



Health Professionals

The following expenses are reimbursed at **80%**. These expenses are covered if medically required.

These expenses are also subject to the deductible specified above.

- > Professional fees of an **acupuncturist, audiologist, dietitian, occupational therapist, kinesiologist, massage therapist, naturopath, speech therapist, osteopath, or podiatrist**, who is a member in good standing of a relevant professional order recognized by appropriate legislative authorities or of a professional association recognized by the Insurer. These expenses are subject to a maximum reimbursement of \$500 per calendar year, per professional, per insured. Only one treatment per day, per insured, is eligible for reimbursement.
- > Professional fees of a **chiropractor** who is a member in good standing of a relevant professional order recognized by appropriate legislative authorities. These expenses are subject to a maximum reimbursement of \$500 per calendar year, per insured. Only one treatment per day, per insured, is eligible for reimbursement. **X-rays taken by chiropractors** are subject to a maximum reimbursement of \$40 per calendar year, per insured.
- > Professional fees of a **psychiatrist, psychoanalyst in an outpatient clinic, psychotherapist or psychologist** who is a member in good standing of a relevant professional order recognized by appropriate legislative authorities. These expenses are subject to an overall eligible maximum of \$500 per calendar year, per insured, for all of these professionals, which also applies in the case of marital therapy for both spouses. The only services of psychiatrists considered eligible for reimbursement are those rendered as psychoanalytic treatments, insofar as these professionals are members of the Canadian Psychoanalytic Society. Only one treatment per day, per patient, is eligible for reimbursement.
- > Professional fees of a **physiotherapist or physical rehabilitation therapist**, who is a member in good standing of a relevant professional order recognized by appropriate legislative authorities or of a professional association recognized by the Insurer. These expenses are subject to an overall maximum reimbursement of \$500 per calendar year, per insured, for all of these professionals. Only one treatment per day, per insured, is eligible for reimbursement.

Travel Insurance

The following expenses are reimbursed at **100%**.

La Capitale will reimburse the customary and reasonable expenses described in your individual health insurance policy 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 considered as temporarily outside the province of residence, the insured's stay must not exceed 45 consecutive days; the stay may however be extended beyond 45 days if the extension is due to an illness or accident that occurs during the 45-day period and a return to the province of residence is impossible due to justifiable medical reasons.

Benefits are granted over and above and not in replacement of any benefits provided under government programs. Expenses are subject to a maximum lifetime reimbursement of \$1,000,000 per insured.

Trip Cancellation Insurance

The following expenses are reimbursed at **100%**.

La Capitale will reimburse 100% of the expenses incurred by the insured following the cancellation or interruption of a trip, insofar as the expenses incurred are related to travel expenses paid in advance by the insured 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. The expenses covered are limited to \$5,000 per insured, per trip.

Important: This leaflet contains general information only. Please refer to the insurance contract for information on exclusions and limitations that apply to this plan.

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Insurance and
Financial Services

Insurer and Financial Services Firm

100 % P110 (03-2011)

Individual
Health Insurance
Plan

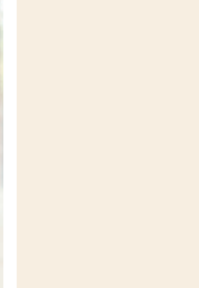
HEALTH VISA



La Capitale
Insurance and
Financial Services

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Complementary Health Insurance



HEALTH VISA

At your service

The Insurer agrees to pay benefits for expenses incurred by an insured with regard to an accident or illness. Expenses are considered to be incurred on the day services are provided, and must be incurred while this insurance coverage is in force.

For the purposes of this contract, all insureds are presumed covered as provided for in the Quebec Hospital Insurance Act and Quebec Health Insurance Act or under any other applicable public plan. In no case may the amounts paid by the Insurer exceed those that would have been paid had the individual been covered in accordance with the legislation specified.

Eligible expenses are those reasonably incurred and justified by the seriousness of the case as well as by current medical practice and the customary and reasonable charges in force in the area.

Created for you

To be eligible, you must be age 18 years or over (no upper age limit applies). All eligible expenses apply to all insureds, with no restrictions for insureds age 65 and over, **except for eye examinations.**

The following expenses are reimbursed at **100%**. These expenses are covered if medically required and prescribed by a physician.

