

*Perspective  
Healthcare  
insurance*



**La Capitale**

Insurance and  
Financial Services



Policy 003992



### Perspective Healthcare Insurance

## The perfect complement to the public health insurance plan and the prescription drug insurance plan of your province

If your group insurance plan is soon coming to an end or you are currently covered under an individual health insurance conversion product, you are eligible for the *Perspective Healthcare Insurance* with no evidence of insurability<sup>1</sup> and guaranteed acceptance!

La Capitale offers you three plan options and an optional coverage supplement to better meet your needs.

1. If you are applying following the termination of a group insurance plan, submit your application within 60 days following the termination date. Evidence of insurability will be required for applications submitted after this 60-day period. No applications submitted more than six months following the termination of a group insurance plan will be accepted.

If you are covered under an individual health insurance conversion product, it must still be in force at the time of your application, and it must include a travel insurance benefit that provides coverage for a minimum 30-day period.

## HEALTHCARE INSURANCE

This insurance covers the healthcare expenses incurred by an insured with regard to an illness or accident.

## TRAVEL INSURANCE

### Assistance services

- Provide information in the event of major problems occurring during the trip (loss of the insured's passport, visa or credit card, etc.)
- Advance funds for covered expenses
- Offer medical information and advice, and the location of an appropriate medical centre
- Coordinate communication between the insured's medical service, the attending physician, and the insured's family doctor, in order to ensure any decisions made are best adapted to the situation
- Transmit any urgent messages when the insured is personally unable to do so
- Dispatch any drugs that are indispensable for the ongoing treatment
- Provide telephone access to a multilingual interpretation service

### Eligible expenses

- Expenses for transportation of the insured by air or surface ambulance to the nearest medical centre where adequate medical care is available
- Professional services of a physician for medical, surgical or dental care, including a dentist's professional fees
- Expenses for hospitalization in a semi-private or private room
- Repatriation fees for the insured and expenses for the insured's spouse and dependent children or travel companion to return
- Round-trip transportation expenses to enable a close relative of the insured to be at the insured's bedside if repatriation is not possible
- Return home any children under age 18 in case the insured is incapacitated and is unable to do so personally
- Settlement of formalities in the event of death abroad

## Eligibility conditions

The customary and reasonable expenses and the travel assistance services are eligible for reimbursement, if incurred following an emergency situation resulting from an accident or illness occurring while the insured is temporarily outside the province of residence, provided the insured is covered under the government health insurance plan of the province of residence.

To be covered under this benefit, insureds who have a known illness or condition must ensure before departure that their health condition is stable and under control and that they can carry out usual daily activities.

## TRIP CANCELLATION INSURANCE

The insurer will reimburse expenses incurred by the insured following the cancellation or interruption of a trip. The expenses incurred must be related to travel expenses paid in advance by the insured while this benefit is in force and that, at the time travel arrangements were finalized, the insured was not aware of any event that could reasonably lead to the cancellation or interruption of the planned trip. Insured expenses are limited to \$5,000 per insured per trip.

## VIVA

### Health and wellness initiatives

Benefit from VIVA, health and wellness initiatives that contribute to adopting and maintaining healthy lifestyle habits.

Take part in various health and wellness challenges, get the VIVA monthly **e-bulletin**, fill out the **online** health questionnaire and get access to a telephone support line. Healthcare professionals are available for telephone support to review your lifestyle habits and help you reach your health goals.

Interested in the VIVA program? Write to us at [viva@lacapitale.com](mailto:viva@lacapitale.com).

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Please refer to the table on the following pages for details on the coverage offered.



