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## SSQ Privilege, the health coverage suited to your needs

A simple, stress-free transition in the 90 days following the end of your participation in the SSQ Insurance group plan. This comparison table details the coverage for each protection plan offered by SSQ Privilege as well as the reimbursement you are entitled to. All amounts listed are maximum eligible amounts and apply **per insured, per calendar year, unless otherwise stated**.

Coverage category	Basic plan	Classic plan	Enhanced plan
<b>1. Hospitalization</b> (100 %, Max. 90 days)	Semi-private room	Semi-private room	Private room
<b>2. Trip cancellation</b> (100 %) Covers trip cancellation and interruption expenses resulting from a sudden and unexpected illness, an accident, death, or a disaster.	\$5,000 / trip	\$5,000 / trip	\$5,000 / trip
<b>3. Travel with assistance</b> (100 %) Covers expenses resulting from a sudden and unexpected illness that arises when you are travelling outside your province of residence.	30 days Max. 5M \$/trip	30 days Max. 5M \$/trip	180 days Max. 5M \$/trip
<b>4. Prescription drugs</b> (65 %) Drugs that are not on the list of products covered by the Quebec Public Prescription Drug Insurance Plan	Not covered	Not covered	Max. reimbursement \$1,000

Coverage category/Type of care	Basic plan	Classic plan	Enhanced plan
	70%	75%	80%
<b>5. Psychological care</b>			
Career counsellor, psychoanalyst, psychologist, psychiatrist, social worker	\$60/consultation Max. reimbursement \$500	\$65/consultation Max. reimbursement \$500	\$70/consultation Max. reimbursement \$500
<b>6. Health professionals</b>			
Acupuncturist / Max. 10 treatments	\$35/treatment	\$40/treatment	\$45/treatment
Audiologist, occupational therapist, speech therapist	Max. 20 treatments for this specialty group	\$65/treatment	\$70/treatment
Podiatrist		\$30/treatment	\$40/treatment
Chiropractor (X-rays) / Max. 2 X-rays	\$40/X-rays	\$40/X-rays	\$40/X-rays
Chiropractor	Max. 20 treatments for this specialty group	\$30/treatment	\$40/treatment
Osteopath		\$45/treatment	\$55/treatment
Physiotherapist, physical rehabilitation therapist		\$40/treatment	\$50/treatment

Coverage category/Type of care	Basic plan	Classic plan	Enhanced plan
	70%	75%	80%
<b>6. Health professionals (suite)</b>			
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
<b>7. Orthopaedic devices and shoes</b>			
Orthopaedic devices	\$525/pair Max. reimbursement \$1,000	\$525/pair Max. reimbursement \$1,000	\$525/pair Max. reimbursement \$1,000
Orthopaedic shoes / Max. 3 pairs	\$200/pair	\$750/pair	\$1,000/pair
<b>8. Transportation by ambulance</b>			
Ambulance and ambulance transportation by plane or train	Max. reimbursement \$1,000	Max. reimbursement \$1,000	Max. reimbursement \$1,000
<b>9. Home care</b>			
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
<b>10. Other care</b>			
Blood glucose monitor	\$100/60 months	\$100/36 months	\$100/36 months
Breast prostheses, surgical brassiere	\$200 lifetime max. reimbursement	\$200 lifetime max. reimbursement	\$200 lifetime max. reimbursement
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
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 max. reimbursement	\$80/day \$2,500 lifetime max. reimbursement
External prostheses and artificial limbs	\$5,000 lifetime max. reimbursement	\$5,000 lifetime max. reimbursement	\$5,000 lifetime max. reimbursement
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 max. reimbursement	\$1,000 lifetime max. reimbursement	\$1,000 lifetime max. reimbursement
Ostomy supplies	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
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
Vaccines	\$200	\$200	\$200
Wig following chemotherapy	\$300 lifetime max. reimbursement	\$300 lifetime max. reimbursement	\$300 lifetime max. reimbursement

Coverage category/Type of care	Basic plan	Classic plan	Enhanced plan
	70%	75%	80%
<b>11. Lab tests and imaging techniques</b>			
Lab tests, X-rays, ultrasounds, MRIs, electrocardiograms, CAT scans	Max. reimbursement \$500	Max. reimbursement \$1,200	Max. reimbursement \$1,500
<b>12. Vision care</b>			
Eye examinations, eyeglasses, contact lenses, laser vision correction	Not covered	<b>Optional</b> Eye exam \$50/24 months Other expenses \$200/24 months	\$400/24 months

**Notes:** SSQ Insurance reimburses at the stated percentage for the first \$3,000 of annual eligible expenses per insurance policy. Thereafter, SSQ Insurance reimburses the excess at 90%, up to the other maximums provided for various expenses.

## Optional coverage

Optional coverage	Type of care	Reimbursement
Dental care <sup>1</sup> \$50 deductible Max. reimbursement \$1,000 <sup>2</sup>	<b>Basic care</b> (periodic examination and cleaning every 9 months)	75%
	<b>Routine care</b> (minor restorative services, endodontics, periodontics, etc.)	75%
	<b>Major restorations</b> (removable dentures and fixed bridges every 60 months)	50%

**No medical questions** when you enrol within **90 days** following the end of your participation in a group health insurance.

**Do not delay!**



**Talk to a financial security advisor today at 1-866-777-0711.**

<sup>1</sup> 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.

<sup>2</sup> 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.

Please note that certain conditions, restrictions, limitations, and exclusions apply. Changes may be made without notice, and all offers are subject to approval by the insurer. This document has been prepared for information purposes only and has no contractual value. Only insurance contracts may be used to settle legal questions.

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