Government of Canada issues an advisory regarding his or her destination are also excluded unless the person demonstrates that he or she made every reasonable effort to return to Québec as quickly as possible and that these expenses were approved beforehand by MÉDIC Construction or its agent.

Some other covered fees

(Every eligible expense is reimbursed according to percentage indicated and is subject to a maximum amount.)

Items	Fees	% of Reimbursement	Maximum Reimbursement*
Medical reports requested by the CCQ	\$30 per report	100%	\$30 per report
Dental care following an accident (to sound and natural teeth)	Eligible expenses*	100%	Certain conditions apply
Plastic surgery following an accident	Eligible expenses*	100%	Certain conditions apply
Prescribed medical supplies covered by the plan (Crutches, orthopedic shoes, orthoses, CPAP, etc.)	Eligible expenses*	100%	Certain conditions apply
Deductible for orthopedic shoes:			
Employee and spouse: \$150 per pair			
Dependent child: \$100 per pair			
Podiatric orthotic: Maximum of \$350 per pair			
Employee and spouse: 2 pairs per 36-month period			
Dependent child: 1 pair per 12-month period			
Transportation by ambulance to the closest hospital (prescribed or in case of emergency)	Eligible expenses*	100%	Certain conditions apply

The form « Déclaration de transport des usagés » must be submitted

* **Specific conditions, limitations and time ranges apply to the calculation of eligible expenses.** Before making a purchase, a cost estimate, and a medical recommendation must be submitted through MÉDIC Construction online or by mail to MÉDIC Construction in order to determine if expenses are eligible for reimbursement. If you fail to do so, your expenses may not be reimbursed.

Special conditions, limitations, and exclusions

An insurance claim must be made within one year after the event concerned; if made after this time, the claim will be rejected.

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