SSQ insurance

Communities make us

Group insurance

Your Plan

J ASSUREQ – Retirees

January 1, 2022

For members of ASSUREQ and AREQ (CSQ)

AREQ CSQ

Please note that in this booklet, SSQ designates SSQ, Life Insurance Company Inc.

This booklet is provided for information purposes only and in no way affects the terms, conditions and provisions of the actual group insurance contract effective as of January 1, 2022.

Cette brochure est disponible en français.

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1 · General Information

1.1 Definitions

1.1.1 **"Dependent child":** a child of the participant, of the spouse, or of both; or a child living with the participant for whom legal procedures of adoption have been undertaken; or a child over whom the participant or the spouse exercises parental authority, or would exercise such authority if the child was a minor.

In all cases the child must be single, reside or be domiciled in Canada and be dependent on the participant for support and meet one of the following criteria:

i) be under age 18;

ii) be under age 26 and attend a recognized educational institution as a duly registered full-time student;

A dependent child who is between the ages of 18 and 25 inclusively and who is on a **sabbatical leave from school** may maintain the status of dependent child provided the participant meets the following provisions:

- Prior to the leave, a written request must be submitted to and accepted by SSQ before the leave begins;
- The request must indicate the start date of the sabbatical leave.

Only one sabbatical leave (lifetime) is accepted for each dependent child. The leave may not exceed 12 months, subject to eligibility for the *Régie de l'assurance maladie du Québec* (RAMQ), and must end at the beginning of a school year or term (September or January).

iii) regardless of age, become totally disabled at a time when she/he met one of the above conditions and remain continuously disabled since that date. Any person suffering from a functional deficiency, as defined under the regulation respecting the basic prescription drug insurance plan, is also considered to be a total disability.

1.1.2 **"Hospital":** a hospital as defined under the Act Respecting Health Services and Social Services (RSQ, c S-4.2). Outside Quebec, the term refers to any establishment that meets the same criteria;

1.1.3 **"Physician":** any physician legally authorized to practice medicine;

1.1.4 **"Dependent":** the dependents of a participant are the spouse and dependent children or, as the case may be, the spouse or the dependent children;

1.1.5 **"Participant":** any member of ASSUREQ who participates in this plan;

1.1.6 **"Insured person":** the participant or one of his/her dependents eligible for insurance;

1.1.7 **"Spouse":** person who so becomes following a marriage or civil union contracted legally in Quebec or elsewhere and recognized as valid under Quebec law; or a person who so becomes by residing permanently for more than one year (no minimum period of time is required in cases where a child is born of the union or when legal procedures of adoption have been undertaken) with a person of the opposite sex or the same sex presented openly as the spouse. The status of spouse is lost upon the dissolution of marriage by divorce or annulment, or the dissolution or cancellation of the civil union, as well as de facto separation of more than three months in the case of a common-law spouse (union not contracted legally). The designation of a new person as spouse takes effect at the time the notice is received and cancels the coverage of the person previously designated as spouse;

1.1.8 **"Employee":** any person who is subject to a national agreement or a collective working agreement concluded with a union affiliated with the CSQ or a service agreement, who is eligible for the insurance plan and belongs to one of the following categories:

- teaching personnel working for a school board or Cégep;
- professionals and support staff working for a school board or Cégep;
- personnel of the Health and Social Services sector;
- personnel who are members of any other group accepted by the policyholder.

The applicable national agreement or collective agreement determines the eligibility criteria for the Alter ego group insurance plan;

1.1.9 **"Retiree":** any person who was a member of a union affiliated with the CSQ and becomes a member of ASSUREQ;

1.1.10 **"Plan":** the group insurance plan for retirees of the *Centrale des syndicats du Québec* (CSQ), members of ASSUREQ and AREQ (CSQ), the *Association des retraitées et retraités de l'éducation et des autres services publics du Québec*, also called the ASSUREQ group insurance plan;

1.1.11 **"SSQ":** SSQ, Life Insurance Company Inc., the insurer.

1.2 Eligibility for Insurance

1.2.1 Retirees

a) Health insurance plan (Plan A)

Retirees who participated in the employees' group insurance plan

Retirees are eligible for the health insurance plan (Plan A) as of the date they are no longer eligible for the employees' group insurance plan, provided they meet the following conditions:

i) be a member of AREQ and ASSUREQ;

ii) be eligible for the public prescription drug insurance plan of their province of residence;

iii) make a request in writing to SSQ.

Retirees who did not participate in the employees' group insurance plan

Retirees are eligible for the health insurance plan (Plan A) as of the date they retire, provided they meet the following conditions:

i) be a member of AREQ and ASSUREQ;

ii) be eligible for the public prescription drug insurance plan of their province of residence;

iii) make a request in writing to SSQ.

b) Life insurance plan (Plan B)

Retirees who participated in the employees' group insurance plan

Retirees are eligible for the life insurance plan (Plan B) as of the date they are no longer eligible for the employees' group insurance plan, provided they meet the following conditions:

i) be a member of ASSUREQ;

ii) be a participant under the health insurance plan (Plan A) or be exempt from participation;

iii) submit a written request to SSQ. Retirees over age 70 who submit a request more than 90 days following the date they are no longer eligible for the employees' group insurance plan are not eligible for the life insurance plan (Plan B).

Retirees who did not participate in the employees' group insurance plan

Retirees are eligible for the life insurance plan (Plan B) as of the date they retire, provided they meet the following conditions:

i) be a member of ASSUREQ;

ii) be a participant under the health insurance plan (Plan A) or be exempt from participation;

iii) submit a written request to SSQ. Retirees over age 70 who submit a request more than 90 days following the date they retire are not eligible for the life insurance plan (Plan B).

1.2.2 Disabled employees

a) Health insurance plan (Plan A)

At the end of the waiver of premiums period stipulated under the employees' group insurance plan, for a reason other than the end of the total disability period or the termination of the plan, employees who are still disabled become eligible for the health insurance plan (Plan A) if they meet the following conditions:

i) be no longer eligible for a employees' health insurance plan;

ii) be a member of ASSUREQ;

iii) submit a written request to SSQ within 90 days following the date they are no longer eligible for the employees' health insurance plan.

b) Life insurance plan (Plan B)

At the end of the waiver of premiums period stipulated under the employees' group insurance plan, for a reason other than the end of the total disability period or the termination of the plan, employees who are still disabled become eligible for the life insurance plan (Plan B) if they meet the following conditions:

i) be no longer eligible for the employees' life insurance plan;

ii) be a member of ASSUREQ;

iii) be a participant under the health insurance plan (Plan A) or be exempt from participation;

iv) submit a written request to SSQ within 90 days following the date they are no longer eligible for the employees' life insurance plan.

1.2.3 Dependents

a) Health insurance plan (Plan A)

Dependents who are eligible for the public prescription drug insurance plan of their province of residence are also eligible for the health insurance plan (Plan A) on the same date as the participant if they are already a dependent at that time, and if not, then on the date they become a dependent.

b) Life insurance plan (Plan B)

Dependents are eligible for the life insurance plan (Plan B) on the same date as the participant if they are already a dependent at that time, and if not, then on the date they become a dependent.

1.3 Participation

Eligible participants must complete an application for this plan for themselves and their dependents, where applicable.

1.4 Exemption

Eligible participants may choose not to participate or cease participation in the health insurance plan (Plan A) provided they establish that they are insured under another group insurance plan with similar coverage.

For newly eligible persons, if SSQ receives the exemption request within 90 days following the date of eligibility

The exemption is retroactive to the date of eligibility.

During the insurance, if SSQ receives the exemption request within 90 days following the start of the insurance that allows for the exemption

The exemption is retroactive to the start date of the insurance that allows for the exemption.

If SSQ receives the exemption request more than 90 days after the date of eligibility or the start of insurance that allows for the exemption

The exemption takes effect on the first day of the month following the date that SSQ receives the written request.

1.5 End of Exemption

Persons eligible as participants who are exempt from participation in the health insurance plan (Plan A) and who demonstrate that they are no longer eligible for the group insurance plan that allowed for the exemption or who are not required to participate in the group insurance plan that allowed for the exemption anymore may reapply for the plan if they still meet the eligibility criteria of this plan and meet the following conditions:

If SSQ receives a request to terminate an exemption within 90 days following the eligibility to the group insurance plan enabling the exemption ends

The participant must choose a health insurance plan (Health or Health Plus) with their desired coverage status (individual, single-parent or family). Coverage under the selected plan comes into force on the termination date of the insurance allowing for the exemption.

If SSQ receives a request to terminate an exemption more than 90 days following the termination of eligibility for the group insurance plan allowing for the exemption

The Health plan is granted and comes into force on the first day of the premium period coinciding with or following the date SSQ receives the application.

1.6 Effective Date and Start of Insurance

1.6.1 Participants

The insurance of a participant comes into force on the dates specified below.

If SSQ receives the application within 90 days following the date of eligibility

The insurance comes into force on the date of eligibility.

If SSQ receives the application more than 90 days following the date of eligibility

Health insurance plan (Plan A)

The insurance comes into force on the first day of the premium period coinciding with or following the date SSQ receives the application. Only the Health plan is available and a minimum period of participation of 24 months is applicable.

Life insurance plan (Plan B)

The insurance comes into force on the first day of the premium period coinciding with or following the date SSQ receives the application. Only Option 1 is available.

1.6.2 Dependents

Dependents are insured under this plan as of:

a) the effective date of the family coverage status, for dependents who are eligible on this date;

b) the date they become a new eligible dependent, if the participant is insured under a family coverage status on this date;

In addition to the above-mentioned dates, dependent children are insured under the health insurance plan (Plan A) as of:

c) the effective date of the single-parent coverage status, for dependent children who are eligible on this date;

d) the date they become a new eligible dependent child, if the participant is insured under a single-parent coverage status on this date;

Under no circumstances will the insurance of dependents come into force before the insurance of the participant.

1.7 Available Coverage Options

Upon enrolment, the participant must choose one of the following coverage options:

a) **individual** coverage, which covers the participant only;

b) **single-parent** coverage, available only for the health insurance plan (Plan A), which covers the participant and dependent children;

c) **family** coverage, which covers the participant, spouse and dependent children, where applicable.

