

Group Health Insurance Plan for members ENROLMENT PACKAGE 2011-10

We are pleased to enclose details of the coverage available under the program and are confident that one of these plans will meet your needs.

■ Enrolment procedures:

In order to join the Health Insurance Program, **you must return the enclosed enrolment form by mail.**

The Insurer will accept your request for coverage, without evidence of insurability, if your enrolment form is received **in our offices within 31 days following the termination of your previous coverage.** Satisfactory evidence of insurability will be required for any request for coverage under the full plan after this 31-day period.

Please note that in accordance with An Act Respecting Prescription Drug Insurance, it is mandatory for all Québec residents to be covered without interruption by a prescription drug insurance benefit. If you are under 65 years of age and you are not covered under a group policy, through your employer or your spouse, you must sign up for coverage under the plan sponsored by the Ordre for yourself and your eligible dependents.

■ 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

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The Health Insurance Plan is underwritten by:

 **MEDAVIE
BLUE CROSS™**

SUMMARY OF COVERAGE

Underwritten by: Blue Cross

PRESCRIPTION DRUGS

	BASIC PLAN	FULL PLAN
ELIGIBLE PRESCRIPTION DRUGS	minimum required by law (approximately 6 500 medicaments)	drugs requiring a prescription, including some life-sustaining drugs (approximately 10 500 medicaments)
DEDUCTIBLE ¹	\$250 per insured, up to a maximum of \$500 per family, per calendar year	\$50 per insured, up to a maximum of \$100 per family, per calendar year
PERCENTAGE OF REIMBURSEMENT ² -Based on the lowest priced generic-	75% of eligible expenses once the deductible has been satisfied	80% of eligible expenses once the deductible has been satisfied
METHOD OF REIMBURSEMENT	direct payment card	direct payment card
MAXIMUM CONTRIBUTION ³	amount determined by the RAMQ	amount determined by the RAMQ

SUPPLEMENTARY HEALTH INSURANCE

DEDUCTIBLE AND PERCENTAGE OF REIMBURSEMENT FOR THE FOLLOWING SERVICES:		no deductible 100% of eligible expenses
• HOSPITALIZATION FOR SHORT-TERM CARE		semi-private hospital room
• HOSPITALIZATION FOR CONVALESCENT CARE		semi-private room, maximum of 120 days
• VISION CARE		maximum of \$200 per 12 month period per child under 18 years of age, or per 24 month period per adult
• OUT-OF-PROVINCE TRAVEL INSURANCE INCLUDING TRIP CANCELLATION INSURANCE		trips not exceeding 60 days; trip cancellation insurance, maximum \$3,000, per insured, per trip
DEDUCTIBLE AND PERCENTAGE OF REIMBURSEMENT FOR THE FOLLOWING SERVICES:		\$50 per insured, up to a maximum of \$100 per family, per calendar year 80% of eligible expenses
• PARAMEDICAL SERVICES (physiotherapist, podiatrist or podologist or foot care nurse, chiropractor, occupational therapist, acupuncturist, psychologist or social worker, speech therapist, osteopath, naturopath, massotherapist)		maximum of \$500 per calendar year, per insured, per practitioner subject to a combined maximum of \$1,000 for all practitioners (maximum of \$45 per visit for a psychologist and \$30 per visit for other practitioners)
• DIAGNOSTIC TESTS		maximum of \$750 per calendar year, per insured
• NURSING CARE (at home only)		maximum of \$5,000 per 12 month period, per insured
• HEARING AIDS		maximum of \$250 per 36 month period, per insured
• ORTHOPEDIC SHOES AND ORTHOTICS		combined maximum of \$300 per 12 month period, per insured

¹ Amount of eligible expenses you must incur before any expenses are reimbursed by the insurer

² Percentage of the eligible expenses reimbursed by the insurer once the deductible has been satisfied. Reimbursement based on the lowest priced generic drug.

³ Total amount paid by the insured in deductible and coinsurance (percentage of expenses paid by the insured)

■ **Premiums in force as of October 1st, 2011**

FULL PLAN *prescription drugs and supplementary insurance*

- **80%** of the cost of **drugs requiring a prescription**, including some life-sustaining drugs;
- **100%** of the cost of a **semi-private hospital room** for short-term care;
- **80%** of the cost of **paramedical** expenses such as chiropractors, physiotherapists, etc., up to the maximum indicated on the summary of coverage;
- **100%** of the cost of **vision care** up to the maximum indicated on the summary of coverage;
- **Out-Of-Province travel insurance**, trip cancellation included, for trips not exceeding 60 days;
- other services.

Some restrictions may apply. Please refer to the summary of coverage for more details.

