

# Who pays for **HEALTHCARE?**



**QUEBEC**

We gathered the information in this guide as of February 10, 2014. We've made a considerable effort to confirm that the information is accurate, but it may be incomplete or incorrect.

It's important that you consult your own legal and tax advisors to review your personal situation. We also recommend you check your group plan or personal insurance plan for details on your specific coverage.



# INTRODUCTION



## Health always matters most

Canadians strongly identify with their medicare system and most see it as a national icon. We have enjoyed universal, first-dollar coverage for hospitals and physicians for decades, but other health services can be surprisingly expensive.

Our needs have changed over time, often radically. While the principles of the Canada Health Act (1984) remain sound, in the last 30 years there has been a six-fold increase in health costs.<sup>1</sup> Private health spending by individuals and insurers was estimated at \$63 billion in 2013. Some of those costs likely came from your pocket...or may soon.

## Planning and paying: A shared responsibility

Government and group health plans provide complementary coverage for many health-related expenses. But there are common, medically necessary health services that are not fully covered. Each province makes their own decisions and those entitlements may change over time, especially as governments struggle with high debts and deficits, demographic changes and higher rates of many common chronic diseases such as diabetes, certain

cancers and dementia. In this context of change, we recommend you consider your own needs, preferences and personal resources. Planning for health expenses is as important as buying a house or saving for retirement; indeed, health and wealth planning are natural companions.

## Introducing Sun Life's healthcare funding guides

These guides outline some of the coverage options, personal costs and other key considerations for six common health events and services: disability, home care, long term (nursing home) care, palliative (end-of-life) care, prescription drugs and travel emergency medical.

The guides are organized by province, just as our healthcare system is operated and you'll find many embedded web links to other authoritative websites for more detail and the latest updates. They are meant to be a quick reference that you will find practical, informative and easily accessible. Planning ahead can provide important protection and peace of mind and help you get what you need, when you need it.

Research provided by H3 Consulting.

<sup>1</sup> Canadian Institute for Health Information, 2013. National Health Expenditure Trends 1975 to 2013 (Link: [https://secure.cihi.ca/free\\_products/NHEXTrendsReport\\_EN.pdf](https://secure.cihi.ca/free_products/NHEXTrendsReport_EN.pdf)).

# DISABILITY PROTECTION



## Overview

Disability can affect your income, lifespan and quality of life and your chances of becoming disabled are greater than you may think. [Statistics Canada](#) has reported that nearly 4.5 million Canadians (14.3%) had a disability in 2006. That percentage has increased since 2001 and also increases steadily with age. Among younger people of working age (25-44), 8% reported a disability. For those ages 45-64, 18% reported a disability. For all adults, the most frequent disabilities are related to pain, mobility and agility and of those reporting a disability, 82% reported more than one and 40% reported their disability was severe or very severe.

**4.5 million**

(14.3%) of Canadians had a disability in 2006



**Reported disabilities more than double after age 45**

8% 25-44 years

18% 45-64 years

Most frequent disabilities are related to

**PAIN, agility and mobility**



**COVERAGE | Federal government**

- Employment Insurance (EI) pays a **sickness benefit** for up to 15 weeks for those unable to work due to sickness, injury or quarantine. Your earnings must have dropped at least 40% due to your condition and you must have at least 600 hours of insurable earnings during (generally) the last 52 weeks. There is a two-week waiting period once approved. Based on 55% of your insurable earnings, the **maximum weekly benefit** was \$514 in 2014, but there is a supplement for qualifying low income families.
- The **Child Disability Benefit (CDB)** is a tax-free benefit for families with a child under age 18 who has a severe and prolonged impairment in mental or physical function. The CDB provides up to \$218.83 per month for each eligible child (July 2013 - June 2014) but is **reduced** according to the number of children and family net income.
- Veterans and active military personnel may qualify for a **disability award** or a **disability pension** if their disability is related to their military service. Current and former members of the RCMP and certain civilians may also qualify for the **disability pension**.
- For severe and prolonged disability in physical or mental functions, there are **other federal tax benefits** for which you may qualify, including the **Disability Tax Credit (DTC)**. For those who qualify for the DTC, contributions can be made to a Registered Disability Savings Plan (RDSP). Those with a RDSP are eligible for federal grants and bonds.

# DISABILITY PROTECTION



 **COVERAGE | Provincial government**

- The Quebec Pension Plan (QPP; or RRQ - Régie des rentes du Québec) provides a **disability benefit** to those under age 65 who have contributed to the plan and who have a severe and permanent disability that 1) prevents them from being able to work at any job on a regular basis or 2) will result in death. Applications take about four months to be processed, although those for terminal conditions will be reviewed in two days. For 2014, the maximum benefit is \$1,236.32, plus an additional amount of \$457.57 for retirement pension beneficiaries aged 60-65, plus \$73.25 per dependent child. All disability, pension and death benefits are noted [here](#). The basic disability payment (\$457.57 - 2014) is fixed for all eligible claimants, with additional benefits based on the claimant's Canada Pension Plan (CPP) contributions. If the claimant qualifies, there is also an additional **benefit for dependent children** payable up to age 25. The current (2014) benefit is a flat monthly rate of \$230.72. There is a **child assistance benefit** for disabled children of \$185 per month, which is non-taxable and indexed annually.
- Work-related accidents leading to disability may be covered by the **Commission de la santé et de la sécurité du travail (CSST)**. After 14 days, the CSST provides a disability benefit of 90% of net earnings. The maximum insurable earnings are \$69,000 (2014). Lump sum indemnities are paid for physical and psychological impairments, based on age and severity. CSST also covers rehabilitation, medical costs for services provided by physicians, dentists, optometrists, pharmacists and public institutions, medicines, prosthesis and orthosis (braces, supports, etc.), technical aids and certain other expenses outlined in its regulations. CSST also covers travel and accommodation expenses for the worker and sometimes for a person who must accompany him or her. All eligible **compensation amounts** are outlined. Expect monthly benefits to be coordinated with other sources such as employer-sponsored short and long term disability benefits, CPP disability benefits and EI sickness benefits.
- Disability resulting from an automobile accident is handled by the Société de l'assurance automobile du Québec. For loss of income due to disability, benefits are paid at 90% of net income based on maximum insurable income of \$69,000. Various other benefits are payable to accident victims according to a **compensation table** including care allowances and benefits, home care, medications, professional fees, etc. Disability, medical and rehabilitation benefits may be payable to those injured by a crime under the **Crime Victims Compensation Act**.

