

Perspective Healthcare insurance



La Capitale

Insurance and
Financial Services



Policy 003992



Perspective Healthcare Insurance

The perfect complement to the public health insurance plan and the prescription drug insurance plan of your province

If your group insurance plan is soon coming to an end or you are currently covered under an individual health insurance conversion product, you are eligible for the *Perspective Healthcare Insurance* with no evidence of insurability¹ and guaranteed acceptance!

La Capitale offers you three plan options and an optional coverage supplement to better meet your needs.

1. If you are applying following the termination of a group insurance plan, submit your application within 60 days following the termination date. Evidence of insurability will be required for applications submitted after this 60-day period. No applications submitted more than six months following the termination of a group insurance plan will be accepted.

If you are covered under an individual health insurance conversion product, it must still be in force at the time of your application, and it must include a travel insurance benefit that provides coverage for a minimum 30-day period.

HEALTHCARE INSURANCE

This insurance covers the healthcare expenses incurred by an insured with regard to an illness or accident.

TRAVEL INSURANCE

Assistance services

- Provide information in the event of major problems occurring during the trip (loss of the insured's passport, visa or credit card, etc.)
- Advance funds for covered expenses
- Offer medical information and advice, and the location of an appropriate medical centre
- Coordinate communication between the insured's medical service, the attending physician, and the insured's family doctor, in order to ensure any decisions made are best adapted to the situation
- Transmit any urgent messages when the insured is personally unable to do so
- Dispatch any drugs that are indispensable for the ongoing treatment
- Provide telephone access to a multilingual interpretation service

Eligible expenses

- Expenses for transportation of the insured by air or surface ambulance to the nearest medical centre where adequate medical care is available
- Professional services of a physician for medical, surgical or dental care, including a dentist's professional fees
- Expenses for hospitalization in a semi-private or private room
- Repatriation fees for the insured and expenses for the insured's spouse and dependent children or travel companion to return
- Round-trip transportation expenses to enable a close relative of the insured to be at the insured's bedside if repatriation is not possible
- Return home any children under age 18 in case the insured is incapacitated and is unable to do so personally
- Settlement of formalities in the event of death abroad

Eligibility conditions

The customary and reasonable expenses and the travel assistance services are eligible for reimbursement, if incurred following an emergency situation resulting from an accident or illness occurring while the insured is temporarily outside the province of residence, provided the insured is covered under the government health insurance plan of the province of residence.

To be covered under this benefit, insureds who have a known illness or condition must ensure before departure that their health condition is stable and under control and that they can carry out usual daily activities.

TRIP CANCELLATION INSURANCE

The insurer will reimburse expenses incurred by the insured following the cancellation or interruption of a trip. The expenses incurred must be related to travel expenses paid in advance by the insured while this benefit is in force and that, at the time travel arrangements were finalized, the insured was not aware of any event that could reasonably lead to the cancellation or interruption of the planned trip. Insured expenses are limited to \$5,000 per insured per trip.

VIVA

Health and wellness initiatives

Benefit from VIVA, health and wellness initiatives that contribute to adopting and maintaining healthy lifestyle habits.

Take part in various health and wellness challenges, get the VIVA monthly **e-bulletin**, fill out the **online** health questionnaire and get access to a telephone support line. Healthcare professionals are available for telephone support to review your lifestyle habits and help you reach your health goals.

Interested in the VIVA program? Write to us at viva@lacapitale.com.

Please refer to the table on the following pages for details on the coverage offered.



The advantages of healthcare insurance

- Get up to 180 days of travel insurance coverage
- Choose a prescription drug insurance formula that will allow you to complement your coverage under the provincial public plan
- Get access to VIVA, health and wellness initiatives
- Benefit from travel and accommodation coverage outside the area of residence to consult or receive treatment from a medical specialist not available in your area of residence

