

**YOUR GROUP
INSURANCE PLAN
YZ RETIREES**



Contract Y9999-R

Retired Management Personnel
of the Quebec Public and Parapublic Sectors

January 2013

ADVISORY COMMITTEE FOR RETIREES

The Advisory Committee for Retirees (ACR), together with SSQ, Life Insurance Company Inc., is pleased to present this booklet describing the main features of the benefits available to you under the group insurance plan for retired management personnel of the Quebec public and parapublic sectors.

Please read this booklet carefully. It describes the benefits you are entitled to. If you have any questions about your insurance, please contact SSQ Customer Service using the contact details provided on the back cover of this booklet.

This document has been prepared for information purposes only and has no contractual value. The insurance contracts alone can be used to settle legal questions.

COMPOSITION OF THE ACR

GOVERNMENT REPRESENTATIVES

Co-chairperson of the Intersectorial Parity Committee (IPC)

Actuary

Secretary of the Committee

MANAGEMENT ASSOCIATION REPRESENTATIVES

**One representative from each group (CERA and RACAR),
one of which becomes co-chairperson of the IPC.**

RETIREES' REPRESENTATIVES

Education: 2 representatives

Public service: 2 representatives

Health and Social services: 4 representatives

COMMITTEE OPERATING RULES

One retired ACR member is appointed by retired committee members to chair the ACR.

One retired ACR member is appointed by retired committee members to sit on the IPC.

Retired members of the ACR are elected for a 2-year renewable term.

TO CONTACT THE MEMBERS OF THE ACR

Web site: www.ccr-quebec.com

Telephone: 1-888-777-5546

Please note that in this booklet, the name SSQ is used to designate SSQ, Life Insurance Company Inc.

Cette brochure est disponible en français.

Save on your medication costs by shopping around!

By shopping around for your medication, you'll spend less and have a positive impact on your group plan's premium cost. It's a fact that the differences in cost from one pharmacy to another can be significant. For this reason we recommend that you get cost estimates on your medication at more than one pharmacy. Then you'll be in a better position to choose the quality of service and price that's right for you.

**A friendly tip from your
committee**

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YOUR PLAN AT A GLANCE

BASIC ACCIDENT AND HEALTH INSURANCE PLAN

Benefit	Reimbursement limitations	Prescription required	Deductible	Percentage reimbursed
Hospital expenses in Quebec	Semi-private room, up to a maximum of 90 days / calendar year / insured	NO	None	100%
Prescription drugs	Available by prescription, in accordance with the RAMQ list	YES		
Home care:	Within 30 days of hospitalization			
- Nursing care	Eligible expenses of \$60 / day / insured	YES		
- Transportation expenses	Eligible expenses of \$30 / day / insured up to 3 trips / week	YES		
- Convalescent home	Eligible expenses of \$125 / day / insured	YES		
- Home assistance services	Eligible expenses of \$60 / day / insured	YES		
Nurse	Eligible expenses of \$300 / day / insured Maximum reimbursement of \$10,000 / calendar year / insured	YES		
Sclerosing injections (substance)	Eligible expenses of \$20 / day / insured	NO		
Ambulance	In compliance with customary and reasonable standards of current practices	NO		
Vaccines	Eligible expenses of \$200 / calendar year / insured	NO		
			Individual: \$50 Single-Parent: \$65 Family: \$100	75% of the first \$2,700, 100% of subsequent amounts, after the deductible has been applied

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN

Benefit	Reimbursement limitations	Prescription required	Deductible	Percentage reimbursed
Travel insurance with assistance	Maximum reimbursement \$5,000,000 / trip / insured	YES		
Trip Cancellation Insurance	Maximum reimbursement of \$5,000 / trip / insured, with evidence deemed satisfactory by SSQ	N/A	None	100%
Hospital expenses in Quebec	Semi-private room with no limit on days	NO		
Prescription drugs	Available by prescription only	YES		
Home care:	Within 30 days of hospitalization			
- Nursing care	Eligible expenses of \$60 / day / insured	YES		
- Transportation expenses	Eligible expenses of \$30 / day / insured up to 3 trips / week	YES	Individual: \$50 Single-Parent: \$65 Family: \$100	80% of the first \$3,000, 100% of subsequent amounts, after the deductible has been applied
- Convalescent home	Eligible expenses of \$125 / day / insured	YES		
- Home assistance services	Eligible expenses of \$60 / day / insured	YES		
Wheelchair - hospital bed	Temporary use only	YES		

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Deductible	Percentage reimbursed
Artificial limbs and external prostheses	In compliance with customary and reasonable standards of current practices	YES		
Trusses, corsets, crutches, splints, casts, orthotic shoe inserts (specialized laboratory) and other orthoses	In compliance with customary and reasonable standards of current practices For orthotic shoe inserts, refer to the price schedule of the <i>Association nationale des orthésistes du pied</i>	YES		
Therapeutic devices including percutaneous or transcatheter electrical nerve stimulator (PENS/TENS)	In compliance with customary and reasonable standards of current practices Eligible expenses of \$1,000 / 60 months for percutaneous or transcatheter electrical nerve stimulator (PENS/TENS)	YES	(see previous page)	(see previous page)
Insulin pump	Purchase of pump: Maximum reimbursement of \$7,500 / 60 months / insured Maintenance expenses (tubes and catheters): Maximum reimbursement of \$4,000 / calendar year / insured	YES		

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Deductible	Percentage reimbursed
Wig (required following chemotherapy)	Maximum reimbursement of \$500 / 48 months / insured	YES		
Orthopedic shoes (specialized laboratory)	In compliance with customary and reasonable standards of current practices	YES		
Electrocardiograms, X-rays (including scanner), magnetic resonance, ultrasounds and laboratory analyses	In compliance with customary and reasonable standards of current practices	YES	(see previous page)	(see previous page)
Respirators and oxygen	In compliance with customary and reasonable standards of current practices	YES		
Hearing aids	Eligible expenses of \$1,000 / 48 months / insured	NO		
Nurse	Eligible expenses of \$300 / day, maximum reimbursement of \$10,000 / calendar year / insured	YES		
Cosmetic surgery	Following an accident	YES		

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Benefit	Reimbursement limitations	Prescription required	Deductible	Percentage reimbursed
Support stockings	21 mm Hg or more, 3 pairs / calendar year / insured	YES		
Sclerosing injections (substance)	Eligible expenses of \$20 / treatment / insured	NO		
Dental surgery following an accident	Treatment received during the 12 months following the accident	NO		
Ambulance	In compliance with customary and reasonable standards of current practices	NO		
Vaccines	Eligible expenses of \$200 / calendar year / insured	NO	(see previous page)	(see previous page)
Transportation and accommodation in Quebec	Maximum reimbursement of \$1,000 / calendar year / insured	YES		
Detoxification treatment	Eligible expenses of \$50 / day, maximum of 30 days / calendar year / insured, in a recognized establishment	YES		

EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN (continued)

Grouping	Eligible expenses per treatment	Maximum reimbursement, per calendar year, per insured and group	Deductible	Repayment agreement
Dietitian	\$30 initial visit / \$25 / subsequent visits	\$500	(see previous page)	(see previous page)
Naturopath	\$25			
Homeopath	\$25	\$750	(see previous page)	(see previous page)
Phytotherapist	\$25			
Acupuncturist	\$25			
Osteopath	\$25			
Kinesitherapist	\$25			
Orthotherapist	\$25			
Massage therapist	\$25			
Chiropractor**	\$25			
Physiotherapist	\$25			
Audiologist	\$25			
Hearing aid specialist	\$25			
Occupational therapist	\$25			
Speech therapist	\$25			
Podiatrist	\$25			
Psychiatrist	In compliance with customary and reasonable standards of current practices	\$500	(see previous page)	As indicated above, but 50% instead of 80%
Psychoanalyst				
Psychologist				
Social worker				
Marital and family therapist				

No medical prescription required for the reimbursement of professional fees indicated in the table above.

* Fees for X-rays taken in a chiropractor's office are limited to \$50 / year, subject to the maximum reimbursement of \$750 per insured, per calendar year.

OPTIONAL LIFE INSURANCE PLAN

Benefit	Amount insured
- Retired Participant's Life Insurance:	- 150%, 125%, 100%, 75%, 50% or 25% of participant's salary immediately before retirement
- Spouse's Life Insurance:	- \$10,000, \$5,000 or \$2,000
- Dependent Children's Life Insurance:	- \$10,000 - \$5,000 / child
- Spouse's Optional Life Insurance:	- from 1 to 5 increments of \$10,000

Please refer to the text in the booklet for details concerning each benefit and applicable exclusions and limitations.

QUICK REFERENCE - COMMON SITUATIONS

You may wish to check if any of the following situations apply to you.

Please refer to the section numbers specified for details of what to do in each situation.

- Upon retirement (*Section 1. General information*)
- Change in coverage status (*Section 1.8*)
- Reduction in coverage from Expanded to Basic Accident and Health Insurance (*Section 1.9*)
- If you have dependent children age 18 and over who are attending school (*Section 1.4.2*)
- Exemption from participation or termination of exemption (*Section 1.7*)
- Exercising your Life Insurance conversion privilege (*Section 4.1*)
- Reaching age 65 (*Sections 1.1.2 b) and 1.2.1 c)*)
- If prior authorization is required under the Travel Insurance or Trip Cancellation Insurance benefits (*Section 3.5*)

1. GENERAL INFORMATION

Please read this booklet carefully. It describes the benefits you are entitled to.

In this document, the masculine form is used to designate both men and women.

1.1 ELIGIBILITY

1.1.1 Participant

This plan covers those individuals already participating in the plan. It also covers individuals required to participate in the plan for retirees.

All members of the management personnel of the Quebec public and parapublic sectors who, at the time their duties cease, are eligible for an immediate retirement pension, with or without actuarial reduction, in accordance with the retirement plan to which their employer contributes, and who participate in the group insurance plan for management personnel, are eligible for coverage under this plan, effective the date their duties cease.

Retirees appointed to a management position or who temporarily occupy such a position while participating in a group insurance plan for retirees or receiving a retirement pension administered by CARRA (except for the Régime de retraite des élus municipaux (RREM) and the Régime de retraite des maires et des conseillers des municipalités (RRMCM) and the Régime de retraite des membres de l'Assemblée nationale (RRMAN)) continue to participate in the retirees' group insurance plan.

Principals and vice-principals who are members of the Fédération québécoise des directeurs et directrices d'établissement d'enseignement (FQDE) are not eligible for this plan since they are covered under their own plan for retirees.

1.1.2 Important information regarding Quebec's Act respecting prescription drug insurance

a) Retirees under age 65

In compliance with the Act, any person under age 65 who becomes eligible to participate, or who already

participates in this accident and health insurance plan **must** participate in the plan and insure, if applicable, his spouse, their dependent children and persons suffering from a functional impairment (subject to the exemption entitlement described under *Section 1.7*).

b) Retirees age 65 and over

In compliance with the Act, any retiree who becomes eligible to participate, or who already participates in this accident and health insurance plan is automatically registered for RAMQ's public prescription drug insurance plan upon reaching age 65, and must choose one of the following options:

- Opt out of the Régie de l'assurance maladie du Québec (RAMQ) plan and maintain full coverage (including prescription drug insurance) under this accident and health insurance plan for himself, his spouse, their dependent children and persons suffering from a functional impairment **by paying the additional premium required**;
- Obtain RAMQ prescription drug coverage for himself, his spouse, their dependent children and persons suffering from a functional impairment, and maintain coverage under the other benefits of this accident and health insurance plan;
- Obtain only RAMQ prescription drug coverage for himself, his spouse, their dependent children and persons suffering from a functional impairment, and no longer participate in this plan.

