

Sogemec

ASSURANCES



FÉDÉRATION
DES MÉDECINS
OMNIPRATICIENS
DU QUÉBEC



Health and Dental Care Insurance Plan

UNDER AGE 65

RATES ARE VALID
FROM JANUARY 1ST
TO DECEMBER 2024.

Reassuring Partner

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

EVERYWHERE IN QUEBEC
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MONTRÉAL

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East Tower, 20th Floor
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Phone: **(514) 350-5070**
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QUÉBEC

Place de la Cité – Tour de la Cité
2600, Laurier boulevard,
bureau 800, 8th floor
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Phone: **(418) 990-3946**
Fax: (418) 647-3754



Admissibility

This plan is offered to members in good standing of the *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.

Importance notice

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

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 sign 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	
INDIVIDUAL	Less than 30	\$41.28	\$110.13	\$98.44
	30 to 34	\$46.08	\$161.49	\$103.33
	35 to 39	\$148.56	\$201.74	\$173.98
	40 to 49	\$186.31	\$240.22	\$200.64
	50 to 59	\$244.55	\$350.70	\$265.85
	60 to 64	\$329.96	\$467.45	\$357.39
COUPLE	Less than 30	\$82.56	\$220.26	\$196.83
	30 to 34	\$92.16	\$322.97	\$206.67
	35 to 39	\$297.12	\$403.49	\$347.96
	40 to 49	\$372.62	\$480.44	\$401.28
	50 to 59	\$489.10	\$701.39	\$531.70
	60 to 64	\$659.92	\$934.90	\$714.78
SINGLE PARENT	Less than 30	\$64.69	\$193.17	\$146.69
	30 to 34	\$74.28	\$252.35	\$157.07
	35 to 39	\$211.21	\$305.74	\$238.12
	40 to 49	\$272.39	\$409.66	\$292.18
	50 to 59	\$320.71	\$498.50	\$344.85
	60 to 64	\$384.37	\$537.01	\$413.82
FAMILY	Less than 30	\$123.01	\$298.74	\$234.80
	30 to 34	\$141.49	\$392.95	\$243.79
	35 to 39	\$335.13	\$489.83	\$389.69
	40 to 49	\$419.37	\$682.76	\$447.68
	50 to 59	\$548.24	\$838.35	\$589.38
	60 to 64	\$695.90	\$969.75	\$752.40

RATES ARE VALID FROM JANUARY 1ST TO DECEMBRE 2024.

	DRUG INSURANCE OPTION A	DRUG AND HEALTH INSURANCE OPTION B	DRUG INSURANCE - RAMQ LIST OPTION R
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DEDUCTIBLE (per calendar year)	\$300/adult	\$600/adult	\$267/adult
COINSURANCE (per calendar year)	80% up to the maximum RAMQ contribution per adult	75% up to the maximum RAMQ contribution per adult	65% up to the maximum RAMQ 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 CANCELLATION INSURANCE	Included (\$5,000,000) up to 182 days / \$10,000 per person	Included (\$5,000,000) up to 182 days / \$10,000 per person	Not included

HOSPITALIZATION

PERCENTAGE OF REIMBURSEMENT	Not available	100 %	Not available
Hospital room in Canada		Private room	

SPECIALIZED HEALTH CARE ESTABLISHMENTS

PERCENTAGE OF REIMBURSEMENT	Not available	80 %	Not available
Rehabilitation centre*		Semi-private room Maximum of 180 days per calendar year	
Convalescent home*		Semi-private room	

HEALTH CARE PROFESSIONALS

PERCENTAGE OF REIMBURSEMENT	Not available	80 %	Not available
Audiologist		Usual and customary fees	
Occupational therapist		Usual and customary fees	
Speech therapist		Usual and customary fees	
Osteopath, Podiatrist		One treatment per day. Maximum of \$35 of eligible expenses per visit and of \$700 per calendar year, for each of these professionals	
Physiotherapist and physical rehabilitation therapist		Usual and customary fees	
Psychoanalyst, Psychiatrist, Psychologist, Psychotherapist, Social worker		Maximum of \$1,200 per calendar year for each of these professionals	

**DRUG
INSURANCE
OPTION A**

**DRUG AND HEALTH
INSURANCE
OPTION B**

**DRUG INSURANCE
- RAMQ LIST
OPTION R**

OTHER MEDICAL EXPENSES

PERCENTAGE OF REIMBURSEMENT		80 %	
Ambulance transportation by air or train		Usual and customary fees	
Breast prostheses*		See "Therapeutic devices"	
CAT scan*		Maximum of one per calendar year	
Cosmetic surgery following an accident*		Maximum of \$5,000 per accidents	
Deep shoes*		Usual and customary fees	
Dental treatment following accidental damage to natural teeth*		Usual and customary fees	
Detoxification therapies*		Maximum of \$80 of eligible expenses per day and \$2,500 maximum for life	
Electrocardiogram (ECG)*		Usual and customary fees	
External prosthesis and artificial limbs*		Maximum of \$5,000 per lost limb	
Eyeglasses and contact lenses following cataract surgery*		Maximum of \$820 for life	
Foot orthoses*	Not available	Usual and customary fees	Not available
Glucometer*		Maximum of \$300 of eligible expenses per period of 60 consecutive months	
Hearing aid*		Maximum of \$600 of eligible expenses per period of 48 consecutive months	
Hospital bed*		Usual and customary fees	
Insulin pump accessories*		Usual and customary fees	
Insulin pump*		Maximum of \$10,000 per period of 60 consecutive months	
Intraocular lens*		Usual and customary fees	
Intrauterine device (IUD)*		Usual and customary fees	
Laboratory analyses*		Usual and customary fees	
Magnetic resonance imaging*		Maximum of one per calendar year	
Nurse*		Maximum of \$10,000 per calendar year	
Orthopaedic shoes*		Usual and customary fees	
Ostomy appliances*		Usual and customary fees	
Surgical brassiere*		Usual and customary fees	
Respirator*		Usual and customary fees	
Sclerosing injections*, for insureds under age 65		Maximum of \$20 of eligible expenses per visit	

*Medical prescription required

**DRUG
INSURANCE
OPTION A**

**DRUG AND HEALTH
INSURANCE
OPTION B**

**DRUG INSURANCE
- RAMQ LIST
OPTION R**

OTHER MEDICAL EXPENSES (FOLLOWING)

Support stockings*	Not available	Maximum of 3 pairs per calendar year	Not available
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)		Maximum of \$300 per calendar year	
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
INSURANCE**

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 1st to December 31st)

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

\$67.70

\$153.17

\$118.02

\$183.29

(9% tax not included)

Rate are valid from January 1st to December 31st 2024



Contact our customer service today!

1800 361-5303 sogemec.com