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Applications take about four months to be processed, although those for terminal conditions will be reviewed in two days.

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- The **Régie de l'assurance maladie du Québec (RAMQ)** provides various devices to assist those disabled including:

# DISABILITY PROTECTION



- Upon assessment by a medical specialist or an audiologist, citizens meeting certain criteria for hearing loss may be eligible to receive a **hearing aid**.
  - ◊ The program for devices that compensates for physical deficiencies provides **equipment** to assist those with certain physical deficiencies. The devices covered are orthotics, prosthetics, wheelchairs, standing aids, scooters and motorized wheelchairs and posture assists, as well as their components, supplements and accessories. The program includes the purchase, adjustment, replacement, repair and, in some cases, the adaptation of these devices.
  - ◊ A **visual devices program** provides aides for reading, writing or mobility and computer equipment for those who are blind or have low vision. The program also provides funds to acquire and provide for a guide dog.
  - ◊ Seniors age 70 or older may qualify for the independent living tax credit of 20% of the cost to purchase, lease or install certain **equipment** that assists with the activities of daily living.

- A wide variety of health-related **information** is available through the Quebec Portal which publishes general information on the initiatives, programs and services that the government of Quebec and other agencies offer to citizens, businesses and international clients.

 **COVERAGE | Group plans**

- Many larger employers and some smaller ones, provide compensation when you cannot work due to disability. These include partial or full pay under casual absence or sick leave programs, or benefits paid under short term disability (STD) and/or long term disability plans (LTD). Those benefits may be provided by the employer directly, through a health and welfare trust, via third-party administrator or by an insurer. Benefits payable under a LTD plan will be taxable if the employer paid any part of the monthly premium. Benefits are typically paid at between 60% and 75% of earnings and may be offset by benefits paid from other sources, such as CSST or RRQ. There will be a waiting period before benefits are payable, which is usually between three and six months following the first day of disability.

If your employer has a flexible benefits plan, you may be able to choose the amount of disability coverage you want, but only once a year during an open enrolment period.

- Employers in certain industries and over a certain size are required to contribute to the **CSST**. By law, all communication with employers must be in French but some information in English is available for the public. CSST provides income replacement for occupational injuries and illnesses – those caused in the workplace.

 **COVERAGE | Personal insurance**

- Individual disability insurance plans are available directly through insurers, or through membership in various associations including post-secondary alumni associations. The risk of disability depends on factors such as your age, health risks, family medical history and your job. Applications require proof of good health to allow insurers to assess risk. Even if your health status is compromised, insurers may still provide coverage at a higher-than-standard rate, or they may provide coverage for all risks other than a condition already diagnosed. If

# DISABILITY PROTECTION



one insurer declines to cover you, another may still offer you insurance. The benefit duration and amount may be selected by the applicant, but the benefit can't be greater than a certain percentage of average annual earnings. Don't forget to ask whether your benefit depends on you being unable to do your own job, or any job you're qualified for based on criteria such as your age, education, income and experience. Own job coverage is more expensive but provides greater certainty of the benefit you'll receive. Some policies pay using the own job definition for the first two or five years and any job thereafter.

## COVERAGE | Out-of-pocket expenses

Under the [Income Tax Act](#), certain health insurance premiums and [eligible medical expenses](#) may count towards a tax credit when total medical expenses exceed the lesser of \$2,171 (2014) or 3% of your net income.

Revenu Québec has both non-refundable and refundable [tax credits](#) for eligible medical expenses that exceed 3% of the combined income of you, your spouse and your dependents.

## COSTS

Private disability insurance premiums can be expensive, but the benefits may be crucial if you do not have enough savings to replace your work income. You don't pay tax on any disability income benefits you receive from your policy as long as you were the only one who paid all the premiums.

## FOR HELP

The application for the [EI sickness benefit](#) is available online or by calling Service Canada: 800-206-7218.

More information on the CDB is available [here](#) or by calling 800-387-1193.

Veterans Affairs may be contacted at 866-522-2122, as well as by using the links under Federal Government in the Disability Protection section of this document.

The list of eligible medical expenses that qualify for the medical expense tax credit is [here](#).

Information on federal programs is available through your local [Service Canada office](#).

The QPP application forms are found [here](#).

The QPP application for the benefit for dependent children is [here](#).

The CSST may be contacted by [email](#) or toll-free by phone: 866-302-2778.