Monthly premiums prior to the 9% tax

Age of main Insured on October 1 st , 2011	Individual	Couple	Single Parent	Family
Under age 40:	\$136.07	\$272.14	\$202.46	\$338.53
40 to 49:	\$150.81	\$301.62	\$224.43	\$375.24
50 to 64:	\$157.27	\$314.54	\$234.00	\$391.27
Age 65 & over, without prescription drug coverage:	\$92.81	\$185.62	\$128.85	\$221.66
Age 65 & over, full plan ¹ :	\$517.61	\$1035.22	\$589.74	\$1107.35

BASIC PLAN *prescription drugs only*

- **75%** of the cost of **prescription drugs appearing on the list identified by the Régie as the minimum required by law.**

Some restrictions may apply. Please refer to the summary of coverage for more details.

Monthly premiums prior to the 9% tax

Age of main Insured on October 1 st , 2011	Individual	Couple	Single Parent	Family
Under age 40:	\$52.51	\$105.02	\$77.54	\$130.05
40 to 49:	\$57.27	\$114.54	\$84.60	\$141.87
50 to 64:	\$60.15	\$120.30	\$88.82	\$148.97
Age 65 and over ¹ :	\$236.64	\$473.28	\$272.50	\$509.14

¹ If you are 65 years of age and over, it is to your advantage to insure your prescription drug expenses through the Régie and insure only the supplementary healthcare through the plan sponsored by the Ordre.

■ **QUESTIONS & ANSWERS:**

1. Do I have to enrol in one of the plans?

If you are under age 65 and no longer have access to a group plan, you must enrol in the Basic Plan, which meets the minimum requirements of the law.

2. I am under age 65 and have enrolled with the Régie. What must I do?

We remind you that if you are under age 65, the Régie's plan is not an option and you should be aware that the Régie makes periodic inspections. **If you are insured under the Régie's plan by mistake or are not presently covered, it is in your best interests to rectify the situation.**

3. What is the deadline for enrolment?

- a) **HEALTH:** The insurer will approve your application for coverage without evidence of insurability, under either plan, if your application form is received, along with the appropriate payment, in our offices within the 31 day period which follows the date at which you lost your previous coverage.
- b) **DENTAL:** The insurer will approve your application for coverage without evidence of insurability, under either plan, if your application form is received, along with the appropriate payment, in our offices within the 31 day period which follows the date at which you lost your previous coverage.

It is also possible for you to enrol in the plan at any plan anniversary, which is October 1.

4. What happens if my request is received after this deadline?

Under current law, the insurer must approve you for the Basic Plan, at a minimum. However, if you wish to join the Full Plan, satisfactory evidence of insurability will be required. The required health questionnaire is available upon request.

5. Can the insurer request evidence of good health at renewal?

No, as long as your premium is received within the allotted grace period.

6. Are my spouse and dependent children also eligible for coverage?

Yes. In fact, under the law, you must insure your spouse, either legally married or common-law, and your dependent children under age 21, or under age 26 if full-time students. However, your children under age 21 are not eligible for coverage, if they work more than 30 hours a week. Your common-law spouse must have cohabitated with you for at least twelve months.

QUESTIONS & ANSWERS (continued):

7. Can I modify my coverage at any time?

- a) HEALTH: You can apply for coverage under the Full Plan at any time by providing satisfactory evidence of insurability. Note that coverage will only take effect when your request has been approved and you will not be allowed to reduce coverage to the Basic Plan for two years.

Nevertheless, should you again become eligible for group insurance coverage you can, at any time, choose the insurance plan that best suits your needs.

- b) DENTAL: Once a year, at the plan anniversary, you will be given the opportunity to enrol in the Full Dental Plan, provided you are also covered under the equivalent Health Plan.

However, should you choose to do so, you will not be allowed to reduce or cancel coverage for two years, unless you are eligible for group coverage elsewhere.

8. I'm 65 or over but my spouse is under age 65. Can I elect to insure myself with the Régie for prescription drug coverage?

Members age 65 and over who also have access to a group plan can elect the coverage that best suits their needs. As an added attraction, the plan sponsored by the Ordre gives you the possibility of insuring yourself under the Full Plan, excluding prescription drugs.

It is to your advantage to insure your basic prescription drug coverage under the Régie's plan. If you choose to do so, any eligible dependents must also be covered under the government plan.

9. I will be turning 65 in the coming year. How do I calculate my premium?

Simply complete and sign the enrolment form, indicating that you wish to pay on a monthly basis. Shortly before your 65th birthday, we will contact you to verify which coverage option best meets your needs once you turn 65. Please note that premiums and coverage are based on your age, regardless of the age of your spouse.