If the participant does not choose a coverage status, the individual status will be granted by default.

1.8 Changes to Coverage

1.8.1 Increase in coverage

a) Health insurance plan (Plan A)

i) Increase in coverage status

Participants may increase their coverage status as follows:

- change their **individual** coverage status to a **single-parent** or **family** coverage status;
- change their **single-parent** coverage status to a **family** coverage status.

The increase in coverage status can only be made when new dependents are recognized following one of the following **events**:

- marriage, civil union, separation or divorce;
- cohabitation for more than one year (no minimum period if a child is born of the union or if legal adoption proceedings have been undertaken);
- the birth or adoption of a dependent child;
- the termination of eligibility of the spouse's or dependent children's insurance.

If SSQ receives the written request within 90 days following the recognition of new dependent(s):

The new coverage status comes into force on the date of the event.

If SSQ receives the written request more than 90 days following the recognition of new dependent(s):

The new coverage status is not granted.

ii) Increasing from Health to Health Plus plan

Participants may increase their Health Insurance plan coverage following one of these events:

- marriage, civil union, separation or divorce;
- cohabitation for more than one year (no minimum period if a child is born of the union or if legal adoption proceedings have been undertaken);
- the birth or adoption of a dependent child;
- the termination of eligibility of the spouse's or dependent children's insurance;
- the death of the spouse or a dependent child.

If SSQ receives the written request within 90 days following the recognition of new dependent(s):

The Health Plus plan comes into force on the date of the event.

If SSQ receives the written request more than 90 days following the recognition of new dependent(s):

The Health Plus plan is not granted.

b) Life insurance plan (Plan B)

i) Increase in coverage status

Participants may decide to add spouse's and dependent children's life insurance (family life insurance coverage status) when one of the **events** mentioned in section **1.8.1 a) i)** occurs.

If SSQ receives the request in writing within 90 days following the recognition of the new dependent(s):

The family coverage status comes into force on the date of the event.

If SSQ receives the request in writing more than 90 days following the recognition of the new dependent(s):

The family coverage status is not granted.

ii) No possibility of increasing coverage amount

The choice of coverage amount (1, 2 or 3) is made by the participant upon enrolment in the life insurance plan (Plan B) and cannot be increased subsequently.

1.8.2 Decrease in coverage

a) Health insurance plan (Plan A)

i) Decrease in coverage status

Participants may decrease their coverage status as follows:

- change their **family** coverage status to a **single-parent** or **individual** coverage status;
- change their **single-parent** coverage status to an **individual** coverage status.

This new coverage status comes into force on the first day of the month following the date SSQ receives the request.

ii) Decrease from Health Plus to Health Plan

Participants may decrease their coverage under the health insurance plan (Plan A).

The Health Plan comes into force on the first day of the month following the date SSQ receives the request.

b) Life insurance plan (Plan B)

i) Decrease in coverage status

Participants may reduce their coverage status (family to individual) if they wish to terminate their participation in the spouse's and dependent children's life insurance plan.

The individual status comes into force on the first day of the month following the date SSQ receives the request.

ii) Decrease in coverage amount

Participants may decrease their coverage amount as follows:

- change from Option 3 to Option 2 or 1;
- change from Option 2 to Option 1;
- terminate all life insurance coverage.

The new coverage amount comes into force on the first day of the month following the date SSQ receives the request.

IMPORTANT

A reduced coverage status is an irreversible change, unless there is recognition of new dependents following one of the events mentioned in section **1.8.1 a) i)**.

Participants must inform SSQ of any change regarding their dependents. The coverage status held (individual, single-parent or family) should correspond to the actual family situation to avoid paying needless premiums.

1.9 Surviving Spouse's Eligibility for Coverage

1.9.1 Health insurance plan (Plan A)

In the event of death of an ASSUREQ member, the spouse may choose to be covered under the health insurance plan (Plan A) as a participant, provided he/she was already insured under the plan with a family coverage status immediately before the death of the participant.

If the surviving spouse is insured under the Health Plus plan at the time of death, he/she may choose to change it for the Health plan, however this decision is irrevocable. If the spouse is insured under the Health plan, he/she is not eligible for the Health Plus plan. In either case, coverage may be maintained for dependent children who were already insured under the plan before the participant's death and are eligible for the public prescription drug insurance plan of their province of residence.

To maintain participation in the health insurance plan (Plan A), the surviving spouse must:

a) become and remain a member of ASSUREQ;

b) be eligible for the public prescription drug insurance plan of his/her province of residence;

c) submit an application for insurance within 90 days following the date of the death of the participant and ASSUREQ member.

1.9.2 Life insurance plan (Plan B)

In the event of death of an ASSUREQ member, the spouse may choose to be covered under the life insurance plan (Plan B) as participant, provided he/she was already insured under the spouse's and dependent children's life insurance plan immediately before the death of the participant.

Only Option 1 of the participant's coverage is available.

Also, dependent children's coverage may be maintained if the dependent children were already insured under the life insurance plan (Plan B) before the participant's death.

To be insured under this plan as participant, the spouse must:

a) become and remain a member of ASSUREQ;

b) be insured under the health insurance plan (Plan A) or be exempt from participation;

c) submit an application for insurance within 90 days following the date of the death of the participant and ASSUREQ member.

1.10 Termination of Insurance

The insurance of a **participant** ends at 11:59 p.m. on the first of the following dates:

a) the date this contract ends;

b) the due date of any unpaid premiums;

c) the date the participant ceases to be a member of ASSUREQ;

d) the date the participant ceases to be eligible;

e) the date the participant ceases to participate in the health insurance plan (Plan A). This choice is irrevocable.

In addition to the above-mentioned dates, the **participant's** insurance coverage under the following plans ends at 11:59 p.m. on the first of the following dates:

For the health insurance plan (Plan A)

f) the date stipulated in section 1.4 when the participant requests an exemption from the health insurance plan (Plan A).

For the life insurance plan (Plan B)

g) the date the participant requests to cease participation in the life insurance plan (Plan B). This choice is irrevocable.

The **dependent's** insurance coverage ends at 11:59 p.m. on the first of the following dates:

a) the date the participant terminates that dependent's insurance;

b) the date the participant's insurance ends;

c) the date the dependent ceases to be an eligible dependent;

d) the date of the participant's death, unless the surviving spouse decides to maintain coverage held at the time of the death, subject to the provisions indicated in section 1.9.

2 · Health Insurance Plan (Plan A)

Eligible expenses are those that apply to treatments, care or supplies required for the treatment of an illness or injury and in the case of pregnancy.

Only those expenses incurred for treatments, care or supplies provided by a health professional who is a member in good standing of the professional order relevant to the treatments, care or supplies in question or, should no such order exist, of the relevant professional association, subject to the rules established by SSQ regarding the recognition of such an association.

To be eligible, the expenses applicable to services or supplies must meet the reasonable standards of current practice for the health professionals involved. It is recommended to obtain prior approval from SSQ to make sure the expenses are eligible for reimbursement.

When a prescription is required for the expenses incurred to be eligible for reimbursement, the prescription must indicate the name of the prescription drug or, in the case of a product, treatment or service, the diagnosis, the medical reasons or therapeutic indications justifying the prescription of such a product, treatment or service as well as the planned duration of use.

When a participant or one of his/her insured dependents incurs expenses covered under other benefits described below, provided these are included under the plan chosen by the participant, SSQ reimburses these expenses in accordance with the conditions mentioned in the **TABLE OF COMMON BENEFITS INCLUDED UNDER BOTH PLANS**, the Health plan and the Health Plus plan, and the **TABLE OF BENEFITS EXCLUSIVE TO THE HEALTH PLUS PLAN**.

If SSQ receives the application more than 90 days following the date of eligibility, only the Health plan is available and a minimum period of participation of 24 months is applicable.

No deductible is payable under the current health insurance plan (Plan A).

2.1 Table of Coverage

COMMON BENEFITS INCLUDED UNDER BOTH PLANS (HEALTH, HEALTH PLUS)			
Benefits	**Percentage of reimbursement**	**Maximum reimbursement per insured person**	**Medical prescription**
ELIGIBLE PRESCRIPTION DRUGS (SEE SECTION 2.2.1)			
Eligible prescription drugs	80%		Yes
Sclerosing injections	80%	$26.25/day	Yes
Preventive vaccines	80%	$200/calendar year	Yes
TRAVEL INSURANCE AND ASSISTANCE AND TRIP CANCELLATION INSURANCE (SEE SECTIONS 2.2.2 AND 2.2.3)			
Travel insurance and assistance	100%	**Health plan** and **Health Plus plan:** to be covered under this benefit, the insured person must be covered under the health and hospitalization insurance program of a Canadian province **Health plan:** coverage limited to **the first 90 days** of each trip $5,000,000/trip	In accordance with the indications provided in the benefit description
Trip cancellation insurance	100%	$5,000/trip	
EXPENSES FOR STAY IN A HEALTH CARE FACILITY IN CANADA FOR EACH TYPE OF FACILITY (SEE SECTION 2.2.4)			
Hospital in Canada	100%	Difference between the cost of a hospitalization in a regular ward and hospitalization in a semi-private room, at the rates stipulated under the Regulation respecting the application of the Hospital Insurance Act, for short-term care hospitals (HC rate)	No

