

HEALTH INSURANCE (compulsory plan)

Participation in one of the three health plans presented below is compulsory (with the right to be exempted from the plan if you have coverage under another similar plan).

Benefits indicated with an asterisk require a medical prescription to be eligible for reimbursement.

HEALTH 1

Deductible:	Individual coverage	\$175
	Single-parent coverage	\$350
	Family coverage	\$350

Drug co-insurance: 70% of the first \$2,350 of eligible expenses + 100% of eligible expenses above this amount

Reimbursable expenses for each insured:
Drugs* RAMQ list, direct payment card

Monthly premiums ¹ :	Individual coverage	\$42.51
	Single-parent coverage	\$68.64
	Family coverage	\$105.00

¹ These premiums do not include the 9% provincial tax.

HEALTH 2 (Minimum participation period: 12 months)

Deductible:	Individual coverage	\$50
	Single-parent coverage	\$100
	Family coverage	\$100

Drug co-insurance: 75% of the first \$3,500 of eligible expenses + 100% of eligible expenses above this amount

Co-insurance for paramedical and other expenses: 75%

Reimbursable expenses for each insured:

Hospital (100%)	Semi-private room
Travel insurance + assistance (100%)	\$5,000,000
Trip cancellation (100%)	\$5,000
Insulin pump accessories*	Covered
Accident to natural teeth (24 months)	Covered
Ambulance (train and airplane)	Covered
Respiratory assistance devices*	Covered
Hearing devices	\$560/48 months
Orthopaedic devices*	Covered
Therapeutic devices*	Covered
Ostomy appliances*	Covered
Support socks*	3 pairs/calendar year
Orthopaedic shoes*	Covered
Wheelchair, walker and hospital bed*	Covered
Blood glucose monitor*	\$240/36 consecutive months
Sclerosing injections	\$28/injection
Intraocular lenses*	Covered

Drugs*	Regular list, direct payment card
Artificial limbs and external prostheses*	Covered
Transcutaneous electric nerve stimulator*	\$800/60 consecutive months
Foot orthoses*	Covered
Insulin pump*	Covered
Capillary prostheses*	\$300 lifetime
Breast prostheses*	Covered
Post-operative bra*	\$200 lifetime
IUD	Covered

Paramedical expenses (reimbursable expenses)

Acupuncturist	\$20/treatment, maximum \$400/calendar year
Audiologist*	No limit
Chiropractor	\$20/treatment, maximum \$400/calendar year
Chiropractic x-ray	Maximum \$40/x-ray
Occupational therapist*	No limit
Speech language pathologist*	No limit
Physiotherapist or physical rehabilitation therapist	\$20/treatment, maximum \$400/calendar year
Podiatrist/podologist	\$20/treatment, maximum \$400/calendar year
Psychotherapy (50%)	Maximum \$500/calendar year
Accidental dismemberment	See description in this pamphlet

Monthly premiums ¹ :	Individual coverage	\$58.71
	Single-parent coverage	\$92.93
	Family coverage	\$146.56

¹ These premiums do not include the 9% provincial tax.

HEALTH 3 (Minimum participation period: 24 months)

Deductible: None

Drug co-insurance: 80% of first \$3,750 of eligible expenses + 100% of eligible expenses above this amount

Co-insurance for paramedical and other expenses: 80%

Reimbursable expenses for each insured:

Hospital (100%)	Semi-private room
Travel insurance + assistance (100%)	\$5,000,000
Trip cancellation (100%)	\$5,000
Insulin pump accessories*	Covered
Accident to natural teeth (24 months)	Covered
Ambulance (train and plane)	Covered
Respiratory assistance devices*	Covered
Hearing devices	\$560/48 months
Orthopaedic devices*	Covered
Therapeutic devices*	Covered
Ostomy appliances*	Covered
Support socks*	3 pairs/calendar year
Orthopaedic shoes*	Covered
Detoxification treatment*	\$64/day, maximum 30 days/year
Wheelchair, walker and hospital bed*	Covered
Blood glucose monitor*	\$240/36 consecutive months
Nursing care*	\$240/day, \$5,000/year
Sclerosing injections	\$28/injection

