



VISION CARE



PRESCRIPTION DRUGS



DENTAL CARE



TRAVEL



HOSPITALIZATION



HEALTH CARE

✦ This summary presents the benefits for which a maximum applies.

BENEFIT SUMMARY AS OF JANUARY 1, 2024


PRESCRIPTION DRUGS
(virtual direct payment card)

THIS COVERAGE DOES NOT APPLY if the main insured is 65 years of age and over **or** to surviving spouses.

Deductible per prescription - To save money, consider renewing your medication for 90 days, when possible.

Reimbursement

Percentage of eligible expenses reimbursed by the Insurer once the deductible has been satisfied. Reimbursement is based on the lowest priced generic drug (if a generic drug exists), subject to the minimum percentage of reimbursement set by the Régie de l'assurance-maladie du Québec (RAMQ).

Maximum contribution

The maximum contribution established by the RAMQ for the calendar year is set on July 1 of each year and remains in force until June 30 of the following year.

Although the annual contribution of each adult is considered separately, the amount paid for prescriptions of dependent children is applied to the member's contribution. Please note that deductible and coinsurance amounts also apply to dependent children. As for spouses, they must satisfy their own maximum contribution every year before the insurer reimburses the cost of their eligible drugs in full.

Eligible prescription drugs

BASIC PLAN	INTERMEDIATE PLAN	FULL PLAN
\$10 per prescription	\$5 per prescription	\$5 per prescription
65%	75%	80%
\$1,196 per adult (set on July 1, 2023)	\$1,196 per adult (set on July 1, 2023)	\$1,196 per adult (set on July 1, 2023)
Public plan list	Drugs requiring a prescription, including some life sustaining drugs	Drugs requiring a prescription, including some life sustaining drugs
n/a	100%	100%
n/a	Two beds hospital room	Two beds hospital room
n/a	Two beds hospital room Maximum 180 days	Two beds hospital room Maximum 180 days
n/a	Two beds hospital room Maximum 180 days	Two beds hospital room Maximum 180 days
n/a	\$80 per day, \$2,500 maximum	\$80 per day, \$2,500 maximum
100%	100%	100%
First 60 days \$5,000,000 maximum	First 60 days \$5,000,000 maximum	First 60 days \$5,000,000 maximum
\$5,000	\$5,000	\$7,500
n/a	75%	80%
n/a	\$1,000	\$1,500
n/a	Combined maximum \$300 Maximum of \$50 per visit	Combined maximum \$500 Maximum of \$75 per visit
n/a	Combined maximum \$500 Maximum of \$50 per visit	Combined maximum \$750 Maximum of \$75 per visit
n/a	Combined maximum \$750 Maximum of \$75 per visit	Combined maximum \$1,000 Maximum of \$100 per visit

Reimbursement - No deductible

Short-term care

Convalescent or rehabilitation care, per insured, per 12-month period

Long-term care, per insured, lifetime maximum

Detoxification treatment, per insured, lifetime maximum

Reimbursement - No deductible

Out-of-province hospitalization and medical expenses resulting from an accident or a sudden illness in case of emergency, including travel assistance, per trip, per insured

Trip cancellation and interruption insurance, per trip, per insured ¹

¹ In order to be eligible, your plan must be in force at the time one of the insured risks prevents you from traveling.

Reimbursement - No deductible

Combined maximum for all health care professionals, per insured, per calendar year

Group 1

Acupuncturist, chiropractor, dietitian, kinesiologist, kinesitherapist, massotherapist, naturopath, osteopath

Group 2

Audiologist, certified athletic therapist, chiropracist, foot care nurse, occupational therapist, podiatrist, podologist, physical rehabilitation therapist, physiotherapist, speech therapist

Group 3

Career counsellor, psychiatrist, psychoanalyst, psychoeducator, psychologist, psychotherapist, social worker


HOSPITALIZATION



TRAVEL



HEALTH CARE PROFESSIONALS





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HOSPITALIZATION



HEALTH CARE



BENEFIT SUMMARY AS OF JANUARY 1, 2024 (CONTINUED)