- > **Hospitalization** expenses incurred in Canada in excess of amounts payable under any government insurance plan, up to the cost of a semi-private room (two beds), without any limit as to the number of days, provided that the hospitalization begins while insurance is in force.
- > Expenses for occupying a room in a **residential and long term care centre**, within the meaning of the Act respecting health and social services or in a hospital centre if the insured is receiving long term care, in excess of the expenses payable under any government insurance plan, up to the cost of a semi-private room (two beds), provided that occupancy begins while insurance is in force. These expenses are limited to 180 days per calendar year, per insured. However, expenses for help with activities of daily living are excluded.
- > Expenses for occupying a room, including meals, for at least 12 consecutive hours, in a **rehabilitation centre**, within the meaning of the Act respecting health and social services, in excess of the expenses payable under any government insurance plan, up to the cost of a semi-private room (two beds), provided the insured is admitted to such centre less than 14 days following the end of hospitalization and that hospitalization begins while insurance is in force. However, these expenses are limited to a maximum period of 180 days per accident or illness.
- > Expenses for the purchase or repair of a **hearing aid**, up to a maximum reimbursement of \$500 per period of 24 consecutive months, per insured.
- > Expenses for the purchase of **corrective elements** added to ordinary shoes, made by a specialized orthopaedic laboratory; the cost of **foot orthotics** made by a specialized orthopaedic laboratory, the initial cost or replacement cost of **orthopaedic shoes** that are custom made for the insured by a specialized orthopaedic laboratory, up to an overall maximum reimbursement of \$200 per calendar year, per insured.

The specialized orthopaedic laboratory must be licensed under applicable provincial legislation.

- > Expenses for the purchase of **capillary prostheses (wigs)** required following chemotherapy treatments, up to a lifetime maximum reimbursement of \$300 per insured.
- > Expenses for the purchase of an **external breast prosthesis** following a mastectomy, in excess of the amount paid by any applicable government insurance plan.
- > Expenses for the purchase of **glasses or contact lenses** required following a cataract operation, up to a maximum reimbursement of \$200 per period of 36 consecutive months, per insured.
- > Expenses for the purchase of **support stockings**, up to a maximum reimbursement of \$100 per period of 12 consecutive months, per insured.
- > Expenses for **vision care**: Expenses incurred by the policyholder or the policyholder's insured dependents for the purchase of glasses or contact lenses on recommendation of a physician or optometrist due to a change in visual acuity, as well as expenses related to laser eye surgery performed by an ophthalmologist who is a member of the *Collège des médecins du Québec* in order to correct myopia, hypermetropia, astigmatism or presbyopia, are eligible for reimbursement by the Insurer, up to the following maximum amounts:
 - a) \$200 per insured, per period of 36 consecutive months, for glasses frames and lenses, including contact lenses and laser surgery;
 - b) \$250 per insured, per period of 36 consecutive months, for contact lenses, provided that visual acuity is sufficiently corrected to reach 20/40 vision in both eyes, a level that would have been unobtainable with regular glasses.

The following expenses are reimbursed at **80%**. These expenses are covered if medically required and prescribed by a physician.

These expenses are subject to the following annual deductible:

Individual coverage:	\$50
Single-Parent coverage:	\$100
Family coverage:	\$100

For the first year of insurance, the deductible is prorated to the number of months between the effective date and the end of the calendar year.

- > Professional fees of a **dentist** for treatment of a fractured jaw or damage to healthy, natural and vital teeth caused by an accident occurring while insurance is in force, provided that

services are provided within 12 months following the date of the accident. However, if more than one type of treatment exists for the insured's dental condition, the Insurer reimburses expenses based on the least expensive normal and appropriate treatment.

- > Professional fees for medical care provided in the insured's home by a registered **nurse or nursing assistant** who is a member in good standing of a relevant professional order recognized by appropriate legislative authorities, excluding any person who usually resides in the insured's home or is a member of the insured's family, up to a maximum reimbursement of \$2,400 per calendar year, per insured.
- > Professional fees for an **eye examination** carried out by an ophthalmologist or optometrist for insureds age 18 to 64, up to a maximum reimbursement of \$48 per period of 24 consecutive months, per insured.
- > Expenses for transportation by **ambulance** to the nearest hospital centre able to provide the care required, including emergency air transportation.
- > Expenses for **X-rays, laboratory analyses, oxygen, blood, blood plasma and transfusion**, except expenses for the preservation or freezing of blood or plasma.
- > Expenses for the purchase of an **artificial limb or eye**; purchase or rental of **supports, corsets, trusses, casts, crutches or other orthopaedic equipment**.
- > Expenses for the rental, or purchase of a basic model if this option is deemed more economical by the Insurer, of a **wheelchair, hospital bed or other therapeutic devices**.
- > Expenses for **magnetic resonance (MRI)** tests carried out outside a hospital centre for purposes of diagnosis, up to a maximum reimbursement of \$560 per calendar year, per insured.
- > Expenses for the purchase of an **intrauterine device (IUD)**, up to a maximum reimbursement of \$80 per period of 24 consecutive months, per insured.
- > Expenses for the substance used in **sclerosing injections** that are medically required and administered by a physician, including the professional fees of the physician, up to a maximum of 5 visits per calendar year, per insured and subject to a maximum reimbursement of \$300 per calendar year, per insured.
- > Expenses for computed **tomography (CAT scans)** carried out for purposes of diagnosis, when prescribed by a physician, up to a maximum reimbursement of \$200 per calendar year, per insured.