

FEDERATION OF MEDICAL SPECIALISTS OF QUEBEC

:: UNDER AGE 65

:: PRECISE ACTIONS,
CLEAR THOUGHTS

Summary of the Drug,
Health and Dental Care
Insurance Plan

:: FROM JANUARY 1ST
TO DECEMBER 31ST 2022



DRUG INSURANCE - OPTION 1

DEDUCTIBLE (per calendar year)	\$100 individual and single parent \$200 couple and family
REIMBURSEMENT Maximal annual contribution	75% up to the maximum RAMQ contribution per adult
Drugs (direct payment)	Drugs available only by prescription
Preventive vaccine	Included
Travel and cancellation insurance	Included (\$5,000,000) up to 182 days

DRUG AND HEALTH INSURANCE - OPTION 2

DEDUCTIBLE (per calendar year)	\$200 individual and single parent \$400 couple and family
REIMBURSEMENT Maximal annual contribution	80% up to the maximum RAMQ contribution per adult
Drugs (direct payment)	Drugs available only by prescription
Preventive vaccine	Included

DEDUCTIBLE (per calendar year)	Combined with Drug Insurance
REIMBURSEMENT (coinsurance) (per calendar year)	80% of eligible expenses listed below
Ambulance, ortho-audio-ergo, lab. expenses	Included, see contract for more details
Hearing aids	\$800 per 48 months period
Therapeutic apparatus	Lifetime maximum: \$10,000
Support stockings	3 pairs per calendar year
Chiropractor	\$30 per treatment, max. 20 treatments per calendar year
Chiropractor X-rays	Unlimited
Plastic surgery	Maximum per accident: \$10,000
Detoxification treatment	\$80 per day, lifetime max.: \$2,500
Convalescent home	Private room
Podiatrist	\$35 per treatment max.: \$500 per calendar year
Physiotherapy, Osteopath	\$65 per treatment, maximum \$1,000 per calendar year
Acupuncturist	\$30 per treatment maximum 20 treatments per calendar year
Capillary prosthesis (following a treatment of chemotherapy)	Lifetime maximum: \$300
Prosthesis	\$5,000 per limb or prosthesis
Reflectometer	\$300 per 60 months period
Home care expenses following an hospitalization or day-surgery	Included subject to limitations – see contract for all the details
Psychologist, social worker and psychoanalyst	\$95 per consultation, maximum \$1,000 per calendar year
Dietitian	\$25 per consultation, max. 20 consultations per calendar year
Insulin pump accessories such as tubings and catheters	\$2,500 per calendar year

DEDUCTIBLE AND COINSURANCE (per calendar year)	None
Hospitalization	Private room
Travel and cancellation insurance	Included (\$5,000,000) up to 182 days

DRUG INSURANCE - RAMQ LIST - OPTION 3

DEDUCTIBLE (per calendar year)	\$150 individual and single parent \$300 couple and family
Maximal annual contribution	According to the maximum established by the RAMQ
Drugs (direct payment)	Refund limited to drugs listed on the list of medications of the Régie de l'assurance maladie du Québec

DRUG REFUNDS

When the branded drug is claimed and there is a generic equivalent, the reimbursement will be limited to the cost of the generic.

DENTAL CARE INSURANCE

To be entitled to the Dental Care Insurance option, you must be insured under option 2 - Drug and Health Insurance and the same status must apply to Drug and Health Insurance and Dental Care Insurance. Please refer to the chart below for the cost of the Dental Care Insurance option.

DEDUCTIBLE (per calendar year)	\$100 per certificate
Basic and preventive care	100% of eligible expenses
Minor restoration	80% of eligible expenses
Major restoration	50% of eligible expenses
MAXIMUM (per calendar year)	\$1,500 per insured
Orthodontics	50% of eligible expenses, lifetime max.: \$1,500

Dental expenses incurred during the six (6) months following the effective date of member's coverage are excluded if application for membership is received by the insured more than 31 days following the eligibility date.

:: EVERYWHERE IN QUEBEC

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2600, Laurier Boulevard
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REASSURING PARTNERS

THE DRUG AND HEALTH GROUP INSURANCE PLANS ARE MADE AVAILABLE BY SOGEMEC ASSURANCES INC. AND UNDERWRITTEN BY DESJARDINS FINANCIAL SECURITY



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ADMISSIBILITY

This plan is offered to member in good standing of the *Fédération des médecins spécialistes du Québec*.

CHANGE IN COVERAGE STATUS

Participants can change their coverage status when any of the following events occur:

- marriage;
- when the spouse becomes eligible;
- birth or adoption of a dependent child;
- death of the spouse or a dependent child;
- on termination of a dependent child's eligibility;
- when the spouse acquires or loses the right to enrol on his employer's group plan.

IMPORTANCE NOTICE

Option 3 requires no medical questionnaire (guaranteed acceptance). This applies to all FMSQ members.

Option 1 (prescription drug, travel and travel cancellation insurance) and Option 2 (prescription drug, health, travel and travel cancellation insurance) are subject to the insurer receiving and approving the "Insurability Report" form for all medical specialists.

- FMSQ member for over 10 years
- Those who have lost or wish to replace their coverage under a different association plan

The chosen plan is valid for a minimum of two years, and no changes are permitted within that period.

Registration forms are available at

<https://www.sogemec.qc.ca/en/spec/form/medecin-specialiste-formulaires-adhesion.html>

You can e-mail us your completed form at information@sogemec.qc.ca, fax it to us at 514 350-5071, or mail it to our Montreal office. Original documents are required if your plan requires proof of good health (see criteria listed above).

MONTHLY PREMIUM RATE (9% TAX NOT INCLUDED)

INDIVIDUAL	LESS THAN 30	30 TO 39	40 TO 49	50 TO 54	55 TO 64
OPTION 1	\$41.40	\$51.75	\$90.57	\$151.20	\$162.33
OPTION 2	\$92.82	\$116.02	\$203.04	\$339.12	\$362.69
OPTION 3	\$21.13	\$26.41	\$46.22	\$80.89	\$80.89
DENTAL CARE	\$47.24	\$47.24	\$47.24	\$47.24	\$47.24
COUPLE	LESS THAN 30	30 TO 39	40 TO 49	50 TO 54	55 TO 64
OPTION 1	\$82.80	\$103.51	\$181.14	\$302.41	\$324.66
OPTION 2	\$185.65	\$232.05	\$406.09	\$678.22	\$725.40
OPTION 3	\$42.26	\$52.83	\$92.44	\$161.78	\$161.78
DENTAL CARE	\$102.91	\$102.91	\$102.91	\$102.91	\$102.91
SINGLE PARENT	LESS THAN 30	30 TO 39	40 TO 49	50 TO 54	55 TO 64
OPTION 1	\$72.45	\$90.57	\$158.50	\$264.61	\$284.08
OPTION 2	\$162.44	\$203.04	\$355.33	\$593.44	\$634.72
OPTION 3	\$36.98	\$46.22	\$80.89	\$141.56	\$141.56
DENTAL CARE	\$79.51	\$79.51	\$79.51	\$79.51	\$79.51
FAMILY	LESS THAN 30	30 TO 39	40 TO 49	50 TO 54	55 TO 64
OPTION 1	\$113.86	\$142.32	\$249.06	\$415.81	\$446.41
OPTION 2	\$255.25	\$319.06	\$558.37	\$932.56	\$997.41
OPTION 3	\$58.11	\$72.63	\$127.11	\$222.44	\$222.44
DENTAL CARE	\$123.49	\$123.49	\$123.49	\$123.49	\$123.49



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