Individuals age 65 and over who register for RAMQ prescription drug coverage cannot change their mind at a later date and return to prescription drug insurance coverage under the SSQ plan. The choice to register for the RAMQ plan is **irrevocable**.

1.2 EFFECTIVE DATE

1.2.1 Effective date of insurance

Insurance for eligible individuals who submit their applications within the timeframe described below

becomes effective on the date upon which they become eligible.

a) Life insurance plan

Individuals have 90 days following the date they become eligible for the accident and health insurance plan for retired management personnel to confirm their participation in the SSQ plan by completing the application form available at the end of this booklet.

<p>A RETIREE WHO FAILS TO FILE AN APPLICATION FOR THE RETIRED MANAGEMENT PERSONNEL LIFE INSURANCE PLAN WITH THE INSURER WITHIN 90 DAYS FOLLOWING THE DATE OF ELIGIBILITY FORFEITS ANY RIGHT TO PARTICIPATE IN THE PLAN THEREAFTER.</p>

b) Accident and health insurance plan for retired management personnel under age 65

Individuals have 90 days following the date they become eligible for the accident and health insurance plan for retired management personnel to confirm their participation in the SSQ plan by completing the application form available at the end of this booklet.

If the Insurer **receives** the application form **after** this time, coverage and premiums payable for basic accident and health insurance coverage are retroactive to the date of eligibility, up to a maximum of 12 months. Benefits for this period are also retroactively reimbursed, up to a maximum of 12 months. A retiree under age 65 who does not file an application with the Insurer for coverage under the retirees' accident and health insurance plan within 90 days following the date of eligibility forfeits any right to participate in the Expanded Accident and Health Insurance Plan thereafter. However, the retiree remains eligible to participate in the Basic Accident and Health Insurance Plan in accordance with the provisions specified above.

Moreover, individuals must pay RAMQ premiums for the period that is not covered by SSQ without, however, being entitled to reimbursement for prescription drug purchases during this period. Participation in the retirees' accident and health

insurance plan is compulsory under Quebec's Act respecting prescription drug insurance.

c) Accident and health insurance plan for retired management personnel age 65 and over

Individuals age 65 and over have 90 days following the date they become eligible for the accident and health insurance plan for retired management personnel to confirm their participation in the SSQ plan by completing the application form available at the end of this booklet.

A RETIREE AGE 65 OR OVER WHO FAILS TO FILE AN APPLICATION WITH THE INSURER FOR COVERAGE UNDER THE RETIREES' ACCIDENT AND HEALTH INSURANCE PLAN WITHIN 90 DAYS FOLLOWING THE DATE OF ELIGIBILITY FORFEITS ANY RIGHT TO PARTICIPATE IN THE PLAN THEREAFTER.

The application form at the end of this booklet must be returned to the following address:

SSQ

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

You may wish to submit your application form when making arrangements for your retirement with your employer.

The cost of these plans is entirely assumed by the retiree. If your pension is paid by the Commission administrative des régimes de retraite et d'assurance (CARRA), your premiums are deducted at source.

1.2.2 Termination of insurance

For all participants, insurance terminates on the first of the following dates:

- the date premium payments cease;
- the date on which the plan is cancelled.

1.3 WHICH PLANS CAN I AND SHOULD I CHOOSE UPON RETIREMENT?

1.3.1 Retirees under age 65

- a) you must choose either the Basic or Expanded Accident and Health Insurance Plan, unless you have been exempted from coverage (*Section 1.7.1*);
- b) if you wish, you may also choose Life Insurance coverage (*Section 4*).

1.3.2 Retirees age 65 or over

- a) you may choose the Life Insurance and Basic or Expanded Accident and Health Insurance plans; or
- b) only the Basic or Expanded Accident and Health Insurance Plan; or
- c) only the Life Insurance Plan; or
- d) none of the above plans.

1.4 INSUREDS

In this document, the persons insured are the participant and, if applicable, the participant's spouse, their dependent children and any persons suffering from a functional impairment, in accordance with the Quebec's Act respecting prescription drug insurance.

1.4.1 Spouse

A spouse is a person who so became following a marriage or civil union contracted legally and recognized as valid by Quebec law or a person who so became by residing permanently for more than one (1) year, or immediately if a child is born of their union, with a person presented publicly as a spouse.

The dissolution of a marriage by divorce or the annulment of a marriage or civil union cancels the status of spouse, as does a de facto separation for more than three (3) months in the case of a union not contracted legally.

When the participant is legally united to another person through marriage or civil union, he may designate to the Insurer some other person as the spouse in lieu of the legal

spouse, providing that the designated spouse is covered under the definition of common-law spouse provided above. The designation of this person takes effect on the date the Insurer is notified.

1.4.2 Dependent children

A dependent child is a child of the participant, of the participant's spouse or of both, or a child of whom the participant has legal custody or had legal custody when the child became of age or that he had then de facto adopted, who is neither married nor civilly united and dependent on the participant for support and:

- under age 18; or
- under age 26, if a full-time student in an accredited educational institution.

A declaration of school attendance must be provided to the Insurer via SSQ's ACCESS | Plan Members Web site, by telephone or in writing once every school year (September 1 to August 31) for prescription drug claims to be accepted directly at the pharmacy. SSQ reserves the right to require proof of school attendance;
or

- regardless of age, if the child became fully disabled while meeting one of the previous criteria and remained continually disabled since that time.

Quebec's Act respecting prescription drug insurance **requires** parents who have access to a group insurance plan to cover their dependent children, independent of whether or not they have legal custody, in the case of divorce for example. If both parents are eligible for a group insurance plan, they must reach an agreement between themselves.

Leave from studies for dependent children

For the purposes of the Life Insurance and Basic and Expanded Accident and Health Insurance plans, a dependent child who takes an extended leave from studies may retain the status of a dependent so long as the following conditions are met:

- prior to the leave, a written request must be submitted to and accepted by the Insurer before the leave begins;

- the request must indicate the date the leave is to begin along with its duration;
- for each dependent there is a single lifetime entitlement to such a leave;
- the leave may not exceed 12 months, subject to eligibility for the RAMQ, and must end at the beginning of a school year or term (September or January);
- the eligible expenses incurred during such leave may not exceed \$1,000,000.

1.4.3 Persons suffering from a functional impairment

A person of age, with no spouse, suffering from a functional impairment as defined in the Regulation respecting the basic prescription drug insurance plan and which occurred while he met the definition of "dependent" under this contract, who is not receiving benefits under a last resort financial assistance program under the Act respecting income support, employment assistance and social solidarity, is living with the participant and over whom the participant or his spouse exercise parental control if he were a minor.

A person suffering from a functional impairment can only be covered under the Accident and Health Insurance Plan.

1.5 BENEFICIARY

A beneficiary is a person designated by the participant, to whom the amount insured is payable upon the death of the participant (if no beneficiary is designated, the amount insured is payable to the participant's estate).

Benefits payable on the death of the insured spouse or dependent child are always payable to the participant.

The participant may change beneficiary within the limits provided by law via SSQ's ACCESS | Plan Members Web site or by notifying SSQ's Head Office in writing.

1.6 COVERAGE STATUS AVAILABLE

When registering for the retirees' accident and health insurance plan, retirees may choose one of the following coverage statuses, independent of the coverage status

held when participating in the management personnel accident and health insurance plans. However, by law, participants are required to obtain accident and health insurance for their spouse, their dependent children and persons suffering from a functional impairment if they are not covered under another group insurance plan.

- Individual coverage: covers the participant only;
- Single-Parent coverage: covers the participant, dependent children and persons suffering from a functional impairment;
- Family (including couple) coverage: covers the participant and spouse, and, if applicable, their dependent children and persons suffering from a functional impairment.

Newly-retired individuals must specify their choice of coverage status (Individual, Single-Parent, Family (including couple) or exemption entitlement) on the application form provided at the end of this booklet.

1.7 EXEMPTION ENTITLEMENT AND TERMINATION OF EXEMPTION

1.7.1 Exemption entitlement

The purpose of this provision is to allow participants to maintain the right to participate in the accident and health insurance plan at a later date if they are covered under a similar contract. This exemption entitlement is defined as follows:

*"A retiree who is eligible to participate in the retirees' accident and health insurance plan may refuse or cease to participate in the accident and health insurance plan by providing evidence to SSQ that he is covered personally or by his spouse **under a group insurance plan** with benefits similar to the ones under this plan".*

Retirees are entitled to an exemption from coverage under the accident and health insurance plan in the following three (3) situations:

- a) they participate in their spouse's group insurance plan;
- b) they have returned to work and are covered by their employer's group insurance plan;
- c) they participate in a group insurance plan provided by

the professional association they are a member of, as defined in Quebec's Act respecting prescription drug insurance.

Retired participants **must complete** an application form and indicate their choice of plan (Basic or Expanded) if they wish to exercise their exemption entitlement. The effective date of such exemption shall be the date of application. A copy should be kept.

1.7.2 Termination of exemption

a) Retirees under age 65

Retirees who exercise the exemption entitlement and who cease to be eligible for the plan that enabled them to be exempted from coverage under this accident and health insurance plan must submit a new application for insurance under this plan **within 30 days** following termination of the other insurance. Within this period of time, they may select Individual, Single-Parent or Family (including couple) coverage status, in accordance with their personal situation.

In such case, the requested coverage shall become effective on the date the other insurance terminates and the premium for this coverage shall be payable on the 1st day of the month following such date.

With respect to accident and health insurance for participants under age 65, if the Insurer receives the application **after the 30-day period** specified above, coverage and premiums shall become effective retroactively to the date of termination of insurance.

However, retroactivity shall never exceed 12 months. Claims for this period are eligible for reimbursement.

b) Retirees age 65 or over

Retirees who have exercised the exemption entitlement and who wish to participate in this accident and health insurance plan must submit an application for insurance **within 30 days** following termination of the insurance that enabled them to be exempted.

1.8 CHANGES TO COVERAGE STATUS DURING THE TERM OF INSURANCE

1.8.1 Increase in coverage status

Participants can increase coverage status by changing from **Individual** coverage to **Single-Parent** or **Family** (including Couple) coverage, or by changing **Single-Parent** coverage to **Family** (including couple) coverage, provided the change in coverage is requested **within 30 days** following the date:

- on which individuals become their dependents;
- on which their spouse or dependent children cease to be covered under a group insurance contract.

Family (including Couple) coverage status becomes effective as of the date of the request and the premium corresponding to the new coverage status is payable on the 1st day of the month following the change.

For participants **under age 65**, if the request to change coverage status is received by SSQ **more than 30 days** following one of the events mentioned above, the coverage status and premium become effective retroactive to the date when one of these events occurred.

However, retroactivity shall never exceed 12 months. Claims for this period are eligible for reimbursement.

1.8.2 Reduction in coverage status

Participants can reduce coverage status by changing **Family** (including couple) coverage to **Single-Parent** or **Individual** coverage, or by changing **Single-Parent** coverage to **Individual** coverage.

