



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, 2022


**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 |
|-----------------------------|--|--|--|
| Deductible per prescription | \$10 per prescription | \$5 per prescription | \$5 per prescription |
| Reimbursement | 65% | 75% | 80% |
| Maximum contribution | \$1,161 per adult (set on July 1, 2021) | \$1,161 per adult (set on July 1, 2021) | \$1,161 per adult (set on July 1, 2021) |
| Eligible prescription drugs | Public plan list | Drugs requiring a prescription, including some life sustaining drugs | Drugs requiring a prescription, including some life sustaining drugs |

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 | n/a | 100% | 100% |
| Short-term care | n/a | Two beds hospital room | Two beds hospital room |
| Convalescent or rehabilitation care, per insured, per 12-month period | n/a | Two beds hospital room Maximum 180 days | Two beds hospital room Maximum 180 days |
| Long-term care, per insured, lifetime maximum | n/a | Two beds hospital room Maximum 180 days | Two beds hospital room Maximum 180 days |
| Detoxification treatment, per insured, lifetime maximum | n/a | \$80 per day, \$2,500 maximum | \$80 per day, \$2,500 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 of deposit / final payment and on the date one of the insured risks prevents you from traveling.

| | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| Reimbursement - No deductible | 100% | 100% | 100% |
| 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 | First 60 days \$5,000,000 maximum | First 60 days \$5,000,000 maximum | First 60 days \$5,000,000 maximum |
| Trip cancellation and interruption insurance, per trip, per insured ¹ | \$5,000 | \$5,000 | \$7,500 |

Reimbursement - No deductible

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

Group 1

Acupuncturist, chiropractor, dietitian, kinesiologist, kinesiotherapist, 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

| | | | |
|---|-----|---|--|
| Reimbursement - No deductible | n/a | 75% | 80% |
| Combined maximum for all health care professionals, per insured, per calendar year | n/a | \$1,000 | \$1,500 |
| Group 1 Acupuncturist, chiropractor, dietitian, kinesiologist, kinesiotherapist, massotherapist, naturopath, osteopath | n/a | Combined maximum \$300 Maximum of \$50 per visit | Combined maximum \$500 Maximum of \$75 per visit |
| Group 2 Audiologist, certified athletic therapist, chiropracist, foot care nurse, occupational therapist, podiatrist, podologist, physical rehabilitation therapist, physiotherapist, speech therapist | n/a | Combined maximum \$500 Maximum of \$50 per visit | Combined maximum \$750 Maximum of \$75 per visit |
| Group 3 Career counsellor, psychiatrist, psychoanalyst, psychoeducator, psychologist, psychotherapist, social worker | n/a | Combined maximum \$750 Maximum of \$75 per visit | Combined maximum \$1,000 Maximum of \$100 per visit |


HOSPITALIZATION


TRAVEL


**HEALTH CARE
PROFESSIONALS**





VISION
CARE



PRESCRIPTION
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DENTAL
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HOSPITALIZATION



HEALTH
CARE



BENEFIT SUMMARY AS OF JANUARY 1, 2022 (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, 2022
(prior to the provincial
tax)

| | | BASIC PLAN | INTERMEDIATE PLAN | FULL PLAN |
|----------------------|--------------|------------|-------------------|-----------|
| INDIVIDUAL | Under age 40 | \$52.51 | \$159.03 | \$198.57 |
| | 40 to 49 | \$57.15 | \$176.08 | \$219.91 |
| | 50 to 64 | \$59.96 | \$183.57 | \$229.25 |
| COUPLE | Under age 40 | \$105.02 | \$318.06 | \$397.14 |
| | 40 to 49 | \$114.30 | \$352.16 | \$439.82 |
| | 50 to 64 | \$119.92 | \$367.14 | \$458.50 |
| SINGLE PARENT | Under age 40 | \$77.50 | \$236.58 | \$295.40 |
| | 40 to 49 | \$84.40 | \$262.00 | \$327.17 |
| | 50 to 64 | \$88.51 | \$273.06 | \$341.02 |
| FAMILY | Under age 40 | \$130.01 | \$395.61 | \$493.97 |
| | 40 to 49 | \$141.55 | \$438.08 | \$547.08 |
| | 50 to 64 | \$148.47 | \$456.63 | \$570.27 |





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

BENEFIT SUMMARY AS OF JANUARY 1, 2022

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

\$42.00

\$78.51

COUPLE

\$84.00

\$157.02

SINGLE PARENT

\$60.81

\$107.94

FAMILY

\$102.81

\$186.45



DENTAL
CARE

MONTHLY PREMIUMS

as of January 1, 2022
(prior to the
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.