# HOME CARE



## Overview

Home care includes a wide range of services provided in the home and community that can address prevention, healthcare, palliative care, rehabilitation and social support for both clients and caregivers. Home care is most often provided to seniors but services are available to those in need regardless of age. In Quebec, health and social services are coordinated, ordered through and managed by the province’s 95 health and social services centres (also known as Centre local de services communautaires or CLSC).

In addition to home care, CLSCs also offer access to community care and long term care as well as general medical and mental health consultations, diagnostic tests, vaccinations and referrals to other health services. A **network** of 13 Centres intégrés de santé et de services sociaux (CISSS) and 9 Centres intégrés universitaires de santé et de services sociaux (CIUSSS) coordinates primary care services offered by the CLSCs as well as residential and long term care, rehabilitation and hospitals.

### Home care includes

- Prevention
- Healthcare
- Palliative care
- Rehabilitation
- Social support



### COVERAGE | Provincial government

After a personal assessment by a CLSC case manager is completed, a care plan will be developed that sets out funded services available to you. The province offers four types of home services at no cost to clients:

- **Professional:** Medical, nursing, nutrition, rehabilitation, respiratory therapy, psychosocial and certain specialized consultation services.
- **Home:** Personal care, domestic help, assistance with budgeting and forms, meals-on-wheels, learning assistance, family support, including child care, help with homework and home organization.
- **For the caregiver:** Babysitting, respite, help with daily tasks and psychosocial services.

- **Technical:** Medical supplies and specialized equipment, technical aids and equipment needed to live at home.

### Eligibility

Provincial home care services are intended for residents of Quebec who are unable to leave their home due to temporary or permanent incapacity or loss of autonomy. Clients can include informal caregivers. Children with special needs and people of all ages recovering from acute illness or injury or their longer term effects may qualify for services.

# HOME CARE



## COVERAGE | Group plans

- Home care services are typically excluded from health benefit group plans. Most group plans provide limited supplemental coverage for private nursing care for employees and eligible dependents, if home care services are inadequate. Dependents are limited to the spouse and children. Some flexible benefit plans include a health spending account (HSA) which may be used to claim home care services. However, HSAs typically offer limited funds to cover a wide variety of healthcare expenses based on provisions in the [Income Tax Act](#).



## COVERAGE | Personal insurance

- Some individually purchased health insurance plans reimburse the cost of in-home nursing and/or home care services according to an approved plan of care. The benefits supplement the cost of services not covered by the government.
- Most long term care insurance policies (which may also include home care) provide coverage following a waiting period if you are functionally dependent, meaning that you need substantial assistance with two of

six activities of daily living (dressing, eating, toileting, bathing, continence and transferring) or substantial supervision because of cognitive impairment. There are two types of plans: those that reimburse defined expenses such as in-home care or equipment rental and those that pay a monthly income-style benefit that can be used as needed. For more detail, see: Long Term Care > Personal insurance > Typical coverage.



## COVERAGE | Out-of-pocket expenses

- While Quebec does not charge any fees for home care, those services may be inadequate in breadth, frequency or intensity. Private funding may then be required, either on a pay-as-billed basis or through an individual insurance policy. Caregivers can incur significant personal cost and sometimes caregiving affects their paid work, mostly requiring reduced hours, use of vacation and sick leave or unpaid leave. In addition, many community services supplement those provided by home care and will also require personal funds.

## THE CRUCIAL ROLE OF CAREGIVERS

Research done for the [Institute for Research on Public Policy](#) indicated unpaid services by caregivers to the elderly had an estimated market value of between \$24 and \$31 billion in 2007. There are some tax advantages provided to informal caregivers, including the federal [caregiver amount tax credit](#). The Public Health Agency has produced a [brochure](#) to help caregivers look after themselves in stressful times.

# HOME CARE



- Under the **Income Tax Act**, **eligible medical expenses** may count towards a tax credit when total medical expenses exceed the lesser of \$2,171 (2014) or 3% of your net income.
- Revenu Québec has both non-refundable and refundable **tax credits** for eligible medical expenses that exceed 3% of the combined income of you, your spouse and your dependents.

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For seniors age 70 or older, there is a tax credit for home care expenses. There is also a tax credit for caregivers, and for respite for caregivers. Volunteers providing respite services may also be eligible for a tax credit.

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## \$\$\$ COSTS

- One home health company provided typical hour rates for:
  - ◊ Registered nurse: \$65
  - ◊ Licenced practical nurse: \$45
  - ◊ Personal support worker (PSW): \$21 - \$26
- **PSWs**: provide most non-medical home services and can be hired to help clients perform activities of daily living, as well as shopping, food preparation, laundry and transportation. PSWs are not a regulated profession and cannot initiate or perform care without supervision. PSWs earn between about \$11 and \$15 per hour, but will be charged out by agencies for more.
- The Services Québec **programs and services for seniors** provide general funding information on a variety of health and social services for seniors.
- Quebec offers **financial aid** for domestic help. For residents age 18 and older, basic financial assistance provides a subsidy of \$4 per hour regardless of income. Variable financial assistance provides an additional subsidy of between 60¢ and \$9 per hour, but the amount

of assistance is dependent on income and adults under age 65 must be referred by a CLSC.

- For seniors age 70 or older, there is a tax credit for home care expenses. There is also a tax credit for **caregivers**, and for respite for caregivers. **Volunteers** providing respite services may also be eligible for a tax credit.

## FOR HELP

The province's citizen website (**Quebec Portal**) offers a variety of general information in English, but details are sometimes available only in French.

**Seniors** can access more specific information for their needs, including health care and tax credits.

Financial aid can be reached by telephone in Montreal at 514-873-9504, or toll-free at 888-594-5155.