Under Quebec's Act respecting prescription drug insurance, the **participant under age 65** must cover his spouse, dependent children, and any persons suffering from a functional impairment, if applicable, for prescription drug coverage. Coverage held by the participant under this plan should comply with statutory requirements governing this matter.

A request to reduce coverage status may be made at any time **by notifying SSQ in writing**. The coverage status requested becomes effective as of the date of the request

and the adjusted premium is payable as of the first day of the month following the change.

1.9 IS IT POSSIBLE TO SWITCH BETWEEN BASIC AND EXPANDED HEALTH INSURANCE PLANS?

A participant covered under the Basic plan cannot participate in the Expanded plan. This plan choice is **irrevocable**.

A participant covered under the Expanded plan may reduce accident and health insurance coverage at any time by choosing the Basic Accident and Health Insurance Plan. However, this choice is **irrevocable**: once covered under the Basic plan, the participant **can no longer** participate in the Expanded plan.

This plan change affecting the extent of coverage becomes effective as of the date of the request. The premium for the Basic Accident and Health Insurance Plan becomes effective as of the 1st day of the month following the request.

Participants must use the application or change request form provided at the end of this booklet to indicate their choice of accident and health insurance plan.

1.10 ELIGIBLE EXPENSES, REIMBURSEMENT AND DEDUCTIBLE

Whenever the term "eligible expenses" is used in the description of a benefit, it corresponds to the maximum amount accepted by the Insurer and is **always** multiplied by the percentage of coinsurance to determine the amount reimbursed.

The maximum reimbursement per calendar year corresponds to the maximum amount of reimbursements made by SSQ between January 1 and December 31 of a given year.

The deductible is the portion of eligible expenses that the participant must assume before the percentage of coinsurance is applied to the reimbursement of claims.

E.g.: Expenses for the grouping of professionals including acupuncturist, osteopath, kinesiologist, ortho therapist, massage therapist, chiropractor and physiotherapist

a) First claim:

5 physiotherapy receipts of \$50 each = \$250

Eligible expenses are limited to \$25 per treatment, the maximum reimbursement per calendar year for all professionals in this group is \$750, and the deductible is \$50 per calendar year for Individual coverage.

In this case, the amount of each receipt (\$50) is reduced to \$25. The total amount of eligible expenses for this claim is therefore $5 \times \$25 = \125 . The \$50 deductible is deducted from this amount: $\$125$ (receipts) - $\$50$ (deductible) = $\$75$. This amount is reimbursed at 80%, namely \$60.

b) Second claim:

1 chiropractor receipt for \$50

The deductible for the calendar year has already been paid (See a). The amount of the receipt (\$50) is reduced to \$25 (eligible expenses) and this amount is reimbursed at 80%, namely \$20.

c) Final claim in the calendar year:

1 massage therapy receipt for \$60

The deductible for the calendar year has already been paid (See a). The amount of the receipt (\$60) is reduced to \$25 (eligible expenses), and, after applying the 80% coinsurance, the amount reimbursed should be \$20. However, the amounts reimbursed between January 1 and December 31 are subject to a maximum reimbursement of \$750 for all professionals in this group. The reimbursement of this claim is therefore limited to \$10.

1.11 ELIGIBILITY OF A SURVIVING SPOUSE FOR PLANS HELD BY A RETIRED PARTICIPANT

If, at the time of death, the retiree is participating in the following plan(s):

1.11.1 Accident and Health Insurance - Family (including couple) coverage status:

a) Retirees under age 65 at time of death

In the event of the death of the participant, the surviving spouse (their dependent children and persons suffering from a functional impairment if applicable) must register with the RAMQ for prescription drug coverage, regardless of age, unless eligible for coverage under a group insurance plan.

If required to register with the RAMQ, the surviving spouse may choose to exercise a conversion privilege and maintain coverage for the other benefits of the accident and health insurance plan under an individual SSQ "Privilege" health insurance plan. To do so, a request must be submitted to SSQ in writing **within 90 days** following the date of the participant's death.

b) Retirees age 65 or over at time of death

The above-mentioned provisions apply.

However, **if the spouse is also age 65 or over** at the time of the participant's death, and on the day prior to death the participant was insured for health insurance benefits other than prescription drug insurance, the spouse (and their dependent children and persons suffering from a functional impairment, if applicable) may maintain coverage under these benefits. To do so, a request must be submitted to SSQ in writing **within 90 days** following the date of the participant's death. In such case, the spouse is considered to be the participant and must pay the applicable premiums.

1.11.2 Spouse's and Dependent Children's Life Insurance

Spouse's Life Insurance automatically remains in force. The premium payable is calculated in accordance with the rates applicable for Spouse's Optional Life Insurance. The

spouse may choose to maintain in force the Dependent Children's Life Insurance provided for in the contract. To do so, a request must be made in writing to SSQ within 31 days following the participant's death.

1.11.3 Spouse's Optional Life Insurance

Coverage is automatically maintained with payment of premiums.

In the three (3) cases above, the spouse becomes the participant.

2. BASIC ACCIDENT AND HEALTH INSURANCE PLAN

2.1 HOSPITAL EXPENSES (reimbursed at 100%)

Subject to Quebec's Hospital Insurance Act, when a participant incurs hospital expenses in Quebec for himself or one of his insured dependents as a result of accident, illness, pregnancy or serious complication arising from pregnancy, he is entitled to a reimbursement of such expenses up to **100% of the cost of a semi-private room**. The maximum duration of hospitalization is 90 days, per calendar year, per insured.

The patient contribution required for accommodation and long-term care by a health facility and administrative fees required by the hospital from the patient are not covered by this clause.

2.2 PRESCRIPTION DRUGS AND PARAMEDICAL EXPENSES (reimbursed at 75% or 100%, as applicable)

Deductible

An annual deductible applies per certificate. The first \$50 of eligible expenses per calendar year, in the case of Individual coverage status, or \$65 for Single-Parent coverage or \$100 for Family (including Couple) status, are assumed by the participant. This represents a single deductible, applicable to expenses incurred by the participant, spouse, dependent children and persons suffering from a functional impairment, if applicable.

Coinsurance

Subject to Quebec's health insurance Act and Act respecting prescription drug insurance, a participant who incurs, either personally or for an insured dependent, expenses following an accident, illness, pregnancy or serious complications arising from pregnancy is entitled to a reimbursement of 75% of the first \$2,700 of eligible expenses described hereafter (excluding Hospital Room coverage) and of 100% of any expenses exceeding \$2,700 per calendar year.

Eligible expenses

Provided they are necessary for the medical treatment of the insured, eligible expenses include:

- 2.2.1 Expenses for **drugs** prescribed by a health professional authorized by law to do so, sold exclusively by a pharmacist or sold by a health professional in accordance with Section 37 of the Pharmacy Act.

The drugs referred to in this clause are limited to those covered under the basic prescription drug insurance plan in accordance with the conditions determined by the Régie de l'assurance maladie du Québec (RAMQ).

Smoking cessation products covered under the basic prescription drug insurance plan are also covered under this plan, and subject to a maximum reimbursement equal to the amount established and updated each year by the RAMQ.

This clause does not cover the patient contribution required by the RAMQ for an insured covered under the public prescription drug insurance plan.

Benefits are payable to the participant upon presentation of sufficiently itemized receipts or invoices duly paid by the insured.

Direct reimbursement service for prescription drug purchases

The plan includes the direct reimbursement service at the pharmacy for the purchase of medication. This way, the insured person only pays the part of the cost of the medication that is not reimbursed by the insurance plan since SSQ reimburses the insured portion directly to the pharmacist.

For example, for \$40 in eligible medication costs, reimbursable at a rate of 75%, the person only pays \$10 to the pharmacist.

To use this service, read the section *How to submit a claim* (Section 5).

Exception drugs

However, some of these drugs, commonly called “RAMQ exception drugs”, are covered only if they meet the conditions and therapeutic indications determined by the regulations applying to the basic prescription drug insurance plan. The drugs require prior **authorization from the Insurer** in writing or by telephone for the costs incurred by the insured to be covered. In such a case, the attending physician forwards the appropriate forms to SSQ.

Prescription drugs outside Quebec

Prescription drug expenses incurred outside Quebec, for drugs that would be covered by the Régie de l'assurance maladie du Québec under the basic prescription drug insurance plan if they were purchased in Quebec, are covered under this clause up to the amount that would have been reimbursed by the Insurer had they been incurred in Quebec.

- 2.2.2 Eligible expenses for the **substance used in sclerosing injections** are limited to a maximum of \$20 per treatment (maximum one treatment per day). The medical procedure is not covered.

Eligible expenses detailed *in Sections 2.2.3 to 2.2.4, inclusive*, must be prescribed by a physician.

- 2.2.3 Expenses incurred for **home care**, including nursing care, home assistance services, transportation expenses and convalescent homes. For more details, please refer to *Section 3.2.2*.

- 2.2.4 **Professional services of a registered nurse or nursing assistant** that are **provided exclusively for the patient**, provided such services are rendered outside a health institution or convalescent home, up to a maximum of eligible expenses of \$300 per day, subject to a maximum reimbursement of \$10,000 per insured, per calendar year. The person providing these services must not ordinarily reside in the insured's home nor be a member of the participant's or spouse's family.

- 2.2.5 Expenses for **round-trip transportation by ambulance**, including transportation by a regular scheduled airline (excluding air ambulance) are covered in an emergency situation.

Medical necessity must be demonstrated when a claim for transportation by air is submitted to the Insurer.

- 2.2.6** Expenses incurred for the substance used in **preventive or curative vaccines**, up to an eligible amount of \$200 per insured, per calendar year.

2.3 EXCLUSIONS AND LIMITATIONS APPLICABLE TO BASIC ACCIDENT AND HEALTH INSURANCE

For details of the exclusions and limitations applicable to Basic Accident and Health Insurance, please refer to *Section 3.3*.

3. EXPANDED ACCIDENT AND HEALTH INSURANCE PLAN

3.1 HOSPITAL EXPENSES (reimbursed at 100%)

Subject to Quebec's Hospital Insurance Act, when a participant incurs hospital expenses in Quebec for himself or one of his insured dependents as a result of accident, illness, pregnancy or serious complication arising from pregnancy, he is entitled to a reimbursement of such expenses up to **100% of the cost of a semi-private room**.

The patient contribution required for accommodation and long-term care by a health facility and administrative fees required by the hospital from the patient are not covered by this clause.

3.2 PRESCRIPTION DRUGS AND PARAMEDICAL EXPENSES (reimbursed at 80% or 100%, as applicable)

Deductible

An **annual deductible** applies per certificate. The first \$50 of eligible expenses per calendar year, in the case of Individual coverage status, or \$65 for Single-Parent coverage or \$100 for Family (including couple) status, are assumed by the participant. This represents a single deductible, applicable to expenses incurred by the participant, spouse, dependent children and persons suffering from a functional impairment, if applicable.

Coinsurance

Subject to Quebec's Health Insurance Act and Act respecting prescription drug insurance, a participant who incurs, either personally or for an insured dependent, expenses following an accident, illness, pregnancy or serious complications arising from pregnancy is entitled to a reimbursement of 80% of the first \$3,000 of eligible expenses described hereafter (excluding Hospital Room, Travel Insurance and Trip Cancellation Insurance coverage) and of 100% of any expenses exceeding \$3,000 per calendar year.