COMMON BENEFITS INCLUDED UNDER BOTH PLANS (HEALTH, HEALTH PLUS) (continued)			
Benefits	**Percentage of reimbursement**	**Maximum reimbursement per insured person**	**Medical prescription**
Rehabilitation centre	100%	Accommodation expenses only, up to the cost of the stay in a semi-private room, based on the same rate as that for eligible expenses for a semi-private room in a hospital Maximum stay: lifetime total of 180 days per insured person, for all stays in rehabilitation centres and CHSLDs combined Care must be provided by a rehabilitation centre or a hospital	Yes
Residential and long-term care centre (CHSLD)	100%	Accommodation expenses only, up to the cost of the stay in a semi-private room, based on the same rate as that for eligible expenses for a semi-private room in a public CHSLD Maximum stay: lifetime total of 180 days per insured person, for all stays in rehabilitation centres and CHSLDs combined The date of admission to the CHSLD must be January 1, 2012, or after Care must be provided by a CHSLD (public or private)	Yes
Detoxification clinic	80%	Accommodation and meals combined: $64/day Maximum stay: 30 days/calendar year	Yes
Convalescent home	80%	Accommodation and meals combined: $60/day Maximum stay: 120 days/calendar year	Yes
Palliative care and chronic care facilities	100%	Accommodation expenses only, up to the cost of the stay in a semi-private room, based on the same rate as that for eligible expenses for a semi-private room in a hospital Care must be provided in a hospital Palliative care may also be provided in a palliative care facility	Yes

COMMON BENEFITS INCLUDED UNDER BOTH PLANS (HEALTH, HEALTH PLUS) (continued)			
Benefits	**Percentage of reimbursement**	**Maximum reimbursement per insured person**	**Medical prescription**
TRANSPORTATION EXPENSES (SEE SECTION 2.2.5)			
Ambulance and air transportation	80%	Transportation to hospital (round trip). Also, emergency air transportation from a remote area if the person cannot be transported through other means	No
Transportation by plane or train of a bedridden insured person	80%	For bedridden insured person who must occupy the equivalent of 2 individual seats	Yes
Transportation and accommodation expenses in Quebec	80%	$1,000/calendar year Minimum distance travelled to the place of consultation: 200 kilometres	Yes
EXPENSES FOR NURSING CARE (SEE SECTION 2.2.6)			
Nursing care	80%	$240/day and $5,000/calendar year	Yes
EXPENSES FOR HOME CARE (SEE SECTION 2.2.7)			
Nursing care for home visits	80%	$48/day Maximum of 30 days/event	Yes
Home care services	80%	$48/day Maximum of 30 days/event	Yes
Transportation expenses	80%	$24/trip Maximum of 12 trips/event Maximum of 30 days/event	Yes
EXPENSES FOR MEDICAL ARTICLES (SEE SECTION 2.2.8)			
Hearing aids	80%	$750/period of 48 consecutive months	No
Breathing assistance apparatus and oxygen	80%	Purchase or rental, whichever is less expensive as determined by SSQ	Yes
Orthopedic devices	80%	Purchase, rental or replacement, whichever is less expensive as determined by SSQ	Yes
Therapeutic devices	80%	Purchase or rental, whichever is less expensive as determined by SSQ If the total payable amount exceeds $2,000, a preauthorization must be obtained from SSQ	Yes
Ostomy supplies	80%		Yes

COMMON BENEFITS INCLUDED UNDER BOTH PLANS (HEALTH, HEALTH PLUS) (continued)			
Benefits	**Percentage of reimbursement**	**Maximum reimbursement per insured person**	**Medical prescription**
Support stockings	80%	Medium or full compression Up to 3 pairs/calendar year	Yes
Orthopedic shoes	80%	Deep shoes and sandals are not covered	Yes
Deep shoes	80%		Yes
Wheelchair, walker or hospital bed	80%	Purchase or rental, whichever is less expensive as determined by SSQ	Yes
Blood glucose monitor	80%	Purchase, adjustment, replacement or repair $240/period of 36 consecutive months	Yes
Intraocular lenses	80%		Yes
External prosthesis and artificial limbs	80%	Hearing aids, glasses, contact lenses, wigs and dentures are not covered	No
Transcutaneous electrical nerve stimulator	80%	Purchase, rental, adjustment, replacement or repair, whichever is less expensive as determined by SSQ $800/period of 60 consecutive months	Yes
Foot orthoses	80%	Limited to the price list of the *Association des orthésistes et des prothésistes du Québec*	Yes
Insulin pump and accessories	80%		Yes
Wig	80%	Maximum lifetime reimbursement: $300	Yes
Breast prostheses	80%		Yes
Surgical brassieres	80%	Maximum lifetime reimbursement: $200	Yes
EXPENSES FOR DENTAL CARE (SEE SECTION 2.2.9)			
Care required following accidental injury to natural teeth	80%	Fees for repair of accidental injury to natural teeth	No

2.1.2 - BENEFITS EXCLUSIVE TO HEALTH PLUS PLAN			
Benefits	**Percentage of reimbursement**	**Maximum reimbursement per insured person**	**Medical prescription**
EXPENSES FOR MEDICAL CARE (SEE SECTION 2.2.10)			
Audiologist Occupational therapist Speech therapist	80%		No
Psychotherapist	50% of the first $1,000 of eligible expenses incurred during the same calendar year and 80% of the excess	$1,500/calendar year for all services from the professionals listed in section 2.2.10 10) of this booklet	No
$750/calendar year for services from all the professionals listed below combined			
Acupuncturist	80%		No
Chiropractor	80%		No
Dietitian	80%		No
Homeopath	80%		No
Kinesiologist	80%		No
Kinesitherapist Massage therapist Orthotherapist	80%		No
Naturopath	80%		No
Osteopath	80%		No
Physiotherapist and athletic therapist	80%		No
Podiatrist Chiropodist	80%		No

2.2 Description of Coverage

When a participant or a dependent incurs expenses for the coverage described below, SSQ reimburses these expenses in accordance with the conditions mentioned in the table of coverage in the previous section.

2.2.1 Eligible prescription drugs

1) Only those drugs that can be obtained upon a prescription or sold under pharmaceutical control, bearing a valid DIN (Drug Identification Number), prescribed by a health professional legally authorized to do so, sold exclusively by a pharmacist or a physician (or a nurse) in isolated areas, where this practice is permitted under the law, will be reimbursed upon presentation of a suitably itemized receipt.

Sclerosing injections that are not covered under another provision of the plan are also covered if they are provided and administered by a physician for curative and not aesthetic purposes, up to a maximum eligible amount of $32.81 per day. The medical procedure is not covered.

Preventive vaccines that are not eligible under other provisions of the contract are also covered.

For administrative purposes only, prescription drugs covered are those the use of which is compliant with indications approved by government authorities, or in the absence of such authorities, with recommendations provided by the manufacturer.

2) Exclusions

The following products are not covered:

1) prescription drugs, pharmaceutical supplies and services covered under the RAMQ's basic prescription drug insurance plan (BPDIP);
2) drugs of experimental nature or obtained under a federal emergency drug program or so-called "orphan" drugs;
3) drugs used for infertility treatment or for artificial insemination;
4) drugs used to treat erectile dysfunction problems;
5) products used for aesthetic or cosmetic purposes;
6) dietary supplements intended as meal supplements or replacements;
7) sunscreens;
8) smoking cessation products.

3) Limitation

The contribution (deductible, coinsurance and annual premium) required from a person covered under the RAMQ's BPDIP is not covered under this benefit. This benefit does not cover the difference between the price charged by the drug manufacturer and the maximum price payable by RAMQ.

ELECTRONIC TRANSMISSION OF BENEFIT CLAIMS

Participants may use the electronic claim transmission service. Instructions for this service are provided in **section 5**.

2.2.2 Travel insurance with assistance

See **section 3** of this booklet.

2.2.3 Trip cancellation insurance

See **section 3** of this booklet.

2.2.4 Expenses for stay in a health care facility in Canada

1) Hospital in Canada

When an insured person is admitted to a hospital in Canada, the expenses for the room exceeding the cost of ward accommodation up to the daily cost of a semi-private room, regardless of the duration of the hospitalization.

Limitations–Administrative expenses charged by the hospital to the insured person are not covered under this benefit. The contribution required from the insured person by an institution for accommodation in a rehabilitation centre, a clinic or a palliative care home, chronic care or long-term care is not covered under this benefit.

2) Rehabilitation centre

Accommodation expenses for rehabilitation care identified as such, during a period where such care is required, in an appropriate institution in Canada. For the purposes of this plan, an institution is deemed appropriate to provide rehabilitation care if it provides care as an institution specialized for this purpose in a manner deemed adequate by professionals from the health sector. The necessity of the care period and its recommended duration must be confirmed by the attending physician.

3) Residential and long-term care centre (CHSLD)

Accommodation expenses for residential and a long-term care centre recognized as such by the provincial government. The date of admission to the CHSLD must be January 1, 2012 or after.

4) Detoxification clinic

The daily cost of accommodation and meals in a clinic recognized by SSQ, specialized in rehabilitation for alcoholics, drug addicts or compulsive gamblers, provided the insured person receives curative treatment.

The clinic must be located in Canada and be supervised by a physician or a licensed nurse.

5) Convalescent home

The daily cost of accommodation and meals, including all care and services related to the stay in an institution publicly recognized as a convalescent home in Canada. The stay must follow a hospitalization or day surgery and be prescribed and deemed necessary by a physician using the form available from SSQ's Customer Service.

6) Palliative care facility

Accommodation expenses for a period of palliative care in an appropriate institution in Canada. For the purposes of the contract, an institution is deemed appropriate if it specializes in providing palliative care to an extend deemed adequate by the relevant health care professionals.

7) Chronic care facility

Accommodation expenses for a period of care required for chronic illness, in an appropriate institution in Canada. For the purposes of the contract, an institution is deemed appropriate if it specializes in providing care for chronic illness to an extend deemed adequate by the relevant health care professionals. The necessity for a period of care in an institution must be the result of a degenerative chronic illness preventing the insured person from staying at home despite the support of family and friends.

2.2.5 Transportation expenses

1) Ambulance and air transportation

Ambulance transportation to and from the hospital, including air transportation in the event emergency in a remote area, as well as oxygen therapy during or immediately before transportation.

2) Transportation by plane or train of a bedridden insured person

a) Transportation by plane or train of a bedridden insured person occupying the equivalent of two individual seats, when part of the journey requires the use of one of these means of transportation.

b) Transportation by plane or train for immediate hospitalization as an inpatient at the nearest hospital where the required medical care or surgery is available, in accordance with the physician's prescription.

c) Transportation to return home immediately after a hospitalization.

