

## 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	YES	Individual: \$50 Single-Parent: \$65 Family: \$100	75% until the RGAM** annual out-of-pocket is exceeded, 100% of subsequent amounts per certificate
Home care:	Within 30 days of hospitalization	YES		
- Nursing care	Eligible expenses of \$60 / day / insured			
- Transportation expenses	Eligible expenses of \$30 / maximum 3 trips / week / insured			
- Convalescent home	Eligible expenses of \$125 / day / insured			
- Home assistance services	Eligible expenses of \$60 / day / insured			
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	75% until the RGAM* annual out-of-pocket is exceeded, 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 <b>180 days</b> a year, you must contact SSQ in advance for information about applicable conditions.	YES	None	100%
Trip Cancellation Insurance	Maximum reimbursement of \$10,000 / 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	Drugs available only by prescription Mandatory generic substitution	YES	Individual: \$50 Single-Parent: \$65 Family: \$100	80% until the RGAM* annual out-of-pocket is exceeded, 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	80% until the RGAM* annual out-of-pocket is exceeded, 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	80% until the RGAM* annual out-of-pocket is exceeded, 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		

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**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	80% until the RGAM* annual out-of-pocket is exceeded, 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		

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**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	80% until the RGAM* annual out-of-pocket is exceeded, 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	80% until the RGAM* annual out-of-pocket is exceeded, 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	50%

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**OPTIONAL LIFE INSURANCE PLAN**

<b>Benefit</b>	<b>Amount insured</b>
- 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.