Eligible expenses

Provided they are necessary for the medical treatment of the insured, eligible expenses include:

- 3.2.1 Expenses for drugs** bearing a valid DIN (Drug Identification Number) issued by the Federal government, prescribed by a health professional authorized by law to do so, available only in pharmacies and sold by a pharmacist or a health professional in accordance with Section 37 of the Pharmacy Act, upon submission of suitably itemized and duly paid receipts.

The drugs referred to in this clause are those listed in the records of the AQPP (Association québécoise des pharmaciens propriétaires), the use of which is in compliance with government-approved indications or, in the absence of such, indications provided by the manufacturer.

However, some of these drugs, commonly called “RAMQ exception drugs”, are covered only if they meet the conditions and therapeutic indications determined by the regulations applying to the Basic Prescription Drug Insurance Plan. **Prior authorization for an exception drug must be received from the Insurer for the costs incurred by the insured to be covered.**

In the case of medication injected by a health professional in a private practice, only the injected substance is covered and not the medical procedure.

Eligible expenses for the substance used in **sclerosing injections** are limited to a maximum of \$20 per treatment (maximum one treatment per day). The medical procedure is not covered.

Smoking cessation products covered under the basic prescription drug insurance plan are also covered under this plan, and subject to a maximum reimbursement equal to the amount established and updated each year by the RAMQ.

Intra-uterine devices (I.U.D.) prescribed by a physician are also covered under this benefit.

Direct reimbursement service for prescription drug purchases

The plan includes the direct reimbursement service at the pharmacy for the purchase of medication. This way, the insured person only pays the part of the cost of the medication that is not reimbursed by the insurance plan since SSQ reimburses the insured portion directly to the pharmacist.

For example, for \$40 in eligible medication expenses and reimbursed at 80%, the insured only has to pay the pharmacist \$8.

To use this service, read the section *How to submit a claim* (Section 5).

Exclusions to prescription drug coverage:

This clause does not cover the following products, whether or not they are considered drugs:

1. products used for aesthetic, cosmetic or personal hygiene purposes;
2. experimental drugs or those obtained under the federal Emergency Drug Release Program;
3. homeopathic or natural products;
4. smoking cessation products, except those specifically covered under the Basic Prescription Drug Insurance Plan;
5. dietary supplements intended as a meal supplement or replacement;

However, dietary supplements prescribed as treatment for a clearly diagnosed metabolic disease, in accordance with the conditions and directions for use determined by the regulations applicable to the basic prescription drug insurance plan, remain covered. The only acceptable evidence shall be a full medical report describing, to the Insurer's satisfaction, the conditions justifying the prescription of such products not otherwise covered.

6. sunscreens;
However, sunscreens meeting the conditions provided under this clause that are necessary for individuals afflicted with an illness requiring treatment with such products may be covered upon presentation of a full medical report describing to the Insurer's satisfaction all conditions justifying the prescription of such products not otherwise covered ;
7. drugs supplied during hospitalization, supplied by a hospital pharmacy or administered at a hospital;
8. the patient contribution required by the RAMQ for insureds covered under the basic prescription drug insurance plan;
9. products or drugs used for infertility treatment, artificial insemination or in vitro fertilization, except those covered under a provincial prescription drug insurance plan;
10. orally-administered drugs used to treat erectile dysfunction (Viagra and other similar drugs).

Eligible expenses detailed in *sections 3.2.2 to 3.2.14 inclusive and sections 3.2.23 and 3.2.24* must be prescribed by a physician.

3.2.2 Expenses incurred for **home care**

In this clause:

- **"basic daily activities"** means eating, dressing, moving around or satisfying basic hygienic requirements;
- **"home assistance service supplier"**: means a person working for remuneration for an incorporated or registered agency or cooperative specializing in home care, as well as any self-employed worker contracted by such cooperative or agency, as well as any self-employed worker, only if there is no agency or cooperative in the region;
- **"family member of the participant or spouse"** means spouse, son, daughter, father, mother, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, half-brother, half-sister, son-in-law, daughter-in-law, grandparent and grandchild.

Eligible expenses are those incurred by the insured during a period of convalescence rendered necessary following hospitalization or day surgery and during which the insured is unable to carry out basic daily activities:

- a) **nursing care:** fees of a registered nurse or nursing assistant for nursing care, when not provided by a CLSC in the area, rendered at the insured's residence, up to an eligible expense of \$60 per day. The nurse must not ordinarily reside in the insured's home nor be a member of the participant's or spouse's family. The nursing care covered includes, among others:
 - re-education following surgery;
 - checking blood pressure and vital signs;
 - changing bandages and dressing wounds;
 - administering medications and monitoring solutions;
 - removal of sutures and staples;
 - taking samples (e.g. blood, etc.).
- b) **transportation expenses:** expenses for transportation of the insured to receive medical care or medical check-ups following hospitalization or day surgery, up to a maximum of three (3) round trips per week and maximum eligible expenses of \$30 per round trip.
- c) **convalescent home:** expenses incurred for a stay at a convalescent home supervised by a physician or a registered nurse or nursing assistant, including the cost of accommodation, meals and nursing care, up to a maximum eligible expense of \$125 per day.
- d) **home assistance services:** fees of a home assistance service supplier, when such services are not provided by a CLSC in the area, to help the insured carry out basic daily activities, up to an eligible expense of \$60 per day. These services must be rendered at the insured's home and the supplier of the home care services must not ordinarily reside in the insured's home nor be a member of the participant's or spouse's family. The services covered include, among others:
 - personal care (assistance with bathing, dressing/undressing, general hygiene, help or assistance with eating, help getting in and out of bed, etc);

- household maintenance (regular maintenance, dish-washing, laundry);
- general home maintenance (snow removal, lawn mowing, etc);
- meal preparation;
- accompaniment to medical appointments.

Limitations regarding home care

Only expenses incurred for care received **within 30 days** immediately following the end of hospitalization or day surgery are covered under this clause. Hospitalization following childbirth is not covered unless complications require extended hospitalization for four (4) days or more.

RECOMMENDATIONS

- Always check with your local CLSC to learn about the treatment available and provided for your health condition, as well as to ensure that your file is adequately monitored by the CLSC.
- Although you are not required to obtain prior authorization from the Insurer, you may wish to contact SSQ Customer Service to assess your file and avoid any unpleasant surprises in the event that the treatment required by your health condition is not covered under your insurance contract.

3.2.3 Expenses for the rental or purchase, whichever is more economical, of a **non-motorized wheelchair** or a **hospital bed** for temporary use.

3.2.4 Expenses for the rental, purchase or replacement of **artificial limbs** or **external prostheses** except for eyeglasses, contact lenses and dentures.

3.2.5 Expenses for the purchase, rental or replacement of **trusses, corsets, casts, splints, crutches** and **other orthoses**, it being understood that the expression “orthoses” describes certain parts assembled into a unit to support or maintain part of the body to prevent and correct physical deformities or to treat skeletal, muscular, or tendon disorders.

Expenses for the purchase of **foot orthoses** are also eligible. These are limited to the amounts provided in the price schedule for the Association nationale des orthésistes du pied. The orthosis must be **supplied by a specialized**

laboratory holding a permit issued by the Ministère de la santé et des services sociaux du Québec (MSSS) under the provisions of the public health protection Act.

3.2.6 Expenses for the rental, adjustment, replacement or purchase, if the latter is more economical, of **therapeutic devices**.

For example:

- aerosoltherapy devices for treating, among others, acute emphysema, chronic bronchitis or chronic asthma (e.g.: vaporizer);
- bone stimulators for fractures;
- respiratory monitors in case of respiratory arrhythmia (e.g.: apnea monitor);
- intermittent positive pressure respirators (e.g. : volume ventilator, CPAP);
- burn treatment garments (e.g.: Jobst);
- purchase of diapers for incontinence, probes, catheters and other similar sanitary articles required following a total and irrecoverable loss of bowel or bladder functions, the expression "loss" including loss of use.

Purchase, rental, adjustment, replacement or repair of **percutaneous or transcutaneous electrical nerve stimulator (PENS/TENS)** up to a maximum eligible expense of \$1,000 per period of 60 months;

Exclusions applying to therapeutic devices

Monitoring equipment, such as stethoscopes, reflectometers and other similar devices, along with home accessories, are not covered.

“Home accessories”: means toilet seats, support rails, humidifiers, air conditioners, air filters, Doctor Gibaud articles (heating devices), heating pads, heated car seat cushions, sun lamps, thermometers, sitz baths, pressure devices, sphygmomanometers or similar devices, electric toothbrushes (“Waterpik”), hydrotherapy devices, sheepskin (for bedsores), alarms for children suffering enuresis (nighttime incontinence), etc.

3.2.7 Costs covered for one (1) **insulin pump** are the purchase of the pump and its repair up to \$7,500 per 60-month period

per insured person and the purchase of items needed to operate the pump up to to \$4,000 per calendar year per insured person.

3.2.8 Expenses for the purchase of a **wig** required following chemotherapy. The maximum reimbursement per period of 48 full consecutive months is limited to a **single wig** per insured, and subject to a maximum of \$500 per insured.

3.2.9 Expenses incurred for the purchase of **orthopaedic shoes**, namely made-to-measure shoes designed and made for an insured from a cast, or prefabricated open, flared, straight shoes as well as those needed to support Dennis Browne splints when such shoes are required to correct or compensate for a foot defect and when they are **obtained from a specialized orthopaedic laboratory** holding a permit issued by the Ministère de la santé et des services sociaux du Québec under the provisions of the Public Health Protection Act.

Also eligible are expenses incurred for corrections made by such a laboratory to prefabricated shoes.

Deep shoes, as well as all types of sandals, are not eligible.

3.2.10 Expenses incurred for **electrocardiograms, X-rays (including scanner), magnetic resonance, ultrasounds and lab tests** performed outside of health institutions. Laboratory tests covered are the same as those available at a hospital and must be recognized by Health Canada.

3.2.11 Expenses incurred for the rental or purchase, if the latter is less expensive, of a **respirator** and **oxygen**.

The cost to purchase an oxygen filling station may be eligible for reimbursement if the participant can demonstrate that it is cheaper for the plan to purchase than to have the tank filled.

3.2.12 Expenses for the purchase of **medium or full support stockings** (21 mm Hg or more), supplied and sold in a pharmacy or a medical establishment, in cases of venous or lymphatic system deficiency. Maximum of three (3) pairs per insured, per calendar year.

3.2.13 Expenses incurred for the **professional services of a registered nurse or registered nursing assistant**, provided such services are rendered outside a health institution or

convalescent home, up to a maximum of eligible expenses of \$300 per day, subject to a maximum reimbursement of \$10,000 per insured, per calendar year. The person providing these services must not ordinarily reside in the insured's home nor be a member of the participant's family or the spouse's family.

