



HEALTH SERVICES COVERED BY HEALTH INSURANCE LEGISLATION

Summary of all health services covered by the Quebec Health Insurance Plan

MEDICAL SERVICES – WHO IS ELIGIBLE?

The Medical Services Program is a universal program, which means that anyone covered by the Health Insurance Plan is eligible. To benefit from this program, just present your valid Health Insurance Card.

MEDICAL SERVICES – SERVICES COVERED

The medical services covered by the Health Insurance Plan are those that are medically necessary and rendered by a general practitioner (also called a "family doctor") or a medical specialist. These services include:

- examinations;
- consultations;
- diagnostic services;
- therapeutic procedures;
- psychiatric treatments;
- surgery;
- radiology;
- anesthesia.

The above services are covered regardless of where they are rendered, such as in:

- private medical offices;
- hospitals;
- CLSCs;
- longterm care facilities;
- rehabilitation centres;
- the patient's home.

Please note that some types of services are covered only when rendered in a hospital. These include:

- most laboratory services;
- certain highly specialized examinations, such as ultrasound, computer assisted tomography (CAT scans) and magnetic resonance imaging (MRIs).

DENTAL SERVICES – WHO IS ELIGIBLE?

Certain services provided by dentists and denturists are paid by the Régie de l'assurance maladie du Québec.

Some oral surgery services are covered for everyone.

Others are covered for:

- children under age 10;
- persons who have been recipients of last-resort financial assistance for at least 12 consecutive months, and their dependants;
- persons who have been recipients of last-resort financial assistance for at least 24 consecutive months, and their dependants.

DENTAL SERVICES – SERVICES COVERED

For everyone

In hospitals, every insured person is entitled to certain oral surgery services in the event of trauma or an illness. These services are provided free of charge. Related examinations, local or general anesthesia and X-rays are also covered.

Examples of covered services:

- bone graft;
- drainage of an abscess;
- removal of a cyst or tumour;
- reduction of a fracture;
- repair of a laceration;
- repositioning of the jaw;
- treatment of bone inflammation;
- treatment of jaw articulation;
- treatment of salivary glands.

For children under age 10

They receive the following services free of charge (some in dental clinics, others in hospitals and certain services in both places):

- one examination per year;
- emergency examinations;
- X-rays;
- local or general anesthesia;
- amalgam (grey) fillings for the posterior teeth;
- fillings using esthetic materials (white) for the anterior teeth;
- prefabricated crowns;
- sedative dressings, i.e. temporary fillings intended to reduce pain;
- endodontics (including, in their case, root canal treatment, apexification, pulpectomy, pulpotomy and emergency opening of the pulp canal);
- tooth and root extractions;
- the oral surgery services covered for all (see list of examples).

Exclusion

The costs related to cleaning and applying fluoride are not covered by the Régie for children under age 10.

OPTOMETRIC SERVICES – WHO IS ELIGIBLE?

The Optometric Services Program is intended for:

- persons under the age of 18;
- persons age 65 or over;
- persons age 18 to 64 who have been recipients of last-resort financial assistance for at least 12 consecutive months, and their dependents;
- persons age 60 to 64 who have received a spouse's allowance under the Old Age Security Act for at least 12 consecutive months and who, without this allowance, would be entitled to last-resort financial assistance benefits;
- persons age 18 to 64 who are hospitalized to receive long-term care or persons accommodated in a long-term care facility (the hospital or facility pays the cost of the optometric services);
- visually impaired persons of any age who are registered with any of the accredited centres specializing in rehabilitation of the visually impaired.

OPTOMETRIC SERVICES – SERVICES COVERED

Generally speaking, insured services include eye examinations, the analysis of eye functions, the detection of oculo-visual diseases and the prescription of treatment.

More specifically, the following services are insured:

- examinations designed to detect an eye or vision defect and to monitor its evolution;
- specific examinations relating to subnormal vision, to aniseikonia and, in certain particular cases, to the wearing of contact lenses;
- orthoptic examinations for persons 16 years of age and under;
- colour vision tests, visual field examinations, eye motility tests, and light and dark adaptation tests performed with an adaptometer.

Important

Persons under the age of 18 and persons age 65 or over are entitled to only one insured complete eye examination and only one insured extensive colour vision test per year. Recipients of last-resort financial assistance age 18 to 64 are entitled to receive these services once every two years.

DEVICES THAT COMPENSATE FOR PHYSICAL DEFICIENCIES – WHO IS ELIGIBLE?