3) Transportation and accommodation expenses in Quebec

Transportation and lodging expenses incurred in Quebec and resulting from a consultation to obtain professional services from a specialist physician not available in the insured's region of residence. Eligible expenses are:

i) expenses for travelling by automobile or a public carrier (bus, plane, boat, train) and lodging expenses incurred in a public establishment, as long as the consultation or the treatment requires a stay.

However, the following conditions apply:

1) eligible expenses must be incurred, on medical prescription, for a consultation with a specialist physician who is not present in the insured's region of residence. Expenses for a treatment that is not available in the region of residence and administered by a specialist physician are also covered;

2) eligible expenses must be incurred for a trip of a least 200 kilometres from the insured's place of residence to the location of the consultation (one way only). The location must be the nearest to the insured's place of residence;

3) when travelling by automobile, eligible expenses are equal to those that would have been incurred had the trip been made by bus;

4) eligible expenses are reimbursed upon presentation of receipts or paid invoices except if the means of transportation used is the automobile;

5) eligible expenses include expenses incurred by an insured as well as the accompanying individual.

These expenses may be eligible for reimbursement in accordance with a program managed by the establishment responsible for the insured's treatment. In order to verify whether such a program exists in the region of residence, the insured must contact the hospital, the CLSC, CISSS or CIUSSS. These organizations are the "first payers" and only expenses that are not reimbursed by these organizations and eligible in accordance with the contract are reimbursed.

2.2.6 Expenses for nursing care

Professional fees of a duly licensed nurse or a duly licensed nursing assistant for continuous and exclusive care provided at the insured person's home. For such expenses to be eligible, the professional services must be prescribed by the attending physician or the care must be given immediately following hospitalization.

2.2.7 Expenses for home care

1) Definitions

For the purposes of this coverage, the following definitions apply specifically to home care:

a) Basic daily activities: eating, dressing, moving around and seeing to basic hygiene requirements;

b) Home care service provider: remunerated individual working for a co-operative or an incorporated or registered agency specialized in home care; also, a self-employed contract worker hired by such a co-operative or agency; also, if no such agency or co-operative exists in the region, a self-employed worker.

2) Eligible expenses

SSQ pays the expenses incurred by an insured person for care prescribed and justified by the attending physician in accordance with the terms and conditions of this benefit. Eligible expenses must be incurred during a period of convalescence rendered necessary following hospitalization or day surgery and during which the insured person is unable to carry out basic daily activities.

3) Expenses covered are as follows:

a) Nursing care - for home visits: professional fees of a nurse or nursing assistant for nursing care provided at the insured person's home. Nursing care includes, among others:

- education following surgery;
- checking blood pressure and vital signs;
- changing bandages and dressing wounds;
- administering medications and intravenous solutions;
- removal of sutures and staples;
- specimen collection (e.g. blood samples, etc.)

b) Home care services: professional fees of a home care service provider for helping the insured person carry out basic daily activities. The services must be provided at the insured person's home. The services covered include, among others:

- personal care (assistance with bathing, dressing/undressing, general hygiene, help or assistance with eating, getting in and out of bed, etc.);
- housework (regular cleaning, dishes, laundry, etc.);
- general home maintenance (snow removal, lawn mowing, etc.);
- meal preparation;
- accompaniment to medical appointments.

c) Transportation expenses: expenses for transporting the insured person to medical care or medical follow-up following a hospitalization or day surgery.

4) Limitation

Only expenses incurred for care received within 30 days immediately following hospitalization or day surgery are covered under this benefit. Hospitalization following childbirth is not covered unless complications require hospitalization for an extended period of four days or more.

2.2.8 Expenses for medical articles

1) Hearing aids

Purchase, adjustment, replacement or repair of a hearing aid. This benefit also covers professional fees of an audioprosthesist.

2) Breathing assistance apparatus and oxygen

Rental or purchase, whichever is more economical, of a breathing assistance apparatus and the cost of oxygen.

3) Othopedic devices

Expenses for purchasing, renting or replacing trusses, corsets, casts, splints, crutches and other orthopaedic apparatus.

4) Therapeutic devices

a) Expenses for renting or purchasing, if more economical, therapeutic devices. This coverage also includes expenses for adjusting, replacing or repairing and expenses for some accessories.

For example, the following devices are eligible for reimbursement:

i) aerosol therapy devices, namely devices required for treating acute emphysema, chronic bronchitis or chronic asthma;

ii) fracture-healing stimulators;

iii) respiratory monitors in case of respiratory arrhythmia;

iv) intermittent positive pressure respirators;

v) burn treatment garments;

vi) purchase of diapers for incontinence, probes, catheters and other similar sanitary articles required following a total and irrecoverable loss of bladder or bowel function;

vii) compression garments.

b) This coverage does not include monitoring devices (such as a stethoscope, thermometer, etc.) as well as domestic devices (such as a whirlpool bath, air purifier, humidifier, air conditioner) or other similar devices. This benefit also does not cover articles or devices for which reimbursement is provided under other provisions of this plan.

c) If the total cost of expenses to be incurred exceeds $2,000, an authorization from SSQ must be obtained before these expenses are incurred.

5) Ostomy supplies

Purchase of products necessary for the maintenance of an ostomy. Only the portion of expenses that exceeds the amount reimbursed by the government is eligible for reimbursement.

6) Support stockings

Purchase of medium or full compression support stockings (20mm/Hg or more), in cases of venous or lymphatic system deficiency.

7) Orthopedic shoes

Purchase of shoes designed and custom made from a mould to correct a foot defect. Open toe, flared or straight last shoes and shoes required for use with Denis Browne splints are also covered. These shoes must be obtained from

a specialized licensed orthopedic laboratory. Adjustments or additions made to prefabricated shoes are also covered.

This benefit does not cover deep shoes or any type of sandals.

8) Deep shoes

Ready-made deep shoes. Shoes must be needed in order to use an orthosis designed to correct or compensate for a foot defect. Shoes must be obtained from a fully licensed specialized orthopaedic laboratory.

For the purposes of this insurance contract, sandals are not considered deep shoes.

9) Wheelchair, walker or hospital bed

Rental or purchase, whichever is more economical, of a non-motorized wheelchair, a walker or a hospital bed, if required for a temporary use only. The wheelchair and the hospital bed must be similar to those usually used in a hospital. Expenses reimbursed by the RAMQ are excluded.

10) Blood glucose monitor

Purchase, adjustment, replacement or repair of a blood glucose monitor. Purchase of an intermittent blood glucose monitor requiring glucose sensors may also be eligible, provided prior approval by SSQ is obtained.

11) Intraocular lenses

Purchase of intraocular lenses, if they are necessary to correct the symptoms of an eye disease which cannot be sufficiently corrected through the use of contact lenses or eyeglasses.

12) External prosthesis and artificial limbs

Purchase of artificial limbs or for the purchase of other external prostheses (dentures, hearing aids, wigs, eyeglasses and contact lenses are excluded).

13) Transcutaneous electrical nerve stimulator

Purchase, rental, adjustment, replacement or repair of a transcutaneous electrical nerve stimulator.

14) Foot orthoses

Purchase of foot orthoses (support for plantar arch, compensation sole). These are limited to the amounts provided in the price list of the *Association des orthésistes et des prothésistes du Québec.*

Foot orthoses must be purchased from a specialized orthopaedic laboratory holding a licence from legal authorities and be prescribed by a physician, a podiatrist or a specialized nurse practitioner.

15) Insulin pump and accessories

Purchase and repair of an insulin pump and the purchase of accessories for such a pump.

16) Wig

Purchase of a wig required following chemotherapy.

17) Breast prostheses

Expenses for the purchase of breast prosthesis if necessary following a mastectomy (simple, double or partial).

18) Surgical brassieres

Expenses for the purchase of post-surgical brassieres following a mastectomy or breast reduction.

2.2.9 Expenses for dental care

1) Professional fees for a dental surgeon, specialist or denturist to repair damage to natural and healthy teeth following an accident that occurred while the insurance was in force (damage to teeth sustained while eating is not covered), as long as treatment is provided within 24 months of the date of the accident. Eligible expenses are limited to the rates and acts provided in the current edition of the fee guide of the *Association des chirurgiens-dentistes du Québec* (ACDQ).

2) Any act, treatment or prosthesis of any nature related to a dental implant is excluded.

3) In this benefit, "accident" means any unintentional, sudden, accidental and unforeseeable event caused exclusively by a violent external cause and resulting in bodily injury, directly and independently of any other cause. A "natural" tooth is one that has not been replaced. In addition, a tooth is considered "healthy" when it has not been affected by any pathology, either in the substance itself or in the adjacent structures.

A treated or repaired tooth that has returned to its normal functioning is also considered healthy.

THE FOLLOWING EXPENSES ARE COVERED ONLY UNDER THE HEALTH PLUS PLAN

2.2.10 Expenses for medical care

1) Acupuncturist

Treatment provided by an acupuncturist.

2) Audiologist, occupational therapist, speech therapist

Services provided by an audiologist, occupational therapist or speech therapist.

3) Chiropractor

Treatment provided by a chiropractor. X-rays are also covered.

4) Dietitian

Consultation with a dietitian.

5) Homeopath

Consultation with a homeopath. This coverage also covers homeopathic treatments and remedies obtained upon written recommendation of the homeopath or of a physician.

6) Kinesiologist

Treatment provided by a kinesiologist.

7) Kinesitherapist, massage therapist, orthotherapist

Treatment provided by a kinesitherapist, massage therapist or orthotherapist.

8) Naturopath

Expenses for consultation with a naturopath. Eligible expenses are those related to a consultation to obtain dietary advice, a health check-up or a diet based on natural products. Natural products, baths, posturology, physical exercises and other consultations are not covered.

9) Osteopath

Treatment provided by an osteopath.

10) Physiotherapist and athletic therapist

Treatment provided by a physiotherapist or a physical rehabilitation therapist.

11) Podiatrist or chiropodist

Consultation or foot care treatment provided by a podiatrist, a chiropodist, a foot care nurse or a foot care nursing assistant.

12) Psychotherapist

Professional psychotherapy services (the professional must hold a psychotherapist's permit issued by the board of directors of the Ordre professionel des psychologues du Québec) or for services provided by a psychologist, a psychiatrist, a social worker, a guidance counsellor, a psychoeducator, a marriage or family therapist, a nurse or a psychotherapist.