- 3.2.14** Expenses for **cosmetic surgery** necessary to repair a disfigurement due to an accident that occurred while the insurance was in force.
- 3.2.15** Expenses incurred for the rental, purchase or repair of a **hearing aid**, up to a maximum eligible expense of \$1,000 per period of 48 full consecutive months per insured.
- 3.2.16** Professional fees of a **dietitian, naturopath, homeopath** or **phytotherapist**, up to a maximum eligible expense of \$25 per consultation (\$30 for the initial consultation with a dietitian), subject to a combined overall maximum reimbursement of \$500 per insured, per calendar year. Eligible expenses do not include expenses incurred for any remedies, products or other articles such professionals may provide and are thus excluded from any benefits payable. As regards the naturopath (or naturotherapist), eligible expenses are those related to a consultation in order to obtain dietary advice or for a check-up or to develop a diet based on natural products. Natural products, massages, baths, posturology, physical exercises or other consultations not recognized by the Insurer are not covered.
- 3.2.17** Professional fees of a **chiropractor, physiotherapist** or **physical rehabilitation therapist working under the supervision of a physiotherapist** or a **physiatrist, osteopath, acupuncturist, kinesitherapist** (including massage therapy treatments given by the latter), **orthotherapist** (including massage therapy treatments given by the latter) or **massage therapist**, up to a maximum eligible expense of \$25 per treatment or consultation and \$50 per calendar year for X-rays required by a chiropractor, subject to a combined overall maximum of \$750 per insured, per calendar year. Eligible expenses do not include expenses incurred for any remedies, products or other articles such professionals may provide and are thus excluded from any benefits payable.
- 3.2.18** Professional fees of a **dental surgeon for treatment of a fractured jaw or injury to natural teeth**, further to an

accident while insurance was in force, provided such treatment is rendered within 12 months following the date of the accident.

Eligible expenses are limited to the rates provided in the current edition of the Quebec Dental Surgeons Association's fee guide.

However, no benefits are payable for any act, treatment, or prosthesis of any nature related to a dental implant.

3.2.19 Professional fees of a **psychiatrist, psychoanalyst, psychologist, social worker or a marital and family therapist, reimbursable at 50% instead of 80%**, subject to a combined overall maximum reimbursement of \$500 per insured, per calendar year.

3.2.20 Professional fees of a **speech language pathologist, occupational therapist, podiatrist, audiologist or hearing aid specialist**, up to \$25 per consultation or treatment and subject to a combined overall maximum of \$500 per insured, per calendar year.

3.2.21 Expenses for **round-trip transportation by ambulance**, including transportation by a regular scheduled airline (excluding air ambulance) are covered in an emergency situation.

Medical necessity must be demonstrated when a claim for transportation by air is submitted to the Insurer.

3.2.22 Expenses incurred for the substance used in preventive or curative **vaccines**, up to an eligible amount of \$200 per insured, per calendar year.

3.2.23 **Transportation and accommodation expenses (including meals)** incurred in Quebec due to one of the following events:

- **consultation with a medical specialist for professional services not available** within a 200 km radius of the insured's place of residence;
- **specialized treatments provided by a physician and not available** within a 200 km radius of the insured's place of residence;
- **hospitalization for treatment not available** within a 200 km radius of the insured's place of residence;

Eligible expenses are:

- Expenses for **transportation** by automobile or public carrier (bus, train, boat or air), whichever is

the most economical means, taking into account the health condition of the insured, including the cost of **meals**;

- Expenses for **accommodation** incurred for a stay in a commercial establishment, provided that the event requires an overnight stay.

The combined maximum reimbursement is **\$1,000** per insured per calendar year.

However, the following conditions apply to the eligible expenses indicated above:

- the event incurring these eligible expenses must be prescribed by a physician;
- receipts or paid invoices are required for the reimbursement of eligible expenses;
- the event incurring these eligible expenses must require travel of at least 200 km one way by the most direct route, from the insured's place of residence to the place of the event. In addition, the event must take place at the closest possible site to the insured's place of residence;
- reimbursement of eligible expenses for accommodation and meals is subject to production of receipts or paid invoices and is limited to the amounts detailed in the *Directive sur les frais remboursables lors d'un déplacement et autres frais inhérents*, applicable to management personnel of the Quebec public and parapublic sectors;
- eligible expenses for trips by automobile are equal to those that would have been incurred had the trip been taken by bus;
- eligible expenses include expenses incurred by the insured as well as the person accompanying the insured.

Comment

These expenses may be eligible for reimbursement under a program introduced by a number of regional health and social services centres. However, this program is administered by the establishment responsible for the insured's treatment. In order to verify whether such a program exists in their region of residence, insureds should contact their local hospital, CLSC or health and social services centre. These organizations are first payers and only expenses that are not reimbursed by these organizations are eligible.

3.2.24 In the case of **detoxification treatment** for alcoholism or drug or gambling addiction, the expenses incurred for a stay in a centre **officially recognized** for such purposes are eligible up to a maximum of \$50 per day and 30 days per insured, per calendar year.

Expenses incurred outside Quebec, other than in an emergency situation, are covered up to the amount that would have been reimbursed by the Insurer had they been incurred in Quebec.

3.3 EXCLUSIONS AND LIMITATIONS APPLICABLE TO THE BASIC AND EXPANDED ACCIDENT AND HEALTH INSURANCE PLANS

3.3.1 Exclusions

No benefits are payable for expenses incurred:

- as a result of an accident or illness for which the participant is entitled to compensation under the Act respecting industrial accidents and occupational diseases, Quebec Automobile Insurance Act or any other similar legislation of another Canadian province or another country;
- as a result of self-inflicted injury, regardless of the mental state of the insured;
- for dental care or cosmetic surgery, except those expressly provided for under the participant's group insurance plan;
- as a result of an accident suffered or illness contracted while the insured is on active duty in the armed forces;

- for care and services provided by a member of the participant's family;
- for medical services for which the insured is not required to pay, or for which the insured would not have been required to pay had he availed himself of any public plan for which he was eligible, or for which he would not have been required to pay in the absence of his group insurance plans, including expenses covered under a plan financed wholly or partly by income taxes or under any government initiative and those which would have been covered had the provider of such services chosen to participate in such a plan;
- for all products, devices or services used or offered for experimental purposes or in the medical research stage, or whose use does not comply with the indications approved by the appropriate government authorities or, in the absence of such, with the indications provided by the manufacturer;
- for medical examinations for the purposes of a third party (insurance, school, employment, etc.) or for trips for health reasons, except those expressly provided for;
- for eye examinations or for eyeglasses or contact lenses;
- for services, supplies, examinations, care or expenses that do not comply with the customary and reasonable standards of current practices of the health professionals concerned;
- for all treatment or procedures related to artificial insemination or in vitro fertilization, except those covered under a provincial prescription drug insurance plan.

NOTE: The Insurer is not liable for any claim submitted more than 12 months after the date expenses are incurred.

3.3.2 Limitation regarding medical and paramedical expenses

For each specialist eligible under this plan, eligible expenses are limited to one (1) treatment per day.

3.3.3 Coordination of medical and paramedical expenses

If the insured is entitled to similar benefits under another public or private individual or group insurance contract, benefits payable under this plan will be reduced by the benefits payable under any other contract without exceeding the expenses incurred.

3.4 TRAVEL INSURANCE (expenses reimbursed at 100%)

Depending on the coverage status held (Individual, Single-Parent or Family), Travel Insurance covers the participant and, if they are insured, his spouse, dependent children and persons with a functional impairment.

Expenses are eligible as long as as they are incurred following a death, an accident or a **sudden and unexpected illness** occurring while the insured was temporarily outside his province of residence and requiring **emergency care**. The expenses must be incurred for supplies or services prescribed by a physician as necessary to treat an illness or injury.

If the insured already has a known disease or illness before a trip, he must ensure that his health condition is good and stable, that he can carry out usual daily activities and that he is experiencing no symptoms that may reasonably suggest that any complications may arise or that medical care may be required during the trip outside the province of residence. In other words, prior to departure, the known disease or illness must be under control and must not:

- have taken a turn for the worse;
- have relapsed or recurred;
- be unstable;
- be entering a terminal phase;
- be chronic and indicate a risk of deterioration or foreseeable complications during the trip.

If any of the aforementioned criteria is applicable to your current health condition, **you must contact** the travel assistance firm (CanAssistance) several weeks before your departure, to clarify whether your health condition meets the eligibility criteria for this coverage. CanAssistance's

telephone numbers are printed on the back of the SSQ Card accompanying the certificate issued by SSQ.

Travel Insurance covers the insured provided that coverage is in force under the government health and hospitalization insurance plan of that person's province of residence (e.g.: RAMQ).

3.4.1 Eligible expenses are as follows:

- the portion of **hospitalization** expenses in excess of the expenses covered under the provincial plan;
- the portion of professional fees of a **physician** in excess of expenses covered under the provincial plan;
- expenses for transportation by **ambulance** to the nearest hospital;
- expenses for **drugs** requiring a medical prescription;
- fees of a **registered private nurse** in hospital, when medically necessary, who is neither a relative nor a travelling companion of the insured. These expenses are limited to a maximum reimbursement of \$5,000;
- expenses for treatment by a **chiropractor, podiatrist or physiotherapist**;
- rental expenses for a **wheelchair, hospital bed or respirator**;
- **lab tests and X-ray** expenses;
- purchase cost of **trusses, corsets, crutches, splints, casts and other orthoses**;
- fees of a **dental surgeon** for accidental injuries to natural teeth, subject to a maximum reimbursement of \$1,000 per accident, for treatment provided within 12 months following such an accident, notwithstanding the exclusions provided under Travel Insurance;
- expenses to **return** the hospitalized insured to his province of residence. Subject to prior authorization from the Insurer*;
- the cost of economy class return **air travel** for a **medical escort**, subject to prior authorization from the Insurer*;
- **the cost of returning the insured's vehicle**, whether rented or not, by means of a commercial agency. A

medical certificate attesting to the incapacity of the insured is required. Maximum reimbursement: \$1,000, subject to prior authorization from the Insurer*;

- in the event of the insured's death, the expenses of **preparing and returning the remains** (excluding the cost of the coffin or casket) are covered up to a maximum reimbursement of \$5,000, subject to prior authorization from the Insurer*;
- the cost of **accommodation and meals** in a commercial establishment, for insureds, up to \$200 per day and subject to a maximum of \$1,600 per stay for all insureds if the return is postponed following a hospitalization lasting 24 hours or more for one of the insureds, an immediate family member or travel companion of the insured;
- the cost of **accommodation and meals** in a commercial establishment, for only one close relative, as well as return, economy-class **transportation expenses** by the most direct route by plane, bus or train in order to visit the hospital where the insured has been hospitalized for at least seven (7) days, or to identify the body of the deceased insured before the remains are returned. Eligible expenses are limited to the following:
 - transportation: \$2,500;
 - accommodation and meals: \$200 per day, up to a maximum of \$1,600 per trip abroad for all covered parties combined.

The notion of "close relative" may also include a friend in the event that the insured has no close relatives. Prior authorization from the Insurer* is required;

- travel assistance services as described below.

* The expression "**prior authorization from the Insurer**" used in this text means prior authorization from SSQ or the travel assistance service (CanAssistance), which is authorized to act on behalf of SSQ (*see Section 3.5 hereafter*).

Note: Please refer to Section 3.7 for limitations and exclusions to this coverage.

3.5 TRAVEL ASSISTANCE

The Travel Insurance benefit includes a special travel assistance component.

When needed, each insured has access to a travel assistance service when travelling outside of his province of residence. This service is offered by a specialized company (CanAssistance) under agreement with SSQ.