For the hearing impaired, the numbers are 418-682-3939 (Quebec City) or toll-free 800-361-3939.

The RAMQ can be **contacted** by telephone, in person, by email or mail.

# LONG TERM CARE



## Overview

There are about 208 long term care (LTC) facilities or nursing homes (called Centres d'hébergement et de soins de longue durée or CHSLD) in Quebec providing health services and accommodation.<sup>2</sup>

Generally, residential facilities include LTC centres and rehabilitation centres for alcohol and other substance abuse. They also house patients confined to general or specialized hospitals who are waiting for a transfer to a LTC centre. All LTC homes are regulated by the province but only provincial homes have set fees across the province. They are generally lower than those charged by private for-profit nursing homes.



### COVERAGE | Provincial government

- The CHSLD application will include an assessment by a nurse or social worker from the local Centre local de services communautaires (CLSC), as well as the prospective resident's physician. Individuals must be age 18 or older. Placement may take some time, especially in Montreal and Quebec City.
- The cost is shared between residents — who pay a monthly accommodation fee — and the government, which pays for almost everything else. Accommodation charges are the same across Quebec for public homes and are regulated and periodically increased by the province. You choose between basic (ward), semi-private and private rooms but will have to rely on personal resources, government

pension or disability benefits, or individual health insurance policies to pay. Provincial subsidies are available to low-income residents.



### COVERAGE | Group plans

- LTC services are excluded from extended health benefit group plans. Some flexible benefit plans include a health spending account (HSA) which may be used to claim LTC services for eligible dependents. However, HSAs typically offer limited funds to cover a wide variety of healthcare expenses based on provisions in the [Income Tax Act](#).

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Provincial subsidies are available to low-income residents.

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### COVERAGE | Personal insurance

- Private LTC insurance may be a good option depending on your age, health and financial means. A helpful model outlining the [five stages of care](#) was developed by Dr. Mark Frankel and his team at Taking Care Inc., an organization dedicated to helping caregivers navigate the elder-care system. The stages are: 1) independence, 2) interdependence, 3) supportive living, 4) crisis management and 5) dependence.
  - ◊ **Typical coverage:** Terms and conditions of coverage vary in the market. Generally benefits are payable upon dependency, which may or may not include living in a LTC home. It is important to note that there are varying definitions of dependency, within the insurance industry. Physical

<sup>2</sup> Statistics Canada, 2011. *Residential Care Facilities – 2009/2010*. Catalogue no. 83-237-X. Number reflects “Homes for the aged”, see Table 4-6. Available at: <http://www.statcan.gc.ca/pub/83-237-x/83-237-x2012001-eng.pdf>.

# LONG TERM CARE



dependency includes criteria for mental ability and when the insured person is unable to perform at least two of six specified activities of daily living: dressing, eating, toileting, bathing, continence and transferring. Some sample provisions follow:

- ▶ **Benefit:** An applicant selects a benefit that can range from \$70 to \$2,500 per week. Benefits may be paid weekly or monthly. Policies often include one-time or annual access to a person who can help plan care. In Canada, the maximum insurance available is \$10,000 per person per month from all LTC policies.
- ▶ **Benefit period:** The applicant typically chooses a plan that will pay for one, two, three, four or five years, or an unlimited period that ends with the insured person's death.
- ▶ **Benefit maximum:** The applicant may be able to choose a maximum amount of coverage, such as \$100,000, which is then reduced by each monthly benefit paid to the insured person.

- ▶ **Waiting period:** Benefits become payable typically between 30 and 90 days (but you can choose up to two years) after the policy's definition of physical dependency is met.
- ▶ **Premiums** are paid monthly usually until death, or for a period such as two, 10, 20 or 25 years. Premiums are not paid while benefits are being received. LTC premiums are typically guaranteed only for the first five years and may be adjusted over the life of the policy.
- ▶ **Optional benefits** may include inflation protection, return of premiums upon death after the policy has been in force for a certain period of time and shared coverage where one spouse may draw additional coverage from the other spouse's plan.

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Under the Income Tax Act, certain health insurance premiums and other eligible medical expenses may result in a tax credit.

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- ▶ All policies are somewhat different and all have exclusions and limitations of coverage. They should be read carefully. Questions may be directed to your insurance advisor.

COVERAGE | Out-of-pocket expenses

- Given the cost of accommodation and the expense of LTC insurance policy premiums, your personal financial assets and income may be used to purchase home care, supportive living and eventually a nursing home. Alternatively, you may need to rely on family and friends for caregiving services. But of course those financial and personal resources may not be enough if you lose your ability to live independently.
- Under the [Income Tax Act](#), certain health insurance premiums and other [eligible medical expenses](#) may count towards a tax credit when total medical expenses exceed the lesser of \$2,171 (2014) or 3% of your net income.

# LONG TERM CARE



- Revenu Québec has both non-refundable and refundable [tax credits](#) for eligible medical expenses that exceed 3% of the combined income of you, your spouse and your dependents.

## \$\$\$ COSTS

- Medical and nursing care services, other professional services and prescription drugs are free of charge when provided by the facility. The facility may pay a portion of the cost of dental and optometry care or of various assistive devices (prosthetics, orthotics and corrective shoes), according to a scale based on the resident’s income. The accommodation fee is not covered by government and helps pay for the room, food, housekeeping, laundry, products and services for personal cleanliness and hygiene, toiletries and equipment used for therapeutic purposes.
- For 2014, LTC residents pay monthly fees of \$1,758.30 for a private room, \$1,470 for a semi-private room or \$1,092.60 for a room with at least three beds. Taking Care Inc. has prepared a summary of [typical costs](#) for Quebec residents. There are subsidies for those unable to pay the full cost, dependent on the

applicant’s and spouse’s income, assets and family situation. Current rates and subsidies are available [here](#). For those confined to a general or specialized hospital awaiting transfer to a LTC center, the fee is payable after 45 days in the hospital.

