SSQ insurance

Communities make us

Group Insurance

Your Group Insurance Plan

Contract Y9999-R

Retired Management Personnel
of the Quebec Public and Parapublic Sectors

January 2022

Advisory committee for retirees

The Advisory Committee for Retirees (ACR), together with SSQ, Life Insurance Company Inc., is pleased to present this booklet describing the main features of the benefits available to you under the group insurance plan for retired management personnel of the Quebec public and parapublic sectors.

Please read this booklet carefully. It describes the benefits you are entitled to. If you have any questions about your insurance, please contact SSQ Customer Service using the contact details provided on the back cover of this booklet.

This document has been prepared for information purposes only and has no contractual value. The insurance contracts alone can be used to settle legal questions.

In this document, the masculine gender is used only to facilitate reading and has no discriminatory intent.

Composition of the ACR
Government representatives
Co-chairperson of the Intersectorial Parity Committee (IPC)
Actuary
Secretary of the Committee
Management association representatives
One representative from each group (CERA and RACAR), one of which becomes co-chairperson of the IPC.
Retirees' representatives
Education: 2 representatives
Public service: 2 representatives
Health and Social services: 4 representatives

To contact SSQ

2525, Laurier Blvd.
P.O. Box 10500, Stn Ste-Foy
Quebec (Quebec) G1V 4H6

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Other areas: 1 888 833-6962

ssq.ca

To contact the members of the ACR
1-888-777-5546 (voicemail) • info@ccr-quebec.com

This booklet described your group insurance plan effective January 1, 2022. It is only available in electronic version on the **Customer Centre** at customer-centre.sq.ca.

Please note that in this booklet, the name SSQ is used to designate SSQ, Life Insurance Company Inc.

Cette brochure est disponible en français.

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SUMMARY OF BENEFITS

Customary and reasonable expenses: to be eligible, the expenses incurred for services or supplies must meet the reasonable standards of the common practice of the health professionals involved.

BASIC ACCIDENT AND HEALTH INSURANCE PLAN

Benefit	Reimbursement limitations	Prescription required	Annual deductible	Percentage reimbursed
Hospital expenses in Quebec	Semi-private room, maximum of 90 days / calendar year / insured	NO	None	100%
Prescription drugs and eligible pharmaceutical services	Drugs covered on the RAMQ* list Mandatory generic substitution (does not apply to retired judges)	YES	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 75% until the RGAM** annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 75% of the first $2,700, 100% of subsequent amounts per certificate
Home care: - Nursing care - Transportation expenses - Convalescent home - Home assistance services	Within 30 days of hospitalization Eligible expenses of $60 / day / insured Eligible expenses of $30 / maximum 3 trips / week / insured Eligible expenses of $125 / day / insured Eligible expenses of $60 / day / insured	YES		
Nurse	Eligible expenses of $300 / day / insured Maximum reimbursement of $10,000 / calendar year / insured	YES		
Sclerosing injections (substance)	Eligible expenses of $20 / treatment / day / insured	NO		

*Régie de l'assurance maladie du Québec ** Basic Prescription Drug Insurance Plan

BASIC ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Annual deductible	Percentage reimbursed
Ambulance	Customary and reasonable expenses	NO	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 75% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 75% of the first $2,700, 100% of subsequent amounts per certificate
Preventive or curative vaccines	Eligible expenses of $200 / calendar year / insured	NO		

* Basic Prescription Drug Insurance Plan

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN

Benefit	Reimbursement limitations	Prescription required	Annual deductible	Percentage reimbursed
Travel Insurance with Assistance	Maximum reimbursement of $5,000,000 / trip / insured If you plan to travel more than **180 days** a year, you must contact SSQ in advance for information about applicable conditions.	YES	None	100%
Trip Cancellation Insurance	Maximum reimbursement of $5,000 / trip / insured, with evidence deemed satisfactory by SSQ	N/A		
Hospital expenses in Quebec	Semi-private room, no limit on number of days	NO		
Prescription drugs and eligible pharmaceutical services	<u>Retired employees:</u> Drugs available only by prescription Mandatory generic substitution <u>Retired judges:</u> Drugs available by prescription	YES	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 80% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 80% of the first $3,000, 100% of subsequent amounts per certificate

* Basic Prescription Drug Insurance Plan

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Annual deductible	Percentage reimbursed
Home care: - Nursing care - Transportation expenses - Convalescent home - Home assistance services	Within 30 days of hospitalization Eligible expenses of $60 / day / insured Eligible expenses of $30 / maximum 3 trips / week / insured Eligible expenses of $125 / day / insured Eligible expenses of $60 / day / insured	YES	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 80% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 80% of the first $3,000, 100% of subsequent amounts per certificate
Wheelchair - hospital bed	Temporary use only	YES		
Artificial limbs and external prostheses	Customary and reasonable expenses	YES		
Wig (following chemotherapy)	Maximum reimbursement of one (1) wig and $500 / 48 months / insured	YES		
Intraocular lenses	Customary and reasonable expenses	YES		
Breast prostheses (following a mastectomy)	Customary and reasonable expenses	YES		
Surgical brassieres (following a mastectomy or breast reduction)	Customary and reasonable expenses	YES		

* Basic Prescription Drug Insurance Plan

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Annual deductible	Percentage reimbursed
Trusses, bandages, corsets, crutches, splints, casts, orthotic shoe inserts (specialized laboratory) and other orthoses	Customary and reasonable expenses Orthotic shoe inserts: maximum of one (1) pair / calendar year / insured	YES	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 80% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 80% of the first $3,000, 100% of subsequent amounts per certificate
Therapeutic devices, including percutaneous or transcutaneous electrical nerve stimulator (PENS/TENS)	Customary and reasonable expenses Eligible expenses of $1,000 / 60 months / insured for percutaneous or transcutaneous electrical nerve stimulator (PENS/TENS)	YES		
Insulin pump	Purchase and maintenance of the pump: Maximum reimbursement of $7,500 / 60 months / insured Items needed to operate the pump: Maximum reimbursement of $4,000 / calendar year / insured	YES		
Orthopaedic shoes (specialized laboratory)	Customary and reasonable expenses	YES		

* Basic Prescription Drug Insurance Plan

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Annual deductible	Percentage reimbursed
Electrocardiograms, X-rays (including scanner), magnetic resonance, ultrasounds and laboratory analyses	Customary and reasonable expenses	YES	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 80% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 80% of the first $3,000, 100% of subsequent amounts per certificate
Respirators and oxygen	Customary and reasonable expenses	YES		
Hearing aids	Eligible expenses of $1,000 / 48 months / insured	NO		
Nurse	Eligible expenses of $300 / day, maximum reimbursement of $10,000 / calendar year / insured	YES		
Cosmetic surgery	Following an accident	YES		
Support stockings	21 mm Hg or more, three (3) pairs / calendar year / insured	YES		
Sclerosing injections (substance)	Eligible expenses of $20 / treatment / day / insured	NO		
Dental surgery following an accident	Treatment received during the 12 months following the accident	NO		

* Basic Prescription Drug Insurance Plan

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Annual deductible	Percentage reimbursed
Ambulance	Customary and reasonable expenses	NO	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 80% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 80% of the first $3,000, 100% of subsequent amounts per certificate
Preventive or curative vaccines	Eligible expenses of $200 / calendar year / insured	NO		
Transportation and accommodation in Quebec	Maximum reimbursement of $1,000 / calendar year / insured	YES		
Detoxification treatment	Eligible expenses of $50 / day, maximum of 30 days / calendar year / insured, in a recognized establishment	YES		

* Basic Prescription Drug Insurance Plan

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Grouping	Eligible expenses per treatment	Maximum reimbursement, per calendar year, per insured and group	Annual deductible	Percentage reimbursed
Dietitian	$30 / initial visit, $25 / subsequent visits	$500	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 80% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 80% of the first $3,000, 100% of subsequent amounts per certificate
Acupuncturist	$35	$750		
Osteopath	$35			
Kinesitherapist	$35			
Orthotherapist	$35			
Massage therapist**	$35			
Chiropractor***	$35			
Physiotherapist	$35			
Physical rehabilitation therapist	$35			
Certified athletic therapist	$35			
Audiologist	$30	$500		
Hearing aid specialist	$30			
Occupational therapist	$30			
Speech therapist	$30			
Podiatrist	$30			
Chiropodist	$30			

* Basic Prescription Drug Insurance Plan
** A medical prescription is required for the expenses of a massage therapist.
*** Fees for X-rays taken in a chiropractor's office are limited to $50 / calendar year, subject to the maximum reimbursement of $750 / insured / calendar year.

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Grouping	Eligible expenses per treatment	Maximum reimbursement, per calendar year, per insured and group	Annual deductible	Percentage reimbursed
Psychiatrist Psychoanalyst Psychologist Psychotherapist Social worker Marital and family therapist	Customary and reasonable expenses	$750	Individual: $50 Single-Parent: $65 Family: $100	**Retired employees:** 50% until the RGAM* annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate **Retired judges:** 50% of the first $3,000, 100% of subsequent amounts per certificate

* Basic Prescription Drug Insurance Plan

OPTIONAL LIFE INSURANCE PLAN

Benefit	Amount insured
- Retired Participant's Life Insurance:	- 150%, 125%, 100%, 75%, 50% or 25% of participant's salary immediately before retirement - $10,000, $5,000 or $2,000
- Spouse's Life Insurance:	- $10,000
- Dependent Children's Life Insurance:	- $5,000 / child
- Spouse's Optional Life Insurance:	- from 1 to 5 increments of $10,000

Please refer to the text in the booklet for details concerning each benefit and applicable exclusions and limitations.

QUICK REFERENCE - COMMON SITUATIONS

Please read this booklet carefully. It describes the benefits you are entitled to.

You may wish to check if any of the following situations apply to you.

Please refer to the section numbers specified for details of what to do in each situation.

- Upon retirement *(Section 1. General Information)*
- Change in coverage status *(Section 1.9)*
- Reduction in coverage from Expanded to Basic Accident and Health Insurance *(Section 1.4*)
- If you have dependent children age 18 and over who are attending school *(Section 1.5.2)*
- Exemption from participation or termination of exemption *(Section 1.8)*
- Exercising your Life Insurance conversion privilege *(Section 4.1)*
- If you or your spouse reach age 65 *(Sections 1.1.2 b), 1.1.2 c), 1.2.1 c) and 1.4)*
- If prior authorization is required under the Travel Insurance or Trip Cancellation Insurance benefits *(Section 3.5)*.

1. GENERAL INFORMATION

1.1 ELIGIBILITY

1.1.1 Participant

This plan covers those individuals already participating in the plan. It also covers individuals required to participate in the plan for retirees.

All members of the management personnel of the Quebec public and parapublic sectors who, at the time their duties cease, are eligible for an immediate retirement pension, with or without actuarial reduction, in accordance with the retirement plan to which their employer contributes, and who participate in the group insurance plan for management personnel, are eligible for coverage under this plan, effective the date their duties cease.

Retirees appointed to a management position or who temporarily occupy such a position while participating in a group insurance plan for retirees or receiving a retirement pension administered by Retraite Québec (except for the Régime de retraite des élus municipaux (RREM) and the Régime de retraite des maires et des conseillers des municipalités (RRMCM) and the Régime de retraite des membres de l'Assemblé nationale (RRMAN)) continue to participate in the retirees' group insurance plan.

1.1.2 Important information regarding Quebec's Act respecting prescription drug insurance

a) Retirees under age 65

In compliance with the Act, any person under age 65 who becomes eligible to participate, or who already participates in this accident and health insurance plan **must** participate in the plan and insure, if applicable, his spouse, their dependent children and persons suffering from a functional impairment (subject to the exemption entitlement described under *Section 1.8)*.

b) Retirees age 65 and over

In compliance with the Act, any retiree who becomes eligible to participate, or who already participates in this accident and health insurance plan is automatically registered for the Régie de l'assurance maladie du Québec (RAMQ) upon reaching age 65, and must choose one of the following options:

- Opt out of the RAMQ plan and maintain full coverage (including prescription drug insurance) under this accident and health insurance plan for himself, his spouse, their dependent children and persons suffering from a functional impairment **by paying the additional premium required**;
- Maintain registration to the RAMQ prescription drug coverage for himself, his spouse, their dependent children and persons suffering from a functional impairment, and maintain coverage under the other benefits of this accident and health insurance plan;
- Maintain registration only for the RAMQ prescription drug coverage for himself, his spouse, their dependent children and persons suffering from a functional impairment, and no longer participate in this plan.

Individuals age 65 and over who maintain their registration to the RAMQ prescription drug coverage cannot change their mind at a later date and return to the prescription drug insurance coverage under the SSQ plan. The choice is **irrevocable.**

c) Spouse who reaches age 65 before the participant

If the spouse reaches age 65 before the participant, the spouse has the choice to maintain coverage for prescription drug coverage under the SSQ plan or maintain registration to the RAMQ prescription drug coverage.