If emergency medical or hospital care or services provided under the Travel Insurance benefit become necessary, CanAssistance can not only advance the funds required, but also intervene to help arrange admission of the insured to hospital or arrange access to the various services provided under the insurance plan.

CanAssistance can act as the intermediary between SSQ and the insured when the latter must obtain **prior authorization from the Insurer**, as stipulated under this Travel Insurance benefit, in order to be entitled to the services covered.

The following is a detailed list of the services CanAssistance can provide following an accident or sudden and unexpected illness:

- refer the insured to an appropriate clinic or hospital;
- verify the insured's medical insurance coverage in order to prevent the insured from having to pay for services up front, where possible;
- ensure follow-up of the insured's medical file;
- coordinate the insured's return and transportation as soon as medically possible;
- provide emergency assistance and coordinate claims;
- if necessary, arrange for the transportation of a family member to the bedside of the insured or to identify the insured's body if deceased and coordinate the return of the deceased insured;
- if necessary, arrange for the return of dependents to their home (return expenses not included);
- if necessary, coordinate the return of the insured's personal vehicle if he is unable to do so because of illness, accident or death;
- if necessary, contact the insured's family;

- act as an interpreter for emergency calls;
- recommend a lawyer in case of a serious accident (legal fees are not covered).

Insureds travelling outside of the United States or Western Europe may wish to contact CanAssistance prior to departure for useful health care advice.

CanAssistance representatives may be reached at the following numbers.

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

The insured must provide the contract number specified on the participant's SSQ Card when calling.

The above telephone numbers are also printed on the back of the participant's SSQ Card. These numbers appear on the reverse side of the card.

Note: Please refer to *Section 3.7* for limitations to this coverage.

3.6 TRIP CANCELLATION INSURANCE (reimbursed at 100%)

Trip Cancellation Insurance covers the participant and, if they are insured, his spouse, dependent children or persons with a functional impairment, depending on the coverage status held (Individual, Single-Parent or Family).

Eligible expenses are those incurred by the insured following cancellation or interruption of a trip, provided these expenses relate to travel expenses paid in advance by the insured and provided that, at the time the travel arrangements were finalized, he was unaware of any event that could have reasonably led to the cancellation or interruption of the planned trip.

3.6.1 A trip must be cancelled or interrupted for one of the following reasons:

- a) an **illness** or **accident** suffered by the insured, his travel companion, a business associate or a member of his family (*see Section 3.6.3 hereafter*), that prevents the

insured from performing his usual activities and which is serious enough to justify cancellation or interruption of the insured's trip;

- b) the **death** of the participant, his spouse, a child of the participant or his spouse, a travel companion or a business associate;
- c) the **death** of a member of the insured's family (other than the participant, the participant's spouse or a child of the participant or the participant's spouse) or of the insured's travel companion, provided the funeral takes place during the time of the planned trip or within 14 days prior to departure;
- d) the **death** or emergency **hospitalization** of the host at destination;
- e) if the insured or his travel companion must report for **jury duty** or receives a **subpoena to appear as a witness** in a case scheduled to be heard during the trip, but only if the person involved has taken all necessary measures to have the hearing postponed.

However, a subpoena is not considered cause for cancellation or interruption of a trip when the person involved institutes legal proceedings or is a defendant in the case or has been subpoenaed as part of his duties as a police officer;

- f) **quarantine** of the insured, if such quarantine terminates seven (7) days or less before the scheduled date of departure, or occurs during the time of the trip;
- g) **hijacking of the airplane** on which the insured is travelling;
- h) **damage** rendering the principal residence of the insured or of the host at destination uninhabitable, provided the residence remains uninhabitable seven (7) days or less before the scheduled date of departure or the damage occurs during the trip;
- i) **transfer** of the insured, for the same employer, to a location more than 100 kilometres from his current residence, if required within 30 days preceding departure;

- j) **terrorism, war, whether declared or undeclared, or epidemic** in the country to which the insured is travelling, provided the Government of Canada issues a travel warning to that effect after the arrangements relating to the trip have been finalized;
- k) **delay of the transportation** used by the insured to reach the point of departure of the planned trip or to the point of departure of a scheduled connection after departure of the planned trip. The means of transport used must provide for scheduled arrival at the point of departure at least 3 hours before the time of departure or at least 2 hours if the distance to be covered is less than 100 kilometres. The delay must be caused by weather conditions, mechanical problems (except for a private automobile), a traffic accident, or a road closure, each of the latter two causes requiring confirmation by a police report;
- l) **weather conditions** such that:
 - i) the departure of the public carrier, at the point of departure of the planned trip, is delayed for a period of at least 30% of the scheduled duration of the trip (minimum 48 hours); or
 - ii) after departure, the insured is unable to make a scheduled connection with another carrier, provided the scheduled connection after departure is delayed for a period of at least 30% of the time scheduled for the trip (minimum 48 hours);
- m) **damage** to the place of business or physical location where a commercial business activity is to be held, such damage making it impossible to hold the planned activity, such that the official organization responsible for organizing the activity issues a written notice cancelling the activity;
- n) **illness, accident or death** of a person for whom the insured is the legal guardian;
- o) the **suicide** or **attempted suicide** of a member of the insured's family or of the family of his travel companion;

- p) the **death** of a person for whom the insured is the testamentary executor;
- q) the **death** or hospitalization of the person with whom the arrangements for a business meeting or activities of a commercial nature had previously been made. **In such a case, the reimbursement is limited to transportation expenses and to a maximum of three (3) days of accommodation.**

3.6.2 Expenses covered under this benefit are payable at 100% up to a maximum of \$5,000 per insured for the planned trip, namely:

- a) In case of cancellation prior to departure
 - the non-refundable portion of prepaid travel expenses;
 - additional expenses incurred by the insured in the event that the person who was to accompany him and share the room or the apartment at destination must cancel for one of the reasons mentioned under *section 3.6.1* and the insured decides to proceed with the trip as initially planned, up to the amount of the cancellation penalty (single occupancy) applicable at the time the travel companion has to cancel;
 - the non-refundable portion of prepaid travel expenses, up to 70% of such expenses, if the insured's departure is delayed due to weather conditions and he **decides not to proceed with the trip.**
- b) If a departure is missed (at the start or during the trip)

The additional cost required by the scheduled public carrier (airline, bus, train) in economy class by the most direct route to the planned destination.
- c) If the return is earlier or later than scheduled
 - the additional cost of a **one-way economy class ticket**, by the most direct route, for a **return trip** to the point of departure, **by the means of transportation initially planned.**

If the means of transportation initially planned cannot be used, whether or not travel expenses have been prepaid, the expenses covered correspond to

the expenses required by a scheduled carrier for an economy class ticket, by the most economical means, by the most direct route to return the insured to the point of departure. **These expenses require prior authorization from the Insurer (see Section 3.5).**

However, if the insured's return is delayed by more than seven (7) days as the result of an illness or accident suffered by the insured or his 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 such seven (7)-day period.

If the travel expenses have not been prepaid, the expenses incurred by the insured are covered provided he was not aware, before the start date of the trip, of any event that could reasonably lead to the interruption of the planned trip;

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

d) Round-trip transportation

Trip Cancellation Insurance covers transportation expenses by the most economical means, after prior authorization from the Insurer (see Section 3.5) to return the insured to his province of residence and then to return to the place where he was travelling provided the reason is:

- the death or hospitalization of a family member of the insured, or a person for whom the insured is the legal guardian or testamentary executor;
- damage rendering the principal residence of the insured uninhabitable or causing major harm to his business establishment.

Note: Please refer to Section 3.7 for limitations and exclusions to this coverage.

3.6.3 Definitions applicable to Trip Cancellation Insurance

Under this benefit, the words and expressions below are defined as follows:

- **Accident**
An unintentional, sudden, fortuitous and unpredictable event due exclusively to a violent external cause and resulting, directly and independently of any other cause, in bodily injuries.
- **Insured**
The participant, spouse, their dependent children or persons suffering from a functional impairment covered under this benefit.
- **Travel companion**
The person with whom the insured shares the room or apartment at destination or whose travel expenses were paid along with those of the insured.
- **Host at destination**
The person with whom the insured shares accommodation arranged in advance, provided the accommodation is at the principal residence of the host at destination;
- **Family member**
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, daughter-in-law.
- **Business partner**
A person with whom the insured is associated for business purposes in a company composed of four (4) co-shareholders or fewer, or a commercial company or association composed of four (4) partners or fewer;
- **Prepaid travel expenses**
Amounts paid by the insured to purchase a package trip, a ticket from a public carrier or to rent a motor vehicle from an accredited commercial establishment. Also included are amounts paid by the insured concerning reservations for ground arrangements usually included in a package trip, whether the reservations are made by the insured or a travel

agent, as well as amounts paid by the insured in relation to registration fees for a commercial activity;

- **Commercial activity**

An assembly, conference, convention, exhibition, trade fair or seminar of a professional or commercial 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 will be held. The activity must be the sole reason for the planned trip;

- **Trip**

A trip, as a tourist or for pleasure, or for a commercial activity, which entails the absence of the insured from his place of residence for a period of at least two (2) consecutive nights and requiring a trip of at least 400 kilometres (round trip) from his place of residence; a cruise lasting at least two (2) consecutive nights, under the responsibility of an accredited firm, is also considered to be a trip.

3.7 EXCLUSIONS, LIMITATIONS AND COORDINATION

3.7.1 Exclusions applicable to Travel Insurance

This benefit does not cover:

- expenses incurred after the insured has returned to his province of residence;
- expenses payable under any social legislation;
- expenses related to elective and non-emergency treatment;
- hospital or medical expenses that are not insured in accordance with a provincial plan;
- expenses incurred abroad when such expenses could have been incurred in the province of residence of the insured without danger to his life or health, except for expenses required immediately following an emergency situation;
- hospital expenses in a facility treating chronic illnesses or expenses for similar services in a public hospital, and expenses incurred in an extended-care or thermal spa facility.

3.7.2 Exclusions applicable to Trip Cancellation Insurance

This benefit does not apply if the trip is taken for the purpose of visiting or being at the bedside of a person who is ill or has suffered an accident, and whose medical condition or subsequent death leads to cancellation, early return or late return.

3.7.3 Exclusions applicable to Travel Insurance and Trip Cancellation Insurance

These benefits do not cover losses caused by the following or to which the following causes have contributed:

- active participation by the insured in a riot or insurrection, a criminal act or attempted crime;
- service in the armed forces, a war or acts of war, whether declared or not, in Canada or in a foreign country, provided the government of Canada has issued a travel warning for the country in question.

This exclusion does not apply to an insured already present in a foreign country at the time war or acts of war break out. However, if the Government of Canada then recommends leaving the country, to remain covered, the insured must take the necessary measures to leave the country as soon as possible;

- intentional self-inflicted injury by the insured or his travel companion, suicide or attempted suicide, whether the person in question was sane or not. However, in the case of a death resulting from suicide, only the costs incurred to prepare and return the remains are covered under the provisions of this benefit;
- abusive consumption of medication, drugs or alcohol and the ensuing consequences;
- participation in extreme or combat sports, gliding, hang gliding, paragliding, bungee jumping, mountain climbing, parachuting or skydiving or any other similar activity, or participation in any motorized vehicle competition, or participation in any sporting activity involving remuneration;

- pregnancy, miscarriage, childbirth or related complications occurring within the two (2) months preceding the normal expected date of delivery;
- a trip taken 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.