Healthcare insurance | PLAN DESCRIPTION

BENEFITS		BASIC	INTERMEDIATE	ENRICHED
Participation and plan change rules		Minimum term: 24 months OR Life event ²	Minimum term: 36 months OR Life event ²	Minimum term: 36 months OR Life event ²
A EXPENSES REIMBURSED AT 100%		Deductible: None	Deductible: None	Deductible: None
▪ Hospitalization		Unlimited, semi-private room	Unlimited, semi-private room	Unlimited, semi-private room
▪ Rehabilitation centre		180 days per calendar year, semi-private room	180 days per calendar year, semi-private room	180 days per calendar year, semi-private room
▪ Residential and long-term care centre		180 days per calendar year, semi-private room	180 days per calendar year, semi-private room	180 days per calendar year, semi-private room
▪ Travel Insurance		\$1,000,000 per trip, 30 days	\$5,000,000 per trip, 90 days	\$5,000,000 per trip, 180 days ³
▪ Trip Cancellation Insurance		\$5,000 per trip	\$5,000 per trip	\$5,000 per trip
▪ VIVA Workplace Health and Wellness Program		Included	Included	Included
B OTHER ELIGIBLE EXPENSES				
▪ Coinsurance for other health care		70%	75%	80%
▪ Coinsurance for prescription drugs		70%	75%	80%
▪ Deductible		None	None	None
Prescription drugs		Maximum reimbursement	Maximum reimbursement	Maximum reimbursement
▪ Eligible prescription drugs		Prescription drugs not reimbursed under the prescription drug insurance plan of the province of residence		
▪ Substitution		Mandatory for drugs on the prescription drug insurance plan list of the province of residence, when a generic drug exists		
▪ Maximum reimbursement		\$15,000 per calendar year, per insured	\$20,000 per calendar year, per insured	\$25,000 per calendar year, per insured
▪ Sclerosing injections		N/A	\$20 per session	\$30 per session
▪ Automated payment service		Direct	Direct	Direct
Medical services		Maximum reimbursement	Maximum reimbursement	Maximum reimbursement
▪ Ambulance		Covered	Covered	Covered
▪ Blood plasma and blood transfusions		Covered	Covered	Covered
▪ Dentist following accident		\$5,000 per accident	\$5,000 per accident	\$5,000 per accident
▪ Detoxification, including clinic for gambling addiction		N/A	N/A	\$80 per day, maximum of 30 days per calendar year
▪ Expenses for travel to receive treatment outside the insured’s area of residence		Travel of 200 km or more from area of residence	Travel of 200 km or more from area of residence	Travel of 200 km or more from area of residence
– Maximum reimbursement for accommodations		\$80 per day	\$80 per day	\$125 per day
– Maximum reimbursement		\$1,000 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year
▪ Home care and assistance		N/A	N/A	\$500 per calendar year
▪ Nursing care		\$3,000 per calendar year	\$5,000 per calendar year	\$5,000 per calendar year
Diagnostic services		Maximum reimbursement	Maximum reimbursement	Maximum reimbursement
▪ Computerized axial tomography (CAT scan)		N/A	\$200 per calendar year	\$200 per calendar year
▪ Diagnostic and laboratory tests		\$500 per calendar year	\$600 per calendar year	\$750 per calendar year
▪ Magnetic resonance imaging (MRI)		N/A	\$500 per calendar year	\$750 per calendar year
▪ Polysomnography		\$500 per calendar year	\$500 per calendar year	\$500 per calendar year
▪ Ultrasound examination		\$80 per calendar year	\$80 per calendar year	\$80 per calendar year
▪ X-rays		Covered	Covered	Covered
Other eligible medical expenses		Maximum reimbursement	Maximum reimbursement	Maximum reimbursement
▪ Artificial limb or eye, supports, corsets, trusses, crutches or other orthopedic equipment		Covered	Covered	Covered
▪ Compression stockings		3 pairs per 12 consecutive months	4 pairs per 12 consecutive months	6 pairs per 12 consecutive months
▪ Custom-made foot orthoses and orthopedic shoes		\$250 per calendar year	\$350 per calendar year	\$500 per calendar year
▪ Devices for diabetics (blood glucose monitor, dextrometer)		N/A	\$200 per 36 months	\$250 per 36 months
▪ External breast prosthesis		N/A	\$150 per calendar year	\$250 per calendar year
▪ Hearing aid		\$250 per 24 months	\$500 per 24 months	\$1,000 per 24 months