2.3 Exclusions and limitation applicable to the health insurance plan (Plan A)

Exclusions

No benefits are paid for expenses incurred:

1) as a result of war;
2) as a result of active participation in a riot, insurrection or criminal act;
3) while the insured person is on active duty in the armed forces;
4) if the insured person is not required to pay for the services received;
5) for esthetic purposes, except in the event of an accident;
6) which are reimbursed or payable under a government organization or plan or by another private plan, whether individual or group; in no case will SSQ pay more than the expenses actually incurred when a person is insured under several plans;
7) for medical examinations undertaken for the purposes of employment, insurance, control or audit;
8) for services or supplies, examinations, care or expenses or excess expenses that do not comply with the customary and reasonable standards of current practices of the health professionals concerned;
9) for all products, devices or services used or offered for experimental purposes or in the medical research stage, or where the use of which does not comply with the indications approved by the appropriate government authorities or, in the absence of such authorities, with recommendations provided by the manufacturer;
10) for services or products used to treat infertility or for artificial insemination that are not covered under the Public Prescription Drug Insurance Plan.

Limitation

The number of treatments, per insured, is limited as follows:

1) only one treatment by the same professional or specialist per day; and
2) only one treatment per day per profession or speciality, regardless of the number of fields of specialization the professional or specialist is licensed to practise in.

3 · Travel Insurance With Assistance and Trip Cancellation Insurance

This benefit is included under the Health and Health Plus health insurance plans (Plan A).

3.1 Travel Insurance With Assistance

Travel insurance covers the participant and, if they are insured, the participant's dependents.

For the purposes of the travel insurance with assistance coverage:

"accident" means an unintentional, sudden, accidental and unforeseeable event caused exclusively by an external cause and resulting, in bodily injury, directly and independently of any other cause.

"good and stable state of health" means a state of health allowing the insured to carry out usual daily activities while not experiencing any symptoms that may reasonably suggest that any complications may arise or that medical care may be required during a trip outside the province of residence.

The expenses described below are eligible provided they are incurred following **death**, **accident** or **sudden and unexpected illness** that occurs while the insured person is temporarily outside the province of residence and the state of health requires emergency care. They include expenses incurred for supplies or services prescribed by a physician as necessary for the treatment or an illness or injury.

To be eligible for this coverage, the insured persons must be eligible for benefits under the government health insurance and hospitalization insurance program of their province of residence in Canada for the entire duration of their stay outside their province of residence.

IMPORTANT

Insured persons who already have a known disease or illness before the trip must ensure before departure that their state of health is good and stable.

If the disease or illness:

- has worsened;
- has relapsed or recurred;
- is unstable;
- is in its terminal phase;
- is chronic and shows signs that degradation may occur or foreseeable complications may arise during the trip,

it is recommended to contact the travel assistance service before departure. The travel assistance service will provide you with details of what is meant by "sudden and unexpected illness," and can confirm whether the coverage applies in your specific situation. The telephone numbers for the service appear on the back of the card that came with the certificate issued by SSQ, as well as at the end of section **3.1.3**.

3.1.1 Eligible travel insurance expenses

The following expenses are eligible for reimbursement:

a) **Hospitalization** in a hospital where the insured person actually received treatment. The expenses incurred are payable only if they are eligible for coverage under the hospital insurance plan of the insured person's province of residence, and only for the portion of expenses that exceeds the benefits reimbursed under this plan.

b) Professional fees of a **physician** for medical, surgical or anesthetic care other than fees for dental care. The expenses incurred are payable only if they are eligible for coverage under the health insurance plan of the insured person's province of residence, and only for the portion of expenses that exceeds the benefits reimbursed under this plan.

c) **Ambulance** transportation to the nearest hospital by a licensed ambulance carrier.

d) The **eligible prescription drugs** described in section 2.2.1.

e) Professional fees of a private **nurse** at a hospital, when medically necessary. This nurse must not be related to the insured person, nor be a travel companion of this person. Expenses are subject to a maximum reimbursement of $5,000 per insured person, per stay.

f) Professional fees for **health care professionals** deemed necessary by the travel assistance service.

g) The rental of a **wheelchair**, **hospital bed** or **breathing assistance apparatus**.

h) **Lab tests** or **medical imaging**.

i) Purchase of **trusses**, **corsets**, **crutches**, **braces**, **casts** or **other orthopedic devices**.

j) Professional fees for a **dental surgeon** for accidental injury to natural teeth in an accident that occurred outside the insured person's province of residence, up to a maximum reimbursement of $1,000 per accident. Eligible expenses must be incurred within 12 months of the accident and treatment may be obtained after the insured person's return to the province of residence. Only expenses incurred while this coverage is in force are eligible.

k) **Repatriation** of the insured person to the province of residence for immediate hospitalization and the cost of transporting the insured person to the nearest location where appropriate medical care is available. Expenses for transportation or repatriation must be previously approved by SSQ before being incurred, and benefits are limited to the cost of the most economical transport option, according to SSQ's evaluation, accounting for the insured person's state of health.

l) Round-trip **air travel** in economy class of a medical escort when required by the air carrier or by the insured person's attending physician. Prior authorization by SSQ is required. The medical escort must not be related to the insured person, nor be a travel companion of this person.

m) **Return of personal** or rental **vehicle** by means of a commercial agency, to the insured person's home or the nearest vehicle rental agency. The insured person must present a medical certificate stating that he or she is incapable of doing so due to an illness or accident. These expenses are eligible up to a maximum reimbursement of $2,000. Prior authorization by SSQ is required.

n) In the event of **death** of the insured person outside the province of residence, expenses incurred for the preparation and return of the remains, excluding the cost of the casket, by the most direct route to the insured person's residence in Canada, up to a maximum reimbursement of $10,000. Prior authorization by SSQ is required.

o) **Living expenses for accommodation and meals** in a commercial establishment, which the insured person must incur when obliged to postpone the return home due to hospitalization of at least 24 hours of the insured person, an accompanying close family member or a travel companion, up to a maximum reimbursement of $300 per day and $2,400 per stay abroad for all persons insured under this coverage.

p) **Living expenses** for **accommodation** and **meals** in a commercial establishment, as well as the cost of round-trip **transportation** for a close family member or friend, using the most economical means, in order to visit the insured person hospitalized for at least seven days, or to identify the deceased insured person, subject to the following maximum reimbursements for all insured persons under this plan:

- transportation: $2,500 per trip;
- accommodation and meals: $300 per day, up to a maximum of $2,400.

Prior authorization by SSQ is required.

q) The following travel assistance services:

1) Directing the insured person to an appropriate clinic or hospital.

2) Verifying the insured person's health insurance coverage to avoid the insured having to pay for services out of pocket, wherever possible.

3) Ensuring the proper follow-up of the insured person's medical file.

4) Coordinating the insured person's return and transportation as soon as medically possible.

5) Providing emergency assistance and coordinating benefit claims;

6) If necessary, arranging the transportation of a family member to the insured's bedside, to identify the insured person's body if deceased and/or coordinate the repatriation of the deceased insured person's body.

7) If necessary, arranging for the return of insured dependents to their home (return expenses not included);

8) If necessary, coordinating the return of the insured person's personal vehicle if the insured is unable to do so due to illness or accident;

9) If necessary, contacting the insured person's family or employer;

10) Acting as an interpreter for emergency calls;

11) Recommending a lawyer in the case of a serious accident (legal fees are not covered);

12) If necessary, guaranteeing payment of incurred hospital expenses;

13) Submitting benefit claims to RAMQ on behalf of the insured, if the latter agrees.

3.1.2 Limitations to travel insurance

If, due to a sudden accident or illness, the insured person requires extended medical care, treatments or surgery, and if medical proof reveals that after having received a diagnosis or an emergency treatment for this reason, the insured person could have returned to their province of residence, but chose to obtain these services, treatments or surgery outside their province of residence, SSQ does not reimburse the expenses incurred for these services, treatments or surgery nor any other related expenses.

SSQ reserves the right to repatriate the insured person to the province of residence if his or her medical condition allows it. Any refusal to be repatriated discharges SSQ from any liability for expenses subsequently incurred.

3.1.3 Exclusions related to travel insurance

This coverage does not include the following:

a) expenses incurred after the insured person has returned to the province of residence. This exclusion does not however apply to the expenses described in paragraph j) of section 3.1.1;

b) expenses payable under a government plan or legislation;

c) expenses related to elective or non-emergency surgery or treatment, as well as expenses incurred in the case of a trip taken for the purpose of obtaining medical treatment, medical consultation or hospital services, regardless of whether the trip is taken upon the recommendation of a physician;

d) hospital or medical expenses incurred for care not covered under the health insurance or hospital insurance plan of the insured person's province of residence;

e) expenses incurred outside the insured person's province of residence when such expenses could have been incurred in the province of residence, without danger to the insured person's life or health, except for services required immediately following an emergency situation resulting from an accident or sudden illness. The fact that the quality of the services available in the province of residence may be inferior to that available outside the province does not represent, for the purposes of this exclusion, a danger to the insured person's life or health;

f) expenses incurred in a hospital specialized in chronic care or in a chronic care ward of a publicly-funded hospital, or in a palliative care home or thermal spa facility;

g) expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the insured is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

   If it is impossible for the insured to comply with the advisory, the insured must contact the travel assistance service before the end of the 14-day deadline.

   This exclusion does not apply if the insured provides proof deemed satisfactory by the travel assistance service that reasons beyond his or her control prevented him or her from complying with the advisory within the aforementioned deadline.

This insurance does not cover losses incurred due to the following causes or to which such causes have contributed:

a) active participation of the insured person in a riot or insurrection, or perpetration or attempted perpetration of a criminal act by the insured or the travel companion;

b) intentional self-inflicted injury by the insured person, suicide or attempted suicide, regardless of the state of mind of the person in question. However, in cases of suicide, only expenses incurred for the preparation and repatriation of the remains are covered, in accordance with the provisions of section 3.1.1 n);

c) abusive consumption of medications, drugs or alcohol and the ensuing consequences;

d) participation in any extreme or combat sports, gliding, hang-gliding, mountain climbing, parachuting, skydiving or any other similar activity, participation in any racing or speeding event regardless of the nature of these activities, participation in any sporting or underwater activity for which the insured person receives compensation;

e) pregnancy, miscarriage, childbirth or related complications occurring within the two months preceding the normal expected date of delivery.