The following table explains how the participant can inform SSQ of the spouse's choice upon reaching age 65:

Spouse remains insured with SSQ for prescription drugs and other coverage held under the Accident and Health Insurance Plan	Spouse is insured with RAMQ for prescription drugs and participant chooses a single-parent or individual coverage status
• Registration of the spouse with RAMQ happens automatically upon reaching age 65. The RAMQ will therefore have to be informed that the spouse wishes to opt out upon turning age 65.	• Registration of the spouse with RAMQ happens automatically upon reaching age 65. No particular action needs to be taken with the RAMQ.
• The participant must inform SSQ in writing or by phone of the spouse's decision within 90 days following the date the spouse reaches age 65. SSQ will maintain the spouse's prescription drug coverage as well as other coverage held under the Basic Accident and Health Insurance Plan.	• The participant must inform SSQ in writing of his decision to change his coverage status to a single-parent or individual coverage status within 30 days following the date the spouse reaches age 65. Hence, the spouse will no longer be covered for any coverage held under the Accident and Health Insurance Plan of the retired management personnel. However, if he so wishes, the spouse may exercise a conversion privilege under the "Privilege" individual health insurance plan offered by SSQ. To do so, a request must be submitted to SSQ by telephone or in writing within 90 days following the date the spouse reaches age 65.
• The participant pays the **family coverage status** premium for the Accident and Health Insurance Plan. • No additional premium will be applicable to SSQ coverage for a spouse aged 65 or over as the rates are based on the participant's age.	• The participant pays the **single-parent** or **individual coverage status** premium for the Accident and Health Insurance Plan. • The public plan premium must be paid the next time the spouse files an income tax report.
• This decision is **revocable**. The spouse may register for the public plan at any time.	• Registration with RAMQ is **irrevocable**.

1.2 EFFECTIVE DATE

1.2.1 Effective date of insurance

Insurance for retirees who submit their applications within the timeframe described below becomes effective on the date upon which they become eligible.

a) Life insurance plan

Retirees have 90 days following the date they become eligible for the accident and health insurance plan for retired management personnel to confirm their participation in the SSQ plan by completing the application form available at the end of this booklet.

AN ELIGIBLE RETIREE WHO FAILS TO FILE AN APPLICATION FOR THE RETIRED MANAGEMENT PERSONNEL LIFE INSURANCE PLAN WITH SSQ WITHIN 90 DAYS FOLLOWING THE DATE OF ELIGIBILITY FORFEITS ANY RIGHT TO PARTICIPATE IN THE PLAN THEREAFTER.

b) Accident and health insurance plan for retirees under age 65

Retirees who become eligible for the accident and health insurance plan when they are under age 65 have 90 days following the date they become eligible to confirm their participation in the SSQ plan by completing the application form available at the end of this booklet.

If SSQ **receives** the application form **after** this time, coverage and premiums payable for basic accident and health insurance coverage are retroactive to the date of eligibility, up to a maximum of 12 months. Benefits for this period are also retroactively reimbursed, up to a maximum of 12 months. Therefore, the retiree forfeits any right to participate in the Expanded Accident and Health Insurance Plan thereafter, except when the retiree turns 65 (*Section 1.4*). However, the retiree remains eligible to participate in the Basic Accident and Health Insurance Plan in accordance with the provisions specified above.

Moreover, individuals must pay RAMQ premiums for the period that is not covered by SSQ without, however, being entitled to reimbursement for prescription drug purchases during this period. Participation in the retirees' accident and health insurance plan is compulsory under Quebec's Act respecting prescription drug insurance.

c) Accident and health insurance plan for retirees age 65 and over

Retirees who become eligible for the accident and health insurance plan when they are age 65 and over have 90 days following the date they become eligible to confirm their participation in the SSQ plan by completing the application form available at the end of this booklet.

A RETIREE AGE 65 OR OVER WHO FAILS TO FILE AN APPLICATION WITH SSQ FOR COVERAGE UNDER THE RETIREES' ACCIDENT AND HEALTH INSURANCE PLAN WITHIN 90 DAYS FOLLOWING THE DATE OF ELIGIBILITY FORFEITS ANY RIGHT TO PARTICIPATE IN THE PLAN THEREAFTER.

The application form at the end of this booklet must be returned to the following address:

SSQ Insurance
P.O. Box 10500, Station Sainte-Foy
Quebec QC G1V 4H6

You may wish to submit your application form when making arrangements for your retirement with your employer.

The cost of these plans is entirely assumed by the retiree. If your pension is paid by Retraite Québec, your premiums can be deducted at source.

1.2.2 Termination of insurance

For all participants, insurance terminates on the first of the following dates:

- the date premium payments cease;
- the date the plan is cancelled.

1.3 WHICH PLANS CAN I AND SHOULD I CHOOSE UPON RETIREMENT?

1.3.1 Retirees under age 65

a) the retiree must choose either the Basic or Expanded Accident and Health Insurance Plan, unless the retiree has been exempted from coverage *(Section 1.8.1)*;

b) the retiree may also choose the Life Insurance Plan *(Section 4)*.

1.3.2 Retirees age 65 or over

a) the retiree may choose the Life Insurance Plan and Basic or Expanded Accident and Health Insurance Plan; or

b) only the Basic or Expanded Accident and Health Insurance Plan; or

c) only the Life Insurance Plan; or

d) none of the above plans.

If the retiree chooses the Basic Accident and Health Insurance Plan upon retirement, this choice is irrevocable.

1.4 IS IT POSSIBLE TO SWITCH BETWEEN BASIC AND EXPANDED HEALTH INSURANCE PLANS?

A participant who chooses the Basic Accident and Health Insurance Plan upon retirement may increase accident and health insurance coverage to the Expanded Accident and Health Insurance plan only when he turns age 65.

A participant who chooses the Expanded Accident and Health Insurance Plan upon retirement may reduce accident and health insurance coverage at any time before age 65 by choosing the Basic Accident and Health Insurance Plan. However, this choice **is irrevocable**: once covered under the Basic plan, the participant **can no longer** participate in the Expanded plan, except when the participant turns age 65.

This plan change affecting the extent of coverage becomes effective as of the date of the request and the new premium for the Accident and Health Insurance Plan becomes effective as of the 1st day of the month following the request.

Participants must use the application or change request form provided at the end of this booklet to indicate their choice of accident and health insurance plan.

1.5 INSUREDS

In this document, the persons insured are the participant and, if applicable, the participant's spouse, their dependent children and any persons suffering from a functional impairment, in accordance with the Quebec's Act respecting prescription drug insurance.

1.5.1 Spouse

A person who became related to the participant following a marriage or civil union contracted legally and recognized as valid by Quebec law or a person who is presented publicly as the particpant's spouse and who has been residing permanently with the participant for more than one (1) year, or is resideint with the participant if a child is born of their union.

The dissolution of a marriage by divorce or the annulment of a marriage or civil union cancels the status of spouse, as does a de facto separation for more than three (3) months in the case of a union not contracted legally.

When the participant is legally united to another person through marriage or civil union, he may designate to SSQ some other person as the spouse in lieu of the legal spouse, providing that the designated spouse is covered under the definition of common-law spouse provided above. The designation of this person takes effect on the date SSQ is notified.

1.5.2 Dependent children

A dependent child is a child of the participant, of the participant's spouse or of both, or a child of whom the participant has legal custody or had legal custody when the child became of age or that he had then de facto adopted, who is neither married nor civilly united and dependent on the participant for support and:

- under age 18; or

- under age 26, if a full-time student in an accredited educational institution.

  A declaration of school attendance must be submitted to SSQ via the Customer Centre Web site, by telephone or in writing once every school year (September 1 to August 31) for prescription drug claims to be accepted directly at the pharmacy. SSQ reserves the right to require proof of school attendance; or
- regardless of age, if the child became fully disabled while meeting one of the previous criteria and remained continually disabled since that time.

Quebec's Act respecting prescription drug insurance **requires** parents who have access to a group insurance plan to cover their dependent children, independent of whether or not they have legal custody, in the case of divorce for example. If both parents are eligible for a group insurance plan, they must reach an agreement between themselves.

Leave from studies for dependent children

For the purposes of the Life Insurance and Basic and Expanded Accident and Health Insurance plans, a dependent child who takes an extended leave from studies may retain the status of a dependent so long as the following conditions are met:

- prior to the leave, a written request must be submitted to and accepted by SSQ before the leave begins;
- the request must indicate the date the leave is to begin along with its duration;
- for each dependent there is a single lifetime entitlement to such a leave;
- the leave may not exceed 12 months, subject to eligibility for the RAMQ, and must end at the beginning of a school year or term (September or January);
- the eligible expenses incurred during such leave may not exceed $1,000,000.

1.5.3 Persons suffering from a functional impairment

A person of age, with no spouse, suffering from a functional impairment as defined in the Regulation respecting the Basic Prescription Drug Insurance Plan and which occurred while he met the definition of "dependent" under this contract, who is not receiving benefits under a last resort financial assistance program under the Act respecting income support, employment assistance and social solidarity, is living with the participant and over whom the participant or his spouse exercise parental control if he were a minor.

A person suffering from a functional impairment can only be covered under the Accident and Health Insurance Plan.

1.6 BENEFICIARY

A beneficiary is a person designated by the participant, to whom the amount insured is payable upon the death of the participant (if no beneficiary is designated, the amount insured is payable to the participant's estate).

Benefits payable on the death of the insured spouse or dependent child are always payable to the participant.

The participant may change beneficiary within the limits provided by law via the **Customer Centre** Web site or by notifying SSQ's Head Office in writing.

1.7 COVERAGE STATUS AVAILABLE

When registering for the retirees' accident and health insurance plan, retirees may choose one of the following coverage statuses, independent of the coverage status held when participating in the management personnel accident and health insurance plans. However, under the Quebec's Act respecting prescription drug insurance, participants are required to obtain accident and health insurance for their spouse, their dependent children and persons suffering from a functional impairment if they are not covered under another group insurance plan.

- Individual coverage: covers the participant only;
- Single-Parent coverage: covers the participant, dependent children and persons suffering from a functional impairment;

- Family (including Couple) coverage: covers the participant and spouse, and, if applicable, their dependent children and persons suffering from a functional impairment.

Newly-retired individuals must specify their choice of coverage status (Individual, Single-Parent, Family (including Couple) or exemption entitlement) on the application form provided at the end of this booklet.

1.8 EXEMPTION ENTITLEMENT AND TERMINATION OF EXEMPTION

1.8.1 Exemption entitlement

Upon presentation of proof of coverage under another group insurance contract providing coverage for prescription drugs, a participant may be exempted from participation in the accident and health insurance plan. Furthermore, the participant may participate in the life insurance plan.

Participants are entitled to an exemption from coverage under the accident and health insurance plan in the following three (3) situations:

a) they participate in their spouse's group insurance plan;

b) they have returned to work and are covered by their employer's group insurance plan;

c) they participate in a group insurance plan provided by the professional association they are a member of, as defined in Quebec's Act respecting prescription drug insurance.

Participants **must complete** the application form available at the end of this booklet and indicate their choice of plan (Basic or Expanded) if they wish to exercise their exemption entitlement. The effective date of such exemption shall be the date of application. A copy should be kept.

The purpose of this provision is to allow participants to maintain the right to participate in the accident and health insurance plan at a later date if they are covered under another group insurance contract providing coverage for prescription drugs.

1.8.2 Termination of exemption

a) <u>Participants under age 65</u>

Participants who exercise the exemption entitlement and who cease to be eligible for the plan that enabled them to be exempted from coverage under this accident and health insurance plan must submit a new application for insurance under this plan **within 30 days** following termination of the other insurance. Within this period of time, they may select Individual, Single-Parent or Family (including Couple) coverage status, in accordance with their personal situation.

In such case, the requested coverage shall become effective on the date the other insurance terminates and the premium for this coverage shall be payable on the 1st day of the month coinciding with or following such date.

If SSQ receives the application **after the 30-day period** specified above, coverage and premiums shall become effective retroactively to the date of termination of insurance.

However, retroactivity shall never exceed 12 months. Claims for this period are eligible for reimbursement.

b) <u>Participants age 65 or over</u>

Participants who have exercised the exemption entitlement and who wish to participate in this accident and health insurance plan must submit an application for insurance **within 30 days** following termination of the insurance that enabled them to be exempted. In such case, the requested coverage shall become effective on the date the other insurance terminates and the premium for this coverage shall be payable on the 1st day of the month coinciding with or following such date.

The application for insurance will be refused if not submitted within the 30-day period.

1.9 CHANGES TO COVERAGE STATUS DURING THE TERM OF INSURANCE

1.9.1 Increase in coverage status

Participants can increase coverage status by changing from **Individual** coverage to **Single-Parent** or **Family** (including Couple) coverage, or by changing **Single-Parent** coverage to **Family** (including Couple) coverage, provided the change in coverage is requested **within 30 days** following the date:

- on which individuals become their dependents;
- on which their spouse or dependent children cease to be covered under a group insurance contract.

Family (including Couple) coverage status becomes effective as of the date of the request and the premium corresponding to the new coverage status is payable on the 1st day of the month following the change.

For participants **under age 65**, if the request to increase coverage status is received by SSQ **more than 30 days** following one of the events mentioned above, the coverage status and premium become effective retroactive to the date when one of these events occured.

However, retroactivity shall never exceed 12 months. Claims for this period are eligible for reimbursement.

For participants age 65 or over, if the request to increase coverage status is received by SSQ **more than 30 days** following one of the events mentioned above, the request will be refused.