## The advantages of healthcare insurance

- Get up to 180 days of travel insurance coverage
- Choose a prescription drug insurance formula that will allow you to complement your coverage under the provincial public plan
- Get access to VIVA, health and wellness initiatives
- Benefit from travel and accommodation coverage outside the area of residence to consult or receive treatment from a medical specialist not available in your area of residence

# Healthcare insurance | PLAN DESCRIPTION

BENEFITS	BASIC	INTERMEDIATE	ENRICHED
<b>Participation and plan change rules</b>	Minimum term: 24 months <b>OR</b> Life event <sup>2</sup>	Minimum term: 36 months <b>OR</b> Life event <sup>2</sup>	Minimum term: 36 months <b>OR</b> Life event <sup>2</sup>
<b>A EXPENSES REIMBURSED AT 100%</b>	<b>Deductible: None</b>	<b>Deductible: None</b>	<b>Deductible: None</b>
<ul style="list-style-type: none"> <li>Hospitalization</li> <li>Rehabilitation centre</li> <li>Residential and long-term care centre</li> <li>Travel Insurance</li> <li>Trip Cancellation Insurance</li> <li>VIVA Workplace Health and Wellness Program</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited, semi-private room</li> <li>180 days per calendar year, semi-private room</li> <li>180 days per calendar year, semi-private room</li> <li>\$1,000,000 per trip, 30 days</li> <li>\$5,000 per trip</li> <li>Included</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited, semi-private room</li> <li>180 days per calendar year, semi-private room</li> <li>180 days per calendar year, semi-private room</li> <li>\$5,000,000 per trip, 90 days</li> <li>\$5,000 per trip</li> <li>Included</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited, semi-private room</li> <li>180 days per calendar year, semi-private room</li> <li>180 days per calendar year, semi-private room</li> <li>\$5,000,000 per trip, 180 days</li> <li>\$5,000 per trip</li> <li>Included</li> </ul>
<b>B OTHER ELIGIBLE EXPENSES</b>			
<ul style="list-style-type: none"> <li>Coinsurance for other health care</li> <li>Coinsurance for prescription drugs</li> <li>Deductible</li> </ul>	<ul style="list-style-type: none"> <li>70%</li> <li>70%</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>75%</li> <li>75%</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> <li>80%</li> <li>None</li> </ul>
<b>Prescription drugs</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>
<ul style="list-style-type: none"> <li>Eligible prescription drugs</li> <li>Substitution</li> <li>Maximum reimbursement</li> <li>Sclerosing injections</li> <li>Automated payment service</li> </ul>	<ul style="list-style-type: none"> <li>Prescription drugs not reimbursed under the prescription drug insurance plan of the province of residence</li> <li>Mandatory for drugs on the prescription drug insurance plan list of the province of residence, when a generic drug exists</li> <li>\$15,000 per calendar year, per insured</li> <li>N/A</li> <li>Direct</li> </ul>	<ul style="list-style-type: none"> <li>\$20,000 per calendar year, per insured</li> <li>\$20 per session</li> <li>Direct</li> </ul>	<ul style="list-style-type: none"> <li>\$25,000 per calendar year, per insured</li> <li>\$30 per session</li> <li>Direct</li> </ul>
<b>Medical services</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>
<ul style="list-style-type: none"> <li>Ambulance</li> <li>Blood plasma and blood transfusions</li> <li>Dentist following accident</li> <li>Detoxification, including clinic for gambling addiction</li> <li>Expenses for travel to receive treatment outside the insured's area of residence <ul style="list-style-type: none"> <li>– Maximum reimbursement for accommodations</li> <li>– Maximum reimbursement</li> </ul> </li> <li>Home care and assistance</li> <li>Nursing care</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> <li>Covered</li> <li>\$5,000 per accident</li> <li>N/A</li> <li>Travel of 200 km or more from area of residence</li> <li>\$80 per day</li> <li>\$1,000 per calendar year</li> <li>N/A</li> <li>\$3,000 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> <li>Covered</li> <li>\$5,000 per accident</li> <li>N/A</li> <li>Travel of 200 km or more from area of residence</li> <li>\$80 per day</li> <li>\$1,000 per calendar year</li> <li>N/A</li> <li>\$5,000 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> <li>Covered</li> <li>\$5,000 per accident</li> <li>\$80 per day, maximum of 30 days per calendar year</li> <li>Travel of 200 km or more from area of residence</li> <li>\$125 per day</li> <li>\$1,000 per calendar year</li> <li>\$500 per calendar year</li> <li>\$5,000 per calendar year</li> </ul>
