



Values in the right place

ssq/Privilege

**INDIVIDUAL
INSURANCE**

**Health and
dental care**

YOUR COMPARISON TABLE

**Everything you want to know
to choose the best flex plan
for your needs!**

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CHOOSE THE BEST FLEX PLAN FOR YOUR NEEDS!

| | COVERAGE CATEGORY | % REIMBURSEMENT | BASIC | CLASSIC | ENHANCED |
|---|------------------------|--|-----------------------------------|-----------------------------------|--|
| 1 | Hospitalization | 100% | Semi-private room Max. 90 days | Semi-private room Max. 90 days | Private room Max. 90 days |
| 2 | Trip cancellation | 100% | Max. \$5,000/trip | Max. \$5,000/trip | Max. \$5,000/trip |
| | | Covers trip cancellation and interruption expenses resulting from a sudden and unexpected illness, an accident, death, or a disaster. | | | |
| 3 | Travel with assistance | 100% | 30 days Max. \$5M/trip | 180 days Max. \$5M/trip | 180 days Max. \$5M/trip |
| | | Covers expenses resulting from a sudden and unexpected illness that arises when you are travelling outside your province of residence. | | | |
| 4 | Prescription drugs | 65% | Not covered | Not covered | \$1,000 Drugs not in the Quebec's Public Prescription Drug Insurance Plan |

| | COVERAGE CATEGORY | TYPE OF CARE | BASIC | CLASSIC | ENHANCED |
|----|-------------------------------|---|---|---|---|
| | | | 70% | 75% | 80% |
| 5 | Psychological care | Career counsellor, psychoanalyst, psychologist, psychiatrist, social worker | \$55/consultation Max. reimbursement \$500 | \$60/consultation Max. reimbursement \$500 | \$65/consultation Max. reimbursement \$500 |
| 6 | Health professionals | Acupuncturist | \$30/treatment Max. 10 treatments | \$35/treatment Max. 10 treatments | \$40/treatment Max. 10 treatments |
| | | Audiologist, occupational therapist, speech therapist | \$65/treatment | \$65/treatment | \$70/treatment |
| | | Podiatrist | \$30/treatment | \$35/treatment | \$40/treatment |
| | | | Max. 20 treatments for this specialty group | | |
| | | Chiropractor (X-rays) | \$40/X-ray Max. 2 X-rays | \$40/X-ray Max. 2 X-rays | \$40/X-ray Max. 2 X-rays |
| | | Chiropractor | \$30/treatment | \$35/treatment | \$40/treatment |
| | | Osteopath | \$45/treatment | \$50/treatment | \$55/treatment |
| | | Physiotherapist, physical rehabilitation therapist | \$40/treatment | \$45/treatment | \$50/treatment |
| | | | Max. 20 treatments for this specialty group | | |
| | | Dietitian | \$25/consultation Max. 10 consultations | \$35/consultation Max. 10 consultations | \$40/consultation Max. 20 consultations |
| | | Kinesitherapist, massage therapist, orthotherapist | Not covered | Not covered | \$35/treatment Max. 20 treatments |
| | | | | | |
| 7 | Orthopaedic devices and shoes | Orthopaedic devices | \$525/pair Max. reimbursement \$1,000 | \$525/pair Max. reimbursement \$1,000 | \$525/pair Max. reimbursement \$1,000 |
| | | Orthopaedic shoes | \$200/pair Max. 3 pairs | \$750/pair Max. 3 pairs | \$1,000/pair Max. 3 pairs |
| 8 | Transportation by ambulance | Ambulance and ambulance transportation by plane or train | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 |
| 9 | Home care | Nursing care | \$60/day | \$60/day | \$60/day |
| | | Home assistance services | \$60/day | \$60/day | \$60/day |
| | | Transportation expenses | \$30/day | \$30/day | \$30/day |
| | | Childcare expenses | \$25/day | \$25/day | \$25/day |
| 10 | Other care | Blood glucose monitor | \$100/60 months | \$100/36 months | \$100/36 months |
| | | Breast prostheses, surgical brassiere | \$200 lifetime maximum | \$200 lifetime maximum | \$200 lifetime maximum |
| | | Convalescent home | \$60/day Max. 30 days | \$60/day Max. 30 days | Semi-private room Max. 120 days |
| | | Cosmetic surgery required following an accident | Not covered | Max. reimbursement \$5,000/accident | Max. reimbursement \$5,000/accident |