1.9.2 Reduction in coverage status

Participants can reduce coverage status by changing **Family** (including Couple) coverage to **Single-Parent** or **Individual** coverage, or by changing **Single-Parent** coverage to **Individual** coverage.

Under Quebec's Act respecting prescription drug insurance, the **participant under age 65** must cover his spouse, dependent children, and any persons suffering from a functional impairment, if applicable, for prescription drug coverage. Coverage held by the participant under this plan should comply with statutory requirements governing this matter.

A request to reduce coverage status may be made at any time **by notifying SSQ in writing**. The coverage status requested becomes effective as of the date of the request and the adjusted premium is payable as of the first day of the month following the change.

1.10 ELIGIBLE EXPENSES, REIMBURSEMENT AND DEDUCTIBLE

Whenever the term "eligible expenses" is used in the description of a benefit, it corresponds to the maximum amount accepted by SSQ and is **always** multiplied by the percentage of coinsurance to determine the amount reimbursed.

The maximum reimbursement per calendar year corresponds to the maximum amount of reimbursements made by SSQ between January 1 and December 31 of a given year.

The deductible is the portion of eligible expenses that the participant must assume before the percentage of coinsurance is applied to the reimbursement of claims.

E.g.: Expenses for the grouping acupuncturist, osteopath, kinesitherapist, orthotherapist, massage therapist, chiropractor, physiotherapist, physical rehabilitation therapist and certified athletic therapist

a) First claim:
5 physiotherapy receipts of $80 each = $400

Eligible expenses are limited to $35 per treatment, the maximum reimbursement per calendar year for all professionals in this group is $750, and the deductible is $50 per calendar year for Individual coverage.

In this case, the amount of each receipt ($80) is reduced to $35. The total amount of eligible expenses for this claim is therefore 5 x $35 = $175. The $50 deductible is deducted from this amount: $175 (receipts) - $50 (deductible) = $125. This amount is reimbursed at 80%, namely $100.

b) Second claim:
1 chiropractor receipt for $80

The deductible for the calendar year has already been paid (See a). The amount of the receipt ($80) is reduced to $35 (eligible expenses) and this amount is reimbursed at 80%, namely $28.

c) Final claim in the calendar year:
1 massage therapy receipt for $80

Let's suppose that the total of all claims paid by SSQ for the year for all professionals in this group is $740.

The deductible for the calendar year has already been paid (See a). The amount of the receipt ($80) is reduced to $35 (eligible expenses), and, after applying the 80% coinsurance, the amount reimbursed should be $28. However, the amounts reimbursed between January 1 and December 31 are subject to a maximum reimbursement of $750 for all professionals in this group. The reimbursement of this claim is therefore limited to $10.

1.11 ELIGIBILITY OF A SURVIVING SPOUSE FOR PLANS HELD BY A PARTICIPANT

If, at the time of death, the participant is participating in the following plan(s):

1.11.1 Accident and Health Insurance - Family (including Couple) coverage status:

a) <u>**Participants under age 65 at time of their death**</u>

In the event of the death of the participant, the surviving spouse (their dependent children and persons suffering from a functional impairment if applicable) must register with the RAMQ for prescription drug coverage, regardless of age, unless eligible for coverage under a group insurance plan.

If required to register with the RAMQ, the surviving spouse may choose to exercise a conversion privilege and maintain coverage for the other benefits of the accident and health insurance plan under an individual SSQ "Privilege" health insurance plan. To do so, a request must be submitted to SSQ in writing **within 90 days** following the date of the participant's death.

b) <u>**Participants age 65 or over at time of their death**</u>

The above-mentioned provisions apply.

However, **if the spouse is also age 65 or over** at the time of the participant's death, and on the day of the death the participant is insured for health insurance benefits other than prescription drugs on the RAMQ list, the spouse (and their dependent children and persons suffering from a functional impairment, if applicable) may maintain coverage under these benefits. To do so, a request must be submitted to SSQ in writing **within 90 days** following the date of the participant's death. In such case, the spouse is considered to be the participant and must pay the applicable premiums.

1.11.2 Spouse's and Dependent Children's Life Insurance

Spouse's Life Insurance can be maintained in force if, at the time of the participant's death, the spouse is covered under this insurance. The spouse may also choose to maintain in force the Dependent Children's Life Insurance provided for in the contract. To do so, a request must be made in writing to SSQ within 31 days following the participant's death.The premium payable is calculated in accordance with the rates applicable for the Spouse's Optional Life Insurance.

1.11.3 Spouse's Optional Life Insurance

Spouse's Optional Life Insurance can be maintained in force if, at the time of the participant's death, the spouse is covered by this insurance. To do so, a request must be made in writing to SSQ within 31 days following the participant's death.

2. BASIC ACCIDENT AND HEALTH INSURANCE PLAN

2.1 HOSPITAL EXPENSES (reimbursed at 100%)

Subject to Quebec's Hospital Insurance Act, when a participant incurs hospital expenses in Quebec for himself or one of his insured dependents as a result of accident, illness, pregnancy or serious complications arising from pregnancy, he is entitled to a reimbursement of such expenses up to **100% of the cost of a semi-private room, and up to the highest rate**. The maximum duration of hospitalization is 90 days, per calendar year, per insured.

The patient contribution required for accommodation and long-term care by a health facility and administrative fees required by the hospital from the patient are not covered by this clause.

2.2 PRESCRIPTION DRUGS AND PARAMEDICAL EXPENSES (reimbursed at 75% or 100%, as applicable)

Deductible

An **annual deductible** applies per certificate. The first $50 of eligible expenses per calendar year, in the case of Individual coverage status, or $65 for Single-Parent coverage or $100 for Family (including Couple) status, are assumed by the participant. This represents a single deductible, applicable to expenses incurred by the participant, spouse, dependent children and persons suffering from a functional impairment, if applicable.

Coinsurance

- **Retired employees**

Subject to Quebec's Health Insurance Act, when a participant incurs, for himself or for an insured dependent, expenses resulting from accident, illness, pregnancy or serious complications arising from pregnancy, expenses eligible under this section (excluding hospital expenses) are reimbursed at 75% until the annual out-of-pocket is exceeded and at 100% thereafter, per calendar year per certificate. The amount of the annual out-of-pocket is revised on January 1 of each year and represents the annual maximum provided for under the Quebec Basic Prescription Drug Insurance Plan (BPDIP) determined on July 1 of the previous year.

Mandatory generic substitution

If the insured chooses to purchase an eligible brand name drug instead of any existing generic equivalent, the amount of reimbursement will be determined in accordance with its lowest cost generic equivalent. However, it is possible to obtain a reimbursement based on the cost of the brand name drug that cannot be substituted for medical reasons by submitting the appropriate form, duly completed by the attending physician, and provided the request is approved by SSQ.

A “brand name drug” is a patented drug for which there is at least one generic equivalent.

A “generic drug” is a copy of an original version of a drug for which the patent is expired and which contains the same active ingredients as a brand-name drug.

Retired judges

Subject to Quebec’s health insurance Act, when a participant incurs, for himself or for an insured dependent, expenses resulting from accident, illness, pregnancy or serious complications arising from pregnancy, expenses eligible under this section are reimbursed at 75% of the first $2,700 of eligible expenses and 100% thereafter, per calendar year.

Eligible expenses

Eligible expenses detailed in Sections 2.2.3 and 2.2.4 must be prescribed by a physician.

To be eligible, expenses incurred for services or treatments provided by a health professional must be for fees payable to a person who is a member in good standing of the professional corporation relevant to the services or treatments involved, or if such a corporation does not exist, to a related professional association recognized by SSQ.

Services or supplies, examinations, care or expenses must comply with the customary and reasonable standards of current practices of the health professionals concerned.

Eligible expenses are limited to one (1) treatment or consultation per day per specialty (unless otherwise specified) per insured and include, provided they are necessary for the medical treatment of the participant or insured dependents:

2.2.1 Expenses for **eligible pharmaceutical services and for drugs** prescribed by a health professional authorized by law to do so, sold exclusively by a pharmacist or sold by a health professional in accordance with Section 37 of the Pharmacy Act.

The drugs referred to in this clause are limited to those covered under the Basic Prescription Drug Insurance Plan in accordance with the conditions determined by the Régie de l'assurance maladie du Québec (RAMQ).

Smoking cessation products covered under the Basic Prescription Drug Insurance Plan are also covered under this plan, and subject to a maximum reimbursement equal to the amount established and updated each year by the RAMQ.

This clause does not cover the patient contribution required for an insured covered under the Public Prescription Drug Insurance Plan administered by the RAMQ.

Direct reimbursement service for prescription drug purchases

The plan includes the direct reimbursement service at the pharmacy for the purchase of medication. This way, the insured only pays the part of the cost of the medication that is not reimbursed by the insurance plan since SSQ reimburses the insured portion directly to the pharmacist.

For example, for $40 in eligible medication expenses, reimbursable at a rate of 75%, the insured only pays $10 to the pharmacist.

The procedure to use this service is described in *Section 5. **How to submit a claim**.*

Exception drugs

Some of these drugs, commonly called "RAMQ exception drugs", require **prior authorization from SSQ** and are covered only if they meet the conditions and therapeutic indications determined by the regulations applying to the Basic Prescription Drug Insurance Plan. In such a case, the insured's attending physician forwards the appropriate forms to SSQ. Fees charged by the physician to fill out the exception drugs form are not covered.

Prescription drugs outside Quebec

Prescription drug expenses incurred outside Quebec, for drugs that would otherwise be covered by the Régie de l'assurance maladie du Québec under the Basic Prescription Drug Insurance Plan if they were purchased in Quebec, are covered under this clause up to the amount that would have been reimbursed by SSQ had they been incurred in Quebec.

2.2.2 Eligible expenses for the **substance used in sclerosing injections** are limited to a maximum of $20 per treatment (maximum one (1) treatment per day). The medical procedure is not covered.

2.2.3 Expenses incurred for **home care**, including nursing care, home assistance services, transportation expenses and convalescent homes. For more details, the participant can refer to *Section 3.2.3*.

2.2.4 **Professional fees of a registered nurse** or registered nursing assistant that are **provided exclusively for the patient** for a period of 8 hours or more per day, provided such services are rendered during a convalescence period outside a health institution or convalescent home, up to a maximum of eligible expenses of $300 per day, subject to a maximum reimbursement of $10,000 per insured, per calendar year. The person providing these services must not ordinarily reside in the participant's home nor be a member of the participant's or spouse's family.

2.2.5 Expenses for **round-trip transportation by ambulance**, including transportation by a regular scheduled airline (excluding air ambulance) are covered in an emergency situation.

Medical necessity must be demonstrated when a claim for transportation by air is submitted to SSQ.

2.2.6 Expenses incurred for the substance used in **preventive or curative vaccines**, up to an eligible amount of $200 per insured, per calendar year.

2.3 EXCLUSIONS AND LIMITATIONS APPLICABLE TO BASIC ACCIDENT AND HEALTH INSURANCE

For details of the exclusions and limitations applicable to Basic Accident and Health Insurance, refer to *Section 3.3.*

3. EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN

3.1 HOSPITAL EXPENSES (reimbursed at 100%)

Subject to Quebec's Hospital Insurance Act, when a participant incurs hospital expenses in Quebec for himself or one of his insured dependents as a result of accident, illness, pregnancy or serious complications arising from pregnancy, he is entitled to a reimbursement of such expenses up to **100% of the cost of a semi-private room, and up to the highest rate**.

The patient contribution required for accommodation and long-term care by a health facility and administrative fees required by the hospital from the patient are not covered by this clause.

3.2 PRESCRIPTION DRUGS AND PARAMEDICAL EXPENSES (reimbursed at 80% or 100%, as applicable)

Deductible

An **annual deductible** applies per certificate. The first $50 of eligible expenses per calendar year, in the case of Individual coverage status, or $65 for Single-Parent coverage or $100 for Family (including Couple) status, are assumed by the participant. This represents a single deductible, applicable to expenses incurred by the participant, spouse, dependent children and persons suffering from a functional impairment, if applicable.

Coinsurance

- **Retired employees**

Subject to Quebec's Health Insurance Act, when a participant incurs, for himself or for an insured dependent, expenses resulting from accident, illness, pregnancy or serious complications arising from pregnancy, expenses eligible under this section (excluding hospital expenses, travel insurance and trip cancellation insurance) are reimbursed at 80% until the annual out-of-pocket is exceeded and at 100% thereafter, per calendar year per certificate. The amount of the annual out-of-pocket is revised on January 1 of each year and represents the annual maximum provided for under the Quebec Basic Prescription Drug Insurance Plan (BPDIP) determined on July 1 of the previous year.

Mandatory generic substitution

If the insured chooses to purchase an eligible brand name drug instead of any existing generic equivalent, the amount of reimbursement will be determined in accordance with its lowest cost generic equivalent. However, it is possible to obtain a reimbursement based on the cost of the brand name drug that cannot be substituted for medical reasons by submitting the appropriate form, duly completed by the attending physician, and provided the request is approved by SSQ.

A "brand name drug" is a patented drug for which there is at least one generic equivalent.

A "generic drug" is a copy of an original version of a drug for which the patent is expired and which contains the same active ingredients as a brand-name drug.