3.7.4 Limitations to Travel Insurance

- In the event of a medical condition requiring extended medical services, treatment or surgery, if medical evidence indicates that after diagnosis or emergency treatment of this condition, the insured could have returned to his province of residence but chose to obtain services elsewhere, the Insurer will not assume the cost of services, treatments, surgeries and other expenses.
- The Insurer reserves the right to repatriate the insured to his province of residence when his medical condition permits. Any refusal to be repatriated discharges the Insurer from any liability for expenses subsequently incurred.
- Total benefits may not exceed \$5,000,000 per insured, per trip abroad.

3.7.5 Limitations to Travel Assistance

- Neither the Insurer nor the company providing travel assistance is responsible for the availability or quality of the medical and hospital care administered, or 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 the Insurer without prior notice.

3.7.6 Limitations to Trip Cancellation Insurance

In the event of cancellation prior to departure, the trip must be cancelled through the travel agent or carrier within 48 hours of the event causing cancellation, or, if this 48-hour period ends on a statutory holiday, on the next working

day. The Insurer's liability is limited to the cancellation costs stipulated in the travel contract that are applicable at the time such notification should have been given.

However, this limitation will not apply if the insured and spouse provide proof deemed satisfactory by the Insurer 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. The Insurer's liability is limited to the applicable cancellation expenses stipulated in the travel contract at the time of cancellation.

3.7.7 Coordination

Expenses eligible for reimbursement under these plans will be reduced by the amount of any corresponding benefits payable under another individual or group insurance contract. However, if the insured is entitled to similar benefits under other provisions of this contract, benefits will only be payable under the provisions of this benefit. This clause should not be interpreted as limiting the scope of other coverage under the accident and health insurance plan when benefits are not payable under Travel or Trip Cancellation Insurance.

4. LIFE INSURANCE PLAN

4.1 PARTICIPANT'S LIFE INSURANCE

This plan is optional. Upon the death of the participant, it provides for the payment of an amount equal to the amount of life insurance held.

The following amounts of life insurance are available:

- 150%,* 125%,* 100%,* 75%,* 50% or 25% of the earnings the participant was earning immediately prior to retirement. The amount of life insurance selected cannot exceed the sum of the amounts of coverage the participant held under the Basic and Optional Life Insurance plans at the time of retirement. The amount is always rounded up to the nearest \$1,000;
or
- \$10,000, \$5,000 or \$2,000
 - * **Maximum amount:** As of the first day of the month coinciding with or following the participant's 75th birthday, coverage is limited to no more than 75 % of pre-retirement earnings and as of the first day of the month coinciding with or following the participant's 80th birthday, coverage is limited to no more than 50% of pre-retirement earnings.

Note : If, prior to retirement, you held an amount of insurance coverage higher than the amounts provided for under this plan, please refer to the *Extension and conversion privilege* provisions under the *General Information* section of your group insurance booklet for management personnel.

4.2 SPOUSE'S AND DEPENDENT CHILDREN'S LIFE INSURANCE

Retirees who become eligible for coverage under this group life insurance plan may choose life insurance coverage for their spouse and dependent children.

To be entitled to this coverage, retired participants must take out a minimum of \$10,000 of Participant's Life Insurance coverage.

The following coverage is available:

- Spouse: \$10,000;
- Dependent children (age 24 hours and over): \$5,000;

A fixed premium applies, regardless of the number of dependent children.

The life insurance premium for dependent children of a surviving spouse, in the event that the spouse wishes to maintain coverage, is increased by \$1.00 per month. The surviving spouse must submit a request to the Insurer in order to maintain Dependent Children's Life Insurance.

4.3 SPOUSE'S OPTIONAL LIFE INSURANCE

When enrolling in the retirees' life insurance plan, retirees who opt for coverage under Spouse's and Dependent Children's Life Insurance within the 90-day period specified in *Section 1.2.1 a)* are automatically granted \$10,000 in Optional Life Insurance coverage for their spouse. Retirees may also increase the amount of life insurance for their spouse if Spouse's Optional Life Insurance is already held under the group insurance plan for management personnel.

Spouse's Optional Life Insurance coverage is available in \$10,000 increments (minimum one (1) increment, maximum five (5) increments), and may be equal to or less than the amount of coverage held under the plan for management personnel.

Retirees opting for Spouse's and Dependent Children's Life Insurance who do not wish to participate in this Optional Life Insurance benefit must notify SSQ of such in writing.

5. HOW TO SUBMIT A CLAIM?

5.1 HOSPITAL EXPENSES

For hospital expenses incurred in Quebec, present your SSQ Card at the hospital.

5.2 PRESCRIPTION DRUG EXPENSES

There are two ways to forward your prescription drug claims to SSQ:

5.2.1 The SSQ Card

We wish to specify that only prescription drug expenses can be forwarded to SSQ via the electronic claims transmission system.

Upon presentation of your SSQ Card, your pharmacist will immediately validate whether the drug is eligible for reimbursement.

a) Eligible drugs

You pay your pharmacist the portion of the cost that is not reimbursed by your plan. SSQ reimburses the insured portion directly to the pharmacist. You have nothing else to do. The pharmacist is required to charge you the standard price, namely the same price paid by all other customers.

b) Non-eligible drugs

If the drug purchased is not eligible for reimbursement, the pharmacist will give you a receipt which may display various messages, for example:

Indication	Meaning
"Drug not covered"	Request for reimbursement refused, since the drug is not covered under the drug benefit.
"Maximum duration of treatment 90 days"	The quantity of drugs purchased cannot exceed a treatment period of 90 days. However, if for specific reasons your prescription exceeds a treatment period of 90 days, you may submit your claim, along with an explanatory note, directly to SSQ.
"Submit to Insurer"	The drug claimed cannot be processed by the SSQ Card but could be eligible for reimbursement. E.g.: if the prescription must be prepared by the pharmacist (magistral prescription).
"Exception drugs"	Drugs for which prior authorization must be obtained from the Insurer (see Sections 2.2.1 and 3.2.1)

c) First use

If you have Family (including couple) or Single-Parent coverage status, when you first use your SSQ Card for a member of your family, the pharmacist must complete the file by entering the first name and date of birth of the insured. Please provide your pharmacist with this information, if it has not already been entered in the system. This information remains confidential. As proof of age may be required by the pharmacist, you may wish to present the insured's RAMQ health insurance card.

Dependent children: Full-time students aged 18 to 25, inclusive

Drug expenses for dependent children aged 18 to 25, inclusive, are covered upon presentation of a declaration of school attendance (see *Section 1.4.2*).

5.2.2 By mail

If you are unable to use your SSQ Card (lost, non-participating pharmacist, etc.), submit your claim using the claim form attached to the claim summary you received with your last reimbursement cheque. You can also print a personalized claim form from our ACCESS | Plan Members Web site. For more information about our online services, please refer to *Section 5.7* of this booklet.

To be eligible for reimbursement, all receipts and invoices must be presented within 12 months of the date expenses were incurred.

The pharmacist's invoice must be duly paid and show the participant's name, the patient's name, the number and date of the medical prescription, the physician's name, the drug name and quantity.

Where permitted by law, drugs supplied by a physician are also eligible for reimbursement upon submission of receipts indicating the drug name and quantity.

Note: If you are age 65 or over and are registered for prescription drug coverage with the RAMQ, you should not submit your prescription drug claims to SSQ.

However, if you have coverage under the expanded plan, when purchasing your medications you must first submit a claim to RAMQ before filing a claim with SSQ.

5.3 OTHER ACCIDENT AND HEALTH INSURANCE EXPENSES

The insured must file claims for all other eligible expenses directly with SSQ.

The originals of receipts and paid invoices should be submitted on a regular basis, **once every three (3) months**. Receipts and invoices will not be returned. You may wish to keep copies. **To be eligible for reimbursement, all receipts and invoices, including prescription drug expenses, must be presented within 12 months of the date expenses were incurred.** Please note that the use of the SSQ Card for drug purchases ensures that receipts and invoices are submitted on time.

Claims should be submitted to SSQ at the address below using the claim form. You will find a claim form attached to the claim summary sent with your last benefit payment. You can also print a personalized claim form on SSQ's ACCESS | Plan Members Web site. Please indicate your contract number on all claims or any other correspondence sent to SSQ at the following address:

**SSQ, Life Insurance Company Inc.
2525 Boul. Laurier, P.O. Box 10500, Stn Sainte-Foy
Quebec QC G1V 4H6**

Direct Deposit of Accident and Health Insurance Benefits

Direct Deposit enables you to obtain reimbursement of your claims more quickly and eliminates any risk of loss or theft of your benefit cheques.

You can opt for Direct Deposit when registering to use our secure transactional site **ACCESS | Plan Members**. When registering, be sure to have your SSQ Card to hand, as well as a personal cheque showing your bank account number. For more information about our on-line services and how to register for Direct Deposit, please refer to *Section 5.7* of this booklet.

If you would like to register for Direct Deposit but do not have access to the Internet, or if you require assistance in any way, contact SSQ Customer Service at one of the numbers provided on the back of this booklet.

5.4 PARTICIPANT'S, SPOUSE'S AND DEPENDENT CHILDREN'S LIFE INSURANCE

Life Insurance claim forms are available directly from SSQ. These claims must be submitted within 90 days following the event.

5.5 TRAVEL INSURANCE AND TRIP CANCELLATION INSURANCE (EXPANDED PLAN)

5.5.1 Travel Insurance

Hospital and medical expenses payable under the Travel Insurance benefit are reimbursed only after assessment by government agencies (RAMQ, SAAQ, etc.), if applicable.

All expenses covered under this benefit may be claimed directly from CanAssistance upon presentation of supporting documents deemed satisfactory by the Insurer (invoices, receipts, prescriptions, etc.).

Benefits payable under this coverage will be reduced by all corresponding benefits payable under another individual or group insurance contract.

5.5.2 Trip Cancellation Insurance

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

- 1) unused travel tickets;
- 2) official receipts for additional transportation expenses;
- 3) receipts for ground travel and other expenses. Receipts must include contracts officially issued by a travel agent or accredited firm indicating the non-refundable amounts in case of cancellation. Written proof that the insured has submitted a request for reimbursement of travel expenses from the travel agent or accredited firm must be forwarded to the Insurer, along with the reply received from the agent or firm;

- 4) 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 specify the complete diagnosis confirming the need to cancel, delay or interrupt the trip;
- 5) a police report (in the event of delay due to a traffic accident or emergency road closure);
- 6) an official weather report issued by the appropriate authorities;
- 7) written proof issued by the official organizer of a commercial activity to the effect that an event is cancelled and indicating the specific reasons why;
- 8) any other report required by the Insurer in support of the insured's claim.

5.6 PERSONAL INFORMATION AND INSURANCE FILE

To maintain the confidentiality of personal information, SSQ will create an insurance and annuity file to hold information about your application for insurance or an annuity, along with information about any insurance claims you make.

Access to this file will be restricted to employees or agents who are responsible for underwriting, investigations and claims, and any other person you may authorize. Your file will be kept in SSQ's offices in Quebec.

You have the right to consult the personal information held in your file and, if necessary, have this information rectified, by submitting a request in writing to the address specified in *Section 5.3*.