IMPORTANT

Neither SSQ nor the travel assistance service are responsible for the availability or quality of the medical and hospital care provided, nor for the possibility of obtaining such care.

Some of the services described may not be available in certain countries. The services offered are subject to change by SSQ without prior notice.

Please contact a representative of the travel assistance service at the following telephone numbers:

A)	CANADA – UNITED STATES	1-800-465-2928
B)	ELSEWHERE IN THE WORLD, COLLECT CALL:	514-286-8412

These telephone numbers appear on the back of the card issued by SSQ to the insured person. Have your insurance contract number handy when you call.

Note: The travel assistance services can serve as an intermediary between SSQ and the insured person when "prior authorization from SSQ" is required to obtain services.

3.1.4 Multiple coverage and coordination of benefits

Expenses eligible for reimbursement under the contract will be reduced by the amount of any benefits payable under a government plan, regardless of whether or not the participant has submitted a claim for such benefits.

If the participant is entitled to benefits payable under this coverage and similar coverage under another group insurance contract, benefits from all contracts will be coordinated so that the amounts paid do not exceed the actual expenses paid for the services obtained. If the other insurance plan does not provide for coordination of benefits, expenses incurred are primarily the responsibility of the other plan. Otherwise, the following provisions apply.

If the participant and their spouse each have group health insurance coverage, each of them should first submit their own claims to their own group insurance plan.

If the participant and their spouse each have family coverage status for their group health insurance, claims for their dependent children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year. If they are separated or divorced, claims for dependent children should first be submitted to the plan of the parent with custody. If they share joint custody, claims for children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year.

Expenses eligible for reimbursement under the Travel Insurance with Assistance benefit will be reduced by the amount of any corresponding benefits payable under another insurance contract. If the participant is entitled to receive benefits under Travel Insurance with Assistance as well as under another benefit of the Health Insurance Plan, benefits shall only be payable under Travel Insurance with Assistance.

3.2 Trip Cancellation Insurance

Eligible expenses means expenses incurred by the insured person following the cancellation or interruption of a trip, provided the expenses incurred are for travel expenses paid in advance by the insured person and that **at the time travel arrangements are made, the insured person was not aware of any event that could reasonably lead to the cancellation or interruption of the planned trip**.

3.2.1 Definitions

For the purposes of the trip cancellation insurance:

a) **"Accident"** means any unintentional, sudden, fortuitous and unpredictable event due exclusively to an external cause and resulting in bodily injury, directly and independently of any other cause;

b) **"Commercial activity"** means an assembly, conference, convention, exhibition, trade fair or seminar of a professional or business nature. The activity must be public, under the responsibility of an official organization and in compliance with the legislation, regulations and policies of the region where it is held. The activity must be the sole reason for the planned trip;

c) **"Business partner"** means a person with whom the insured person is associated for business purposes in a company composed of four co-shareholders

or fewer, or a commercial company or association composed of four partners or fewer;

d) **"Travel companion"** means the person with whom the insured person shares the room or apartment at the destination, or whose travel expenses were paid along with those of the insured person. Also includes the person with whom the insured person travels during the whole duration of the trip in the case of a two-person trip;

e) **"Prepaid travel expenses"** refers to the following:

- Expenses incurred by the insured to purchase a trip, including tickets from a public carrier, rental of motor vehicles or accommodation from a business or booking platform which is accredited or authorized by the appropriate authorities to operate such a business or provide such services;
- Amounts paid by the insured for travel arrangements usually included in a package trip;
- Amounts paid by the insured in relation to registration fees for a commercial activity;

f) **"Host at destination"** means an individual providing accommodations at his/her main residence where the insured person is planning to stay for at least part of the trip;

g) **"Family member"** means a spouse, son, daughter, father, mother, brother, sister, father-in-law, mother-in-law, grandparent, grandchild, half-brother, half-sister, brother-in-law, sister-in-law, son-in-law, or daughter-in-law;

h) **"Trip"** means travel for leisure or a commercial activity, which entails the absence of the insured person from the place of residence for at least two consecutive nights and requiring travel of at least 400 kilometres (round trip) from the place of residence. A cruise lasting at least two consecutive nights, under the responsibility of an accredited firm, is also considered to be a trip.

Exclusion: trip or portion of a trip whose purpose is humanitarian aid.

3.2.2 Reasons for cancellation

To be eligible for this coverage, the trip must be cancelled or interrupted due to one of the following:

a) an illness or accident suffered by the insured person, a travel companion, a business partner or a family member of the insured that prevents the person from performing his or her usual activities and be serious enough to justify the cancellation or interruption of the insured's trip;

b) the death of the insured person, the spouse, a child of the insured person or of the spouse, a travel companion or a business partner;

c) the death of a member of the insured person's family or a member of the travel companion's family, provided the funeral takes place during the planned trip or within 14 days of the scheduled departure date;

d) the death or emergency hospitalization of the host at destination;

e) the insured person's or a travel companion's summons for jury duty or subpoena to testify at a hearing during the travel period, provided the person concerned is not part of the legal proceedings and has undertaken the necessary steps to have the hearing postponed. However, a summons or subpoena is not considered an eligible reason for cancellation or interruption of a trip if the insured person has been subpoenaed as part of his or her duties as police officer.

f) quarantine of the insured person, provided such quarantine ends seven days or less before the scheduled date of departure;

g) hijacking of the airplane on which the insured person is travelling;

h) damage rendering the main residence of the insured person or the host at destination uninhabitable. The residence must remain uninhabitable seven days or less before the scheduled date of departure; otherwise, the damage must occur during the trip;

i) transfer of the insured person, for the same employer, to a location more than 100 kilometres from the current residence, within thirty days preceding the scheduled date of departure;

j) <u>For trip cancellation</u>

The issuance by the Government of Canada of an advisory:

- to avoid all travel, or to avoid non-essential travel, to a location where the insured plans to travel; or
- to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship.

The advisory must be issued after the insured has made the travel arrangements. The advisory must be in force on the scheduled date of departure.

<u>For trip interruption</u>

The issuance by the Government of Canada of an advisory:

- to avoid all travel, or to avoid non-essential travel, to a location where the insured is on a trip; or
- to avoid all cruise ship travel when the insured is already on a cruise ship.

The advisory must be in force during the trip. The insured must comply with the advisory within 14 days following its issuance.

k) delay of the transportation used to reach the point of departure of the planned trip, provided such means of transportation provided for scheduled arrival at the point of departure at least three hours prior to the time of departure (or at least two hours if the distance to be covered is less than 100 kilometres). The delay must be caused by weather conditions, mechanical problems (except those affecting the insured's private automobile), a traffic accident or an emergency road closure (each of the latter two causes require confirmation by a police report);

l) weather conditions such that:

- the departure of the public carrier used by the insured, at the point of departure of the planned trip, is delayed by at least 30% (minimum 48 hours) of the planned duration of the trip;
- the insured is unable to make a scheduled connection, after departure, with another carrier, provided the scheduled connection after departure is delayed by at least 30% (minimum 48 hours) of the planned duration of the trip;

m) damage to the place of business or physical location where a commercial activity is to be held. The damage must prevent the planned activity from taking place. A written cancellation notice must be issued by the organization officially responsible for the activity.

n) death, illness or accident of a person for whom the insured person is the legal guardian.

o) the suicide or attempted suicide of a member of the insured person's family or a member of the travel companion's family.

p) the death or a person for whom the insured person is the executor of the will.

q) the death or hospitalization of the person with whom the insured person had arranged a business meeting or commercial activity. Reimbursement is limited to transportation expenses and a maximum of three days of lodging.

3.2.3 Eligible trip cancellation expenses

a) In the event of cancellation prior to departure, eligible expenses are as follows:

i) the non-refundable, unusable, non-transferrable and irrecoverable portion of prepaid travel expenses. Any form of credit, compensation or indemnification (with or without restriction on use) offered by a travel provider, a travel agency, a public carrier, an accommodation facility or an agency is considered as a reimbursement of prepaid travel expenses;

ii) additional expenses incurred by the insured person if the travel companion must cancel for one of the reasons mentioned under section **3.2.2**, and the insured person decides to proceed with the trip as initially planned.

Expenses are covered up to the amount of the cancellation penalty applicable at the time the travel companion had to cancel;

iii) the non-refundable portion of prepaid travel expenses, up to 70% of such expenses, if the insured person's departure is delayed due to weather conditions and the insured person decides not to proceed with the trip.

b) In the event of missed departure (at the start or during the trip), eligible expenses are as follows:

the additional cost requested by a scheduled public carrier (plane, bus, train) in economy class by the most direct route to the initially-planned travel destination.

c) If the return is earlier or later than planned, eligible expenses are as follows:

i) the additional cost of a one-way economy class ticket, by the most direct route, to return to the initial point of departure, by the initially-planned means of transportation.

If the initially-planned means of transportation cannot be used, whether or not travel expenses have been prepaid, the eligible expenses correspond to the expenses required by a scheduled public carrier for economy class travel, by the most economical means of transportation, by the most direct route to return the insured person to the initial point of departure. These expenses require prior authorization from SSQ.

Restrictions

If the insured person's return is delayed by more than seven days as a result of illness or accident suffered by the insured person or the travel companion, the expenses incurred are covered provided the person in question is admitted to hospital as an inpatient for more than 48 hours within the said period of seven days.