Retired judges

Subject to Quebec's health insurance Act, when a participant incurs, for himself or for an insured dependent, expenses resulting from accident, illness, pregnancy or serious complications arising from pregnancy, expenses eligible under this section are reimbursed at 80% of the first $3,000 of eligible expenses and 100% thereafter, per calendar year.

Eligible expenses

Eligible expenses detailed in Sections 3.2.3 to 3.2.14 inclusive and Sections 3.2.23 and 3.2.24 must be prescribed by a physician.

To be eligible, expenses incurred for services or treatments provided by a health professional must be for fees payable to a person who is a member in good standing of the professional corporation relevant to the services or treatments involved, or if such a corporation does not exist, to a related professional association recognized by SSQ.

Services or supplies, examinations, care or expenses must comply with the customary and reasonable standards of current practices of the health professionals concerned.

Eligible expenses are limited to one (1) treatment or consultation per day per specialty (unless otherwise specified) per insured and include, provided they are necessary for the medical treatment of the participant or insured dependents:

3.2.1 Drugs

Retired employees:

Expenses for **eligible pharmaceutical services and for drugs** bearing a valid DIN (Drug Identification Number) issued by the Federal government, available only when prescribed by a health professional authorized by law to do so, available only in pharmacies, and sold by a pharmacist or a health professional in accordance with Section 37 of the Pharmacy Act.

Retired judges:

Expenses for **eligible pharmaceutical services and for drugs** bearing a valid DIN (Drug Identification Number) issued by the Federal government, prescribed by a health professional authorized by law to do so, available only in pharmacies, and sold by a pharmacist or a health professional in accordance with Section 37 of the Pharmacy Act.

The drugs referred to in this clause are those for which the use is in compliance with government-approved indications or, in the absence of such, indications provided by the manufacturer.

Some of these drugs, commonly called "RAMQ exception drugs", require **prior authorization from SSQ** and are covered only if they meet the conditions and therapeutic indications determined by the regulations applying to the Basic Prescription Drug Insurance Plan. In such a case, the the insured's attending physician forwards the appropriate forms to SSQ. Fees charged by the physician to fill out the exception drugs form are not covered.

In the case of medication injected by a health professional in a private practice, only the injected substance is covered and not the medical procedure.

Smoking cessation products covered under the Basic Prescription Drug Insurance Plan are also covered under this plan, and subject to a maximum reimbursement equal to the amount established and updated each year by the RAMQ.

Intra-uterine devices (I.U.D.) prescribed by a physician are also covered under this benefit.

Direct reimbursement service for prescription drug purchases

The plan includes the direct reimbursement service at the pharmacy for the purchase of medication. This way, the insured only pays the part of the cost of the medication that is not reimbursed by the insurance plan since SSQ reimburses the insured portion directly to the pharmacist.

For example, for $40 in eligible medication expenses, reimbursable at a rate of 80%, the insured only pays $8 to the pharmacist.

The procedure to use this service is described in *Section 5. **How to submit a claim**.*

Exclusions to prescription drug coverage:

This clause does not cover the following products, whether or not they are considered drugs:

1. products used for aesthetic, cosmetic or personal hygiene purposes;
2. experimental drugs or those obtained under the federal Emergency Drug Release Program;
3. homeopathic or natural products;
4. smoking cessation products, except those specifically covered under the Basic Prescription Drug Insurance Plan;
5. dietary supplements intended as a meal supplement or replacement;

   However, dietary supplements prescribed as treatment for a clearly diagnosed metabolic disease, in accordance with the conditions and directions for use determined by the regulations applicable to the Basic Prescription Drug Insurance Plan, remain covered. The only acceptable evidence shall be a full medical report describing, to SSQ's satisfaction, the conditions justifying the prescription of such products not otherwise covered.
6. sunscreens;
7. drugs supplied during hospitalization, supplied by a hospital pharmacy or administered at a hospital;
8. curative or preventive vaccines, serums and injections, except the expenses specifically covered under the accident and health insurance plans;
9. the patient contribution required by the RAMQ for insureds covered under the Basic Prescription Drug Insurance Plan;
10. products or drugs used for infertility treatment, artificial insemination or in vitro fertilization, except those covered under a provincial prescription drug insurance plan;
11. orally-administered drugs used to treat erectile dysfunction (Viagra and other similar drugs).

3.2.2 Eligible expenses for the **substance used in sclerosing injections** are limited to a maximum of $20 per treatment (maximum one (1) treatment per day). The medical procedure is not covered.

3.2.3 Expenses incurred for **home care**. In this clause:

- **"basic daily activities"** means eating, dressing, moving around or satisfying basic hygienic requirements;
- **"home assistance service supplier":** means a person working for remuneration for an incorporated or registered agency or cooperative specializing in home care, as well as any self-employed worker contracted by such cooperative or agency, as well as any self-employed worker, only if there is no agency or cooperative in the region;
- **"family member of the participant or spouse"** means spouse, son, daughter, father, mother, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, half-brother, half-sister, son-in-law, daughter-in-law, grandparents and grandchildren.

Eligible expenses are those incurred by the insured during a period of convalescence rendered necessary following hospitalization or day surgery and during which the insured is unable to carry out basic daily activities:

a) **nursing care:** fees of a registered nurse or registered nursing assistant, when not provided by a CLSC, CISSS or CIUSSS in the area, for nursing care rendered at the insured's residence, up to an eligible expense of $60 per day. The nurse must not ordinarily reside in the insured's home nor be a member of the participant's or spouse's family. The nursing care covered includes, among others:
   - re-education following surgery;
   - checking blood pressure and vital signs;
   - changing bandages and dressing wounds;
   - administering medications and monitoring solutions;
   - removal of sutures and staples;
   - taking samples (e.g. blood, etc.).

b) **transportation expenses**: expenses for transportation of the insured to receive medical care or medical check-ups following hospitalization or day surgery, up to a maximum of three (3) round trips per week and a maximum eligible expense of $30 per round trip.

c) **convalescent home**: expenses incurred for a stay at a convalescent home supervised by a physician or a registered nurse or nursing assistant, including the cost of accommodation, meals and nursing care, up to a maximum eligible expense of $125 per day.

d) **home assistance services**: fees of a home assistance service supplier, when such services are not provided by a CLSC, CISSS or CIUSSS in the area, to help the insured carry out basic daily activities, up to an eligible expense of $60 per day. These services must be rendered at the insured's home and the supplier of the home care services must not ordinarily reside in the insured's home nor be a member of the participant's or spouse's family. The services covered include, among others:

- personal care (assistance with bathing, dressing/undressing, general hygiene, help or assistance with eating, help getting in and out of bed, etc);
- household maintenance (regular maintenance, dish-washing, laundry);
- general home maintenance (snow removal, lawn mowing, etc);
- meal preparation;
- accompaniment to medical appointments.

Limitations regarding home care

Only expenses incurred for care received **within 30 days** immediately following the end of hospitalization or day surgery are covered under this clause. Hospitalization following childbirth is not covered unless complications require extended hospitalization for four (4) days or more.

Recommendations

- We invite the participant to check with the local CLSC, CISSS or CIUSSS to learn about the services available and provided for its health condition, as well as to ensure that its file is adequately monitored by the CLSC, CISSS or CIUSSS.
- Although the participant is not required to obtain prior authorization from SSQ, the participant may wish to contact SSQ Customer Service to assess its file and avoid any unpleasant surprises in the event that the treatment required by its health condition is not covered under the insurance contract.

3.2.4 Expenses for the rental or purchase, whichever is more economical, of a **non-motorized wheelchair** or a **hospital bed** for temporary use.

3.2.5 Expenses for the purchase or replacement of **artificial limbs** or **external prostheses** except for dentures, eyeglasses or contact lenses.

The following expenses are covered:

- Expenses for the purchase of a **wig** required following chemotherapy. The maximum reimbursement per period of 48 full consecutive months is limited to one (1) wig per insured and a maximum of $500 per insured;
- Expenses for the purchase of **intraocular lenses**, if required to correct the symptoms of an eye disease in cases where contact lenses or eyeglasses cannot be used to correct such symptoms;
- Expenses for the purchase of **breast prostheses** following a mastectomy;
- Expenses for the purchase of **surgical brassieres** following a mastectomy or breast reduction.

3.2.6 Expenses for the purchase, rental or replacement of **trusses, bandages, corsets, casts, splints, crutches** and **other orthoses**, it being understood that the expression "orthoses" describes certain parts assembled into a unit to support or maintain part of the body to prevent and correct physical deformities or to treat skeletal, muscular, or tendon disorders.

Expenses for the purchase of orthotic shoe inserts are also eligible and limited to one (1) pair per insured, per calendar year. The orthotic shoe inserts must be supplied by a specialized laboratory holding a permit issued by the Ministère de la santé et des services sociaux du Québec (MSSS) under the provisions of the Public Health Protection Act and the expenses covered are limited to the amounts provided in the price schedule of the *Association des orthésistes et des prothésistes du Québec*. Orthopaedic shoes are excluded from this clause.

3.2.7 Expenses for the rental, adjustment, replacement or purchase, if the latter is more economical, of **therapeutic devices**.

Some examples of this category of devices include:

- aerosoltherapy devices for treating, among others, acute emphysema, chronic bronchitis or chronic asthma (e.g.: vaporizer);
- bone stimulators for fractures;
- respiratory monitors in case of respiratory arrhythmia (e.g.: apnea monitor);
- intermittent positive pressure respirators (e.g.: volume ventilator, CPAP);
- burn treatment garments (e.g.: Jobst);
- purchase of diapers for incontinence, probes, catheters and other similar sanitary articles required following a total and irrecoverable loss of bowel or bladder functions, the expression "loss" includes loss of use.

Purchase, rental, adjustment, replacement or repair of **percutaneous or transcutaneous electrical nerve stimulator** (PENS/TENS) up to a maximum eligible expense of $1,000 per insured per period of 60 months.

Exclusions applying to therapeutic devices

Monitoring equipment, such as stethoscopes, reflectometers and other similar devices, along with home accessories, are not covered.

"Home accessories": means toilet seats, support rails, humidifiers, air conditioners, air filters, Doctor Gibaud articles (heating devices), heating pads, heated car seat cushions, sun lamps, thermometers, sitz baths, pressure devices, sphygmomanometers or similar devices, electric toothbrushes ("Waterpik"), hydrotherapy devices, whirlpool bath, sheepskin (for bedsores), alarms for children suffering enuresis (nighttime incontinence), etc.

3.2.8 Costs covered for one (1) **insulin pump** are the purchase of the pump and its repair up to $7,500 per 60-month period per insured person and the purchase of items needed to operate the pump up to to $4,000 per calendar year, per insured person.

3.2.9 Expenses incurred for the purchase of **orthopaedic shoes**, namely made-to-measure shoes designed and made for an insured from a cast, or prefabricated open, flared, straight shoes as well as those needed to support Dennis Browne splints when such shoes are required to correct or compensate for a foot defect and when they are **obtained from a specialized orthopaedic laboratory** holding a permit issued by the appropriate authorities.

Also eligible are expenses incurred for corrections made by such a laboratory to prefabricated shoes.

Deep shoes, as well as all types of sandals, are not eligible.

3.2.10 Expenses incurred for **electrocardiograms**, **X-rays (including scanner), magnetic resonance, ultrasounds and lab tests** performed outside of health institutions. Laboratory tests covered are the same as those available at a hospital and must be recognized by Health Canada.

3.2.11 Expenses incurred for the rental or purchase, if the latter is more economical, of a **respirator** and **oxygen**.

The cost to purchase an oxygen filling station may be eligible for reimbursement if the participant can demonstrate that it is cheaper for the plan to purchase than to have the tank filled.

3.2.12 Expenses for the purchase of **medium or full support compression stockings** (21 mm Hg or more), supplied and sold in a pharmacy or a medical establishment, in cases of venous or lymphatic system deficiency. Maximum of three (3) pairs per insured, per calendar year.

3.2.13 Expenses incurred for the **professional fees of a registered nurse** or **registered nursing assistant** that are **provided exclusively for the patient** for a period of 8 hours or more per day, provided such services are rendered during a convalescence period outside a health institution or convalescent home, up to a maximum of eligible expenses of $300 per day, subject to a maximum reimbursement of $10,000 per insured, per calendar year. The person providing these services must not ordinarily reside in the participant's home nor be a member of the participant's or spouse's family.

3.2.14 Expenses for **cosmetic surgery** necessary to repair a disfigurement due to an accident that occurred while the insurance was in force.

3.2.15 Expenses incurred for the rental, purchase or repair of a **hearing aid**, up to a maximum eligible expense of $1,000 per period of 48 full consecutive months per insured.

3.2.16 Professional fees of a **dietitian**, up to a maximum eligible expense of $25 per consultation ($30 for the initial consultation), subject to a combined overall maximum reimbursement of $500 per insured, per calendar year. Eligible expenses do not include expenses incurred for any remedies, products or other articles that can be provided by such professional and are excluded from any benefits payable.

3.2.17 Professional fees of a **chiropractor, physiotherapist, physical rehabilitation therapist or certified athletic therapist, osteopath, acupuncturist, kinesitherapist** (including massage therapy treatments given by the latter), **orthotherapist** (including massage therapy treatments given by the latter) or **massage therapist**, up to a maximum eligible expense of $35 per treatment or consultation and $50 per calendar year for X-rays required by a chiropractor, subject to a combined overall maximum of $750 per insured, per calendar year.