| | COVERAGE CATEGORY | TYPE OF CARE | BASIC | CLASSIC | ENHANCED |
|----|----------------------------------|--|--|--|--------------------------------------|
| | | | 70% | 75% | 80% |
| 10 | Other care | Dental treatment required following accidental damage to natural teeth | Not covered | Max. reimbursement \$2,000/accident | Max. reimbursement \$2,000/accident |
| | | Detoxification | Not covered | \$80/day \$2,500 lifetime maximum | \$80/day \$2,500 lifetime maximum |
| | | External prostheses and artificial limbs | \$5,000 lifetime maximum | \$5,000 lifetime maximum | \$5,000 lifetime maximum |
| | | Graduated compression stockings | Max. 3 pairs | Max. 3 pairs | Max. 3 pairs |
| | | Hearing aid | \$750/48 months | \$750/48 months | \$750/48 months |
| | | Intraocular lens implants | \$1,000 lifetime maximum | \$1,000 lifetime maximum | \$1,000 lifetime maximum |
| | | Ostomy supplies | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 |
| | | Sclerosing injections | \$20/treatment Max. reimbursement \$150 | \$20/treatment Max. reimbursement \$150 | \$20/treatment |
| | | Therapeutic devices, transcutaneous electrical nerve stimulators, insulin pump and accessories | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 |
| | | Travel expenses within the province of residence | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 |
| | | Respirator (breathing apparatus), wheelchair, hospital bed | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 | Max. reimbursement \$1,000 |
| | | Vaccines | \$200 | \$200 | \$200 |
| | | Wig following chemotherapy | \$300 lifetime maximum | \$300 lifetime maximum | \$300 lifetime maximum |
| 11 | Lab tests and imaging techniques | Lab tests, X-rays, ultrasounds, MRIs, electrocardiograms, CAT scans | Max. reimbursement \$500 | Max. reimbursement \$1,200 | Max. reimbursement \$1,500 |
| 12 | Vision care | Eye examinations, eyeglasses, contact lenses, laser vision correction | Not covered | ⊕ Optional Eye exam \$50/24 months Other expenses \$200/24 months | \$400/24 months |

NOTES: All amounts listed are eligible amounts and apply **per insured, per calendar year, unless otherwise stated**. SSQ reimburses at the stated percentage for the first \$3,000 of annual eligible expenses per insurance policy. Thereafter, SSQ reimburses the excess at 90%, up to the other maximums provided for various expenses.

⊕ OPTIONAL COVERAGE

| COVERAGE | TYPE OF CARE | % REIMBURSEMENT |
|--------------|--|----------------------------|
| Dental care¹ | Basic care (periodic examination and cleaning every 9 months) | 75% |
| | Routine care (minor restorative services, endodontics, periodontics, etc.) | 75% |
| | Major restorations (removable dentures and fixed bridges every 60 months) | 50% |
| | | \$50 deductible • \$1,000² |

NOTES: All amounts listed are eligible amounts and apply **per insured, per calendar year, unless otherwise stated**.
1. Option available only for Classic and Enhanced coverage upon implementation of the SSQ Privilege health insurance policy. You must maintain this option for a minimum period of 24 months. Evidence of insurability may be required if you did not have dental care coverage under your previous group insurance plan.
2. Maximum reimbursement per calendar year is reduced by half (\$500) for the first year when you take out insurance between July 1 and December 31.

THE ADVANTAGES OF BEING INSURED WITH *SSQ/Privilege*

- You'll be dealing with a leader in the personal insurance market: a company with over 65 years of experience and trusted by nearly 3 million customers.
- You'll appreciate the quality of our products and the simplicity of our claims procedures.
- You'll have direct access to our Customer Service department, where real people with proper training are on hand to answer your questions.
- You won't be subject to any medical questionnaires or examinations if you apply within 90 days of the termination of your group health insurance coverage.
- You pay your premiums monthly, which makes budget planning easier.

And most importantly,

- You'll be putting your health first!



**Talk to
a financial security
advisor today!**

1-866-777-0711

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SSQ *Financial
Group*

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In this document, SSQ refers to SSQ, Life Insurance Company Inc.