5.7 SSQ'S ONLINE SERVICES

5.7.1 ACCESS | Plan Members

This handy online service gives you fast, secure and confidential access to your insurance file at any time. Here are just a few of the operations you'll be able to carry out:

- register for Direct Deposit of your Accident and Health Insurance benefits;

- view your electronic claim statements;
- print personalized claim forms;
- order tax receipts for medical expenses;
- print a temporary SSQ Card if you lose or misplace your existing card;
- change your address;
- view the coverage included as part of your contract.

To register for Access and take advantage of our handy on-line services, visit our Web site at www.ssq.ca. Click on the **ACCESS | Plan Members** link in the group insurance area of the site. Then, just follow a few simple instructions designed to guide you through the registration process.

5.7.2 SSQ Mobile services

If you have a smart phone* you can download the SSQ Mobile Services application at www.ssq.ca/mobile.

This application enables you to:

- submit your claims;
- view your previous payments;
- have an electronic version of your SSQ Card at hand;
- reach our Customer Service with just one click.

* Now available on Apple and Android platforms.

GOOD THINGS TO KNOW

- It is important to complete your application and send it to the Insurer **within 90 days** following your eligibility for the plan, **even if you wish to be exempted from the Accident and Health Insurance Plan.**
- If the health care professional who is treating you recommends a particular treatment and you're not sure whether this treatment is covered, call SSQ.
- If the cost of proposed treatment or products is over \$200 and you're not sure whether you're covered, call SSQ.
- For income tax purposes, keep the claim summary that is attached to your reimbursement cheque. When you prepare your income tax return, add up all of your claim summaries to determine the total amount of medical expenses that could increase your tax credits. If you are registered to use SSQ's **ACCESS | Plan Members** Web site, you can submit a request on line for a tax receipt that includes the amounts of claims made and the amounts reimbursed under your contract. This receipt can then be enclosed with your income tax return.
- Misplaced your claim form? Simply write your name and Insurance Certificate number on a separate sheet of paper and attach it to your claim. Your claim will be processed in the usual manner. You can also print a personalized claim form on SSQ's **ACCESS | Plan Members** Web site.
- Always use your SSQ Card and you will immediately know whether your prescription drugs are eligible for reimbursement.
- If you experience health problems while travelling, don't hesitate to contact CanAssistance at one of the numbers on the back of your SSQ card.
- We wish to remind you that generic drugs are less costly than brand-name drugs and their therapeutic benefits are generally identical. This means that each dollar that is saved by you is also saved by the entire group. We therefore suggest you discuss the

possibility of using generic drugs with your attending physician and pharmacist.

- Once you change from the employee group insurance plan to the retiree group insurance plan, all the information in your file at the time will be transferred to your new file under the retiree group insurance plan. Documents already provided to SSQ, such as the declaration of school attendance for your dependent children or the form for exception drugs, if applicable, will not need to be submitted again. SSQ keeps track of the reimbursement in health insurance expenses, which means that the amounts you have incurred since January 1 will be included under your new plan. During this transfer of information, the amount of claims paid by SSQ for each type of treatment is also compiled and included under your new plan. However, for any given type of treatment, it is possible to ask that SSQ reset your counter to zero. As such, you will be entitled to the maximum reimbursement stipulated under the retiree group insurance plan.

MONTHLY PREMIUM RATES FROM JANUARY 1 TO DECEMBER 31, 2013 – CONTRACT Y9999-R (Groups 19520 to 19525)

PLANS	MONTHLY PREMIUM RATES					
	INDIVIDUAL		SINGLE-PARENT		FAMILY	
	Premiums paid by the participant	Premium holiday	Total Premiums	Premiums paid by the participant	Premium holiday	Total Premiums
BASIC Health Insurance (Groups 19522, 19523 and 19524)						
Under age 65	\$ 102.79	\$ -	\$ 102.79	\$ 132.54	\$ -	\$ 202.35
Age 65 or over	\$ 6.46	\$ -	\$ 6.46	\$ 8.22	\$ -	\$ 12.29
Additional premium for participants age 65 or over ⁽¹⁾	\$ 345.19	\$ -	\$ 345.19	\$ 345.19	\$ -	\$ 690.38
EXPANDED Health Insurance (Groups 19520, 19521 and 19525)						
Under age 65	\$ 179.72	\$ -	\$ 179.72	\$ 232.94	\$ -	\$ 360.43
Age 65 or over	\$ 34.80	\$ -	\$ 34.80	\$ 45.27	\$ -	\$ 67.58
Additional premium for participants age 65 or over ⁽¹⁾	\$ 345.19	\$ -	\$ 345.19	\$ 345.19	\$ -	\$ 690.38
PER \$1,000 OF COVERAGE						
PLANS	MALE			FEMALE		
	Premiums paid by the participant	Premium holiday	Total Premiums	Premiums paid by the participant	Premium holiday	Total Premiums
Participant's Basic Life Insurance and Spouse's Optional Life Insurance ⁽²⁾						
Under age 50	\$ 0.13	\$ 0.01	\$ 0.14	\$ 0.07	\$ 0.01	\$ 0.08
Age 50 to 54	\$ 0.23	\$ 0.02	\$ 0.25	\$ 0.14	\$ 0.01	\$ 0.15
Age 55 to 59	\$ 0.38	\$ 0.04	\$ 0.42	\$ 0.24	\$ 0.02	\$ 0.26
Age 60 to 64	\$ 0.62	\$ 0.06	\$ 0.68	\$ 0.37	\$ 0.04	\$ 0.41
Age 65 to 69	\$ 0.97	\$ 0.10	\$ 1.07	\$ 0.58	\$ 0.06	\$ 0.64
Age 70 to 74	\$ 1.50	\$ 0.15	\$ 1.65	\$ 1.01	\$ 0.10	\$ 1.11
Age 75 to 79	\$ 2.35	\$ 0.23	\$ 2.58	\$ 1.69	\$ 0.17	\$ 1.86
Age 80 to 84	\$ 3.79	\$ 0.38	\$ 4.17	\$ 2.90	\$ 0.29	\$ 3.19
Age 85 or over	\$ 5.78	\$ 0.57	\$ 6.35	\$ 4.91	\$ 0.49	\$ 5.40
Spouse's and Dependent Children's Life Insurance	Premiums paid by the participant			Total premiums		
	\$ 8.43			\$ 9.26		

Premiums do not include the 9% provincial sales tax.

⁽¹⁾ Additional premium for individuals age 65 or over opting to maintain prescription drug insurance with SSQ instead of obtaining coverage under the RAMQ plan. For participants turning age 65 during the year, changes to premiums and coverage will be effective on the first day of the month coinciding with or following their 65th birthday.

⁽²⁾ Premiums for Spouse's Optional Life Insurance are based on the spouse's age and gender.

Note: Any change in premium rates following a change in age group of the participant becomes effective on the first day of the month coinciding with or following the age change.

Reserved for SSO

19520 19521 19522 19523 19524 19525

APPLICATION REQUEST FOR CHANGE

Return to: SSO, LIFE INSURANCE COMPANY INC., 2525, Boul. Laurier, P. O. Box 10500,
Station Sainte-Foy, Quebec QC G1V 4H6 Toll-free: 1-888-400-0023

A- PERSONAL INFORMATION (Participant)

Participant's name (print) _____ Participant's Social Insurance Number _____

Address (print) _____ City (print) _____ Postal code _____
Retirement date _____ Y Y Y Y M M | D D | Y Y Y Y M M | D D |
Telephone no. _____ Certificate no. _____ Participant's date of birth _____

Are you a member of the FQDE? (see Section 1.1.1 of this booklet) _____

Spouse

Spouse's name (print) _____ Spouse's Social Insurance Number _____
Spouse's date of birth _____ Y Y Y Y M M | D D | Y Y Y Y M M | D D |

My pension is paid by CARRA - YES NO

AUTHORIZATION FOR DIRECT DEBIT PAYMENTS – PERSONAL PAD
I authorize SSO, Life Insurance Company Inc. to withdraw the variable amounts of my insurance premiums from my account, which are due on the first business day of each month. Moreover, I authorize SSO, Life Insurance Company Inc. to invoice and withdraw any related fees in the event that the preauthorized debit payment cannot be made in accordance with this agreement. I will receive a letter to this effect from SSO confirming the changes made to my next debit payment.

Account information

Financial institution name _____ Branch _____ Account number _____
I authorize my financial institution to withdraw this amount from my account. I understand that I may cancel this authorization at any time upon written notice. This notice must be sent to SSO within 30 days following the next withdrawal.

I have certain rights of recourse if the withdrawal does not comply with this agreement. For example, I have the right to be reimbursed for any PAD that is not authorized or that is not compatible with this authorization. For more information on my right to recourse, a sample cancellation form or further information on the right to cancel, I may contact my financial institution or visit the www.cdnipay.ca Web site.

Signature (as it appears on your cheques) _____ Date _____ Y Y Y Y M M | D D |
NOTE: For a joint account requiring more than one signature, all account holders must sign.

IMPORTANT: Please enclose a personal cheque specimen marked "VOID".

Reserved for SSO: _____

B- ACCIDENT AND HEALTH INSURANCE PLAN

- Desired coverage: Individual Single-Parent Family/Couple
- Choice of plans: Expanded Plan Basic Plan
- I wish to exercise my exemption entitlement (enclose copy of certificate of current coverage)
- I wish to terminate my exemption entitlement (enclose proof of termination of coverage allowing for exemption)

C- LIFE INSURANCE PLAN

- PARTICIPANT'S LIFE INSURANCE: (Check one box only)
 - 150% of salary* 75% of salary* \$10,000
 - 125% of salary* 50% of salary \$5,000
 - 100% of salary* 25% of salary \$2,000

* Maximum amount: As of the first day of the month coinciding with or following the participant's 75th birthday, coverage is limited to no more than 75 % of pre-retirement earnings and as of the first day of the month coinciding with or following the participant's 80th birthday, coverage is limited to no more than 50% of pre-retirement earnings.
- SPOUSE'S AND DEPENDENT CHILDREN'S LIFE INSURANCE:
 (Participant must have life insurance amount equal to or greater than \$10,000)
 Spouse \$10,000 Child \$5,000
- SPOUSE'S OPTIONAL LIFE INSURANCE: (Must be equal to or less than coverage held in plan for management personnel.)
 number of units** (1 to 5) _____ x \$10,000
- ** Unless otherwise instructed by you, if you check off the Spouse's and Dependent Children's Life Insurance box, a \$10,000 unit will be automatically attributed to you. If you do not wish to enrol in this additional life insurance coverage, you must notify SSO in writing.

BENEFICIARY

I designate the following person as beneficiary (at death):

- Participant's estate or Revocable beneficiary*
 - Legal spouse Legal spouse-sons-daughters Irrevocable beneficiary*
 - Sons-daughters Father-mother
 - Brother-sister Common-law spouse
 - Common-law spouse-sons-daughters
 - Other _____
- * In Quebec, when this choice is not available, the designation of a legal spouse is irrevocable and the designation of any other beneficiary is revocable.

(last name, first name of beneficiary)

I authorize the Insurer to use the information contained in this application for administrative purposes, including my social insurance number and my spouse's social insurance number. Moreover, I authorize CARRA, if applicable, to deduct the required premiums from my pension.

Date | Y | Y | Y | M | M | D | D | Signature _____

CONTACT US
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We thrive on mutual trust