Eligible expenses do not include expenses incurred for any remedies, products or other articles that can be provided by such professionals and are excluded from any benefits payable.

Professional fees for a massage therapist are covered only upon presentation of a medical prescription.

3.2.18 Professional fees of a **dental surgeon for treatment of a fractured jaw or injury to natural teeth**, further to an accident while insurance was in force, provided such treatment is rendered within 12 months following the date of the accident.

Eligible expenses are limited to the rates provided in the current edition of the Quebec Dental Surgeons Association's fee guide.

However, no benefits are payable for any act, treatment, or prosthesis of any nature related to a dental implant.

3.2.19 Professional fees of a **psychiatrist, psychoanalyst, psychologist, psychotherapist, social worker or marital and family therapist, reimbursable at 50% instead of 80%**, subject to a combined overall maximum reimbursement of $750 per insured, per calendar year.

3.2.20 Professional fees of a **speech language pathologist, occupational therapist, podiatrist, chiropodist, audiologist** or **hearing aid specialist,** up to $30 per consultation or treatment and subject to a combined overall maximum of $500 per insured, per calendar year.

For the services of a chiropodist, expenses covered are those incurred for consultation or foot care treatment provided by a chiropodist, pedicurist or nurse.

3.2.21 Expenses for **round-trip transportation by ambulance**, including transportation by a regular scheduled airline (excluding air ambulance) are covered in an emergency situation.

Medical necessity must be demonstrated when a claim for transportation by air is submitted to SSQ.

3.2.22 Expenses incurred for the substance used in preventive or curative **vaccines**, up to an eligible amount of $200 per insured, per calendar year.

3.2.23 **Transportation and accommodation** expenses **(including meals)** incurred in Quebec due to one of the following events:

- **consultation with a medical specialist for professional services not available** within a 200 km radius of the insured's place of residence;
- **specialized treatments provided by a physician and not available** within a 200 km radius of the insured's place of residence;

- **hospitalization for treatment not available** within a 200 km radius of the insured's place of residence;

  Eligible expenses are:
  - Expenses for **transportation** by automobile or public carrier (bus, train, boat or air), whichever is the most economical means, taking into account the health condition of the insured
  - Expenses for **meals**;
  - Expenses for **accommodation** incurred for a stay in a commercial establishment, provided that the event requires an overnight stay.

The combined maximum reimbursement is **$1,000** per insured per calendar year.

However, the following conditions apply to the eligible expenses indicated above:

- the event incurring these eligible expenses must be prescribed by a physician;
- receipts or paid invoices are required for the reimbursement of eligible expenses;
- the event incurring these eligible expenses must require travel of at least 200 km one way by the most direct route, from the insured's place of residence to the place of the event. In addition, the event must take place at the closest possible site to the insured's place of residence;
- reimbursement of eligible expenses for accommodation and meals is subject to production of receipts or paid invoices and is limited to the amounts detailed in the *Directive sur les frais remboursables lors d'un déplacement et autres frais inhérents applicable to the management personnel of the Quebec public and parapublic sectors*;
- eligible expenses for trips by automobile are equal to those that would have been incurred had the trip been taken by bus;
- eligible expenses include expenses incurred by the insured as well as the person accompanying the insured.

Comment
These expenses may be eligible for reimbursement under a program administered by the establishment responsible for the insured's treatment. In order to verify whether such a program exists in their region of residence, insureds should contact their local hospital, CLSC, CISSS or CIUSSS. These organizations are first payers and only expenses that are not reimbursed by these organizations are eligible.

3.2.24 In the case of **detoxification treatment** for alcoholism, cyberaddiction or drug or gambling addiction, the expenses incurred for a stay in a centre **officially recognized** for such purposes are eligible, up to an eligibale expense of $50 per day and 30 days per insured, per calendar year.

Expenses incurred outside Quebec, other than in an emergency situation, are covered up to the amount that would have been reimbursed by SSQ had they been incurred in Quebec.

3.3 EXCLUSIONS APPLICABLE TO THE BASIC AND EXPANDED ACCIDENT AND HEALTH INSURANCE PLANS

3.3.1 Exclusions

No benefits are payable for expenses incurred:

- as a result of an accident or illness for which the participant is entitled to compensation under the Act respecting industrial accidents and occupational diseases, Quebec Automobile Insurance Act or any other similar legislation of another Canadian province or another country;
- as a result of self-inflicted injury, regardless of the state of mind of the insured;
- for dental care or cosmetic surgery, except those expressly provided for under the participant's group insurance plan;
- as a result of an accident suffered or illness contracted while the insured is on active duty in the armed forces;
- for care and services provided by a member of the participant's family;

- for medical services for which the insured is not required to pay, or for which the insured would not have been required to pay had he availed himself of any public plan for which he was eligible, or for which he would not have been required to pay in the absence of his group insurance plans, including expenses covered under a plan financed wholly or partly by income taxes or under any government initiative and those which would have been covered had the provider of such services chosen to participate in such a plan;
- for all products, devices or services used or offered for experimental purposes or in the medical research stage, or whose use does not comply with the indications approved by the appropriate government authorities or, in the absence of such, with the indications provided by the manufacturer;
- for medical examinations for the purposes of a third party (insurance, school, employment, etc.)
- for trips for health reasons, except those expressly provided for;
- for eye examinations or for eyeglasses or contact lenses;
- for services, supplies, examinations, care or expenses that do not comply with the customary and reasonable standards of current practices of the health professionals concerned;
- for all treatment or procedures related to artificial insemination or in vitro fertilization, except drugs covered under a provincial prescription drug insurance plan.

NOTE: SSQ is not liable for any claim submitted more than 12 months after the date expenses are incurred.

3.3.2 Coordination of medical and paramedical expenses

If the insured is entitled to similar benefits under another public or private individual or group insurance contract, benefits payable under the accident and health insurance plans of this contract will be reduced by the benefits payable under any other contract without exceeding the expenses incurred.

3.4 TRAVEL INSURANCE (expenses reimbursed at 100%)

Depending on the coverage status held (Individual, Single-Parent or Family), Travel Insurance covers the participant and, if they are insured, his spouse, dependent children and persons with a functional impairment.

Expenses are eligible as long as as they are incurred following a death, an accident or a **sudden and unexpected illness** occurring while the insured was temporarily outside his province of residence and requiring **emergency care**. The expenses must be incurred for supplies or services prescribed by a physician as necessary to treat an illness or injury.

If the insured already has a known disease or illness before a trip, he must ensure that his health condition is good and stable, that he can carry out usual daily activities and that he is experiencing no symptoms that may reasonably suggest that any complications may arise or that medical care may be required during the trip outside the province of residence. In other words, prior to departure, the known disease or illness must be under control and must not:

- have taken a turn for the worse;
- have relapsed or recurred;
- be unstable;
- be entering a terminal phase;
- be chronic and indicate a risk of deterioration or foreseeable complications during the trip.

If any of the aforementioned criteria is applicable to the current health condition of an insured, **the participant must contact** the travel assistance firm (CanAssistance) several weeks before the departure, to clarify whether the health condition of the insured meets the eligibility criteria for this coverage. CanAssistance's telephone numbers are printed on the back of the SSQ Card accompanying the certificate issued by SSQ.

Travel Insurance covers the insured provided that coverage is in force under the government health and hospitalization insurance plan of that person's province of residence (e.g.: RAMQ). **For any trip scheduled for a period of time exceeding the period covered by these public plans, all excess days are not covered by this coverage.** Please refer to the public plan of your province of residence to learn about the applicable terms. If you plan to travel more than 180 days a year, you must contact SSQ in advance for information about applicable conditions.

Under this benefit, the words and expressions below are defined as follows:

- Accident

  An unintentional, sudden, unforeseen and unpredictable event due exclusively to a violent external cause and resulting, directly and independently of any other cause, in bodily injury;

- Family member

  Spouse, son, daughter, father, mother, brother, sister, father-in-law, mother-in-law, grandparents, grandchildren, half-brother, half-sister, brother-in-law, sister-in-law, son-in-law, daughter-in law;

- Travel companion

  The person with whom the insured shares accommodation at the travel destination, or whose transportation expenses were paid along with those of the insured;

- Trip

  A trip taken outside the insured's usual province of residence. In this case, the term trip also applies to the insured's transportation between the departure and the return.

3.4.1 Eligible expenses are as follows:

- the portion of **hospitalization** expenses in excess of the expenses covered under the provincial plan;
- the portion of professional fees of a **physician** in excess of expenses covered under the provincial plan;
- expenses for transportation by **ambulance** to the hospital that is nearest to the place the event occured, by a licensed ambulance service;
- expenses for **drugs** requiring a medical prescription;
- professional fees of a **registered nurse** who is neither a relative nor a travelling companion of the insured, for private nursing care, provided exclusively in hospital, when medically necessary and prescribed by the attending physician. These expenses are limited to a maximum reimbursement of $5,000;
- expenses for treatment by a **chiropractor, podiatrist** or **physiotherapist**;
- rental expenses for a **wheelchair**, **hospital bed** or **respirator**;
- **lab tests and X-ray** expenses;
- purchase cost of **trusses, corsets, crutches, splints, casts** and **other orthoses**;
- fees of a **dental surgeon** for accidental injuries to natural teeth, subject to a maximum reimbursement of $1,000 per accident, for treatment provided within 12 months following such an accident, notwithstanding the exclusions provided under Travel Insurance;
- expenses to **return** the hospitalized insured to his province of residence, subject to prior authorization from SSQ*;
- the cost of economy class return **air travel** for a **medical escort**, subject to prior authorization from SSQ*;

- **the cost of returning,** by means of a commercial agency, **the insured's personal vehicle** or rental vehicle, to the insured's home or to the nearest appropriate vehicle rental agency, if the insured is incapable to do so personally due to an illness or injury or following the insured's death, up to a maximum reimbursement of $2,000. A medical certificate attesting to the incapacity of the insured is required;
- in the event of the insured's death outside the insured's province of residence, the expenses for **preparing and returning the remains,** excluding the cost of the coffin or casket, by the most direct route to return to the province of residence, up to a maximum reimbursement of $10,000; prior authorization from SSQ is required*;
- the cost of **accommodation and meals**, in a commercial establishment, that the insured must incur because the return is postponed following a hospitalization lasting at least 24 hours for one of the insureds, an immediate family member who is travelling with the insured or a travel companion of the insured, up to $300 per day and subject to a maximum of $2,400 per trip for all insureds.
- the cost of **accommodation and meals**, in a commercial establishment, as well as return, economy-class **transportation expenses** by the most direct route by plane, bus or train, for only one close relative, either the spouse, the son or daughter, the father or mother or the brother or sister, in order to visit the hospital where the insured has been hospitalized for at least seven (7) days or to identify the body of the deceased insured; prior authorization from SSQ* is required and the insured must present a document provided by the attending physician or by the local authorities certifying that the visit was necessary. Eligible expenses are limited to the following maximums:
  - for transportation: $2,500
  - for accommodation and meals: $300 per day, up to a maximum of $2,400 per trip for all insureds.

The notion of "close relative" may also include a friend in the event that the insured has no close relatives.

- travel assistance services as described below.

* The expression **"prior authorization from SSQ"** used in this text means SSQ or the travel assistance service (CanAssistance) which is authorized to act on behalf of SSQ *(see Section 3.5 hereafter).*

Note: Refer to *Section 3.7* for limitations and exclusions to this coverage.

3.5 TRAVEL ASSISTANCE

The Travel Insurance benefit includes a special travel assistance component.

When needed, each insured has access to a travel assistance service when travelling outside of his province of residence. This service is offered by a specialized company (CanAssistance) under agreement with SSQ.

If emergency medical or hospital care or services provided under the Travel Insurance benefit become necessary, CanAssistance can not only advance the funds required, but also intervene to help arrange admission of the insured to hospital or arrange access to the various services provided under the insurance plan.

CanAssistance can act as the intermediary between SSQ and the insured when the latter must obtain "**prior authorization from SSQ",** as stipulated under this Travel Insurance benefit, in order to be entitled to the services covered.

The following is a detailed list of the services CanAssistance can provide, if necessary, following an accident or sudden and unexpected illness:

- refer the insured to an appropriate clinic or hospital;
- verify the insured's medical insurance coverage in order to prevent the insured from having to pay for services up front, where possible;
- ensure follow-up of the insured's medical file;
- coordinate the insured's return and transportation as soon as medically possible;
- provide emergency assistance and coordinate claims;
- arrange for the transportation of a family member to the bedside of the insured or to identify the insured's body if deceased and coordinate the return of the deceased insured;
- arrange for the return of dependents to their home (return expenses not included);
- coordinate the return of the insured's personal vehicle if he is unable to do so because of illness, accident or death;

- contact the insured's family;
- act as an interpreter for emergency calls;
- recommend a lawyer in case of a serious accident (legal fees are not covered).

Insureds travelling outside of the United States or Western Europe may wish to contact CanAssistance prior to departure for useful health care advice.

CanAssistance representatives may be reached at the following numbers.

A)	**CANADA - UNITED STATES**	1-800-465-2928
B)	**ELSEWHERE IN THE WORLD** (collect call)	514-286-8412

The insured must provide the contract number specified on the participant's SSQ Card when calling.

