SUMMARY OF YOUR HEALTH INSURANCE

For members over age 65

FÉDÉRATION DES MÉDECINS OMNIPRATICIENS DU QUÉBEC

JANUARY 1ST TO DECEMBRE 31ST 2026

Health protection

	B Health coverage
Deductible (January 1st to December 31)	**$ 267** per adult
Travel Insurance Max $5,000,000/trip/insured	**100%**
Travel cancellation Max $10,000/trip/insured	**100%**
Health protection	**Compris**
Reimbursment	**80%**
Hospital room	**Private room reimbursable at 100%**
Additionnal coverage	**Admissible maximums per insured person**
Dental treatment following accidental damage to natural teeth*	Within the 12 months following the accident
Ambulance	Customary and reasonable expenses
Therapeutic devices*and Breast prostheses*	Combined maximum of $10,000 per calendar year
Support stockings*	Maximum of 3 pairs per calendar year
Rehabilitation centre*	Semi-private room, maximum of 180 days per calendar year
Orthopaedic shoes*	Customary and reasonable expenses
Deep shoes*	Customary and reasonable expenses
Cosmetic surgery following an accident*	Maximum of $5,000 per accident
Detoxification therapies*	Maximum of $80 of eligible expenses par day and $2,500 maximum for life
Ultrasonograms* (outside hospital)	Maximum $300 per calendar year
Occ. therapist, Speech therapist, audiologist	Frais usuels et coutumiers
Wheelchair and walker*	Customary and reasonable expenses
Intraocular lens*	Customary and reasonable expenses
Eyeglasses and contact lenses following cataract surgery*	Maximum of $820 for life
Convalescent home*	Semi-private room
Transcutaneous electrical nerve stimulator*	Maximum of $1,000 of eligible fees per period of 60 consecutive months
Osteopath, Podiatrist	One treatment per day/Maximum $35 per visit and $700 per calendar year, for each professionnals
Physiotherapist and physical rehabilitation therapist	Customary and reasonable expenses
Insulin pump*	Maximum of $10,000 per period of 60 consecutive months
External prosthesis and artificial limbs*	Maximum of $5,000 per lost limb
Wig following a treatment of chemotherapy*	Maximum of $300 for life
Psychoanalyst, Psychiatrist, Psychologist Psychotherapist, Social worker	Maximum of $1,200 per calendar year for each of these professionnals
Laboratory analyses*	Customary and reasonable expenses
X-rays*	Customary and reasonable expenses
Magnetic resonance imaging and CT Scan*	Maximum one per calendar year
Glucometer*	Maximum of $300 of eligible expenses per period of 60 consecutive months
Nurse*	Maximum $10,000 per calendar year

*Medical recommandation required

Sogemec ASSURANCES

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SUMMARY OF YOUR HEALTH INSURANCE

For members over age 65

FÉDÉRATION DES MÉDECINS OMNIPRATICIENS DU QUÉBEC

Dental Care Insurance

Available upon subscription to supplementary health insurance – option B.
The status must be identical for supplementary health insurance and dental care.

Deductible (January 1st to December 31)	**None**
Reimbursment	
Diagnostic and preventif services	**80%**
Basic Dental Care	**75%**
Major Restorative services	**50%**
Maximal reimbursment (Diagnostic and preventive, basis and major care)	$2,000 - Maximum reimbursment/insured/calendar year

Complementary Health protection rates - Monthly premium rate (before 9% tax)

OPTION B

AGE RANGE	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
65 to 69	$94.05	$188.12	$102.08	$188.12
70 to 74	$94.05	$188.12	$102.08	$188.12
75 to 79	$89.88	$179.78	$102.08	$179.78
80 and more	$87.81	$175.63	$102.08	$175.63

OPTION B WITH DRUG COVERAGE

AGE RANGE	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
65 and more	$1,355.72	$2,711.58	$1,355.72	$2,711.58 $

DENTAL CARE COVERAGE

AGE RANGE	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
65 and more	$75.15	$170.00	$130.98	$203.42

Please note that the brochure takes precedence over this summary. Please refer to it if you require further details on the guarantees or exclusions.

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