





SSQ Privilege comparison table • 1-866-777-0711

The advantages of being insured with us:

- You'll appreciate the quality of our products and the simplicity of our claiming process.
- You'll have direct access to our Customer Service department, where real people with proper training are on hand to answer your questions.
- You won't be subject to any medical questionnaires or examinations if you apply within 90 days of the termination of your group health insurance coverage.
- You pay your premiums monthly, which makes budget planning easier.

Because your health is important, enrol today!

Choose the best flex plan for your needs!

Coverage category	% Reimbursement	Basic	Classic	Enhanced	
1. Hospitalization	100%	Semi-private room – Max. 90 days		Private room Max. 90 days	
o T.:	100%	Max. \$5,000/trip			
2. Trip cancellation	Covers trip cancellation and interruption expenses resulting from a sudden and unexpected illness an accident, death, or a disaster.				
3. Travel with assistance	100%	30 days – Max. \$5M/trip	180 days – Max. \$5M/tri	р	
	Covers expenses resulting from a sudden and unexpected illness that arises when you are travellin outside your province of residence.				
4. Prescription drugs	65%	Not covered		\$1,000 Drugs not in the Quebec's Public Prescription Drug Insurance Plan	
		Basic	Classic	Enhanced	
Coverage category/Type of care					
E Devekological as	· · ·	70%	75%	80%	
5. Psychological ca	ii C	\$60/consultation	\$65/consultation	\$70/consultation	
Career counsellor, psychoanalyst, psychologist, psychiatrist, social worker		Max. reimbursement \$500	Max. reimbursement \$500	Max. reimbursement \$500	
6. Health profession	onals				
Acupuncturist		\$35/treatment	\$40/treatment	\$45/treatment	
		Max. 10 treatments	Max. 10 treatments	Max. 10 treatments	
Audiologist, occupational therapist, speech therapist		\$65/treatment		\$70/treatment	
Podiatrist		\$30/treatment	\$35/treatment	\$40/treatment	
		x. 20 treatments for this s			
Chiropractor (X-ray	/s)	\$40/X-ray – Max. 2 X-rays		• • • • • • • • • • • • • • • • • • • •	
Chiropractor		\$30/treatment	\$35/treatment	\$40/treatment	
Osteopath		\$45/treatment	\$50/treatment	\$55/treatment	
Physiotherapist, physical rehabilitation therapist		\$40/treatment	\$45/treatment	\$50/treatment	
	Ma	x. 20 treatments for this s		1	
Dietitian		\$25/consultation	\$35/consultation	\$40/consultation	
Kinesitherapist, massage therapist, orthotherapist		Max. 10 consultations Not covered		Max. 20 consultations \$35/treatment Max. 20 treatments	
7. Orthopaedic de	vices and shoes	<u> </u>		iviax. 20 treatments	
Orthopaedic device		\$525/pair – Max. reimbu	rsement \$1.000		
•		\$200/pair	\$750/pair	\$1,000/pair	
Orthopaedic shoes		Max. 3 pairs	Max. 3 pairs	Max. 3 pairs	
3. Transportation	by ambulance				
	lance and ambulance or train Max. reimbursement \$1,000				
9. Home care					
Nursing care	\$60/day				
Home assistance s	ervices	\$60/day			
Transportation exp		\$30/day			
Childcare expenses	5	\$25/day			

Saverna and a second Transport	Basic	Classic	Enhanced		
Coverage category/Type of care	70%	75%	80%		
10. Other care					
Blood glucose monitor	\$100/60 months	\$100/36 months			
Breast prostheses, surgical brassiere	\$200 lifetime maximum				
Convalescent home	\$60/day – Max. 30 days		Semi-private room Max. 120 days		
Cosmetic surgery required following an accident	Not covered	Max. reimbursement \$5,	000/accident		
Dental treatment required following accidental damage to natural teeth	Not covered	Max. reimbursement \$2,000/accident			
Detoxification	Not covered	\$80/day – \$2,500 lifetime maximum			
External prostheses and artificial limbs	\$5,000 lifetime maximum				
Graduated compression stockings	Max. 3 pairs				
Hearing aid	\$750/48 months				
Intraocular lens implants	\$1,000 lifetime maximum				
Ostomy supplies	Max. reimbursement \$1,000				
Sclerosing injections	\$20/treatment – Max. reimbursement \$150 \$20/treatment				
Therapeutic devices, transcutaneous electrical nerve stimulators, insulin pump and accessories	Max. reimbursement \$1,000				
Travel expenses within the province of residence	Max. reimbursement \$1,000				
Respirator (breathing apparatus), wheelchair, hospital bed	Max. reimbursement \$1,000				
Vaccines	\$200				
Wig following chemotherapy	\$300 lifetime maximum				
11. Lab tests and imaging techniques					
Lab tests, X-rays, ultrasounds, MRIs, electrocardiograms, CAT scans	Max. reimbursement \$500	Max. reimbursement \$1,200	Max. reimbursement \$1,500		
12. Vision care	12. Vision care				
Eye examinations, eyeglasses, contact lenses, laser vision correction	Not covered	Optional Eye exam \$50/24 months Other expenses \$200/24 months	\$400/24 months		

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



Optional coverage

Coverage	Type of care	% Reimbursement
Dental care¹	Basic care (periodic examination and cleaning every 9 months)	75%
	Routine care (minor restorative services, endodontics, periodontics, etc.)	75%
	Major restorations (removable dentures and fixed bridges every 60 months)	50%
	·	\$50 deductible • \$1.000 ²

Notes: All amounts listed are eligible amounts and apply per insured, per calendar year, unless otherwise stated.

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



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

SSQ, Life Insurance Company Inc.

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

privilege@ssq.ca • ssq.ca/privilege

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

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