- In Quebec, [intermediate resources](#) (e.g. supportive housing) may be supervised apartments, rooming houses, reception homes and group homes. The cost of these services is shared by the public facility that has a contract with the intermediate resource and by the resident. The province provides a [calculator](#) to estimate the personal contribution. The maximum contribution is \$1,163.70 (2014).

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Medical and nursing care services, other professional services and prescription drugs are free of charge when provided by the facility.

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## QUALITY

Before selecting a LTC home, you’ll want to be sure it is well-equipped to look after its residents. Quality is difficult to objectively assess since it includes the facility and its professional and non-regulated staff, as well as its rooms, food, safety and health, social and recreational services. Quality should be verified: consider a site visit, discussions with staff and seek references from current or former residents and family members.

Quebec’s act respecting health services and social services requires every health and social services institution to be accredited every three years by either [Accreditation Canada](#) or by the Conseil québécois d’agrément. Look for a current Accreditation Canada certificate in the facility, or search Accreditation Canada’s [website](#). Once on the website, click on the link titled “Find an Accredited Health Care Provider Now” located on the left side of the page to find an accredited provider.

# LONG TERM CARE



FOR HELP

The [Quebec Portal](#) provides access to most of the information available for government organizations.

The Ministry of Health and Social Services can be reached through its [website](#) or by telephone: Quebec City, 418-644-4545; Montreal, 514-644-4545; or elsewhere in Quebec, 877-644-4545. People with a hearing or speech impairment should call 800-361-9596. The Services Québec’s [website](#) or one of its 65 [regional offices](#) can also be contacted.

Seniors’ residences (provincial and private) can be [searched](#) for basic information and provincial certification.

A [directory](#) of the 18 regional centres de santé et de services sociaux is available with general contact information as well as the names of executives and board members.

CLSC [contact information](#) is available through Services Québec. A [directory](#) of local services is also available.

Professional colleges govern the conduct of many regulated health professionals to protect the public interest, such as [physicians](#), [registered nurses](#) (mostly in French), [pharmacists](#) (French only) and others.

The [Regroupement québécois des résidences pour aînés](#) represents the owners and operators of residential and LTC facilities. Information is available in French only.

Accreditation Canada’s website provides information for the public about its standards and provides a list of [accredited facilities](#) in Quebec.



# PALLIATIVE CARE



## Overview

Palliative care refers to a variety of healthcare and support services provided as people near the end of their lives. It is intended to improve both the quality of life and the quality of death for patients and their families by addressing physical, psychosocial and spiritual needs. Advance care planning is needed. There is often a particular emphasis on pain relief. A recent [national survey](#) reported that while one quarter of respondents thought government paid for palliative services, 70% worried they didn't have enough money to pay for their own care.

**70%** of national survey respondents worried they didn't have enough money to pay for their own palliative care



### SERVICE OPTIONS

The provincial government provides most end-of-life services as part of cancer care, though palliative care is needed for many terminal conditions. Palliative care can be provided in different settings, such as in certain hospitals with dedicated beds, long term care facilities, at home or in a community hospice. Many services related to end-of-life care are organized locally by the Centre local de services communautaires (CLSC), which can be accessed by calling Info-Santé 811. But note: "...those who receive palliative care at home or in a palliative care hospice must bear the cost of the medication, supplies or technical equipment required for their condition, whereas these costs are covered in a hospital setting."<sup>3</sup>

You may be able to arrange an additional unpaid leave of absence with your employer to look after a dying family member or close friend.



### COVERAGE | Provincial government

- The government provides various palliative care services through hospitals, CLSCs or primary care providers. However, a current and comprehensive list of services is not available from the Ministry of Health and Social Services.



### COVERAGE | Group plans

- Your health benefit plan provides coverage for prescription drugs and limited benefits for private home nursing which may be part of a palliative care plan. Long term care and home care services are not covered. If your plan includes a health spending account, many medical services are eligible based on provisions in the [Income Tax Act](#). You may be able to arrange an additional unpaid leave of absence with your employer to look after a dying family member or close friend.

<sup>3</sup> A select committee of Quebec's Assemblée Nationale issued [Dying with Dignity](#) in March 2012. The quote is from page 27. In June 2013, the government tabled [Bill 52, An Act respecting end-of-life care](#). This Act will come into force on December 10, 2015.

# PALLIATIVE CARE



 **COVERAGE | Personal insurance**

Several kinds of individual policies may be purchased to help pay for palliative care. All policies will require you to submit evidence of good health and you must be covered under the Régie de l'assurance maladie du Québec (RAMQ). Some insurers permit the **conversion** of some or all the benefits of a critical illness insurance (CII) policy to a long term care insurance (LTCI) policy without further evidence of good health if a CII claim has not already been approved.

- **CII** policies pay a lump sum to the policy owner or to the person they name to receive the benefit when the insured person is diagnosed with one of several life-altering conditions (which can include Alzheimer's Disease, blindness, cancer, coronary artery bypass surgery, heart attack, loss of limbs, stroke, etc.) and survives the waiting period. Insurers offer different levels of coverage that include different health diagnoses.

