

MÉDIC

CONSTRUCTION

You are insured for the period from January 1 to June 30, 2019

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

IMPORTANT NOTICE: MODIFICATIONS TO MÉDIC CONSTRUCTION INSURANCE PLAN COVERAGES AS OF JANUARY 1, 2019

In order to reduce financial pressure on the insurance plans, external actuaries have recommended that changes be made to the plans quickly to better control costs. As a result, the Construction Industry Social Benefits Committee (CASIC), composed of the industry's union and employer associations, has adopted changes that affect all the plans offered by MÉDIC Construction.

The changes apply to reimbursements for medications, vision care and dental care. Please find below a summary of these changes. Also, please pay attention to the items in **black boxes** in the tables of this information bulletin to see the changes that apply to you.

Summary of changes

Medications – For all plans:

- 5% reduction in the portion payable by MÉDIC Construction for the purchase of medications
- Maximum annual contribution set at \$850 per family instead of \$750

Vision care – For several plans:

- **For insureds and their spouses, if applicable:**
 - Reduction in the reimbursable amount for the purchase of corrective glasses per 24-month period
 - Eye exams reimbursable every 24 months, instead of every 12 months
- **For dependent children:**
 - Corrective glasses reimbursable every 24 months instead of every 12 months

Dental care – For several plans:

- **Endodontics, periodontics and major care:**
 - Reduction in maximum amounts reimbursable per insurance period
 - 10% reduction in the amount reimbursable to insureds and dependents for all care
- **Orthodontics (dependent children):**
 - Reduction in maximum lifetime amounts reimbursable
 - Reduction in the percentage reimbursable

Here are some concrete examples that will help you understand the scope of certain changes:

Medications

For all plans, the portion payable by MÉDIC Construction for the purchase of medications is reduced by 5%. For example, a plan that covered 100% of medications costs will see this reimbursement percentage decrease to 95% starting January 2019. In this situation, for a medication that costs \$100, the amount reimbursed will be \$95 and the worker will have to pay \$5.

The maximum annual contribution for medications has been increased from \$750 to \$850 per family. What is this maximum? It is the maximum amount that you may have to pay as a deductible or non-reimbursable amount (for eligible medications) in a year. When the maximum annual contribution is reached, the plan reimburses 100% of covered medications for your dependents and you until December 31st.



ASSOCIATION DE LA CONSTRUCTION DU QUÉBEC



CMMTQ
Corporation des maîtres mécaniciens en tuyauterie du Québec



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Information Bulletin

Vision care

For dependent children, eligibility for reimbursement is based on a 24-month period instead of a 12-month period. For example, if you paid the full amount of the cost of a pair of corrective glasses for a dependent child on August 15, 2018, you will again be eligible for a reimbursement if payment of the new pair of corrective glasses is made in full from August 16, 2020.

Orthodontics (for dependent children)

For several plans, the percentage reimbursable to insureds and the maximum lifetime amount reimbursable have decreased. The reimbursable amount is based on the insurance plan in which you are enrolled on the day of the installation of the orthodontic appliance. For example, if the installation occurs in January 2019, the maximum amount payable will be determined according to your plan for the period from January to June 2019.

The conditions for being insured

For each hour of work that you perform on a site, your employer pays a contribution that will be used to insure you. 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 2018 will be used to determine your insurance plan from January 1 to June 30, 2019.

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.

Declaration of your dependents

To obtain reimbursement for eligible medical costs incurred by your spouse and children, you must fill out form 3, "Declaration of Dependents by the Insured Person," and supply the documents required.

A child aged over 18 years but under 26 years, who is studying full time and attending an educational institution recognized by the Ministère de l'Éducation et de l'Enseignement supérieur, may be recognized as your dependent.

For this child to be recognized as your dependent, you must fill out and sign form no. 4, "Certificate of School Attendance," and supply a confirmation of school attendance obtained from the educational institution **after courses begin**, for each of the autumn and winter semesters. Usually, the attestation supplied for the winter semester allows the dependent child to be recognized from January 1 to August 31; the one supplied for the autumn semester allows the child to be recognized from September 1 to January 31 of the following year.

Note: A child who reaches the age of 18 years between January and August remains a dependent until August 31. A child who reaches the age of 18 years between September and December remains a dependent until January 31 of the following year. **It is therefore not necessary to supply an attestation of school attendance for that period.**

MÉDIC Construction requires that all of its insureds (employees and retirees) declare their spouse's insurance coverage. You must use form no. 6, "Declaration of Spouse's Insurance Benefits," to supply the information required to the CCQ. If you declare your spouse through form no. 3, mentioned above, you must declare his or her insurance coverage on the attached form no. 6A. If a form is incomplete or not duly signed, or if one of the required documents is not provided, the application is returned to you; this delays recognition of your spouse or dependent child and the reimbursement of expenditures made in his or her name.

