

Group Dental Insurance Plan for members ENROLMENT PACKAGE 2011-10

We are pleased to enclose a summary of coverage for the optional Dental Care Insurance, which is available for members only.

■ **Enrolment procedures:**

In order to subscribe to this benefit, **you must return the enclosed enrolment form by mail.**

Dental coverage is available to you upon enrolment in the Group Health Insurance Program as long as we receive your request **within 31 days following termination of your previous coverage.**

Furthermore, at each policy anniversary date, which is October 1, you may subscribe to the Dental coverage.

■ **Information:**

Should any additional information be required, please do not hesitate to contact the Plan Administrator:

VIGILIS 

Your partner of choice in
insurance and investments

2540, Daniel-Johnson Blvd,
Suite 200, Laval QC H7T 2S3

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The Dental Insurance Plan is underwritten by:

 **MEDAVIE
BLUE CROSS™**

SUMMARY OF COVERAGE

Underwritten by: Blue Cross

	BASIC PLAN	FULL PLAN*
DEDUCTIBLE:	None	None
MAXIMUM REIMBURSEMENT:		
1. Overall calendar year maximum per insured**:	\$1,000	\$1,500
2. Lifetime maximum for orthodontic services per dependent child less than 18 years of age:	Not applicable	\$1,500
3. Services required as a result of an accident:	Unlimited	Unlimited
FEE GUIDE***	Current year	Current year
METHOD OF REIMBURSEMENT	Direct payment card	Direct payment card
PERCENTAGE OF REIMBURSEMENT FOR THE FOLLOWING SERVICES:		
1. BASIC SERVICES:	80%	80%
<ul style="list-style-type: none"> • exams and diagnostic services, including two routine checkups per calendar year; • x-rays; • preventive services; • basic restorative services; • denture maintenance; • oral surgery; • anesthesia; • extractions. 		
2. ENDODONTICS AND PERIODONTAL SERVICES:	50%	50%
<ul style="list-style-type: none"> • root canal therapy; • treatment of gum disease. 		
3. MAJOR RESOTRATIVE SERVICES:	Not applicable	50%
<ul style="list-style-type: none"> • crowns; • inlays; • dentures and bridgework(<i>when required to replace one or more teeth extracted while the person is covered</i>). 		
4. ORTHODONTIC SERVICES:	Not applicable	50 %
<i>(up to a lifetime maximum of \$1,500 per dependant child less than 18 years of age)</i>		

* The Full Plan is available only to those who are covered under the Full Plan for Health Insurance.

** The overall maximum in the first calendar year of coverage is reduced by 50% for enrolments effective from July 1 through December 31.

*** The Provincial Dental Association issues a yearly fee guide for its members. Reimbursement is based on the lower of the incurred cost or the suggested fee as per the most current published fee guide in the province where treatment is rendered.

Premiums in force as of October 1, 2011

FULL PLAN

If you have already chosen to provide the best Healthcare coverage for yourself and your loved ones, and wish to get the equivalent dental coverage, this is the plan for you:

- **No deductible;**
- Reimbursement of the cost of the following services up to the maximum indicated on the summary of coverage :
 - 80% of the incurred cost of **diagnostic, preventive and basic restorative** services;
 - 50% of the incurred cost of **endodontic and periodontal** services;
 - 50% of the incurred cost of **major restorative** services;
- 50% of the incurred cost, as per payment agreement, of **orthodontic** services up to the maximum indicated on the summary of coverage for each dependent child less than 18 years of age.

SOME RESTRICTIONS MAY APPLY, PLEASE REFER TO THE SUMMARY OF COVERAGE FOR MORE DETAILS

Monthly premiums prior to the 9% tax

Individual	Couple	Single Parent	Family
\$71.43	\$142.86	\$98.21	\$169.64

The insurance coverage must be established as per the family unit insured under the Health Insurance Program.

BASIC PLAN

If you are looking for basic dental coverage at the lowest possible cost, this is the plan for you:

- **No deductible;**
- Reimbursement of the cost of the following services up to the maximum indicated on the summary of coverage :
 - 80% of the incurred cost of **diagnostic, preventive and basic restorative** services;
 - 50% of the incurred cost of **endodontic and periodontal** services.

SOME RESTRICTIONS MAY APPLY, PLEASE REFER TO THE SUMMARY OF COVERAGE FOR MORE DETAILS

Monthly premiums prior to the 9% tax

Individual	Couple	Single Parent	Family
\$38.20	\$76.40	\$55.33	\$93.53

The insurance coverage must be established as per the family unit insured under the Health Insurance Program.

Enrolment form for members only

Group Dental Insurance Policy



PERSONAL INFORMATION		2011-10
Last name	First name(s)	OCAQ Member No.

CHOSEN PLAN (please refer to the attached premium table for details)

<input type="checkbox"/> BASIC PLAN I understand that I can upgrade to the Full Plan, only once a year, on October 1. I also understand that I cannot terminate my coverage for a period of two years. <i>Please Initial:</i> _____	<input type="checkbox"/> FULL PLAN I understand that I cannot downgrade, nor terminate my coverage for a period of two years. <i>Please Initial :</i> _____
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PREMIUM PAYMENT OPTION - Optional dental care insurance, the premium payment option must be identical to the Health Insurance Plan.

<input type="checkbox"/> MONTHLY BANK WITHDRAWAL The premiums will be paid by monthly bank withdrawal as per the pre-authorized debit (PAD) agreement signed by the payor for the Health Insurance premiums.	<input type="checkbox"/> PREMIUM BILLING (CHEQUE) <input type="checkbox"/> Annual (premium payable until September 30 each year) <input type="checkbox"/> Quarterly (three times monthly premium)
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Please include a cheque, **payable to "OCAQ Insurance Program"**, for the appropriate amount as per the monthly premium indicated for the plan of your choice in the enclosed summary. You must add 9% Quebec Insurance Tax.

AUTORISATION ET SIGNATURE

I hereby authorize *Quebec Blue Cross* and The Vigilis Group to obtain and exchange any personal information, including medical information about myself, my spouse or my children, from health professionals, health or social services establishments, public organizations (within the applicable laws), and I authorize these persons to communicate such information to *Quebec Blue Cross* and to The Vigilis Group for the process of any claim that may be submitted on my behalf under this contract. I also authorize *Quebec Blue Cross* and The Vigilis Group to communicate details of my coverage to any other Insurance Company or broker as designated by the Ordre. **I understand that I must be a member in good standing of the *Ordre des comptables agréés du Québec* to participate in this program.**

Member's signature _____ Date _____