



Health and Dental Care Insurance Plan

UNDER AGE 65

RATES ARE VALID FROM JANUARY 1ST TO DECEMBER 2025

Reassuring Partner

The drug and health group insurance plan OMNIMAX are made available by Sogemec Assurances and under-written by Beneva.

EVERYWHERE IN QUEBEC

information@sogemec.com 1800361-5303

MONTRÉAL

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QUÉBEC

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Phone: **(418) 990-3946** Fax: (418) 647-3754



Admissibility

This plan is offered to members in good standing with Fédération des médecins omnipraticiens du Québec.

Change in coverage status

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

a) marriage;

- b) when the spouse becomes eligible;
- c) birth or adoption of a dependent child;
- d) death of the spouse or a dependent child;
- e) on termination of a dependent child's eligibility;
- f) when the spouse acquires or loses the right to enroll in employer's group plan.

The change in coverage status is made on the day of the event, as long as the request is received by Sogemec within 31 days of the date of the event, and the insurance takes effect on that same date.

Important notice

Option R requires no medical questionnaire (guaranteed acceptance). This applies to all FMOQ members. Option A (prescription drug, Travel and Cancellation Insurance) and Option B (prescription drug, health, travel and cancellation insurance) are subject to the insurer receiving and approving the "Declaration of insurability" form.

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://sogemec. com/en/client-area/general-practitioner-all/

You can send us your enrolment form using our secure deposit at https://sogemec.com/en/client-area/ medical-specialist-file-deposit/

All the products under one roof

In partnership with your Federation, we have created a range of personalized products to protect you, at work and in life. For more information, visit **sogemec.com**





MONTHLY PREMIUM RATE

(9% tax not included)

	DRUG AND TRAVEL INSURANCE OPTION A	DRUG, HEALTH TRAVEL INSURANCE OPTION B	DRUG INSURANCE - RAMQ LIST OPTION R
Less than 30	\$50.85	\$131.22	\$121.08
30 to 34	\$56.77	\$192.85	\$127.10
35 to 39	\$163.42	\$241.15	\$214.00
40 to 49	\$221.72	\$287.33	\$246.79
50 to 59	\$291.32	\$419.91	\$327.00
60 to 64	\$379.45	\$560.01	\$428.87
Less than 30	\$101.71	\$262.44	\$242.10
30 to 34	\$113.53	\$385.69	\$254.20
35 to 39	\$326.83	\$482.32	\$427.99
40 to 49	\$443.45	\$574.66	\$493.57
50 to 59	\$582.64	\$839.90	\$653.99
60 to 64	\$758.91	\$1,120.01	\$857.74
Less than 30	\$79.76	\$230.21	\$180.43
30 to 34	\$91.59	\$301.23	\$193.20
35 to 39	\$232.33	\$365.29	\$292.89
40 to 49	\$323.94	\$490.00	\$359.38
50 to 59	\$381.69	\$596.61	\$424.17
60 to 64	\$442.03	\$642.82	\$496.58
Less than 30	\$151.70	\$355.83	\$288.80
30 to 34	\$174.49	\$468.88	\$299.86
35 to 39	\$368.64	\$585.14	\$479.32
40 to 49	\$498.54	\$816.65	\$550.65
50 to 59	\$652.54	\$1,003.36	\$724.94
60 to 64	\$800.29	\$1,161.04	\$902.88

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INDIVIDUAL

COUPLE

SINGLE PARENT

FAMILY

DRUG INSURANCE OPTION A

DRUG AND HEALTH INSURANCE **OPTION B**

DRUG INSURANCE - RAMQ LIST OPTION R

DEDUCTIBLE (per calendar year)	\$300/adult	\$600/adult	\$267/adult
COINSURANCE	80% up to the maximum RAMQ	75% up to the maximum RAMQ contribution per adult	65% up to the maximum RAMQ
(per calendar year)	contribution per adult		contribution per adult
DRUGS (substitution to generic drugs)	Drugs available only by prescription	Drugs available only by prescription	Drugs available only by prescription according to the maximum established by the RAMQ
TRAVEL AND	Included (\$5,000,000)	Included (\$5,000,000)	Not included
CANCELLATION	up to 182 days /	up to 182 days	
INSURANCE	\$10,000 per person	/\$10,000 per person	