The above telephone numbers are also printed on the back of the participant's SSQ Card. These numbers appear on the reverse side of the card.

Note: Refer to *Section 3.7* for limitations to this coverage.

3.6 TRIP CANCELLATION INSURANCE (reimbursed at 100%)

Trip Cancellation Insurance covers the participant and, if they are insured, his spouse, dependent children or persons with a functional impairment, depending on the coverage status held (Individual, Single-Parent or Family).

Eligible expenses are those incurred by the insured following cancellation or interruption of a trip, provided these expenses relate to travel expenses paid in advance by the insured and provided that, at the time the expenses were made, he was unaware of any event that could have reasonably led to the cancellation or interruption of the planned trip.

Under this benefit, the words and expressions below are defined as follows:

- Accident

  An unintentional, sudden, unforeseen and unpredictable event due exclusively to a violent external cause and resulting, directly and independently of any other cause, in bodily injury;

- Business partner

  A person with whom the insured is associated for business purposes in a company composed of four (4) co-shareholders or fewer, or a commercial company or association composed of four (4) partners or fewer;

- Commercial activity

  An assembly, conference, convention, exhibition, trade fair or seminar of a professional or commercial nature. The activity must be public, under the responsibility of an official organization and in compliance with the legislation, regulations and policies of the region where it will be held. The activity must be the sole reason for the planned trip;

- Family member

  Spouse, son, daughter, father, mother, brother, sister, father-in-law, mother-in-law, grandparent, grandchild, half-brother, half-sister, brother-in-law, sister-in-law, son-in-law, daughter-in law;

- Host at destination

  The person with whom the insured shares accommodation arranged in advance, provided the accommodation is at the principal residence of the host at destination;

- Prepaid travel expenses

  Refers to the following:

  - Expenses incurred by the insured to purchase a trip, including tickets from a public carrier, rental of motor vehicles or accommodation from a business or booking platform which is accredited or authorized by the appropriate authorities to operate such a business or provide such services;
  - Amounts paid by the insured for travel arrangements usually included in a package trip;

- Amounts paid by the insured in relation to registration fees for a commercial activity.

- Travel companion
  The person with whom the insured shares the room or apartment at destination or whose travel expenses were paid along with those of the insured;

- Trip
  An occasional trip made by an insured from the usual place of residence to temporarily visit another place. To be recognized as a trip under Travel Cancellation Insurance, the trip must also require a period of absence of at least 2 consecutive nights and must be for tourism, pleasure or attendance at a commercial activity. In addition, in the case of a cruise, it must be operated under the responsibility of an accredited firm.

3.6.1 Reasons for cancellation:

a) an **illness** or **accident** suffered by the insured, his travel companion, a business associate or a family member of the insured or of a travelling companion (*see definitions above*), that prevents the insured from performing his usual activities and which is serious enough to justify cancellation or interruption of the insured's trip;

b) the **death** of the participant, his spouse, a child of the participant or his spouse, a travel companion or a business associate;

c) the **death** of a member of the insured's family (other than the participant, the participant's spouse or a child of the participant or the participant's spouse) or of the insured's travel companion, provided the funeral takes place during the period extending from 31 days before and 31 days after the planned trip;

d) the **death** or emergency **hospitalization** of the host at destination;

e) if the insured or his travel companion must report for **jury duty** or receives a **subpoena to appear as a witness** in a case scheduled to be heard during the trip, but only if the person involved has taken all necessary measures to have the hearing postponed.

However, a subpoena is not considered cause for cancellation or interruption of a trip when the person involved institutes legal proceedings or is a defendant in the case or has been subpoenaed as part of his duties as a police officer;

f) the **quarantine** of the insured, if such quarantine terminates seven (7) days or less before the scheduled date of departure, or occurs during the time of the trip;

g) the **hijacking of the airplane** on which the insured is travelling;

h) **damage** rendering the principal residence of the insured or of the host at destination uninhabitable, provided the residence remains uninhabitable seven (7) days or less before the scheduled date of departure or the damage occurs during the trip;

i) the **transfer** of the insured, for the same employer, to a location more than 100 kilometres from his current residence, if required within 30 days preceding departure;

j) **For trip cancellation**
The issuance by the Government of Canada of an advisory:

- to avoid all travel, or to avoid non-essential travel, to a location where the insured plans to travel; or
- to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship.

The advisory must be issued after the insured has made the travel arrangements. The advisory must be in force on the scheduled date of departure.

For trip interruption
The issuance by the Government of Canada of an advisory:

- to avoid all travel, or to avoid non-essential travel, to a location where the insured is on a trip; or
- to avoid all cruise ship travel when the insured is already on a cruise ship.

The advisory must be in force during the trip. The insured must comply with the advisory within 14 days following its issuance.

k) the **delay of the transportation** used by the insured to reach the point of departure of the planned trip or to the point of departure of a scheduled connection after departure of the planned trip. The means of transport used must provide for scheduled arrival at the point of departure at least 3 hours before the time of departure or at least 2 hours if the distance to be covered is less than 100 kilometres. The delay must be caused by weather conditions, mechanical problems (except for a private automobile), a traffic accident, or a road closure, each of the latter two causes requiring confirmation by a police report;

l) **weather conditions** such that:

   i) the departure of the public carrier, at the point of departure of the planned trip, is cancelled or is delayed for a period of at least 30% of the scheduled duration of the trip (minimum 48 hours); or

   ii) after departure, the insured is unable to make a scheduled connection with another carrier, provided the scheduled connection after departure is cancelled or is delayed for a period of at least 30% of the time scheduled for the trip (minimum 48 hours);

m) **damage** to the place of business or physical location where a commercial business activity is to be held, such damage making it impossible to hold the planned activity, such that the official organization responsible for organizing the activity issues a written notice cancelling the activity;

n) the **illness, accident or death** of a person for whom the insured is the legal guardian;

o) the **suicide** or **attempted suicide** of a member of the insured's family or of the family of his travel companion;

p) the **death** of a person for whom the insured is the testamentary executor;

q) the **death** or hospitalization of the person with whom the arrangements for a business meeting or activities of a commercial nature had previously been made. **In such a case, the reimbursement is limited to transportation expenses and to a maximum of three (3) days of accommodation.**

3.6.2 Expenses covered under this benefit are payable at 100% up to a maximum of $5,000 per insured for the planned trip, namely:

a) <u>In case of cancellation prior to departure</u>

- The non-refundable portion of prepaid travel expenses;
- Additional expenses incurred by the insured in the event that the person who was to accompany him and share the room or the apartment at destination must cancel for one of the reasons mentioned under *Section 3.6.1* and the insured decides to proceed with the trip as initially planned, up to the amount of the cancellation penalty (single occupancy) applicable at the time the travel companion has to cancel;
- The non-refundable portion of prepaid travel expenses, up to 70% of such expenses, if the insured's departure is delayed due to weather conditions and he **decides not to proceed with the trip.**

b) <u>In the event of missed departure, flight cancellation or if the trip must be interrupted temporarily</u>

The additional cost of a one-way economy class ticket on a scheduled flight of a public carrier, by the most direct route to the initially-planned trip destination. Departure must be missed due to a cancelled flight or a delay in the means of transportation used by the insured, subject to the conditions specified in the eligible reasons for cancellation. In the event of interruption of a trip, the interruption must be due to an illness or accident suffered by the insured or travel companion, subject to the conditions specified under the eligible reasons for cancellation.

c) <u>If the return is earlier or later than scheduled</u>

- The additional cost of a **one-way economy class ticket**, by the most direct route, for a **return trip** to the point of departure, **by the means of transportation initially planned.**

  If the means of transportation initially planned cannot be used, whether or not travel expenses have been prepaid, the expenses covered correspond to the expenses required by a scheduled carrier for an economy class ticket, by the most economical means, by the most direct route to return the insured to the point of departure. **These expenses require prior authorization from SSQ (*see Section 3.5*)**.

  However, if the insured's return is delayed by more than seven (7) days as the result of an illness or accident suffered by the insured or his travel companion, the expenses incurred are covered provided the person in question is admitted to hospital as an inpatient for more than 48 hours within such seven (7)-day period.

  If the travel expenses have not been prepaid, the expenses incurred by the insured are covered provided he was not aware, before the start date of the trip, of any event that could reasonably lead to the interruption of the planned trip;

- The unused and non-refundable portion of the **ground portion** of prepaid travel expenses.

  Restriction:

  Expenses payable by any person other than the insured are not covered.

d) Round-trip transportation

Trip Cancellation Insurance covers transportation expenses by the most economical means, after prior authorization from SSQ (*see Section 3.5*) to return the insured to his province of residence and then to return to the trip destination provided the reason is:

- the death or hospitalization of a family member of the insured, or a person for whom the insured is the legal guardian or testamentary executor;
- damage rendering the principal residence of the insured uninhabitable or causing major harm to his business establishment.

Note: Refer to *Section 3.7* for limitations and exclusions to this coverage.

3.7 EXCLUSIONS, LIMITATIONS AND COORDINATION

3.7.1 Exclusions applicable to Travel Insurance

This benefit does not cover:

a. expenses incurred after the insured has returned to his province of residence;

b. expenses payable under any social legislation or any social insurance plan;

c. expenses related to elective or non-emergency surgery or treatment, or if the trip is taken for the purposes of obtaining or with the intention of receiving medical treatment, a medical consultation or hospital services, whether or not the trip is taken upon the recommendation of a physician;

d. hospital or medical expenses that are not insured in accordance with the provincial plan of the insured;

e. expenses incurred abroad when such expenses could have been incurred in the province of residence of the insured without danger to his life or health, except for expenses required immediately following an emergency situation resulting from an accident or a sudden illness. The fact that the quality of the care provided in the province of residence is inferior to the care that can be provided outside the province does not constitute, within the meaning of this exclusion, a danger to the life or health of the insured;

f. hospital expenses in a facility treating chronic illnesses or expenses for similar services in a public hospital, and expenses incurred in an extended-care or thermal spa facility;

g. expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the insured is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

This benefit does not cover losses caused by the following or to which the following causes have contributed:

h. active participation by the insured in a riot or insurrection, a criminal act or attempted crime;

i. intentional self-inflicted injury by the insured or his travel companion, suicide or attempted suicide, regardless of the state of mind of the person. However, in the case of a death resulting from suicide, only the costs incurred to prepare and return the remains are covered under the provisions of this benefit;

j. abusive consumption of medication, drugs or alcohol and the ensuing consequences;

k. participation in extreme or combat sports, gliding, hang gliding, paragliding, bungee jumping, mountain climbing, parachuting or skydiving or any other similar activity, or participation in any motorized vehicle competition, or participation in any sporting activity involving remuneration;

l. pregnancy, miscarriage, childbirth or related complications occurring within the two (2) months preceding the normal expected date of delivery;

m. a trip taken for the purposes of obtaining or with the intention of receiving medical treatment, a medical consultation or hospital services, whether or not the trip is taken upon the recommendation of a physician.

3.7.2 Exclusions applicable to Trip Cancellation Insurance

1. These benefits do not cover losses caused by the following or to which the following causes have contributed:

   a. active participation by the insured in a riot or insurrection, a criminal act or attempted crime;

   b. intentional self-inflicted injury by the insured or his travel companion, suicide or attempted suicide, regardless of the state of mind of the person. However, in the case of a death resulting from suicide, only the costs incurred to prepare and return the remains are covered under the provisions of this benefit;

   c. abusive consumption of medication, drugs or alcohol and the ensuing consequences;

   d. participation in extreme or combat sports, gliding, hang gliding, paragliding, bungee jumping, mountain climbing, parachuting or skydiving or any other similar activity, or participation in any motorized vehicle competition, or participation in any sporting activity involving remuneration;

   e. pregnancy, miscarriage, childbirth or related complications occurring within the two (2) months preceding the normal expected date of delivery;

f. a trip taken for the purposes of obtaining or with the intention of receiving medical treatment, a medical consultation or hospital services, whether or not the trip is taken upon the recommendation of a physician.

2. No expenses are payable if the insured made travel arrangements while a Government of Canada advisory was in effect recommending:
   - to avoid all travel to a location where the insured plans to travel; or
   - to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;

   However, this exclusion does not apply:
   - to any trip cancellation for an eligible reason for cancellation other than the Government of Canada advisory if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure; and
   - to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure or during the insured's trip.

3. No trip interruption expenses are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending:
   - to avoid all travel to a location where the insured plans to travel; or
   - to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;

   However, this exclusion does not apply to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory if there is a change to the risk level of the advisory to a lower risk level during the insured's trip.

4. No trip interruption expenses caused by the following advisory are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending to avoid non-essential travel to a location where the insured plans to travel.

However, this exclusion does not apply to any trip interruption caused by the advisory if there is a change to the risk level of the advisory to a higher risk level during the insured's trip.

5. No trip interruption expenses caused by one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:
   - to avoid all travel or to avoid non-essential travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
   - to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

   If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

6. No trip interruption expenses for an eligible reason for interruption other than one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory**:**
   - to avoid all travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
   - to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

   If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

3.7.3 Limitations to Travel Insurance

- In the event of a medical condition requiring extended medical services, treatment or surgery, if medical evidence indicates that after diagnosis or emergency treatment of this condition, the insured could have returned to his province of residence but chose to obtain services elsewhere, SSQ will not assume the cost of services, treatments, surgeries and other expenses.

