

:: FROM JANUARY 1<sup>ST</sup> TO DECEMBER 31<sup>ST</sup> 2024



# DRUG INSURANCE - OPTION 1

| DEDUCTIBLE<br>(per calendar year) | \$100 individual and single parent<br>\$200 couple and family |  |
|-----------------------------------|---|--|
|                                   | 75% up to the maximum RAMQ                                    |  |
| Maximal annual contribution       | 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

| Of HON 2   |   |  |  |
|--|---|--|--|
| DEDUCTIBLE (per calendar year)                                 | \$200 individual and single parent<br>\$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<br>(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<br>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<br>max.: \$500 per calendar year                   |  |  |
| Physiotherapy, Osteopath                                       | \$65 per treatment, maximum<br>\$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 –<br>see contract for all the details |  |  |
| Psychologist, social worker and psychoanalyst                  | \$95 per consultation, maximum<br>\$1,000 per calendar year           |  |  |
| Dietitian  | \$25 per consultation, max. 20<br>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  |  |  |
| Traval and sancellation incomes                                | la alcala al (CE 000 000) con tra 100 alecca                          |  |  |

Included (\$5,000,000) up to 182 days

Travel and cancellation insurance

# DRUG INSURANCE - RAMO LIST - OPTION 3

|  | (per calendar year)         | \$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 |  |  |

\$150 individual and single parent

#### **DRUG REFUNDS**

DEDUCTIBLE

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,<br>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.

### Sogemec

#### :: EVERYWHERE IN QUEBEC

1 (800) 361-5303 information@sogemec.com sogemec.com

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#### :: QUEBEC

Place de la Cité, Tour de la Cité 2600, Laurier Boulevard Suite 800, 8<sup>th</sup> Floor Quebec, Qc, G1V 4W2 (418) 990-3946 Fax: (418) 647-3754

# REASSURING PARTNERS

THE DRUG AND HEALTH GROUP INSURANCE PLANS ARE MADE AVAILABLE BY SOGEMEC ASSURANCES INC. AND UNDER-WRITTEN BY BENEVA

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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:

- 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 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.

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/medical-specialist-all

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

# 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     | \$47.42         | \$59.27  | \$103.74 | \$173.19   | \$185.93   |
| Option 2     | \$115.97        | \$144.96 | \$253.71 | \$423.74   | \$453.19   |
| Option 3     | \$24.30         | \$30.37  | \$53.14  | \$92.99    | \$92.99    |
| Dental Care  | \$54.33         | \$54.33  | \$54.33  | \$54.33    | \$54.33    |
| COUPLE       | LESS THAN 30    | 30 TO 39 | 40 TO 49 | 50 TO 54   | 55 TO 64   |
| Option 1     | \$94.84         | \$118.56 | \$207.48 | \$346.38   | \$371.87   |
| Option 2     | \$231.98        | \$289.96 | \$507.42 | \$847.46   | \$906.41   |
| Option 3     | \$48.58         | \$60.73  | \$106.26 | \$185.99   | \$185.99   |
| Dental Care  | \$118.35        | \$118.35 | \$118.35 | \$118.35   | \$118.35   |
| SINGLE PAREN | NT LESS THAN 30 | 30 TO 39 | 40 TO 49 | 50 TO 54   | 55 TO 64   |
| Option 1     | \$82.98         | \$103.74 | \$181.55 | \$303.08   | \$325.38   |
| Option 2     | \$202.98        | \$253.71 | \$444.00 | \$741.52   | \$793.10   |
| Option 3     | \$42.51         | \$53.14  | \$92.99  | \$162.73   | \$162.73   |
| Dental Care  | \$91.44         | \$91.44  | \$91.44  | \$91.44    | \$91.44    |
| FAMILY       | LESS THAN 30    | 30 TO 39 | 40 TO 49 | 50 TO 54   | 55 TO 64   |
| Option 1     | \$130.42        | \$163.01 | \$285.27 | \$476.27   | \$511.32   |
| Option 2     | \$318.95        | \$398.67 | \$697.69 | \$1,165.26 | \$1,246.30 |
| Option 3     | \$66.80         | \$83.49  | \$146.12 | \$255.71   | \$255.71   |
| Dental Care  | \$142.01        | \$142.01 | \$142.01 | \$142,.01  | \$142,0    |
|              |                 |          |          |            |            |



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