If travel expenses were not prepaid, the expenses incurred by the insured person are covered provided that prior to the scheduled date of departure, the insured person was not aware of any event that could reasonably lead to the interruption of the planned trip.

ii) the unused and non-refundable portion of the ground portion of prepaid travel expenses.

d) If round-trip transportation is needed, eligible expenses are as follows:

Expenses for transportation by the most economical means following approval by SSQ or the travel assistance service for the insured person to return to the province of residence and then back to the trip destination, provided it is for one of the following situations:

i) the death or hospitalization of a member of the insured person's family, a person for whom the insured person is the legal guardian or a person for whom the insured is the testamentary executor;

ii) a disaster that has rendered the main residence of the insured person uninhabitable or has caused significant damage to the insured person's business establishment.

3.2.4 Maximum eligible expenses

Eligible expenses include only expenses that are payable by the insured person.

3.2.5 Exclusions related to trip cancellation insurance

In addition to the exclusions, restrictions and limitations applicable to all benefits of the Health Insurance plan, the following exclusions apply to Travel Cancellation Insurance.

a) Travel Cancellation Insurance does not cover losses due to the following causes or to which such causes have contributed:

i) Active participation of the insured in a riot or insurrection, perpetration or attempted perpetration of a criminal act by the insured or the insured's travel companion or participation of the insured or the insured's travel companion in a criminal act;

ii) Abusive or excessive consumption of medication, drugs or alcohol and the ensuing consequences;

iii) Intentional self-inflicted injury by the insured or travel companion, or suicide or attempted suicide by the insured, regardless of the state of mind of the person;

iv) Participation in any of the following activities or sports: gliding, hang-gliding, paragliding, mountaineering, bungee jumping, parachuting, skydiving or any other similar activity, all extreme or combat sports, any motorized vehicle competition, as well as any sporting or underwater activity for which a remuneration is paid to the individual this insurance plan applies to;

v) The reason for which the trip is purchased, in the event that it is purchased for the purposes of obtaining or with the intention of receiving medical treatment, a medical consultation or hospital services, whether or not the trip is taken upon the recommendation of a physician;

vi) In the event that the trip is purchased to visit or be at the bedside of a person who is ill or has suffered an accident, change in medical condition or death of such person;

vii) A cause which, beyond any possible doubt, does not prevent the insured from proceeding with the trip.

b) No expenses are payable if the insured made travel arrangements while a Government of Canada advisory was in effect recommending:

- to avoid all travel to a location where the insured plans to travel; or
- to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;

However, this exclusion does not apply:

- to any trip cancellation for an eligible reason for cancellation other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure; and
- to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure or during the insured's trip.

c) No trip interruption expenses are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending:

- to avoid all travel to a location where the insured plans to travel; or
- to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;

However, this exclusion does not apply to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level during the insured's trip.

d) No trip interruption expenses caused by the following advisory are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending to avoid non-essential travel to a location where the insured plans to travel.

However, this exclusion does not apply to any trip interruption caused by the advisory, if there is a change to the risk level of the advisory to a higher risk level during the insured's trip.

e) No trip interruption expenses caused by one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:

- to avoid all travel or to avoid non-essential travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or

- to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

If it is impossible for the insured to comply with the advisory, the insured must contact the travel assistance service before the end of the 14-day deadline.

This exclusion does not apply if the insured provides proof deemed satisfactory by the travel assistance service that reasons beyond his or her control prevented him or her from complying with the advisory within the aforementioned deadline.

f) No trip interruption expenses for an eligible reason for interruption other than one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:

- to avoid all travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
- to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

If it is impossible for the insured to comply with the advisory, the insured must contact the travel assistance service before the end of the 14-day deadline.

This exclusion does not apply if the insured provides proof deemed satisfactory by the travel assistance service that reasons beyond his or her control prevented him or her from complying with the advisory within the aforementioned deadline.

3.2.6 Deadline to request cancellation

In the event of trip cancellation prior to departure due to a travel advisory issued by the Government of Canada, you must contact SSQ's travel assistance service for the procedure to follow either 72 hours before a deposit becomes due or 72 hours before the scheduled date of departure, whichever comes first.

In the event of trip cancellation prior to departure for any reason other than a travel advisory, you must contact SSQ's travel assistance service for the procedure to follow at the latest 48 hours following the event causing cancellation.

The telephone numbers to contact SSQ's travel assistance service are the following:

From Canada or the United States: 1-800-465-2928

From elsewhere in the world: 514-286-8412 (collect call)

You must provide the contract number specified on your SSQ card when calling.

SSQ's liability is limited to the applicable cancellation costs stipulated in the travel contract that are applicable at the time such notice should have been given. However, this limitation will not apply if the insured and spouse provide proof deemed satisfactory by SSQ that they were totally incapable of doing so. In such case, the trip must be cancelled as soon as one of these persons is able to do so. SSQ's liability is limited to the applicable cancellation costs stipulated in the travel insurance contract on this date.

3.2.7 Multiple coverage and coordination of benefits

Expenses eligible for reimbursement under the contract will be reduced by the amount of any benefits payable under a government plan, regardless of whether or not the participant has submitted a claim for such benefits.

If the participant is entitled to benefits payable under this coverage and similar coverage under another group insurance contract, benefits from all contracts will be coordinated so that the amounts paid do not exceed the actual expenses paid for the services obtained. If the other insurance plan does not provide for coordination of benefits, expenses incurred are primarily the responsibility of the other plan. Otherwise, the following provisions apply.

If the participant and their spouse each have group health insurance coverage, each of them should first submit their own claims to their own group insurance plan.

If the participant and their spouse each have family coverage status for their group health insurance, claims for their dependent children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year. If they are separated or divorced, claims for dependent children should first be submitted to the plan of the parent with custody. If they share joint custody, claims for children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year.

Expenses eligible for reimbursement under the Trip Cancellation Insurance benefit will be reduced by the amount of any corresponding benefits payable under another insurance contract. If the participant is entitled to receive benefits under Trip Cancellation Insurance as well as under another benefit of the Health Insurance Plan, benefits shall only be payable under Trip Cancellation Insurance.

4 · Life Insurance Plan (Plan B)

4.1 Participant's Life Insurance

The participant's life insurance plan is only accessible **if the participant is covered under the health insurance plan (Plan A) or is exempt.**

Upon the death of a participant insured under the life insurance plan, SSQ agrees to pay to the beneficiary the benefit amount that appears in the following table in accordance with the participant's choice of coverage (1, 2 or 3).

Age of participant at time of death	Amount of life insurance		
	Option 1	Option 2	Option 3
Under age 60	$20,000	$40,000	$60,000
Age 60 to 64	$15,000	$30,000	$45,000
Over age 65	$10,000	$20,000	$30,000
The benefit amount is payable regardless of the cause of death.			
The participant's life insurance includes accidental death and dismemberment insurance described in section 4.2 below.			

A participant who doesn't have life insurance coverage under the employees' group insurance plan, who doesn't have an employees' group insurance plan at the time of retirement or who submits an application request more than 90 days following the date of eligibility to this plan only has access to Option 1.

In addition, to be eligible for Option 2 or Option 3, at the time of retirement the person must have life insurance coverage (under the employees' group insurance plan) for an amount that is higher or equal to the one offered under this plan; otherwise, the participant can only have access to Option 1.

For example, a person aged 62 must have life insurance coverage at the time of retirement under the employees' group insurance plan of at least $30,000 to have access to Option 2, and at least $45,000 to have access to Option 3.

IMPORTANT

If, at the time of your eligibility for this life insurance plan, you already hold coverage as a participant in the employees' group insurance plan, you have the right to convert this amount to an individual contract, without evidence of insurability, provided a request is made within 31 days following the end of your eligibility for the employees' group insurance plan. The coverage amount converted cannot be more than the difference between:

1. the amount of life insurance held under the employees' group insurance plan;

   less

2. the maximum amount of life insurance you can apply for in the current life insurance plan.

Accelerated benefit payment

Participants whose life expectancy is less than 24 months may submit a written request to SSQ to receive a life insurance benefit up to the lesser of $20,000 and 50% of the amount of life insurance they held. The amount of life insurance is determined by immediately considering any reduction in coverage provided for in the contract that is due to occur during the 24-month period following the date of the participant's request.

Participants who wish to exercise this right must supply evidence, demonstrating to SSQ's satisfaction:

- that their life expectancy is less than 24 months at the date of the request;
- that the approval of the participant's beneficiary, if irrevocable.

At the time of the participant's death, the amount otherwise payable by SSQ to the designated beneficiary is reduced by the amount of the life insurance paid to the participant, plus accrued interest.

If SSQ is no longer the insurer on the date of the participant's death, the insurer at the time of the death is responsible for paying 100% of the benefit, which means that the amounts already paid by SSQ, including interest, will have to be reimbursed to SSQ.

Exclusions for life insurance

SSQ will reimburse the premiums paid for this benefit in lieu of the amount of insurance if a retiree dies while having been covered for less than 6 months under this benefit. This exclusion is only applicable if SSQ receives the application more than 90 days following the date of eligibility of the participant to this plan.

4.2 Accidental Death and Dismemberment Insurance

When a participant insured under the participant's life insurance plan suffers one of the losses listed in the "Table of losses" and that this loss is caused, directly and independently of any other cause, by bodily injury due to external, violent and accidental causes, and occurring within 365 days of the date of the accident, provided the participant is insured under the

plan on the date of the accident, SSQ pays, in accordance with the provisions of this plan, the percentage of the participant's life insurance amount stipulated in the "Table of losses", without however exceeding 100% for all losses resulting from a same accident.

TABLE OF LOSSES	
Loss	**Percentage**
- Loss of life	100%
- Loss of both hands or both feet	100%
- Loss of sight in both eyes	100%
- Loss of one hand and one foot	100%
- Loss of one hand and sight in one eye	100%
- Loss of one foot and sight in one eye	100%
- Loss of one hand or one foot	50%
- Loss of sight in one eye	50%

In the case of a hand or a foot, "loss" means amputation at or above the wrist or ankle articulation or the total and irrecoverable loss of use. In the case of the loss of sight, we mean total, permanent and irrecoverable loss of sight.