It is also important to inform the CCQ of all changes in status of your dependents. You may be obliged to reimburse amounts paid by the insurance plan for expenditures made for a person who is no longer your dependent (for example, when a person ceases to be your spouse).

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.

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

This document is available in adapted media upon request.

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.

INSURANCE COVERAGE – RESILIENT FLOORING LAYER’S PLAN

From January 1 to June 30, 2019

PU 49-67 (1811)

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 amounts for accidental death and accidental mutilation no longer apply.

Death benefit

	AR		BR		CR		DR	
	- 65 yrs	+ 65 yrs	- 65 yrs	+ 65 yrs	- 65 yrs	+ 65 yrs	- 65 yrs	+ 65 yrs
of worker with dependents	\$30,000	\$17,500	\$20,000	\$10,000	\$15,000	\$7,500	\$10,000	\$5,000
of worker without dependent	\$20,000	\$16,500	\$16,000	\$16,000	\$10,000	\$7,500	\$5,000	\$5,000
of spouse	\$15,000	\$15,000	\$15,000	\$15,000	\$10,000	\$10,000	\$5,000	\$5,000
of dependent child	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$5,000	\$5,000
Additional amount for worker’s accidental death	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$5,000	\$5,000
Maximum benefit for worker’s complete and definitive accidental mutilation <i>(Depending on the loss suffered, the amount payable varies between \$0 and the maximum given).</i>	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$5,000	\$5,000

+ 65 yrs: begins in the insurance period following the worker’s 65th birthday.

Health insurance (worker and dependents)

	AR	BR	CR	DR
Hospitalization (room for acute care)* <i>*Hospital containing emergency and surgery services.</i> maximum payable	\$75/day	\$75/day	\$75/day	\$75/day
Authorized medication including products used to counter tobaccoism covered by the Loi de l’assurance médicaments du Québec	deductible per insurance period none	deductible per insurance period none	deductible per insurance period none	deductible per insurance period \$40/family
100% reimbursement upon reaching the annual maximum of reimbursement	90%	85%	75%	70%
	\$850/family	\$850/family	\$850/family	\$850/family

	AR	BR	CR	DR
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

	AR	BR	CR	DR
Corrective glasses and lenses (including intraocular lenses) worker	maximum reimbursement per 24 months \$400	\$350	\$100	\$0
spouse	maximum reimbursement per 24 months \$400	\$350	\$100	\$0
dependent child	maximum reimbursement per 24 months \$400	\$300	\$0	\$0

	AR	BR	CR	DR
Safety glasses (with prescription) worker only	maximum reimbursement per 12 months \$250	\$250	\$250	\$250

	AR	BR	CR	DR
Fee for surgical vision correction worker and spouse	reimbursement 75%	75%	75%	0%
lifetime maximum reimbursement per person	\$4,000	\$3,000	\$2,000	\$0

	AR	BR	CR	DR
Paramedical services (*Plan CR: worker only) Limit: one visit per day per professional				
chiropractor	maximum reimbursement per visit \$45	\$45	\$45*	\$0
x-rays-chiropractor	per period per person \$45	\$35	\$28*	\$0
physiotherapist	per visit \$50	\$40	\$30*	\$0
acupuncturist	per visit \$45	\$35	\$27*	\$0
audiologist	per visit \$55	\$45	\$40*	\$0
psychologist, speech therapist	per visit \$70	\$55	\$40*	\$0
podiatrist, chiropodist	per visit \$50	\$40	\$40*	\$0
social worker	per visit \$65	\$55	\$0	\$0
alternative medicine maximum 10 visits per period per person for all 6 following professionals:				
naturopath	per visit \$40	\$30	\$0	\$0
osteopath	per visit \$55	\$45	\$0	\$0
massage therapist, kinesiologist, kineo-therapist, ortho-therapist (for these 4 professionals, only one medical referral is required; it is valid for 12 months from the date of signature by the physician)	per visit \$45	\$35	\$0	\$0

	AR	BR	CR	DR
Overall maximum for paramedical services including alternative medicine (per insurance period)				
worker:	\$1,000	\$700	\$460	\$0
each dependent:	\$1,000	\$700	\$0	\$0

	AR	BR	CR	DR
Hearing aid	maximum reimbursement per 36 months \$1,800	\$1,500	\$1,000	\$500
batteries for hearing aid	maximum reimbursement per 12 months \$50	\$50	\$50	\$50

	AR	BR	CR	DR
Laboratory fees, medical imaging	reimbursement 100%	100%	100%	90%
Only diagnostic tests prescribed by a doctor are reimbursable. maximum reimbursement per person per 12 months	\$1,500	\$1,500	\$1,250	\$337.50

Exclusions: Health check-ups and all costs related to consultations in private clinics are not reimbursable.

	AR	BR	CR	DR
Some other fees (see on back)	90%	90%	90%	90%

	AR	BR	CR	DR
Medical Emergency Abroad (see on back) (some limits and conditions apply)	max. 100%	max. 100%	max. 100%	none

Construire en santé Program – includes the following health services:
Please contact **Construire en santé** before making expenditures reimbursable by this program.

