

QMA INSURANCE
EXCLUSIVE TO MEMBERS



Health care
Insurance Program



10/2011

**HEALTH CARE
INSURANCE
PROGRAM****Under the Extended Health Care program, two plan options are available:****Option 1:** Extended Health with Prescription Drugs.**Option 2:** Prescription Drugs, emergency services out of province and Emergency Travel Assistance.**Deductibles****Option 1:**
\$250 per policy year. No deductible applies to hospitalisation, emergency services out of province and Emergency Travel Assistance.**Option 2:**
\$100 per policy year. No deductible applies to emergency services out of province and Emergency Travel Assistance.**Percentage
of paid
expenses****Option 1:**
80% of all eligible charges will be reimbursed once the deductible has been satisfied. 100% for hospitalisation, emergency services out of province and Emergency Travel Assistance.**Option 2:**
70% of all eligible charges will be reimbursed once the deductible has been satisfied. 100% for emergency services out of province and Emergency Travel Assistance.

For the period of July 1st, 2011 to June 30th, 2012, the maximum out-of-pocket exposure for prescription drug expenses is limited to \$963 per adult under both options.

Eligibility**Option 1 :**

To apply for coverage you must:

- be a member, in good standing, of the Quebec Medical Association (QMA);
- be under age 65;
- reside and practice medicine in the province of Québec at least 20 hours per week.

Satisfactory proof of insurability is required.

Option 2 :

To apply for coverage you must:

- be a member, in good standing, of the Quebec Medical Association (QMA);
- be under age 65; and
- reside and practice medicine in the province of Québec at least 20 hours per week.

10/2011

HEALTH CARE INSURANCE PROGRAM

Expenses out of province and Emergency Travel Assistance

This coverage is included
with Options 1 and 2.

Covered expenses under option 1

Out of province or country – Emergency and referred services. All covered expenses in excess of those reimbursed by the provincial medical plan for emergency services which occur during:

- within the first 90 days of leaving the province of residence, subject to a maximum of \$1,000,000 per event;
- within the first 30 days of leaving the province of residence, subject to a lifetime maximum of \$500,000 when the insured is 71 years of age or over.

Listed below are some of the expenses covered under the Extended Health Care program:

- **Hospital:** Private room (maximum of 60 days) then semi-private room - 100% of all eligible charges. At age 71 or over, semi-private room only;
- **Convalescent Hospital:** \$10 per day – maximum of 120 days;
- **Prescription drugs & contraceptives:** Charges for certain drugs that are prescribed in writing by a physician. Charges for drugs related to the treatment of sexual dysfunction are not covered;
- **Nursing care:** up to a maximum of \$5,000 in any three-year period (not covered if hospitalized). At age 71 or over, there is a lifetime maximum of \$15,000;
- **Paramedical Services*:** up to \$40 per visit, subject to an overall combined maximum of \$800 per policy year, per insured, for all practitioners;
- **Physiotherapists:** up to \$75 per visit, subject to a maximum of \$1,000 per policy year, per insured;
- **Psychologist¹:** up to \$75 per visit, subject to a maximum of \$1,000 per policy year, per insured;
- **Hearing aids:** Cost, installation and repair up to a maximum of \$300 in any consecutive five-year policy period;
- **Ambulance:** Service to the nearest hospital, from one hospital to another and from the hospital to your residence;
- **Outpatient Services:** All charges in excess of those covered under the provincial plan.

*Paramedical Services include services from Acupuncturists, audiologists¹, chiropractors, homeopaths, massotherapists¹, naturopaths, osteopaths, podiatrists¹, and speech therapists.

¹These services must be prescribed by the attending physician.

10/2011

**HEALTH CARE
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PROGRAM****Covered expenses
under option 1****Listed below is an overview of the equipment and other services covered under the Extended Health Care program:**

- Purchase of braces, crutches, canes, walkers, and artificial limbs or eyes, prosthetic devices, surgical brassieres (maximum 2 per policy year) and surgical stockings (maximum 2 pairs per policy year);
- Rental of wheelchairs, hospital type bed or other durable medical equipment (\$4000 lifetime maximum on electric wheelchairs);
- Oxygen and blood serum;
- Diagnostic tests, lab tests, radium treatment and x-ray examinations, subject to a maximum of \$1,000 per policy year, per insured;
- Orthopaedic shoes to a maximum of \$400 per policy year;
- Orthotics/arch supports to a lifetime maximum of \$200 per person;
- Needles and syringes for diabetics;
- Replacement or repair of natural teeth required as a result of an accidental injury to a maximum of \$1,000 per dental injury, per person, per policy year;
- Cosmetic surgery due to an accident to a maximum of \$5,000 per person, per accident;
- Wigs required as a result of chemotherapy to a lifetime maximum of \$500 per person.

10/2011

**HEALTH CARE
INSURANCE
PROGRAM****Effective date**

Your insurance shall become effective, on the first day of the current month if your application is approved between the 1st & the 15th of the month and on the first day of the following month if your application is approved between the 16th and the end of the month. It will be renewed March 1st of each year.

**Dependent
coverage**

You can apply to cover your spouse and dependent children. If you are under age 65, your Spouse and Dependent Child must be covered through this program or another private insurance plan for Prescription Drug coverage.

An eligible spouse is your spouse by marriage or under any other formal union recognized by law, or a person of the same or opposite sex with whom you have cohabited for at least 12 months, and who has been publicly represented as your spouse. There is no minimum cohabitation period for common-law spouses if a child is born out of your relationship.

Dependent child is an unmarried child, stepchild or legally adopted child of either you or your spouse, under the age of 21 (age 26 if a full-time student and entirely dependent on you for support, or to any age if incapable of self support because of a physical or mental disability).

Survivor's benefit – if you die while family coverage is in force, the coverage will be continued for your dependents for 12 months from the date of your death without payment of premiums.

10/2011

**HEALTH CARE
INSURANCE
PROGRAM****Coverage
termination**

Your insurance will cease:

- on termination of the master contract;
- the day prior to the renewal date coincident with or next following the date on which you cease to be a member of the Quebec Medical Association;
- for failure to pay premiums, subject to the grace period;
- on the first of the month following receipt by QMA Insurance of your written request to terminate coverage;
- for dependent coverage, the date a dependent is no longer eligible for coverage;
- for Option 2, on the date you attain age 65.

QMA INSURANCE

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