<b>Diagnostic services</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>
<ul style="list-style-type: none"> <li>Computerized axial tomography (CAT scan)</li> <li>Diagnostic and laboratory tests</li> <li>Magnetic resonance imaging (MRI)</li> <li>Polysomnography</li> <li>Ultrasound examination</li> <li>X-rays</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> <li>\$500 per calendar year</li> <li>N/A</li> <li>\$500 per calendar year</li> <li>\$80 per calendar year</li> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>\$200 per calendar year</li> <li>\$600 per calendar year</li> <li>\$500 per calendar year</li> <li>\$500 per calendar year</li> <li>\$80 per calendar year</li> <li>Covered</li> </ul>	<ul style="list-style-type: none"> <li>\$200 per calendar year</li> <li>\$750 per calendar year</li> <li>\$750 per calendar year</li> <li>\$500 per calendar year</li> <li>\$80 per calendar year</li> <li>Covered</li> </ul>
<b>Other eligible medical expenses</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>
<ul style="list-style-type: none"> <li>Artificial limb or eye, supports, corsets, trusses, crutches or other orthopedic equipment</li> <li>Compression stockings</li> <li>Custom-made foot orthoses and orthopedic shoes</li> <li>Devices for diabetics (blood glucose monitor, dextrometer)</li> <li>External breast prosthesis</li> <li>Hearing aid</li> <li>Insulin pump</li> <li>IUDs</li> <li>Other therapeutic devices</li> <li>Respirator and oxygen</li> <li>Transcutaneous electrical nerve stimulation (TENS)</li> <li>Wheelchair, hospital bed</li> <li>Wig (capillary prosthesis)</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> <li>3 pairs per 12 consecutive months</li> <li>\$250 per calendar year</li> <li>N/A</li> <li>N/A</li> <li>\$250 per 24 months</li> <li>N/A</li> <li>N/A</li> <li>Covered</li> <li>Covered</li> <li>N/A</li> <li>Covered</li> <li>\$100 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> <li>4 pairs per 12 consecutive months</li> <li>\$350 per calendar year</li> <li>\$200 per 36 months</li> <li>\$150 per calendar year</li> <li>\$500 per 24 months</li> <li>\$3,000 per 36 months</li> <li>\$75 per 24 months</li> <li>Covered</li> <li>Covered</li> <li>\$750 per 60 months</li> <li>Covered</li> <li>\$300 lifetime</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> <li>6 pairs per 12 consecutive months</li> <li>\$500 per calendar year</li> <li>\$250 per 36 months</li> <li>\$250 per calendar year</li> <li>\$1,000 per 24 months</li> <li>\$6,000 per 60 months</li> <li>\$75 per 24 months</li> <li>Covered</li> <li>Covered</li> <li>\$1,000 per 60 months</li> <li>Covered</li> <li>\$300 lifetime</li> </ul>
<b>Healthcare professionals</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>	<b>Maximum reimbursement</b>
<ul style="list-style-type: none"> <li>Acupuncturist</li> <li>Audiologist, naturopath, occupational therapist, osteopath, podiatrist, speech-language pathologist</li> <li>Chiropractor <ul style="list-style-type: none"> <li>– Chiropractor X-rays</li> </ul> </li> <li>Dietitian</li> <li>Homeopath, kinesiologist, massage therapist, orthotherapist</li> <li>Physiotherapist</li> <li>Psychiatrist, psychoanalysts in an outpatient clinic, psychologist</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>\$40 per visit; maximum reimbursement: \$400 per calendar year</li> <li>\$60 per visit; maximum reimbursement: \$400 per calendar year for <u>all professionals combined</u></li> <li>\$40 per visit; maximum reimbursement: \$400 per calendar year</li> <li>\$50 per calendar year</li> <li>\$50 per visit; maximum reimbursement: \$400 per