

To help you choose the plan that best meets your needs, compare the coverages in the table below for each of the plans indicated on your notice of insurability.  
**IMPORTANT : IN ORDER TO PROCESS YOUR FILE QUICKLY, IT IS RECOMMENDED TO USE THE ONLINE SERVICES AND THE DIRECT PAYMENT.**

Life insurance

	RE1	RE2	RE3
Death benefits			
of retiree with dependents	\$25,000	\$20,000	\$15,000
of retiree without dependent	\$20,000	\$15,000	\$10,000
of spouse	\$15,000	\$12,000	\$5,000
of dependent child	\$7,500	\$5,000	\$5,000

Health insurance (retiree and dependents)

Hospitalization (expenses for a room)	maximum payable	\$75 / day	\$75 / day	not covered
Authorized medication	deductible per insurance period	none	\$25 / family	\$50 / family
(mandatory generic substitution/biosimilar) <sup>1</sup>	reimbursement	95%	90%	70%
	up to 100% reimbursement upon reaching the annual maximum of	\$850 / family	\$850 / family	\$850 / family
Eye care				NOT COVERED
Examination				
retiree	maximum reimbursement per 24 months	\$70	\$70	
spouse	maximum reimbursement per 24 months	\$70	\$70	
dependent child	maximum reimbursement per 12 months	\$70	\$70	
Corrective glasses and lenses				
retiree	maximum reimbursement per 24 months	\$550	\$375	
spouse	maximum reimbursement per 24 months	\$500	\$300	
dependent child	maximum reimbursement per 24 months	\$350	\$100	
Safety glasses (with prescription)				
retiree	maximum reimbursement per 12 months	\$250	\$250	
Fee for surgical vision correction				
retiree and spouse	reimbursement	60%	not covered	
	lifetime maximum per person	\$1,500	not covered	
Paramedical services				
The amount indicated is the maximum reimbursement you can get.				
chiropractor	per visit	\$40	\$35	
x-rays-chiropractor	per person per period	\$50	\$40	
physiotherapist, occupational therapist	per visit	\$50	\$40	
acupuncturist	per visit	\$30	\$30	
audiologist	per visit	\$50	\$50	
speech therapist	per visit	\$60	\$50	
psychologist	per visit	\$60	\$50	
podiatrist	per visit	\$50	\$50	
social worker, psychotherapist	per visit	\$50	\$50	
alternative medicine				
maximum 10 visits per person per period for all 6 professionals				
naturopath	per visit	\$30	\$30	
osteopath	per visit	\$50	\$30	
massage therapist, kinesitherapist, kinotherapist, orthotherapist (medical referral required)	per visit	\$30	\$30	
Overall maximum for paramedical services	retiree	\$1,100	\$500	
(per insurance period)	for each dependent	\$1,100	\$500	
Hearing aid	maximum reimbursement per 36 months	\$1,000	\$1,000	
batteries for hearing aid	maximum reimbursement per 12 months	\$50	\$50	
Laboratory fees, medical imaging	reimbursement	100%	100%	
	maximum reimbursement per person per 12 months	\$1,500	\$1,500	
For some other fees (ambulance, prostheses, crutches, etc.)				
Limitations and deductibles may apply.	reimbursement	100%	100%	
Construire en santé Program - includes the following health services:				
Treatment of drug and alcohol abuse	reimbursement	80%	80%	
and compulsive gambling	lifetime maximum per person	\$4,000	\$4,000	
Treatment of major depression	reimbursement	80%	80%	
and for violent behaviour	lifetime maximum per person	\$4,000	\$4,000	
Assistance to workers and their families	reimbursement	100%	100%	
	maximum number of hours of consultation per calendar year	12 / person	8 / person	
Smoking cessation				
documentation/free and personalized telephone follow-up		yes	yes	
Laser treatment (retiree and spouse)	reimbursement	50%	50%	
(prior authorization required)	lifetime maximum per person	\$300	\$300	
Pre- and post-operative or hospitalization interventions (retiree only - prior authorization required)		100%	not covered	
Personalized telephone follow-up with a nurse concerning chronic illnesses and advice on sound living habits		yes	yes	
Medical emergency abroad (certain limitations and conditions apply)		max 100%	max 100%	max 100%
The expenditures must be made by a person insured under a public health insurance plan in Canada, such as the Régie de l'assurance maladie du Québec. Consult the pamphlet The Medical Emergency Abroad Program for more information on the conditions applicable for the reimbursement of these fees.				

Dental care insurance - 2024 fee schedule (retiree, spouse and dependent child under the age of 21)

Deductible per family per insurance period		none	\$30	NOT COVERED
Diagnosis, prevention, minor treatment	reimbursement	90%	60%	
	maximum reimbursement per person per insurance period	\$600	\$600	
Periodontics and endodontics	reimbursement	80%	60%	
Major restoration work (dentures*, crowns*, etc.)	reimbursement	80%	70%	
Maximum reimbursement for these cares combined	retiree and spouse	\$1,300	\$900	
per person per insurance period	dependent child	\$1,300	\$600	
Dental implants and certain related treatments	reimbursement	not covered	not covered	
	maximum per person per 5 years	not covered	not covered	
Orthodontic treatment (dependent child only)	reimbursement	80%	not covered	
	lifetime maximum per child	\$2,300	not covered	

\*For example, the replacement of a denture or a crown is reimbursed once every 5 years.

Specific conditions apply to the payment of certain benefits and to the reimbursement of certain fees.  
<sup>1</sup>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.