HOSPITALIZATION				
PERCENTAGE OF REIMBURSEMENT	Not available	100 %	. Not available	
Hospital room in Canada		Private room		
SPECIALIZED HEALTH CA	ARE ESTABLISHMEN	ITS		
PERCENTAGE OF REIMBURSEMENT		80 %	_ Not available	
Rehabilitation centre*	Not available	Semi-private room Maximum of 180 days per calendar year		
Convalescent home*		Semi-private room		
HEALTH CARE PROFESS	IONALS			
DEDGENITAGE OF				
PERCENTAGE OF REIMBURSEMENT	_	80 %		
		80 % Usual and customary fees		
REIMBURSEMENT			-	
REIMBURSEMENT Audiologist		Usual and customary fees		
REIMBURSEMENT Audiologist Occupational therapist	Not available	Usual and customary fees Usual and customary fees	Not available	
REIMBURSEMENT Audiologist Occupational therapist Speech therapist	Not available	Usual and customary fees Usual and customary fees Usual and customary fees One treatment per day. Maximum of \$35 of eligible expenses per visit and of \$700 per calendar year,	Not available	



DRUG INSURANCE OPTION A

Not available

DRUG AND HEALTH INSURANCE OPTION B

DRUG INSURANCE - RAMQ LIST OPTION R

Not available

OTHER MEDICAL EXPENSES

PERCENTAGE OF REIMBURSEMENT

Ambulance transportation by air or train

Breast prostheses*

CAT scan*

Cosmetic surgery following an accident*

Deep shoes*

Dental treatment following accidental damage to natural teeth*

Detoxificationtherapies*

Electrocardiogram (ECG)*

External prosthesis and artificial limbs*

Eyeglasses and contact lenses following cataract surgery*

Foot orthoses*

Glucometer*

Hearing aid*

Hospital bed*

Insulin pump accessories*

Insulin pump*

Intraocular lens*

Intrauterine device (IUD)*

Laboratory analyses*

Magnetic resonance imaging*

Nurse*

Orthopaedic shoes*

Ostomy appliances*

Surgical brassiere*

Respirator*

Sclerosing injections*, for insureds under age 65



Usual and customary fees

80 %

See "Therapeutic devices"

Maximum of one per calendar year

Maximum of \$5,000 per accidents

Usual and customary fees

Usual and customary fees

Maximum of \$80 of eligible expenses per day and \$2,500 maximum for life

Usual and customary fees

Maximum of \$5,000 per lost limb

Maximum of \$820 for life

Usual and customary fees

Maximum of \$300 of eligible expenses per period of 60 consecutive months

Maximum of \$600 of eligible expenses per period of 48 consecutive months

Usual and customary fees

Usual and customary fees

Maximum of \$10,000 per period of 60 consecutive months

Usual and customary fees

Usual and customary fees

Usual and customary fees

Maximum of one per calendar year

Maximum of \$10,000 per calendar year

Usual and customary fees

Usual and customary fees

Usual and customary fees

Usual and customary fees

Maximum of \$20 of eligible expenses per visit

*Medical prescription required

DRUG INSURANCE OPTION A DRUG AND HEALTH INSURANCE OPTION B

OTHER MEDICAL EXPENSES (FOLLOWING)			
Support stockings*		Maximum of 3 pairs per calendar year	
Surgical brassiere*		Maximum of 2 per calendar year	
Therapeutic devices* Breast prostheses*		Combined maximum of \$50,000 per calendar year	
Transcutaneous electrical nerve stimulator*		Maximum of \$1,000 of eligible fees per period of 60 consecutive months	
Ultrasonograms* (outside hospital)	Not available	Maximum of \$300 per calendar year	Not available
Wheelchair and walker*		Usual and customary fees	
Wig*		Maximum of \$300 for life	
X-rays*		Usual and customary fees	
Surgical brassiere*		Maximum of 2 per calendar year	

*Medical prescription required

DENTAL CARE

Availability subject to enrollment in Option B – Drug, Health and Travel insurance. You must keep your coverage for a minimum of 3 years before you can cancel the dental care benefit. The premium is not guaranteed.

Deductible (January 1 st to December 31 st)	None	
REIMBURSEMENT		
Basic and preventive care	80%	
Minor restoration	75%	
Major restoration	50%	
MAXIMAL REIMBURSEMENT (PREVENTIVE - MINOR - MAJOR)	\$2,000/per insured/per calendar year	

DENTAL CARE				
AGE RANGE	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
UNDER AGE 65	\$71.10	\$160.83	\$123.92	\$192.45

(9% tax not included)

Rate are valid from January 1st to December 31st 2025

Contact our customer service today!

1800361-5303 sogemec.com