Intraocular lenses*	Covered
Drugs*	Regular list, direct payment card
Artificial limbs and external prostheses*	Covered
Transcutaneous electric nerve stimulator*	\$800/60 consecutive months
Foot orthoses*	Covered
Insulin pump*	Covered
Capillary prostheses*	\$300 lifetime
Breast prostheses*	Covered
Post-operative bra*	\$200 lifetime
IUD	Covered
Travel and accommodations in Quebec*	\$1,000/year

Paramedical expenses (reimbursable expenses)

Acupuncturist	\$36/treatment, maximum \$600/calendar year
Audiologist*	No limit
Chiropractor	\$28/treatment, maximum \$500/calendar year
Chiropractic x-ray	Maximum \$40/x-ray
Dietitian	\$28/consultation, maximum \$500/calendar year
Occupational therapist*	No limit
Homeopath	\$28/consultation, maximum \$600/calendar year
Naturopath, kinesi therapist, massage therapist and ortho therapist	\$28/treatment, maximum \$600/calendar year
Speech language pathologist*	No limit
Osteopath, physiotherapist or physical rehabilitation therapist	\$36/treatment, maximum \$700/calendar year
Podiatrist/podologist	\$36/treatment, maximum \$600/calendar year
Psychotherapy	Maximum 50% of first \$1,000 of eligible expenses + 80% of eligible expenses above this amount, maximum \$1,500/calendar year
Accidental dismemberment	See description in this pamphlet

Monthly premiums ¹ :	Individual coverage	\$64.63
	Single-parent coverage	\$106.27
	Family coverage	\$158.26

¹ These premiums do not include the 9% provincial tax.



PARTICIPANT’S BASIC LIFE INSURANCE (compulsory plan)

Enrolment in this plan is compulsory. The amount of insurance is set at \$10,000, but \$25,000 of insurance is also available.

This amount is reduced by 50% on the January 1st coinciding with or following the participant’s 65th birthday.

Amount of insurance	Monthly premium ¹
\$10,000	\$1.03
\$25,000	\$2.58

¹ These premiums do not include the 9% provincial tax.



PARTICIPANT’S OR SPOUSE’S OPTIONAL LIFE INSURANCE (optional plan)

Enrolment in this plan is optional. The home childcare provider (HCP) can take out from one (1) to nine (9) units of \$25,000 provided the participant’s basic life insurance amount she has selected is \$25,000. The spouse can choose between one (1) and ten (10) units of \$10,000.

No evidence of insurability is required for the participant for the first \$25,000 of optional life insurance if she enrolls within 180 days of eligibility. In other cases, evidence of insurability must be submitted and approved by the Insurer.

The insurance amounts are reduced by 50% on the January 1st coinciding with or following the participant’s 65th birthday.

RATES PER \$1,000 OF INSURANCE EXCLUDING THE 9% PROVINCIAL TAX

Age	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
Under 30 years	\$0.052	\$0.081	\$0.027	\$0.045
30-34 years	\$0.053	\$0.090	\$0.027	\$0.067
35-39 years	\$0.068	\$0.117	\$0.045	\$0.081
40-44 years	\$0.106	\$0.198	\$0.072	\$0.135
45-49 years	\$0.179	\$0.333	\$0.117	\$0.225
50-54 years	\$0.305	\$0.558	\$0.200	\$0.360
55-59 years	\$0.509	\$0.882	\$0.315	\$0.567
60-64 years	\$0.784	\$1.332	\$0.491	\$0.837
65-69 years	\$1.422	\$2.610	\$0.882	\$1.620

DEPENDENTS’ LIFE INSURANCE (optional plan)

Enrolment in this plan is optional. The amount of insurance is set at:

- \$10,000 for the spouse
- \$5,000 for dependent children at least 24 hours old
- For single-parent families, \$5,000 for a deceased dependent child, plus an amount equal to \$10,000 divided by the number of dependent children (including the deceased dependent child) in the family on this child’s date of death.

Monthly premium: \$2.66, plus 9% provincial tax