- **LTCI** policies pay benefits when physical dependency occurs, as defined in the policy, although it is likely to have occurred prior to a beneficiary becoming palliative. Some LTCI policies provide benefits even when the beneficiary is not resident in a long term care home. It is important to note that while many policies refer to physical dependency, the patient may be physically fine but dependent because of deteriorated mental ability.
- **Personal health insurance** policies provide coverage for many health-related expenses not covered by provincial medicare, such as certain drugs not covered by RAMQ or group plans, semi-private hospital rooms, medical equipment and in-home nursing. You must be under a certain age to receive coverage, e.g. 60 or 70. This varies by insurer. Policy renewals are also age limited.
- **Association plans** for alumni, professional, trade association, union and some interest groups (e.g. an automobile association) typically offer a health and dental plan with broader coverage than personal health insurance policies and may require less stringent proof of good health.
- **Disability insurance** policies pay a monthly benefit, typically to age 65 or 70, which covers a portion of the insured person's or insured worker's lost earnings.
- **Life insurance** can help settle a person's final debts, including taxes.

# PALLIATIVE CARE



## ✓ COVERAGE | Out-of-pocket expenses

- Depending on where the palliative patient lives, there may be personal costs, such as the cost of a semi-private hospital room, accommodation charges in long term care homes, home renovations, medical equipment or additional community resources (meals, personal support services or private nursing) that can be expensive. Please refer to other sections of this guide for more detail. Respite care – a break for the caregiver – may also cost you out of pocket. The federal government pays up to six weeks of **compassionate care** benefits under the Employment Insurance Act when someone has to be away from work temporarily to provide care or support to a family member who is gravely ill and who has a significant risk of death within 26 weeks. Other conditions apply, including a loss of at least 40% of your regular weekly earnings to care for that individual.
- Under the **Income Tax Act**, certain health insurance premiums and other **eligible medical expenses** may count towards a tax credit when total medical expenses exceed the lesser of \$2,171 (2014) or 3% of your net income.

- Revenu Québec has both non-refundable and refundable **tax credits** for eligible medical expenses that exceed 3% of the combined income of you, your spouse and your dependents.

Many communities have private supportive services such as day programs and respite care, available at extra cost.

## \$\$\$ COSTS

- The provincial government pays for palliative care services when they are provided through the RAMQ (e.g. hospitals, physicians, home care and long term care). Many communities have private supportive services such as day programs and respite care, available at extra cost.
- There is a **tax credit** for respite care for caregivers.

## 🎧 FOR HELP

There are a number of organizations with information helpful to those planning end-of-life care. The **Canadian Hospice Palliative Care Association** has published an Advance Care Planning **Workbook** as part of their Speak Up campaign. They also maintain a **list** of organizations providing services in Quebec.

The **Canadian Virtual Hospice** provides many resources, including its Ask a Professional feature. It includes information for **Quebec**.

The **Palliative Care Network of Quebec** provides web-based information in French only although services may be available in English by telephone (514-282-3808).

The province's Info-Santé line can be reached at 811.

# PRESCRIPTION DRUGS



## Overview

Canadians spend more on prescription drugs than any other health cost except hospitals and physicians.<sup>4</sup> Access to prescription medicines is an important part of staying healthy, curing illness and preventing more serious harm. Coverage may be offered through different sources, but you should expect to pay at least some of the cost.

Canadians spend more on prescription drugs **than any other health cost.**



### COVERAGE OPTIONS

Provincial drug plans provide extensive, subsidized coverage for a defined list of drugs, called a formulary. More provinces now offer universal coverage for all residents, but sometimes coverage is just for certain groups, such as seniors, those on social assistance and those with high-cost drugs. If you're employed or retired, your employer may provide a comprehensive drug group plan for you and your family. However, plan designs, eligibility and costs vary widely and may be changed by the employer or insurer. Many workplaces do not provide coverage for part-time employees, contract employees or after retirement and waiting periods may apply.

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Since 1997, all Quebec residents must be covered by a prescription drug insurance plan, either under a group plan or under the RAMQ plan.

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### COVERAGE | Provincial government

Since 1997, all Quebec residents must be covered by a prescription drug insurance plan. Two types of insurance plans offer prescription drug insurance coverage:

- private plans (group insurance or employee benefit plans); and
- the public plan (that is, the one administered by RAMQ).

Those under age 65 who have access to a private plan must join it and obtain coverage under it for their spouse and children, unless the spouse and children are already covered by another private plan. Those under age 65 who do not have access to a private plan must register for the RAMQ plan.

<sup>4</sup>Canadian Institute for Health Information, 2013. [National Health Expenditure Trends, 1975-2013](#). See Table A.3.1.1-Part 2. Note that total expenditures for prescribed and non-prescribed drugs are greater than for physician spending.

# PRESCRIPTION DRUGS



There are several ways you can have access to a private plan:

- through your employment (via your employer or union);
- through your profession (via your professional association or order);
- through your spouse or parents (if you meet the definition of “child”).

Private plans must offer a prescription drug insurance coverage that is at least equivalent to the one offered under the RAMQ plan.

The RAMQ plan covers about 7,000 drugs on a list of medications and provides a coverage of 67.5% of the cost of the prescription drug (effective July 1<sup>st</sup>, 2014).

- **At age 65**
  - ◊ Upon turning age 65, residents are automatically registered for the provincial drug plan (whether or not they retired), although some employers continue to offer coverage to those age 65 and over. If so, you may choose between the RAMQ plan and a group plan to which you have access. If you choose to retain your group plan, then you must notify the RAMQ. You may also continue a personal health insurance plan that provides top-up coverage for prescription drug expenses not covered by the RAMQ or your group coverage.

