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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 a group insurance 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	Select plan
<b>1. Hospitalization</b> (100%, Max. 90 days)	Max. reimbursement 80 \$/day	Max. reimbursement 80 \$/day
<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
<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 <b>Available as an option</b> 180-day coverage per trip <sup>1</sup>
<b>4. Prescription drugs</b> (75%) Available only on prescription from a health care professional legally authorized to do so.	Not covered	Max. reimbursement 300 \$

Coverage category/Type of care	Basic plan	Select plan
	70%	75%
<b>5. Psychological care</b>		
Career counsellor, psychoanalyst, psychologist, psychiatrist, social worker	\$60/consultation Max. reimbursement \$500	\$65/consultation Max. reimbursement \$500
<b>6. Health professionals</b>		
Acupuncturist / Max. 10 treatments	\$35/treatment	\$40/treatment
Audiologist, occupational therapist, speech therapist	Max. 20 treatments for this specialty group	\$65/treatment
Podiatrist		\$35/treatment
Chiropractor (X-rays) / Max. 2 X-rays	\$40/ X-rays	\$40/ X-rays
Chiropractor	Max. 20 treatments for this specialty group	\$30/treatment
Osteopath		\$45/treatment
Physiotherapist, physical rehabilitation therapist		\$40/treatment
Dietitian / Max. 10 consultations	\$25/consultation	\$35/consultation
Kinesitherapist, massage therapist, orthotherapist	Not covered	Not covered

Coverage category/Type of care	Basic plan	Select plan
	70%	75%
<b>7. Orthopaedic devices and shoes</b>		
Orthopaedic devices	\$525/pair Max. reimbursement \$1,000	\$525/pair Max. reimbursement \$1,000
Orthopaedic shoes / Max. 3 pairs	\$200/pair	\$750/pair
<b>8. Transportation by ambulance</b>		
Ambulance and ambulance transportation by plane or train	Max. reimbursement \$1,000	Max. reimbursement \$1,000
<b>9. Home care</b>		
Nursing care	\$60/day	\$60/day
Home assistance services	\$60/day	\$60/day
Transportation expenses	\$30/day	\$30/day
Childcare expenses	\$25/day	\$25/day
<b>10. Other care</b>		
Blood glucose monitor	\$100/60 month	\$100/36 month
Breast prostheses, surgical brassiere	\$200 lifetime max. reimbursement	\$200 lifetime max. reimbursement
Convalescent home	\$60/day Max. 30 days	\$60/day Max. 30 days
Cosmetic surgery required following an accident	Not covered	Max. reimbursement \$5,000/accident
Dental treatment required following accidental damage to natural teeth	Not covered	Max. reimbursement \$2,000/accident
Detoxification	Not covered	\$80/day \$2,500 lifetime max. reimbursement
External prostheses and artificial limbs	\$5,000 lifetime max. reimbursement	\$5,000 lifetime max. reimbursement
Graduated compression stockings	Max. 3 pairs	Max. 3 pairs
Hearing aid	\$750/48 month	\$750/48 month
Intraocular lens implants	\$1,000 lifetime max. reimbursement	\$1,000 lifetime max. reimbursement
Ostomy supplies	Max. reimbursement \$1,000	Max. reimbursement \$1,000
Respirator (breathing apparatus), wheelchair, hospital bed	Max. reimbursement \$1,000	Max. reimbursement \$1,000
Sclerosing injections	\$20/treatment Max. reimbursement \$150	\$20/treatment Max. reimbursement \$150
Therapeutic devices, transcutaneous electrical nerve stimulators, insulin pump and accessories	Max. reimbursement \$1,000	Max. reimbursement \$1,000
Travel expenses within the province of residence	Max. reimbursement \$1,000	Max. reimbursement \$1,000
Vaccines	\$200	\$200
Wig following chemotherapy	300 \$ lifetime max. reimbursement	300 \$ lifetime max. reimbursement
<b>11. Lab tests and imaging techniques</b>		
Lab tests, X-rays, ultrasounds, MRIs, electrocardiograms, CAT scans	Max. reimbursement \$500	Max. reimbursement \$1,200

**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
Vision care <sup>2</sup>	<b>Eye examinations, eyeglasses, contact lenses, laser vision correction</b>	75%
	Eye exam \$50/24 months Other expenses \$200/24 months	
Dental care <sup>2, 3</sup> \$50 deductible Max. reimbursement \$1,000 <sup>4</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> To obtain the 180-day travel insurance coverage, you must be under age 70 and submit evidence of insurability when you take out your insurance. Also, note that evidence of insurability must be submitted every 5 years.

<sup>2</sup> Option available only for Select coverage upon implementation of the SSQ Privilege health insurance policy. You must maintain this option for a minimum period of 24 months.

<sup>3</sup> Evidence of insurability may be required if you did not have dental care coverage under your previous group insurance plan.

<sup>4</sup> The \$50 deductible only applies to dental care coverage. The 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.