This program is intended for persons insured under the Québec Health Insurance Plan who have a physical deficiency and meet the program's eligibility requirements.

DEVICES THAT COMPENSATE FOR PHYSICAL DEFICIENCIES – SERVICES COVERED

If you are covered by the Health Insurance Plan and meet the program's eligibility requirements, you are insured for:

- the purchase, adjustment, replacement, repair and, in certain cases, adaptation of walking aids, standing aids, locomotor assists and posture assists as well as their components, supplements and accessories;
- the purchase, adjustment, replacement and repair of orthotics and prosthetics.

The program does not cover three-wheeled or four-wheeled scooters, but does cover the adjustment and repair of these devices if they were paid for by the Office des personnes handicapées du Québec prior to November 12, 1998.

Please note

Upper-limb prostheses, wheelchairs, wheelbase systems, strollers and walkers for children must be returned to a facility or laboratory accredited by the Régie when no longer used.

HEARING DEVICES – WHO IS ELIGIBLE?

The following persons are eligible to receive a hearing aid if they are insured under the Québec Health Insurance Plan and have a hearing impairment:

- persons under age 12 who have a hearing impairment that may compromise their speech and language development;
- persons age 12 to 18 inclusive who have an average hearing loss of at least 25 decibels in one ear;
- persons age 19 and over who have an average hearing loss of at least 25 decibels in one ear and who are pursuing studies leading to a diploma, certificate or attestation recognized by the Minister of Education, Recreation and Sports;
- persons of any age who have an average hearing loss of at least 35 decibels in their better ear;
- persons of any age who, in addition to a hearing loss, have other functional limitations that hamper their integration into society, into society, the school environment or the workplace.

HEARING DEVICES – SERVICES COVERED

Persons who are eligible for the Health Insurance Plan and meet the program requirements are covered for:

- the purchase and replacement cost of a hearing aid (a device used to improve hearing) of one of the following types: analogue (in-the-ear, behind-the-ear, body and eyeglass), digitally controlled analogue (in-the-ear and behind-the-ear) and digital (in-the-ear and behind-the-ear);
- the purchase and replacement cost of an assistive listening device (a device that compensates for a hearing impairment), such as a decoder, a teletypewriter, a telephone amplifier, an adapted alarm clock, or a ring detector.

Replacement

The Régie covers the cost of replacing a hearing device in the following situations:

- the person's degree of hearing loss or physical condition has changed sufficiently to render the device ineffective;
- the person's ability to operate the controls has diminished to the point where it is impossible for the person to use the device;
- the device has worn out prematurely because of excess perspiration acidity, excess toxic vapours or excess dust pollution;
- the device is damaged accidentally;
- during the first six years of use:
 - ✓ the cost of a single repair exceeds 70% of the original purchase cost;
- after six years of use:
 - ✓ the sum of the repair costs incurred from the seventh year exceeds 60% of the original purchase cost;
 - ✓ the device no longer operates in normal conditions.

Repair

Persons eligible for the program are covered for the cost of repairing their hearing devices, including hearing devices they own themselves (devices not paid for by the Régie), on the condition that the devices are covered in accordance with the [hearing devices regulation](#). However, the Régie does not cover the cost of repairs made necessary by negligent or improper use.

Batteries

The cost of batteries is included in the price paid by the Régie for the purchase or replacement of a hearing device. The cost of replacement batteries, however, must be paid by the user, as must the cost of cleaning, checking, testing, etc.

Hearing aids are guaranteed for at least two years, and assistive listening devices for at least one year. For details, consult your hearing aid acoustician or your distributor of assistive listening devices.

OSTOMY APPLIANCES – WHO IS ELIGIBLE?

The Ostomy Appliances Program is intended for persons insured under the Québec Health Insurance Plan who have undergone a permanent colostomy, ileostomy or urostomy of which the permanent nature is attested to by a medical certificate.

OSTOMY APPLIANCES – SERVICES COVERED

If you are eligible for the Health Insurance Plan and meet all the requirements, you are entitled to an amount of \$700, for each ostomy undergone, to cover most of the cost of the ostomy appliances you need. Every year thereafter, on the anniversary date of the operation, you will receive an amount of \$700, for each ostomy, to cover the cost of replacing the ostomy appliances.

EXTERNAL BREASTFORMS – WHO IS ELIGIBLE?

