

BENEFIT COMPARISON

HEALTH INSURANCE



A - PRESCRIPTION DRUGS

NOT COVERED
if the main insured is 65
years of age and over

	FULL Plan	BASIC Plan
Deductible per calendar year	\$250 - combined for cost categories A, B and C	\$100 for cost categorie A
Deductible per DIN	None	None
Drug definition	Require a prescription	Require a prescription
Preventive vaccines	Covered	Covered
Payment card	Direct	Direct
Reimbursement	80% ¹	70% ¹



B - PARAMEDICAL SERVICES

Deductible	\$250 - combined for cost categories A, B and C	n/a
Reimbursement	80%	
Reimbursement based on	Payable maximum	
Maximum for each practitioner:	\$40 / treatment, max \$800 / year for all practitioners	n/a
• Audiologist		
• Naturopath		
• Chiropractor		
• Podiatrist		
• Osteopath		
• Speech therapist		
• Acupuncturist		
• Massage therapist		
• Homeopath		
• Psychologist	\$75/treatment, \$1,000/year	
• Physiotherapist	\$75/treatment, \$1,000/year	



C - OTHERS SERVICES & EXPENSES

Deductible	\$250 - combined for cost categories A, B and C	n/a
Reimbursement	80%	
Reimbursement based on	Payable maximum	
Maximums:		n/a
• Orthopaedic shoes	\$400 / year	
• Hearing aids	\$300 / 5 years	
• Nursing care	\$5,000 / 3 years	
• Laboratory tests and X-ray examinations	\$1,000 / year	
• Cat scans and MRI's	\$500 / year	



D - HOSPITAL FEES

Reimbursement	100%	n/a
Deductible	None	
Room	One bed, max. 60 days / stay	
Convalescence home	\$10 / day, max. 120 days	



E - TRAVEL

Deductible	None	None
Reimbursement	100%	100%
Maximal traveling period	First 90 days ²	First 90 days
Maximum	\$1,000,000	\$1,000,000
Traveling assistance	Yes	Yes
Cancellation insurance	\$5,000 / insured / trip Maximum \$15,000 / year	\$5,000 / insured / trip Maximum \$15,000 / year


¹ Subject to the maximum adult RAMQ contribution

² First 30 days and a \$500,000 lifetime maximum once the main insured reaches 71 years of age

BENEFIT COMPARISON

DENTAL CARE INSURANCE

Health Insurance coverage must be in force in order to be eligible for Dental Care Insurance.

		FULL Plan	BASIC Plan
 DENTAL CARE	Deductible per calendar year	None	None
	Preventive & Basic Care	80% of eligible expenses	80% of eligible expenses
	Minor restoration	80% of eligible expenses	n/a
	Major restoration	50% of eligible expenses	n/a
	Annual maximum	\$500 \$ per insured for the first policy year, \$2,500 per insured for each subsequent policy year	\$500 \$ per insured for the first policy year, \$1,500 per insured for each subsequent policy year
	Orthodontics	50% of eligible expenses Lifetime maximum \$1,000 per child	n/a

MONTHLY PREMIUMS - Prior to the 9% provincial tax

HEALTH - FULL Plan

Age of the main insured as of January 1, 2024.	TYPE OF COVERAGE			
	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
Under age 30	\$88.40	\$199.55	\$168.14	\$266.52
30 to 39	\$103.60	\$241.14	\$215.97	\$312.40
40 to 49	\$181.18	\$363.00	\$314.60	\$484.00
50 to 54	\$254.10	\$508.20	\$435.60	\$665.50
55 to 59	\$278.38	\$568.70	\$484.00	\$726.00
60 to 64	\$351.75	\$644.16	\$520.30	\$774.40
FULL Plan without prescription drugs - Prescription drug coverage ends at the main insured's 65th birthday				
65 to 69	\$281.18	\$364.86	\$364.86	\$364.86
70 to 74	\$281.18	\$382.23	\$382.23	\$382.23
75 to 79	\$303.66	\$420.46	\$420.46	\$420.46
80 to 84	\$334.39	\$462.50	\$462.50	\$462.50

HEALTH - BASIC Plan

Age of the main insured as of January 1, 2024.	TYPE OF COVERAGE			
	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
Under age 30	\$56.52	\$113.03	\$104.43	\$143.25
30 to 39	\$75.24	\$156.64	\$135.62	\$181.23
40 to 49	\$133.84	\$252.64	\$238.35	\$261.94
50 to 54	\$133.84	\$252.64	\$238.35	\$314.60
55 to 59	\$195.10	\$311.74	\$311.74	\$363.00
60 to 64	\$213.19	\$429.95	\$311.74	\$445.80

DENTAL CARE

Age of the main insured as of January 1, 2024.	TYPE OF COVERAGE			
	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
BASIC Plan	\$96,97	\$203,62	\$184,25	\$235.65
FULL Plan	\$133,12	\$266,24	\$252,93	\$310.97

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