▪ Insulin pump		N/A	\$3,000 per 36 months	\$6,000 per 60 months
▪ IUDs		N/A	\$75 per 24 months	\$75 per 24 months
▪ Other therapeutic devices		Covered	Covered	Covered
▪ Respirator and oxygen		Covered	Covered	Covered
▪ Transcutaneous electrical nerve stimulation (TENS)		N/A	\$750 per 60 months	\$1,000 per 60 months
▪ Wheelchair, hospital bed		Covered	Covered	Covered
▪ Wig (capillary prosthesis)		\$100 lifetime	\$300 lifetime	\$300 lifetime
Healthcare professionals		Maximum reimbursement	Maximum reimbursement	Maximum reimbursement
▪ Acupuncturist		N/A	\$40 per visit; maximum reimbursement: \$400 per calendar year	\$40 per visit; maximum reimbursement: \$500 per calendar year
▪ Audiologist, naturopath, occupational therapist, osteopath, podiatrist, speech-language pathologist		N/A	\$60 per visit; maximum reimbursement: \$400 per calendar year for <u>all professionals combined</u>	\$60 per visit; maximum reimbursement: \$500 per calendar year for <u>all professionals combined</u>
▪ Chiropractor		N/A	\$40 per visit; maximum reimbursement: \$400 per calendar year	\$40 per visit; maximum reimbursement: \$500 per calendar year
– Chiropractor X-rays		N/A	\$50 per calendar year	\$50 per calendar year
▪ Dietitian		N/A	\$50 per visit; maximum reimbursement: \$400 per calendar year	\$50 per visit; maximum reimbursement: \$500 per calendar year
▪ Homeopath, kinesi therapist, massage therapist, ortho therapist		N/A	N/A	\$40 per visit; maximum reimbursement: \$500 per calendar year for <u>all professionals combined</u>
▪ Physiotherapist		N/A	\$50 per visit; maximum reimbursement: \$400 per calendar year	\$50 per visit; maximum reimbursement: \$500 per calendar year
▪ Psychiatrist, psychoanalysts in an outpatient clinic, psychologist		N/A	\$80 per visit; maximum reimbursement: \$400 per calendar year for <u>all professionals combined</u>	\$80 per visit; maximum reimbursement: \$500 per calendar year for <u>all professionals combined</u>
OPTIONAL COVERAGE SUPPLEMENT	Participation and plan change rules	Minimum term: 24 months OR Life event ²	Minimum term: 24 months OR Life event ²	Minimum term: 24 months OR Life event ²
	Prescription drugs (coordination of the deductible and coinsurance with the public plan)			
	▪ Coinsurance	70%	75%	80%
	▪ Deductible	None	None	None
	▪ Eligible prescription drugs	Prescription drugs reimbursed under the prescription drug insurance plan of the province of residence		
	▪ Substitution	Mandatory for drugs on the prescription drug insurance plan list of the province of residence, when a generic drug exists		
	Dental Care			
	▪ Coinsurance	80%	80%	80%
	▪ Deductible	None	None	None
	▪ Preventive services (one examination per period of nine consecutive months)	Maximum reimbursement: \$500 per calendar year, <u>all Dental Care services combined</u>	Maximum reimbursement: \$500 per calendar year, <u>all Dental Care services combined</u>	Maximum reimbursement: \$500 per calendar year, <u>all Dental Care services combined</u>
	▪ Basic restorative services			
	▪ Major restorative services			
	Vision Care			
	▪ Coinsurance	100%	100%	100%
	▪ Deductible	None	None	None
	▪ Eye exam	\$50 per 24 months	\$50 per 24 months	\$50 per 24 months
	▪ Eyeglass frames and lenses, and contact lenses	\$150 per 24 months	\$150 per 24 months	\$150 per 24 months

2. Certain life events may allow you to review your plan regardless of the minimum period.

3. The period is reduced to 90 days for insureds aged 80 or over.

Expenses are considered to be incurred on the day services are provided, and must be incurred while this insurance coverage is in force.

Eligible expenses are those reasonably incurred and justified by current medical practice and the customary and reasonable charges in force in the area.



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This document is not a contract. It merely provides an overview of the coverage available. Please refer to the insurance policy for information about the exclusions and restrictions applicable to this plan. Only the insurance policy and application may be used to settle legal issues. Contracts are issued by La Capitale Civil Service Insurer Inc.