- **Eligibility**

- ◊ Sometimes, patients may be required to pay the difference between the manufacturer’s price and what the RAMQ pays. (This excess amount is excluded from the monthly maximum). Patients may also pay extra if they choose to pay for a drug that is more expensive than a similar one covered by the RAMQ.

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Certain drugs not on the standard list of medications may be covered on an exceptional basis.

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- ◊ Certain drugs not on the standard list of medications may be covered on an exceptional basis. Some of these are coded by the physician and then covered automatically. Other exception drugs are paid only after the RAMQ approves a payment authorization request provided by the physician.
- ◊ Certain patients with severe medical conditions may have drugs covered that are not on the list of medications (standard or exceptional).

- **Changes in enrolment**

- ◊ Patients who change plans must ask their original insurer to issue a statement of their contributions for the current year within six months of the transfer to a new plan. Some insurers, as well as the RAMQ, issue the statement automatically; others issue it only on request. This statement must be sent to the new insurer to ensure the maximum contribution is not exceeded.

# PRESCRIPTION DRUGS



## COVERAGE | Group plans

- Group plans typically provide coverage at least as broad as that offered by the RAMQ and often have a lower co-insurance (co-payment). Most larger group plans cover everyone regardless of health status. Plan design, eligibility and cost-sharing are determined by the employer and the insurer and may change.
- For group plans offered through your workplace, enrolment is typically completed on or near your first day of work. Most plans provide a drug card to eliminate claim forms and reduce your out-of-pocket costs at the time the drug is dispensed at the pharmacy.
- Your group plan may be coordinated with that of your spouse to increase the total amount you will be reimbursed. The insurance industry has standardized [coordination of benefit](#) rules.



## COVERAGE | Personal insurance

- Personal insurance plans provide top-up coverage for prescription drug expenses not covered by the RAMQ or your group coverage.
- If your group plan terminates you may have the option to convert to a personal health insurance plan within 30 days.

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If your group plan terminates you may have the option to convert to a personal health insurance plan within 30 days.

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## COVERAGE | Out-of-pocket expenses

- For selected products, drug manufacturers may offer patient assistance programs to qualified patients, typically where affordability is a problem. Certain physicians may be able to enrol qualified patients into experimental trial drug programs testing new medicines before they are approved by Health Canada.
- Under the [Income Tax Act](#), premiums and co-payments for drug coverage (either to the RAMQ or a private group plan) and other [eligible medical expenses](#) may count towards a tax credit when total medical expenses exceed the lesser of \$2,171 (2014) or 3% of your net income.
- Revenu Québec has both non-refundable and refundable [tax credits](#) for eligible medical expenses that exceed 3% of the combined income of you, your spouse and your dependents.

# PRESCRIPTION DRUGS



## \$\$\$ COSTS

Those registered for the RAMQ plan must pay a premium regardless of whether they make a claim. When they buy drugs, a deductible and co-insurance fee must be paid. The premium and co-pays are reset and are in effect for 12 months beginning July 1 each year. Many residents are exempted from premium payment due to their financial situation. There is a monthly maximum contribution payable for drugs, after which the patient pays nothing until the next month.

New rates for drug plan [costs](#) (effective July 1, 2014) are:

- The premium is between zero and \$611. This is paid annually with your income tax.
- The monthly deductible is \$16.65 (\$200 annually).
- The co-insurance is 32.5% on each claim.
- The monthly out-of-pocket (deductible and coinsurance combined) maximum is \$83.83 (\$1006 annually).
- The pharmacy collects the deductible and coinsurance fee and calculates the monthly maximum.

- Costs are waived if: 1) the patient holds a claim slip (carnet de réclamation) issued by the Ministère de l'Emploi et de la Solidarité sociale, 2) the patient qualifies for at least 94% of the federal guaranteed income supplement or 3) the patient is under age 18 or is a full-time student under age 26 at a recognized educational institution.

Most group drug plans require members to pay a share of premiums, plus an annual deductible and/or co-insurance fee for each claim. These co-payments and the monthly maximum out-of-pocket payment must be at least as generous as those offered by the RAMQ. The coordination of benefits between the employee and spouse may provide 100% coverage.

## FOR HELP

[Registration and deregistration](#) for the RAMQ (the provincial drug plan) is done online.

The government provides four consumer brochures:

1. [General reference.](#)
2. [Compulsory coverage.](#)
3. What happens when you turn [age 65.](#)
4. Patient [costs.](#)

General information is available on the RAMQ [website](#), or by telephone: Quebec City 418-646-4636; Montreal 514-864-3411; and elsewhere in Quebec 800-561-9749. For the hearing impaired call: Quebec City 418-682-3939 and 800-361-3939 elsewhere in Quebec.

For group plans, contact your plan sponsor (employer, association, professional order, union, etc.) or the insurer for administrative help. Your pharmacist may also help with questions on plan design and formulary eligibility.

# TRAVEL EMERGENCY HEALTH



## Overview

The Régie de l'assurance maladie du Québec (RAMQ) pays little and sometimes nothing for health services needed when outside Canada. Provincial governments recommend you purchase travel medical coverage for medically necessary emergency services when you are out of your province or outside Canada. The policy includes such things as a hospital stay, outpatient and physician services and assistance resulting from emergency treatment. Coverage will be limited to trips of a certain duration, e.g. 60, 180 or 365 days. There are limits to coverage and exclusions for pre-existing conditions including pregnancy. These limitations and exclusions may vary between individuals and group plans.