QUESTIONS & ANSWERS (continued):

10. What's a direct payment card?

Under the traditional arrangement, you would pay the pharmacist and claim from the Insurance Company. The direct payment card allows you to pay only your share of the cost of medication as the portion covered by the Insurance Company is paid directly to the pharmacist.

11. What is a generic drug and what will happen if my physician prescribes a brand name drug?

A generic drug is a copy of a brand name drug whose patent protection has expired. If your physician prescribes a brand name drug for which a generic drug exists, the reimbursement will be calculated on the cost of the lowest priced generic drug, whether you have opted for the brand name drug or the generic version.

12. Is the policy portable?

Yes, as it is established as a result of your membership and not your employment.

13. Are premium rates guaranteed?

No. Premium rates are established for all participating members and can increase or decrease according to plan experience.

14. What happens if I'm out of work?

Coverage will continue without interruption, regardless of your employment situation.

15. What happens if I am no longer a member in good standing of the Ordre?

As the plan is exclusively for members, you would lose your coverage.

Enrolment form for members

Group Health Insurance Policy



PERSONAL INFORMATION

2011-10

Last name

First name(s)

OCAQ Member No.

Home address (number, street, apartment number, city, province, postal code)

E-mail

Language preference

english french

Home telephone No.

Business telephone No.

Fax

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Quebec Medicare Number (RAMQ)

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TYPE OF COVERAGE

 Individual Couple Single Parent Family

INFORMATION RELATING TO YOUR DEPENDENT

(only for couple, single parent or family coverage)

Last name	First name(s)	Relationship to Insured	Date of birth	Quebec Medicare Number

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

 BASIC PLAN

I understand that by choosing this plan, I waive my right to benefit from complementary coverage without proof of insurability.

Please Initial: _____

 FULL PLAN

I understand that I cannot downgrade nor terminate my coverage for a period of two years.

Please Initial: _____

 **FULL PLAN without prescription drug
(65 years of age and older)** **FULL PLAN
(65 years of age and older)**

INFORMATION CONCERNING YOUR PREVIOUS INSURANCE COVERAGE

Insurer _____

Policy No. _____

Certificate No. _____

Termination date _____

PREMIUM PAYMENT OPTION

 MONTHLY BANK WITHDRAWAL (Please sign the attached pre-authorized debit (PAD) agreement and include a sample cheque.) **PREMIUM BILLING (CHEQUE)** Annual (premium payable until September 30 each year) Quarterly (three times monthly premium)

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.

AUTHORIZATION 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 _____

Pre-authorized debit (PAD) agreement

IMPORTANT (Please read carefully.)

I/We authorize Gestion Vigilis, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin variable deductions as instructed for regular recurring insurance premium payment. Regular monthly payments will be debited to my/our specified account on the 1st day of each month. Premiums payments are subject to the insurance provisions outlined in the contract. Gestion Vigilis requires 10 days written notice to make any alterations or changes to this PAD Agreement.

I/We may revoke my/our PAD authorization at any time by providing 10 days written notice. To obtain a cancellation form, or for more information on my/our right to cancel this PAD Agreement, I/we may contact my/our financial institution, Gestion Vigilis or visit www.cdnpay.ca.

Life Insurance, Critical Illness Insurance, Long Term Disability Insurance, Office Overhead Insurance, Health and Dental Insurance Policies

I/We have waived my/our right to receive pre-notification of the amount of the PAD and agreed that I/we do not require advance notice of the amount of PAD(s) before the debit is processed.

The re-resentation of a payment returned due to not-sufficient funds or funds not cleared can occur only once and must be within 30 days of the original debit. If the payment is returned a second time, the method of premium payment will be altered to annual, direct billing and cannot be changed until the next policy anniversary. The proportion of the annual premium calculated to the next policy anniversary becomes immediately payable. A new PAD Agreement is required to return to the PAD method of payment.

I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution, Gestion Vigilis or visit www.cdnpay.ca.

If the policy/account is for individual coverage, then the PAD will be setup as a personal PAD and if the policy/account is corporately owned, then the PAD will be setup as a business PAD.

Insured / Policy owner information (Please print.)

Main insured:

Policy Number(s) or Identification Number:

Policy owner - Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

Signature of policy owner(s):

Date:

Signature of policy owner(s):

Date:

Payor, account holder information (Please print.)

Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

Address (number, street, apartment number, city, province, postal code):

Category of service: Personal Business Please initial to confirm that you are the only signature authorized for the firm: _____

Signature of account holder(s):

Date:

Signature of account holder(s):

Date:

Bank account information (Please attach a personalized void cheque.)

Name of financial institution (FI):

FI Transit number (branch: 5 digits / institution: 3 digits)

FI Account number:

Address of branch:

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You may contact us, **Monday through Friday 8:30 am to 5:00 pm**, by calling our toll-free number **1 888 682-7772**.