	AR	BR	CR	DR
Treatment of drug and alcohol abuse and compulsive gambling	reimbursement 80%	80%	80%	80%
lifetime maximum per person	\$4,000	\$4,000	\$2,500	\$2,500

	AR	BR	CR	DR
Treatment of major depression and for violent persons	reimbursement 80%	80%	80%	80%
lifetime maximum per person	\$4,000	\$4,000	\$2,500	\$2,500

	AR	BR	CR	DR
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/family	12/family	8/family	8/family

	AR	BR	CR	DR
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

	AR	BR	CR	DR
Pre- and post-operative or hospitalization interventions (worker only – prior authorization required)	100%	none	none	none

	AR	BR	CR	DR
Personalized telephone follow-up with a nurse Concerning chronic illnesses and advice on sound living habits	yes	yes	yes	yes

	AR	BR	CR	DR
Dental care insurance (2019 fee schedule)				
Deductible per family per insurance period	none	\$20	\$20	NO REIMBURSEMENT
Worker and spouse (maximum per person per insurance period)				
Diagnosis, prevention, minor treatments (filling, extraction, etc.)	90% \$600max.	80% \$600max.	70% \$600max.	
Periodontic and endodontic treatments	80% } \$1,300 max. ⁽¹⁾	70% } \$1,150 max. ⁽¹⁾	70% } \$625max. ⁽¹⁾	
Major restoration work (dentures, crowns, etc.) ⁽²⁾	80% } max. ⁽¹⁾	70% } max. ⁽¹⁾	none	
Dependent child under the age of 21				
Diagnosis, prevention, minor treatments (filling, extraction, etc.) (per insurance period)	90% \$600max.	80% \$600max.	70% \$600max.	
Periodontic and endodontic treatments (per insurance period)	80% } \$1,300 max. ⁽¹⁾	70% } \$1,150 max. ⁽¹⁾	70% } \$625max. ⁽¹⁾	
Major restoration work (dentures ⁽²⁾ , crowns, etc.) ⁽²⁾	80% } max. ⁽¹⁾	70% } max. ⁽¹⁾	none	
Orthodontic treatment (lifetime maximum per child) ⁽²⁾	80% \$2,300max.	60% \$1,800max.	none	

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.
⁽¹⁾ Maximum per person per insurance period.
⁽²⁾ Dental laboratory costs are limited to 50% of the eligible fee of the dentist or dentist.
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. 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 may apply to payment of certain benefits.

		AR	BR	CR	DR
Salary insurance (worker only)					
short term (weekly benefit)	less than 4,000 hours*	\$405	\$405	\$405	none
Start of disability: July 1, 2017, or after	from 4,000 to less than 6,000 hours*	\$485	\$485	\$485	none
	6,000 hours or more*	\$565	\$565	\$565	none
long term (monthly benefit)	6,000 hours or more**	\$2,000	\$1,600	\$1,425	none
Start of disability: July 1, 2016, or after					

* 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.

- 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 16 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 missing or murdered children, 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.

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 the CCQ (Health Insurance Section) 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:

1. Fill out the Régie de l'assurance maladie du Québec (RAMQ) form "Application for Reimbursement – Healthcare Services Covered Outside Québec".
2. Send this form and your original receipts to the RAMQ. Keep a photocopy of your receipts.
3. 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 No. 1, "Health and Professional Care Claim", 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 costs incurred in a country for which the government of Canada has posted an "Avoid all travel" advisory, due to civil unrest, war, uprising, or political instability, on its website www.canada.ca under the "Travel" tab, unless the cost of repatriation or medical costs to be incurred are reasonable given the gravity of the case and the geopolitical situation in the country, and given that they were approved beforehand by MÉDIC Construction.

Some other covered fees

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

Items	Eligible Fees*	% of Reimbursement	Maximum Reimbursement*
Medical reports requested by the CCQ	\$30 per report	90%	\$27 per report
Dental care following an accident (to sound and natural teeth)	Expenses incurred	90%	Certain conditions apply
Plastic surgery following an accident	Expenses incurred	90%	Certain conditions apply
Prescribed medical supplies covered by the plan (Crutches, orthopedic shoes, orthoses, etc.)	Expenses incurred	90%	Certain conditions apply
Deductible for orthopedic shoes: Employee and spouse: \$150 per pair Dependent child: \$100 per pair			
Transportation by ambulance to the closest hospital (prescribed or in case of emergency)	Expenses incurred	90%	Certain conditions apply
The form « Déclaration de transport des usagés » must be submitted			

* Specific conditions and limitations may apply to reimbursements under insurance coverage. Before you make a purchase, an estimate of the cost and a medical recommendation must be sent to the Commission so that it can determine whether the expenditure is reimbursable.

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.

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* [c. 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.