### COVERAGE | Provincial government

- Unfortunately reciprocal billing arrangements exist between Quebec and other provinces only for hospital room and board, diagnostic procedures and nursing but not for other professional services or drugs provided out of province. Quebec will pay for other health services that would be covered in Quebec but only to the Quebec rate, which may be less than the cost where services were provided. Out-of-province health bills should be [submitted](#) to the RAMQ for reimbursement.
- If you are travelling outside of Canada, the province [recommends](#) you buy travel emergency health insurance and warns of potentially high out-of-pocket costs (this coverage is usually included in a group plan). Otherwise, it is likely you will have to pay for health services before care is provided and then submit those expenses to the

RAMQ for reimbursement. Even then, the RAMQ will pay only 1) for services by physicians, dentists and optometrists and only to the extent those services would be covered in Quebec, 2) \$100 per day when hospitalized as an in-patient, 3) \$50 per day for services in a hospital out-patient clinic and 4) \$220 per hemodialysis treatment and associated drugs. Hospital charges are considered only if they result from sudden illness or an accident. The province provides examples of very large out-of-pocket costs incurred in the United States due to limited government payments.

- RAMQ coverage will [lapse](#) if you are physically absent from Quebec for more than 183 days each calendar year.

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If you are travelling outside of Canada, the province recommends you buy travel emergency health insurance and warns of potentially high out-of-pocket costs.

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### COVERAGE | Group plans

- Most group health plans cover reasonable and customary emergency hospital and medical expenses while you are travelling out of your home province. Many plans also offer supplemental emergency travel assistance services, but usually exclude costs for non-emergency or elective medical treatment or surgery performed outside Canada. They also limit the number of days of coverage. Many plans require that the travel assistance number be called as soon as possible after a medical emergency. Failure to do so may result in a reduction or decline in coverage of expenses. When in Canada but outside your home province, reimbursement is typically limited to the difference between ward and semi-private hospital room rates, and the underlying cost of a ward room is billed to your provincial health plan. Physician services

# TRAVEL EMERGENCY HEALTH



outside Canada are covered for emergency treatment but may be limited to the rate set by your provincial medical association. This could be less than the actual charges where the service is provided. Your group plan may exclude pre-existing conditions or require your health to be stable for at least three months before a medical emergency would be eligible. It is important to check your plan for coverage outside Canada before you travel.

or travel insurance plans which offer broader coverage and higher limits at higher cost. Individual plans will be restricted to people of certain ages, require proof of good health and contain exclusions or limitations for pre-existing conditions and certain services. Travel health policies can also be purchased through an automobile association, travel agent or through brokers that can offer a wider variety of coverage through different insurers, including single or multiple trip and basic or comprehensive policies.

shooting service issues, making decisions and returning safely to Canada.

## ✓ COVERAGE | Personal insurance

- Coverage may be included with an individual health insurance policy but will typically have limits on the amount and duration of coverage and the age of the insured person. The insurer will require you to call a travel assistance number to pre-authorize and manage treatment before any is given. Pre-existing health conditions are usually excluded or eligible only under defined conditions.
- Travel emergency health coverage may be available through gold or higher level credit cards, or through the institutions that offer them. There are important differences between travel assistance and travel medical

If you don't have travel emergency health insurance, you can expect healthcare providers to demand payment before services are provided.

- If you don't have travel emergency health insurance, you can expect healthcare providers to demand payment before services are provided, especially in the United States. In worst-case scenarios, that can run tens or hundreds of thousands of dollars and it can also cost you the advantage of having a professional case manager to assist you in understanding treatment options, trouble-

## ✓ COVERAGE | Out-of-pocket expenses

- Policies typically cost a few dollars a day depending on your age, medical issues, features of the plan, the duration of your trip and the insurer you choose. As with all insurance, buy from a highly rated insurer and use a reputable agent or broker. Inexpensive coverage may not be the most appropriate or offer the best value.
- Under the **Income Tax Act**, certain health insurance premiums and other **eligible medical expenses** may count towards a tax credit when total medical expenses exceed the lesser of \$2,171 (2014) or 3% of your net income.
- Revenu Québec has both non-refundable and refundable **tax credits** for eligible medical expenses that exceed 3% of the combined income of you, your spouse and your dependents.

# TRAVEL EMERGENCY HEALTH



FOR HELP

If you already have travel emergency health insurance, then your insurer or broker are your first points of contact. Many brokers maintain self-serve websites that provide comparative quotes after you answer a few questions about your trip and your health. To learn more about the industry and its partners, contact the [Travel Health Insurance Association of Canada](#). The association maintains a [consumer section](#) on its website and recently published a short [overview](#) of travel insurance. As well, the Canadian Life and Health Insurance Association has published a consumer booklet entitled [A Guide to Travel Health Insurance](#).

If you disagree with a reimbursement or coverage decision by the RAMQ, you must complete an [application for review](#) form.

The RAMQ provides a [brochure](#) to explain health coverage when travelling outside Quebec.

# Life's brighter under the sun

We created this document for your information only. It's important that you consult your own legal and tax advisors to review your personal situation. We also recommend you check your group plan or personal insurance plan for details on your specific coverage.

The information in this guide was gathered from various authoritative sources as of February 10, 2014. We've made a considerable effort to confirm that this information is accurate, but in some cases it may be incomplete or incorrect. The information in this guide may not be current when you read it.

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