- SSQ reserves the right to repatriate the insured to his province of residence when his medical condition permits. Any refusal to be repatriated discharges SSQ from any liability for expenses subsequently incurred.
- Total benefits may not exceed $5,000,000 per insured, per trip abroad.

3.7.4 Limitations to Travel Assistance

- Neither SSQ nor the company providing travel assistance is responsible for the availability or quality of the medical and hospital care administered, or for the possibility of obtaining such care.
- Some of the services described may not be available in certain countries.
- The services offered are subject to change by SSQ without prior notice.

3.7.5 Limitations to Trip Cancellation Insurance

In the event of trip cancellation prior to departure due to a travel advisory issued by the Government of Canada, you must contact SSQ's travel assistance service for the procedure to follow either 72 hours before a deposit becomes due or 72 hours before the scheduled date of departure, whichever comes first.

In the event of trip cancellation prior to departure for any reason other than a travel advisory, you must contact SSQ's travel assistance service for the procedure to follow at the latest 48 hours following the event causing cancellation.

The telephone numbers to contact SSQ's travel assistance service are the following:

From Canada or the United States: 1 800 465-2928

From elsewhere in the world: (514) 286-8412 (collect call)

You must provide the contract number specified on your SSQ card when calling.

If notice of cancellation of a trip prior to departure is not provided within the time specified herein, SSQ's liability is limited to the cancellation expenses stipulated in the travel contract that are applicable at the time such notice should have been given. However, this limitation will not apply if the insured and any adult accompanying the insured on the planned trip provide proof deemed satisfactory by SSQ that they were totally incapable of doing so. In such case, the trip must be cancelled as soon as one of these persons is able to do so, and SSQ's liability is limited to the applicable cancellation fees stipulated in the travel contract at the time of cancellation.

3.7.6 Coordination

Expenses eligible for reimbursement under these plans will be reduced by the amount of any corresponding benefits payable under another individual or group insurance contract. However, if the insured is entitled to similar benefits under other provisions of this contract, benefits will only be payable under the provisions of this benefit. This clause should not be interpreted as limiting the scope of other coverage under the accident and health insurance plan when benefits are not payable under Travel or Trip Cancellation Insurance.

4. LIFE INSURANCE PLAN

4.1 PARTICIPANT'S LIFE INSURANCE

This plan is optional. Upon the death of the participant, it provides for the payment of an amount equal to the amount of life insurance held.

The following amounts of life insurance are available:

- 150%,* 125%,* 100%,* 75%,* 50% or 25% of the earnings the participant was earning immediately prior to retirement. The amount of life insurance selected cannot exceed the sum of the amounts of coverage the participant held under the Basic and Optional Life Insurance plans at the time of retirement. The amount is always rounded up to the nearest $1,000;

  or

- $10,000, $5,000 or $2,000

  * **Maximum amount**: As of the first day of the month coinciding with or following the participant's 75th birthday, coverage is limited to no more than 75 % of pre-retirement earnings and as of the first day of the month coinciding with or following the participant's 80th birthday, coverage is limited to no more than 50% of pre-retirement earnings.

Note : If the participant held, prior to retirement, an amount of insurance coverage higher than the amounts provided for under this plan, refer to the *Extension and conversion privilege* provisions under the *General Information* section of your group insurance booklet for management personnel.

4.2 SPOUSE'S AND DEPENDENT CHILDREN'S LIFE INSURANCE

Retirees who become eligible for coverage under this group life insurance plan may choose life insurance coverage for their spouse and dependent children.

To be entitled to this coverage, retired participants must take out a minimum of $10,000 of Participant's Life Insurance coverage.

The following coverage is available:

- Spouse: $10,000;
- Dependent children (age 24 hours and over): $5,000.

A fixed premium applies, regardless of the number of dependent children.

The life insurance premium for dependent children of a surviving spouse, in the event that the spouse wishes to maintain coverage, is increased by $1.00 per month. The surviving spouse must submit a request to SSQ in order to maintain Dependent Children's Life Insurance.

4.3 SPOUSE'S OPTIONAL LIFE INSURANCE

When enrolling in the retirees' life insurance plan, retirees who opt for coverage under Spouse's and Dependent Children's Life Insurance within the 90-day period specified in *Section 1.2.1 a)* are automatically granted $10,000 in Optional Life Insurance coverage for their spouse. Retirees may also increase the amount of life insurance for their spouse if Spouse's Optional Life Insurance is already held under the group insurance plan for management personnel.

Spouse's Optional Life Insurance coverage is available in $10,000 increments (minimum one (1) increment, maximum five (5) increments), and may be equal to or less than the amount of coverage held under the plan for management personnel.

Retirees opting for Spouse's and Dependent Children's Life Insurance who do not wish to participate in this Optional Life Insurance benefit must notify SSQ of such in writing.

5. HOW TO SUBMIT A CLAIM?

5.1 HOSPITAL EXPENSES

For hospital expenses incurred in Quebec, present your SSQ Card at the hospital.

5.2 PRESCRIPTION DRUG EXPENSES

There are two ways to forward your prescription drug claims to SSQ:

5.2.1 The SSQ Card

We wish to specify that only prescription drug expenses can be forwarded to SSQ via the electronic claims transmission system.

Upon presentation of your SSQ Card, your pharmacist will immediately validate whether the drug is eligible for reimbursement.

a) **Eligible drugs**

You pay your pharmacist the portion of the cost that is not reimbursed by your plan. SSQ reimburses the insured portion directly to the pharmacist. You have nothing else to do. The pharmacist is required to charge you the standard price, namely the same price paid by all other customers.

b) **Non-eligible drugs**

If the drug purchased is not eligible for reimbursement, the pharmacist will give you a receipt which may display various messages, for example:

Indication	Meaning
"Drug not covered"	Request for reimbursement refused, since the drug is not covered under the drug benefit.
"Maximum duration of treatment 90 days"	The quantity of drugs purchased cannot exceed a treatment period of 90 days. However, if for specific reasons your prescription exceeds a treatment period of 90 days, you may submit your claim, along with an explanatory note, directly to SSQ.
"Submit to Insurer"	The drug claimed cannot be processed by the SSQ Card but could be eligible for reimbursement. E.g.: if the prescription must be prepared by the pharmacist (magistral prescription).
"Exception drugs"	Drugs for which prior authorization must be obtained from SSQ (*see Sections 2.2.1 and 3.2.1)*

c) First use

If you have Family (including Couple) or Single-Parent coverage status, when you first use your SSQ Card for a member of your family, the pharmacist must complete the file by entering the first name and date of birth of the insured. Please provide your pharmacist with this information, if it has not already been entered in the system. This information remains confidential. As proof of age may be required by the pharmacist, you may wish to present the insured's RAMQ health insurance card.

Dependent children: Full-time students aged 18 to 25, inclusive

Drug expenses for dependent children aged 18 to 25, inclusive, are covered upon presentation of a declaration of school attendance (see *Section 1.5.2*).

5.2.2 By mail

If you are unable to use your SSQ Card (lost, non-participating pharmacist, etc.), submit your claim using the claim form attached to the claim summary you received with your last reimbursement cheque. You can also print a personalized claim form from our **Customer Centre** Web site. For more information about our online services, refer to *Section 5.7* of this booklet.

To be eligible for reimbursement, all receipts and invoices must be presented within 12 months of the date expenses were incurred.

The pharmacist's invoice must be duly paid and show the participant's name, the patient's name, the number and date of the medical prescription, the physician's name, the drug name and quantity.

Where permitted by law, drugs supplied by a physician are also eligible for reimbursement upon submission of receipts indicating the drug name and quantity.

Note: If you are age 65 or over and are registered for prescription drug coverage with the RAMQ, you should not submit your prescription drug claims to SSQ.

However, if you have coverage under the expanded plan, when purchasing your medications you must first submit a claim to RAMQ before filing a claim with SSQ.

5.3 OTHER ACCIDENT AND HEALTH INSURANCE EXPENSES

The insured must file claims for all other eligible expenses directly with SSQ.

Most accident and health insurance expenses claims may be submitted online via the **Customer Centre** Web site. You may also submit your claim with your smartphone using the SSQ Mobile Services application.

You can also submit the original of your receipts and paid invoices. However, receipts and invoices will not be returned, you may wish to keep copies. In order to facilitate the processing of your claims, we suggest you submit your receipts and paid invoices once every three (3) months.

To be eligible for reimbursement, all receipts and invoices, including for prescription drug expenses, must be presented within 12 months of the date expenses were incurred. Please note that the use of the SSQ Card for drug purchases ensures that receipts and invoices are submitted on time.

Claims should be submitted to SSQ at the address below using the claim form. You will find a claim form attached to the claim summary sent with your last benefit payment. You can also print a personalized claim form on the **Customer Centre** Web site at **customer-centre.ssq.ca**. For more information about our online services, refer to *Section 5.7* of this booklet. Please indicate your contract number on all claims or any other correspondence sent to SSQ at the following address:

SSQ Insurance
2525 Laurier Blvd.
P.O. Box 10500, Stn Sainte-Foy
Quebec QC G1V 4H6

Direct Deposit of Accident and Health Insurance Benefits

Direct Deposit enables you to obtain reimbursement of your claims more quickly and eliminates any risk of loss or theft of your benefit cheques.

You can opt for Direct Deposit when registering on the **Customer Centre** Web site. When registering, be sure to have your SSQ Card to hand, as well as a personal cheque showing your bank account number. For more information about our online services and how to register for Direct Deposit, refer to *Section 5.7* of this booklet.

If you would like to register for Direct Deposit but do not have access to the Internet, or if you require assistance in any way, contact SSQ Customer Service at one of the numbers provided on the back of this booklet.

5.4 TRAVEL INSURANCE AND TRIP CANCELLATION INSURANCE (EXPANDED PLAN)

5.4.1 Travel Insurance

Hospital and medical expenses payable under the Travel Insurance benefit are reimbursed only after assessment by government agencies (RAMQ, SAAQ, etc.), if applicable.

All expenses covered under this benefit may be claimed directly from CanAssistance upon presentation of supporting documents deemed satisfactory by SSQ (invoices, receipts, prescriptions, etc.).

5.4.2 Trip Cancellation Insurance

When submitting a claim, the insured must include the following supporting documents:

a) unused travel tickets;

b) official receipts for additional transportation expenses;

c) receipts for ground travel and other expenses. Receipts must include contracts officially issued by a travel agent, accredited firm or booking platform indicating the non-refundable amounts in case of cancellation. Written proof that the insured has submitted a request for reimbursement of travel expenses, along with the results of such request, must be forwarded to SSQ;

d) an official document certifying the reason for cancellation. If cancellation is due to medical reasons, the insured must provide a medical certificate issued by a legally authorized physician practising in the locality where the illness or accident occurred; the medical certificate must specify the complete diagnosis confirming the need to cancel, delay or interrupt the trip;

e) a police report (in the event of delay due to a traffic accident or emergency road closure);

f) an official weather report issued by the appropriate authorities;

g) written proof issued by the official organizer of a commercial activity to the effect that an event is cancelled and indicating the specific reasons why;

h) any other report required by SSQ in support of the insured's claim.

5.5 PARTICIPANT'S, SPOUSE'S AND DEPENDENT CHILDREN'S LIFE INSURANCE

Life Insurance claim forms are available directly from SSQ. These claims must be submitted within 90 days following the event.

5.6 PERSONAL INFORMATION AND INSURANCE FILE

Notice of constitution of a file

To maintain the confidentiality of personal information, SSQ will create an insurance and annuity file to hold information about your application for insurance or an annuity, along with information about any insurance claims you make.

Except for certain exceptions stipulated by law, access to this file will be restricted to employees or agents who are responsible for underwriting, investigations and claims, and any other person you may authorize. Your file will be kept in SSQ's offices in Quebec city.

You have the right to consult the personal information held in your file and, if necessary, have this information rectified free of charge by submitting a request in writing to the address specified in *Section 5.3*. However, SSQ may charge fees for transcribing, reproducing or sending this information. The person making the request will be informed beforehand of the approximate amount that will be charged.

Legal Agents and Service Providers

SSQ may exchange information of a personal and confidential nature with its reinsurers, legal agents and service providers only for the purpose of allowing them to carry out the tasks SSQ asks of them, including processing most prescription drug and travel insurance benefit claims. SSQ's legal agents and service providers must comply with SSQ's Personal Information Protection Policy.

When enrolling in a group insurance plan and also when making a claim (e.g. using the prescription drug insurance card), the participant consents that the insurer and its legal agents and service providers may use their personal information for the purposes mentioned above.

It is understood that not giving this consent compromises the management of the insurance.

For more information, consult the SSQ Personal Information Protection Policy available at ssq.ca.

Available information on your group insurance plan

If the contract has been modified since the production date of this booklet, there may be wording differences between the booklet and the policy. If so, the policy wording will prevail. The participant is thus entitled to consult the policy and obtain a copy thereof by submitting a request for access to information to the Secrétariat du Conseil du trésor. The procedure is available on the Secrétariat du Conseil du trésor's Web site.