Exclusions for accidental death and dismemberment insurance

The amount of insurance in event of accidental death or dismemberment is not payable for a loss attributed directly or indirectly, in whole or in part, to one of the following causes:

a) Suicide, attempted suicide or intentionally self-inflicted injury by the insured person, regardless of the same of mind of the person;

b) Active participation in a criminal act;

c) War, riot or insurrection;

d) Active service in the armed forces;

e) Flight in any aircraft or flying machine while the participant carries out any duty as member of the flight crew, unless the participant is acting as a teaching pilot as stipulated under a collective agreement or individual work contract.

Disappearance

If a participant disappears following a recognized accident which leads to the disappearance or submergence of the transportation means the participant was using, and if the body is not found within the year of the date of the disappearance, the participant will be presumed deceased after 365 days unless evidence to the contrary is presented.

4.3 Spouse's and Dependent Children's Life Insurance

(Family life insurance coverage status)

Participants may enrol in spouse's and dependent children's life insurance provided they are **covered under the participant's life insurance**. They may choose to participate or not, regardless of their coverage status under the health insurance plan (Plan A).

This plan provides for the payment of $5,000 upon the death of the spouse or of a dependent child aged 24 hours or older.

In the case of a participant insured under a family coverage status who does not have a spouse (single-parent family), the amount payable upon the death of a dependent child aged 24 hours or older is $5,000 plus $5,000 divided by the number of dependent children in the family on the date of said child's death.

4.4 Beneficiary

When a person enrols in the participant's life insurance plan, it is very important that the designation of the beneficiary upon death is clearly indicated.

If no specific designation is made by the participant, any amount payable upon death will be paid to the participant's successors.

The amount payable upon the death of an insured spouse or dependent child is always paid to the participant.

5 · How to Submit a Claim

5.1 Hospital Expenses

For hospital expenses in Canada, the insured person presents the SSQ insurance card at the hospital.

5.2 Prescription Drugs

Many drug claims can be submitted online on the **Customer Centre** website.

To be eligible for reimbursement by SSQ, drugs must be described in section 2.2.1 and must not be covered under the BPDIP.

Two other methods to submit prescription drug claims are available:

5.2.1 Direct payment with the SSQ insurance card

This payment method enables the electronic submission of benefit claims directly from the pharmacy to SSQ. The insured person must present their SSQ insurance card. If a drug is eligible for reimbursement under the health insurance plan (Plan A), the benefit claim will be sent to SSQ and the insured person will only need to pay the portion of the cost of the drug that is not reimbursed under this plan.

When the insured person has already presented the card to the pharmacist, they no longer need to do so for their subsequent purchases because the pharmacist keeps the information on file. However, if the insured person changes pharmacies, the card must be presented to the new pharmacist.

5.2.2 By mail

If the insured person cannot use their SSQ insurance card (lost, non-participating pharmacist, pharmacist located outside Quebec, etc.), the claim may be submitted using the health insurance benefit claim form.

Pharmacy receipts must indicate the name of the insured person, the name of the patient, the number and date of the prescription, the name of the physician, the name and quantity of the drug and the invoice must have been duly paid.

Drugs provided directly by the physician (or a nurse) in isolated areas where this practice is permitted by law are also payable upon presentation of receipts indicating the name and quantity of drugs.

The insured person must send the original paid invoices. It is recommended to submit them **every three months** and to keep copies as the invoices are not returned. **To be eligible for reimbursement, invoices must be submitted to SSQ no later than 12 months after the date the expenses were incurred.**

5.3 Other Health Insurance Plan Expenses

Under this plan, all expenses other than for prescription drugs must be submitted directly to SSQ using the health insurance benefit claim form. When submitting a benefit claim, the participant's name, address, contract number and certificate number must be provided.

The insured person must submit the original paid invoices. It is recommended to submit them **every three months** and to keep copies as the invoices are not returned. **To be eligible for reimbursement, invoices must be submitted to SSQ no later than 12 months after the date the expenses were incurred.**

Some types of claims can be submitted via SSQ's Web site, **Customer Centre**, or via SSQ's Mobile Services. These services are described in sections 5.9 and 5.10 below. In both cases, the participant must keep the original invoices for 12 months from the date the expenses were incurred.

Direct deposit of health insurance benefits

Direct deposit enables the insured person to obtain reimbursement of claims more quickly and eliminates any risk of loss or theft of benefit cheques.

The insured person may sign up for direct deposit by registering for SSQ's secure transactional Web site, **Customer Centre**. The insured person must have their SSQ card handy as well as a personal cheque indicating their bank account number. For more information about this procedure and on SSQ's online services, the instructions are provided in section 5.9 below.

If the insured persons would like to sign up for direct deposit but does not have Internet access, or if they require assistance, they may contact SSQ Customer Service at the numbers provided on the back of this booklet.

5.3.1 Specifications for certain benefits

For nursing care, home care and convalescent home coverage, some specifications apply. The participant may refer to the table below to find out which documents and forms are required to submit an eligible request for reimbursement:

Benefit	Form	Invoice required
Nursing care	Yes	Yes
Home care:		
-Nursing care	Yes	No
-Home care services	Yes	No
-Round trip transportation	Yes	Yes
Convalescent home	Yes	Yes

5.4 Hospital or Medical Expenses Subject to a Social Legislation

Hospital or medical expenses subject to a social legislation are payable by the organization in question (CNESST, SAAQ, IVAC, etc.). These invoices must be submitted to these organizations and not to SSQ.

5.5 Life Insurance

Life insurance benefit claim forms may be obtained directly from SSQ. The claim must be made within 90 days of the event.

5.6 Travel Insurance With Assistance

a) Hospital and medical expenses payable under travel insurance with assistance will be paid only after government authorities have completed their analysis of the benefit claim and paid benefits, where applicable;

b) Any benefit claim related to other eligible expenses under this benefit can be presented directly to SSQ along with satisfactory supporting documents (invoices, receipts, prescriptions, etc.). All claims must be made within the 12-month period specified in section 5.3.

5.7 Trip Cancellation Insurance

When submitting a claim, the insured person must provide the following supporting documents:

a) Unused travel tickets;

b) Official receipts for additional transportation expenses;

c) Receipts for ground transportation and other expenses. Receipts must include the contracts officially issued by a travel agency or accredited company and indicate the non-refundable amounts in the event of cancellation. Written proof of the insured's request to that effect as well as the outcome of the request must be provided to SSQ;

d) An official document certifying the reason for cancellation. If cancellation is due to medical reasons, the insured must provide a medical certificate issued by a legally authorized physician practising in the locality where the illness or accident occurred. The medical certificate must provide the complete diagnosis confirming the necessity to cancel, postpone or interrupt the trip;

e) A police report when the delay in the means of transportation used by the insured is caused by a traffic accident or an emergency road closure;

f) An official weather report issued by the appropriate authorities;

g) A written proof issued by the official organizer of a commercial activity to the effect that an event is cancelled and indicating the specific reasons;

h) Any other report required by SSQ in support of the insured's benefit claim.

All claims must be made within the 12-month period specified in section 5.3.

5.8 Where to Send a Benefit Claim

Participants must include their insurance contract number on all benefit claims or correspondence sent to SSQ at the following address:

SSQ Insurance
P.O. Box 10500, Station Sainte-Foy
Quebec QC
G1V 4H6

5.9 SSQ's Online Services

Customer Centre

This online service gives insured persons access to their insurance file at any time. Here are some of the operations that can be carried out in a fast, confidential and secure manner:

- submit a claim online (for some types of claims only);
- sign up for direct deposit of health insurance benefits;
- consult online electronic claim statements;
- print out a personalized health insurance claim form;
- order a health insurance claim receipt for tax purposes;
- print out a SSQ card;
- provide a change of address;
- print out a form for exception drugs;
- submit a declaration of school attendance;
- view or change the designated life insurance beneficiary;
- view the benefits included in the insurance file;
- view the balance remaining for a given benefit covered;
- print out a travel insurance proof of coverage.

To register for and take advantage of SSQ's online services, insured persons can simply visit SSQ's Web site at ssq.ca. Then, they must click on the **Customer Centre** link in the group insurance section. Online instructions will explain how to register.

Insured persons who need assistance may contact SSQ Customer Service from 8:00 a.m. to 8:00 p.m. Monday to Friday, at one of the numbers provided on the back of this booklet.

5.10 SSQ's Mobile Services

A participant who has a mobile device car download SSQ's free Mobile Services application in order to perform the same operations as the ones available on the **Customer Centre** website.

5.11 Personal Information and Insurance File

Notice of new file

To maintain the confidentiality of information concerning each person it insures, SSQ Insurance opens an insurance file to hold personal information about the application for insurance and information about any insurance claims made.

With the exception of certain cases provided for under applicable legislation, access to insured persons' files is restricted to those employees, legal agents and service providers who must consult these files for the purpose of contract management, inquiries or underwriting, in addition to any other persons the insured person may authorize. SSQ keeps these insurance files in its offices.

All participants have the right to consult the information contained in their file and, if necessary, have any errors or inaccuracies corrected, free of charge, making a written request to the attention of SSQ's Personal Information Protection Officer at the following address: SSQ, Life Insurance Company Inc., 2525 boulevard Laurier, P.O. Box 10500, Station Sainte-Foy, Quebec QC, G1V 4H6. However, SSQ may charge fees for transcribing, reproducing or sending this information. The person making the request for information will be informed beforehand of the approximate amount that will be charged.

Legal agents and service providers

SSQ may communicate personal information to its reinsurers, legal agents and service providers, but only when it is required as part of the tasks they are assigned. The legal agents and service providers of SSQ must comply with SSQ's Personal Information Protection Policy.

By enrolling in a group insurance plan, and when making a benefit claim, participants consent to having the personal information about them on file used for the purposes described above by the insurer, its legal agents and service providers. It is understood that refusing this consent will compromise the management of their insurance and the quality of service SSQ can offer.

For more information, please refer to the Personal Information Protection Policy Statement on SSQ's Web site at **ssq.ca**.

Customer Centre

2 minutes to register.
48 hours to get reimbursed.
Now that's fast!

Log in to the Customer Centre!
customer-centre.ssq.ca

Head Office

2525 Laurier Boulevard
P.O. Box 10500, Stn Sainte-Foy
Quebec QC G1V 4H6
1-888-651-8181

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BV3420A (2022-01)