The External Breastforms Program is intended for all women insured under the Québec Health Insurance Plan who have undergone a total or radical mastectomy, and for women age 14 and over who have a total absence of breast formation, medically diagnosed as aplasia.

EXTERNAL BREASTFORMS – SERVICES COVERED

If you are eligible for the program and meet all the requirements, you are entitled, for each breast, to the amount of \$200 to cover all or part of the costs related to the purchase of an external breastform.

Every two years thereafter, on the anniversary date of the mastectomy or of the medical report, eligible women are entitled to an amount of \$200 to cover the cost of replacing the breastform.

VISUAL DEVICES – WHO IS ELIGIBLE?

The Visual Devices Program is intended for persons insured under the Québec Health Insurance Plan who are blind or have low vision.

Persons eligible for the program are those whose visual acuity in each eye is less than 6/21, or whose visual field in each eye is less than 60° in the 180° and 90° meridians after correction by appropriate ophthalmic lenses (eyeglasses or contact lenses, but not special optical systems or additions of more than four dioptres).

Please note

To take advantage of the program, a student must be pursuing studies leading to a diploma, certificate or attestation recognized by the Minister of Education, Recreation and Sports, while a worker must be doing paid work as a salaried employee or as a self-employed individual.

VISUAL DEVICES – SERVICES COVERED

Visual devices made available on loan include:

- reading aids, such as tape recorders, closed-circuit television systems, optical systems and calculators;
- writing aids, such as conventional typewriters and braille;
- mobility aids, such as white canes and electronic obstacle detectors.

Persons benefiting from the program are granted \$210 for the cost of acquiring a guide dog, and \$1 028 per year thereafter for the cost of looking after the dog.

Elementary-school and secondary-school students, college and university students, and workers are entitled to:

- reading, writing and mobility aids of greater complexity, such as colour closed-circuit television systems with reading functions;
- computer aids such as braille displays, voice synthesizers, print magnification systems and print recognition units, under certain program criteria (particularly those concerning studies).

OCULAR PROSTHESES – WHO IS ELIGIBLE?

Any person insured under the Québec Health Insurance Plan who requires an ocular prosthesis (artificial eye) is eligible for the Ocular Prostheses Program.

OCULAR PROSTHESES - SERVICES COVERED

If you are eligible for the program and meet the eligibility requirements, you are entitled, for each eye, to a reimbursement for the cost of purchasing or replacing an ocular prosthesis once per five-year period, and to a yearly allowance for the repair and maintenance of the prosthesis.

The amounts are as follows:

- \$585 for a custom prosthesis made by a certified ocularist;
- \$225 for a manufactured prosthesis;
- \$25 per calendar year for repair and maintenance. The first \$25 is not paid until 12 months after the prosthesis was purchased.

Since December 1st, 1998, the program has also covered the purchase and fitting of conformers.

The amounts are as follows:

- \$187 for each custom-made conformer;
- \$112 for each prefabricated conformer.

OTHERS SERVICES OFFERED BY THE RAMQ

The RAMQ also offers the following services:

- **Services covered for foreign nationals** who have reached an agreement with the Régie and paid a premium.
- **Hospital services provided in Quebec to residents of another province.**
- **Hospital or medical services received outside Quebec¹ or outside Canada²** by Quebec residents.

CONTRIBUTIONS

The employer contributes a given percentage of the payroll to the Quebec Health Services Fund. The contribution rates vary in accordance with the total payroll, between 2.7% for payrolls of \$1,000,000 or under and 4.26% for payrolls of \$5,000,000 or over.

Quebec residents contribute 1% of the quasi-total taxable income, other than salary, exceeding \$13,075 (except between \$28,076 and \$45,460) up to a maximum contribution of \$1,000.

¹ All services covered under the Health Insurance Act and provided to a beneficiary while staying outside Quebec are refunded or paid in accordance with the provisions of the Health Insurance Act, that is, the lesser of the amount actually paid for these services and the amount that would have been paid by the Régie for such services if they had been rendered by a health professional in Quebec.

² Hospital services received outside Canada are reimbursed or paid only in the case of an emergency situation or of sudden illness.

For more of precisions we invite you to consult the site of The Régie de l'assurance maladie du Québec (RAMQ) on:

www.ramq.gouv.qc.ca

REMINDER



This pictogram indicates that the information contained in the news bulletin is mainly intended for the **manager of group insurance plans**.



This pictogram indicates that the information contained in the news bulletin is intended for **employees**.