5.7 SSQ'S ONLINE SERVICES

5.7.1 Customer Centre

This handy online service gives you fast, secure and confidential access to your insurance file at any time. Here are just a few of the operations you'll be able to carry out:

- register for Direct Deposit of your Accident and Health Insurance benefits;
- view your electronic claim statements;
- print personalized claim forms;
- order tax receipts for medical expenses;
- print a temporary SSQ Card if you lose or misplace your existing card;
- change your address;
- view the coverage included as part of your contract;
- submit your claims online and get reimbursed within 48 hours (for most benefits);
- change beneficiary designation online;
- check coverage for medical expenses, including for prescription drugs;
- estimate reimbursement amounts;
- get your proof of travel insurance.

To register and take advantage of our handy online services, visit our **Customer Centre** Web site at **customer-centre.ssq.ca**. Just follow a few simple instructions designed to guide you through the registration process. Please note that documents in your file are kept for a period of 12 months.

If you require assistance, contact SSQ Customer Service, Monday to Friday from 8:00 a.m. to 8:00 p.m. at one of the numbers on the back of the booklet.

5.7.2 SSQ Mobile services

If you have a smart phone* you can download for free the SSQ Mobile Services application at **www.ssq.ca/mobile**.

This application enables you to carry out the same operations as you would on the Customer Centre Web site.

* Now available on Apple and Android platforms.

GOOD THINGS TO KNOW

- It is important to complete your application and send it to SSQ **within 90 days** following your eligibility for the plan, **even if you wish to be exempted from the Accident and Health Insurance Plan.**

- You can check at any time the eligibility of your expenses using the simulation tool available via the **Customer Centre** at **customer-centre.ssq.ca** or directly on the mobile application.

- For income tax purposes, keep the claim summary that is attached to your reimbursement cheque. When you prepare your income tax return, add up all of your claim summaries to determine the total amount of medical expenses that could increase your tax credits. If you are registered to use SSQ's **Customer Centre** Web site, you can submit a request on line for a tax receipt that includes the amounts of claims made and the amounts reimbursed under your contract. This receipt can then be enclosed with your income tax return.

- Do not forget to submit your claims within the deadlines specified in *Section 5*.

- Misplaced your claim form? Simply write your name and Insurance Certificate number on a separate sheet of paper and attach it to your claim. Your claim will be processed in the usual manner. You can also print a personalized claim form on SSQ's **Customer Centre** Web site at **customer-centre.ssq.ca**.

- Always use your SSQ Card at the pharmacy and you will immediately know whether your prescription drugs are eligible for reimbursement.

- If you experience health problems while travelling, don't hesitate to contact CanAssistance at one of the numbers on the back of your SSQ card.

- Once you change from the employee group insurance plan to the retiree group insurance plan, all the information in your file at the time will be transferred to your new file under the retiree group insurance plan. Documents already provided to SSQ, such as the declaration of school attendance for your dependent children or the form for exception drugs, if applicable, will not need to be submitted again. SSQ keeps track of the reimbursement in health insurance expenses, which means that the amounts you have incurred since January 1 will be included under your new plan. During this transfer of information, the amount of claims paid by SSQ for each type of treatment is also compiled and included under your new plan. However, for any given type of treatment, it is possible to ask that SSQ reset your counter to zero. As such, you will be entitled to the maximum reimbursement stipulated under the retiree group insurance plan.

- The most recent documents (booklet, card, etc.) are available on the **Customer Centre** Web site at **customer-centre.ssq.ca**.

MONTHLY PREMIUM RATES

FROM JANUARY 1 TO DECEMBER 31, 2022 – CONTRACT Y9999-R
(Groups 19520 to 19525, 19541 to 19546)

PLANS	MONTHLY PREMIUM RATES								
	INDIVIDUAL			SINGLE-PARENT			FAMILY		
	Premiums paid by the participant	Premium holiday[1]	Total Premiums	Premiums paid by the participant	Premium holiday[1]	Total Premiums	Premiums paid by the participant	Premium holiday[1]	Total Premiums
RETIRED EMPLOYEES									
BASIC Health Insurance									
(Groups 19522, 19523 and 19524)									
Under age 65	$109.33	$5.75	$115.08	$140.96	$7.42	$148.38	$215.20	$11.33	$226.53
Age 65 or over	$4.18	$-	$4.18	$5.32	$-	$5.32	$7.95	$-	$7.95
Additional premium for participants age 65 or over[2]	$322.78	$-	$322.78	$322.78	$-	$322.78	$645.58	$-	$645.58
EXPANDED Health Insurance									
(Groups 19520, 19521 and 19525)									
Under age 65	$230.00	$12.11	$242.11	$298.13	$15.69	$313.82	$461.30	$24.28	$485.58
Age 65 or over	$45.45	$-	$45.45	$59.11	$-	$59.11	$88.24	$-	$88.24
Additional premium for participants age 65 or over[2]	$322.78	$-	$322.78	$322.78	$-	$322.78	$645.58	$-	$645.58
RETIRED JUDGES									
BASIC Health Insurance									
(Groups 19542, 19543 and 19544)									
Under age 65	$116.05	$6.11	$122.16	$149.63	$7.87	$157.50	$228.44	$12.02	$240.46
Age 65 or over	$4.43	$-	$4.43	$5.65	$-	$5.65	$8.44	$-	$8.44
Additional premium for participants age 65 or over[2]	$336.66	$-	$336.66	$336.66	$-	$336.66	$673.32	$-	$673.32
EXPANDED Health Insurance									
(Groups 19541, 19545 and 19546)									
Under age 65	$239.66	$12.61	$252.27	$310.64	$16,35	$326.99	$480.65	$25,30	$505.95
Age 65 or over	$47.33	$-	$47.33	$61.55	$-	$61.55	$91.89	$-	$91.89
Additional premium for participants age 65 or over[2]	$336.66	$-	$336.66	$336.66	$-	$336.66	$673.32	$-	$673.32

Premiums do not include the 9% provincial sales tax.

[1] Please note that a premium holiday of 5% is granted to the retiree under age 65 for the Accident and Health Insurance.

[2] Additional premium for individuals age 65 or over opting to maintain prescription drug insurance with SSQ instead of obtaining coverage under the RAMQ plan. For participants turning age 65 during the year, changes to premiums and coverage will be effective on the first day of the month coinciding with or following their 65th birthday.

Note: Any change in premium rates following a change in age group of the participant becomes effective on the first day of the month coinciding with or following the age change.

MONTHLY PREMIUM RATES FROM JANUARY 1 TO DECEMBER 31, 2022 – CONTRACT Y9999-R
(Groups 19520 to 19525, 19541 to 19546)

PLANS		PER $1,000 OF COVERAGE					
		MALE			FEMALE		
Participant's Basic Life Insurance and Spouse's Optional Life Insurance [3]		Premiums paid by the participant	Premium holiday	Total Premiums	Premiums paid by the participant	Premium holiday	Total Premiums
Under age 50		$0.12	$-	$0.12	$0.07	$-	$0.07
Age 50 to 54		$0.23	$-	$0.23	$0.13	$-	$0.13
Age 55 to 59		$0.38	$-	$0.38	$0.24	$-	$0.24
Age 60 to 64		$0.62	$-	$0.62	$0.38	$-	$0.38
Age 65 to 69		$0.95	$-	$0.95	$0.58	$-	$0.58
Age 70 to 74		$1.48	$-	$1.48	$1.00	$-	$1.00
Age 75 to 79		$2.34	$-	$2.34	$1.68	$-	$1.68
Age 80 to 84		$3.77	$-	$3.77	$2.87	$-	$2.87
Age 85 or over		$5.73	$-	$5.73	$4.87	$-	$4.87
Spouse's and Dependent Children's Life Insurance	Premiums paid by the participant	Premium holiday			Total premiums		
	$9.20	$-			$9.20		

Premiums do not include the 9% provincial sales tax.

[3] *Premiums for Spouse's Optional Life Insurance are based on the spouse's age and gender.*

Note: Any change in premium rates following a change in age group of the participant becomes effective on the first day of the month coinciding with or following the age change.

APPLICATION OR REQUEST FOR CHANGE

Reserved for SSQ
19520 ☐ 19521 ☐ 19522 ☐ 19523 ☐ 19524 ☐ 19525 ☐
19541 ☐ 19542 ☐ 19543 ☐ 19544 ☐ 19545 ☐ 19546 ☐

APPLICATION ☐ **REQUEST FOR CHANGE** ☐
Return to: SSQ, LIFE INSURANCE COMPANY INC., 2525, Boul. Laurier, P. O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6 Toll-free: 1-888-400-0023

A- PERSONAL INFORMATION (Participant)

Participant's name (print) _____ Email address _____ Participant's Social Insurance Number _____

Address (print) _____ City (print) _____ Postal code _____

Telephone no. _____ Certificate no. _____ Retirement date Y Y Y Y M M D D Participant's date of birth Y Y Y Y M M D D

Spouse

Spouse's name (print) _____ Spouse's Social Insurance Number _____ Spouse's date of birth Y Y Y Y M M D D

PAYMENT METHODS

Please check the desired payment method (A or B).

☐ **A)** Retraite Québec: I authorize Retraite Québec to withdraw my group insurance premium from my pension on a montly basis.

B) Monthly pre-autorized debit (fill out the AUTORIZATION FOR DIRECT DEBIT PAYMENTS - PERSONAL PAD section below)

AUTHORIZATION FOR DIRECT DEBIT PAYMENTS – PERSONAL PAD

(Fill out this form only if you chose monthly pre-autorized debit in the PAYMENT METHODS section above)

I authorize SSQ, Life Insurance Company Inc. to withdraw the variable amounts of my insurance premiums from my account, which are due on the first business day of each month. Moreover, I authorize SSQ, Life Insurance Company Inc. to invoice and withdraw any related fees in the event that the preauthorized debit payment cannot be made in accordance with this agreement. I will receive a letter to this effect from SSQ confirming the changes made to my next debit payment.

Account Information

Financial institution name _____ Branch _____ Account number _____

I authorize my financial institution to withdraw this amount from my account. I understand that I may cancel this authorization at any time upon written notice. This notice must be sent to SSQ within 30 days following the next withdrawal.

I have certain rights of recourse if the withdrawal does not comply with this agreement. For example, I have the right to be reimbursed for any PAD that is not authorized or that is not compatible with this authorization. For more information on my right to recourse, a sample cancellation form or further information on the right to cancel, I may contact my financial institution or visit the www.cdnpay.ca Web site.

Signature (as it appears on your cheques) _____ Date Y Y Y Y M M D D

NOTE: For a joint account requiring more than one signature, all account holders must sign.

IMPORTANT: Please enclose a personal cheque specimen marked "VOID".

Reserved for SSQ: _____

B- ACCIDENT AND HEALTH INSURANCE PLAN

- Desired coverage: Individual ☐ Single-Parent ☐ Family/Couple ☐
- Choice of plans: Expanded Plan ☐ Basic Plan ☐
- I wish to exercise my exemption entitlement (enclose copy of certificate of current coverage) ☐
- I wish to terminate my exemption entitlement (enclose proof of termination of coverage allowing for exemption) ☐

C- LIFE INSURANCE PLAN

- PARTICIPANT'S LIFE INSURANCE: (Check one box only)

150% of salary* ☐	75% of salary* ☐	$10,000 ☐
125% of salary* ☐	50% of salary ☐	$5,000 ☐
100% of salary* ☐	25% of salary ☐	$2,000 ☐

* Maximum amount: As of the first day of the month coinciding with or following the participant's 75th birthday, coverage is limited to no more than 75 % of pre-retirement earnings and as of the first day of the month coinciding with or following the participant's 80th birthday, coverage is limited to no more than 50% of pre-retirement earnings.

- SPOUSE'S AND DEPENDENT CHILDREN'S LIFE INSURANCE: ☐
  (Participant must have life insurance amount equal to or greater than $10,000)
  Spouse $10, 000 Child $5,000
- SPOUSE'S OPTIONAL LIFE INSURANCE: (Must be equal to or less than coverage held in plan for management personnel)
  number of units** (1 to 5) _____ x $10,000

** Unless otherwise instructed by you, if you check off the Spouse's and Dependent Children's Life Insurance box, a $10,000 unit will be automatically attributed to you. If you do not wish to enrol in this additional life insurance coverage, you must notify SSQ in writing.

BENEFICIARY

I designate the following person as beneficiary (at death):

☐ Participant's estate or

☐ Legal spouse
☐ Legal spouse-sons-daughters
☐ Sons-daughters
☐ Father-mother
☐ Brother-sister
☐ Common-law spouse
☐ Common-law spouse-sons-daughters
☐ Other _____

☐ Revocable beneficiary*

☐ Irrevocable beneficiary*

* In Quebec, when this choice is not available, the designation of a legal spouse is irrevocable and the designation of any other beneficiary is revocable.

_____
(last name, first name of beneficiary)

I authorize the Insurer to use the information contained in this application for administrative purposes, including my social insurance number and my spouse's social insurance number. Moreover, I authorize Retraite Québec, if applicable, to deduct the required premiums from my pension.

Date Y Y Y Y M M D D Signature _____

Contact us

2525, Laurier Boulevard
P.O. Box 10500, Stn Ste-Foy
Quebec QC G1V 4H6

Quebec City area: 418 651-6962
Other areas: 1 888 833-6962

ssq.ca

Please keep this booklet for future reference.

BV3436A (2022-05)