

SUMMARY OF YOUR HEALTH INSURANCE

For members over age 65

JANUARY 1ST TO DECEMBRE 31ST 2025

Health protection

	B Health coverage
Deductible (January 1 st 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
Reimbursement	80%
Hospital room	Private room reimbursable at 100%
Additional 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 per 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 professionals
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 professionals
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 recommendation required

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

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

OPTION B

AGE RANGE	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
65 to 69	\$90.13	\$180.25	\$97.52	\$180.25
70 to 74	\$89.80	\$179.62	\$94.03	\$179.62
75 to 79	\$86.46	\$172.94	\$90.53	\$172.94
80 and more	\$84.65	\$169.31	\$88.64	\$172.94

OPTION B WITH DRUG COVERAGE

AGE RANGE	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
65 and more	\$1,027.06	\$2,054.22\$	\$1,027.06	\$2,054.22\$

DENTAL CARE COVERAGE

AGE RANGE	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
Less than 65	\$67.70	\$153.17	\$118.02	\$183.29

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