calendar year</li> <li>N/A</li> <li>\$50 per visit; maximum reimbursement: \$400 per calendar year</li> <li>\$80 per visit; maximum reimbursement: \$400 per calendar year for <u>all professionals combined</u></li> </ul>	<ul style="list-style-type: none"> <li>\$40 per visit; maximum reimbursement: \$500 per calendar year</li> <li>\$60 per visit; maximum reimbursement: \$500 per calendar year for <u>all professionals combined</u></li> <li>\$40 per visit; maximum reimbursement: \$500 per calendar year</li> <li>\$50 per calendar year</li> <li>\$50 per visit; maximum reimbursement: \$500 per calendar year</li> <li>\$40 per visit; maximum reimbursement: \$500 per calendar year for <u>all professionals combined</u></li> <li>\$50 per visit; maximum reimbursement: \$500 per calendar year</li> <li>\$80 per visit; maximum reimbursement: \$500 per calendar year for <u>all professionals combined</u></li> </ul>
<b>Participation and plan change rules</b>	Minimum term: 24 months <b>OR</b> Life event <sup>2</sup>	Minimum term: 24 months <b>OR</b> Life event <sup>2</sup>	Minimum term: 24 months <b>OR</b> Life event <sup>2</sup>
<b>Prescription drugs (coordination of the deductible and coinsurance with the public plan)</b>			
<ul style="list-style-type: none"> <li>Coinsurance</li> <li>Deductible</li> <li>Eligible prescription drugs</li> <li>Substitution</li> </ul>	<ul style="list-style-type: none"> <li>70%</li> <li>None</li> <li>Prescription drugs reimbursed under the prescription drug insurance plan of the province of residence</li> <li>Mandatory for drugs on the prescription drug insurance plan list of the province of residence, when a generic drug exists</li> </ul>	<ul style="list-style-type: none"> <li>75%</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> <li>None</li> </ul>
<b>Dental Care</b>			
<ul style="list-style-type: none"> <li>Coinsurance</li> <li>Deductible</li> <li>Preventive services (one examination per period of nine consecutive months)</li> <li>Basic restorative services</li> <li>Major restorative services</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> <li>None</li> <li>Maximum reimbursement: \$500 per calendar year, <u>all Dental Care services combined</u></li> </ul>	<ul style="list-style-type: none"> <li>80%</li> <li>None</li> <li>Maximum reimbursement: \$500 per calendar year, <u>all Dental Care services combined</u></li> </ul>	<ul style="list-style-type: none"> <li>80%</li> <li>None</li> <li>Maximum reimbursement: \$500 per calendar year, <u>all Dental Care services combined</u></li> </ul>
<b>Vision Care</b>			
<ul style="list-style-type: none"> <li>Coinsurance</li> <li>Deductible</li> <li>Eye exam</li> <li>Eyeglass frames and lenses, and contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>None</li> <li>\$50 per 24 months</li> <li>\$150 per 24 months</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>None</li> <li>\$50 per 24 months</li> <li>\$150 per 24 months</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>None</li> <li>\$50 per 24 months</li> <li>\$150 per 24 months</li> </ul>

OPTIONAL COVERAGE SUPPLEMENT

2. Certain life events may allow you to review your plan regardless of the minimum period.

Expenses are considered to be incurred on the day services are provided, and must be incurred while this insurance coverage is in force. Eligible expenses are those reasonably incurred and justified by current medical practice and the customary and reasonable charges in force in the area.



## To contact us

La Capitale Insurance  
and Financial Services

625 Jacques-Parizeau St  
PO Box 1500  
Quebec QC G1K 8X9

**418 781-7642**  
**1 844 580-7642**

[lacapitale.com/en/perspective3992](http://lacapitale.com/en/perspective3992)

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This document is not a contract. It merely provides an overview of the coverage available. Please refer to the insurance policy for information about the exclusions and restrictions applicable to this plan. Only the insurance policy and application may be used to settle legal issues. Contracts are issued by La Capitale Civil Service Insurer Inc.