	BASIC PLAN	INTERMEDIATE PLAN	FULL PLAN
Reimbursement - No deductible	n/a	75%	80%
Laboratory and diagnostic tests, per insured, per calendar year	n/a	Combined maximum of \$750	Combined maximum of \$1,000
Glucometer, per insured, per 48-month period	n/a	One device	One device
Support stockings, per insured, per calendar year	n/a	Four pairs	Four pairs
Myoelectric arms, external prosthesis and artificial limb, per insured, per prosthesis	n/a	\$10,000	\$10,000
Orthopedic shoes, deep shoes and foot orthosis, per insured, per 12-month period	n/a	Combined maximum of \$500	Combined maximum of \$500
Cosmetic surgery following an accident	n/a	\$5,000	\$5,000
Mechanical or hydraulic patient lifters, per insured, per 60-month period	n/a	\$2,000	\$2,000
Transcutaneous nerve stimulators (TENS), per insured, lifetime maximum	n/a	\$700	\$700
Insulin pump, per insured, per 60-month period	n/a	n/a	\$7,500
Extremity pumps for lymphedema, per insured, lifetime maximum	n/a	\$1,500	\$1,500
Hearing aids, per insured, per 36-month period	n/a	\$250	\$250
Wig for cancer patients, per insured, lifetime maximum	n/a	\$300	\$300
External breast prosthesis, per insured, per 12-month period	n/a	One prosthesis	One prosthesis
Outdoor wheelchair ramps, lifetime maximum	n/a	\$2,000	\$2,000
Home care and assistance, per insured, per calendar year	n/a	\$500	\$500
Home nursing care, per insured, per 12-month period	n/a	\$10,000	\$10,000
Surgical brassieres, per insured, per 12-month period	n/a	Two surgical brassieres	Two surgical brassieres
Reimbursement - No deductible	n/a	100%	100%
Eye examination, per adult, per 24-month period	n/a	One eye examination	One eye examination
Eyeglasses, contact lenses or laser vision correction, per adult, per 24-month period or per 12-month period for children less than 18 years of age	n/a	n/a	\$200



OTHER MEDICAL EXPENSES



VISION CARE

MONTHLY PREMIUMS
by age of main insured on January 1, 2024 (prior to the 9% provincial tax)

		BASIC PLAN	INTERMEDIATE PLAN	FULL PLAN
INDIVIDUAL	Under age 40	\$75.18	\$227.67	\$284.28
	40 to 49	\$81.82	\$252.09	\$314.83
	50 to 64	\$85.85	\$262.81	\$328.21
COUPLE	Under age 40	\$150.36	\$455.34	\$568.56
	40 to 49	\$163.64	\$504.18	\$629.66
	50 to 64	\$171.70	\$525.62	\$656.42
SINGLE PARENT	Under age 40	\$110.95	\$338.71	\$422.92
	40 to 49	\$120.83	\$375.10	\$468.41
	50 to 64	\$126.70	\$390.92	\$488.22
FAMILY	Under age 40	\$186.13	\$566.38	\$707.20
	40 to 49	\$202.65	\$627.19	\$783.24
	50 to 64	\$212.55	\$653.73	\$816.43





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HEALTH
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✦ Please note that only CPA members can subscribe to the optional dental insurance benefit.

BENEFIT SUMMARY AS OF JANUARY 1, 2024

Combined maximum reimbursement per insured, per calendar year

Fee guide based on the cost of the province where treatment is rendered, as per the speciality**

Reimbursement - Preventive services (maximum 2 recall examinations per calendar year) - x-rays, diagnostic exams and services

Reimbursement - Basic services - basic restorative services, denture maintenance, oral surgery, anesthesia, extractions

Reimbursement - Endodontic and periodontal services - root canal therapy and treatment of gum disease

Reimbursement - Major restorative services (prosthodontic care) - crowns, implants installed to support dentures, onlays, dentures and bridgework (when required to replace one or more teeth extracted while the person is covered)

Reimbursement - Orthodontic services (per dependent children aged 6 to 18 when treatment starts)

BASIC PLAN

FULL PLAN*

\$1,000

\$1,500

Current year

Current year

80%

80%

80%

80%

50%

50%

n/a

50%

n/a

50% - Lifetime maximum \$1,500

INDIVIDUAL

\$55.56

\$103.86

COUPLE

\$111.12

\$207.72

SINGLE PARENT

\$80.44

\$142.79

FAMILY

\$136.00

\$246.65



DENTAL
CARE

MONTHLY PREMIUMS

as of January 1, 2024
(prior to the
9% provincial tax)

*

You can opt for the basic plan with any level of coverage under the Health plans. However, the Full Dental plan is only available if you have opted for the Intermediate or Full Health plans.

**

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 of the province where treatment is rendered, as per the speciality.

