

RATES ARE VALID  
FROM JANUARY 1<sup>ST</sup> TO DECEMBER 2025.

### Reassuring Partner

The drug and health group insurance are made available by Sogemec Assurances and under-written by Beneva.

### Admissibility

This plan is offered to members in good standing of the *Fédération des médecins spécialistes du Québec*. The member must reside in the province of Quebec.

The drug insurance law provides that if you are established in Quebec and eligible for a private plan, you must cover your spouse and children.

### Importance notice

Option 3 requires no medical questionnaire (guaranteed acceptance). This applies to all FMSQ members. Option 1 (prescription drug, travel and travel cancellation insurance) and Option 2 (prescription drug, health, travel and travel cancellation insurance) are subject to the insurer receiving and approving the "Insurability Report" form for all medical specialists.

#### New members of the FMSQ

You are eligible for option 1 or 2, without proof of insurability if you join within 90 days of your registration with the Collège des médecins du Québec.

The chosen plan is valid for a minimum of two years, and no changes are permitted within that period.

Registration forms are available at <https://sogemec.com/en/client-area/medical-specialist-all>

You can send us your enrolment form using our secure sign deposit at <https://sogemec.com/en/client-area/medicalspecialist-file-deposit>

### Change in coverage status

Participants can change their coverage status when any of the following events occur:

- a) marriage;
- b) when the spouse becomes eligible;
- c) birth or adoption of a dependent child;
- d) death of the spouse or a dependent child;
- e) on termination of a dependent child's eligibility;
- f) when the spouse acquires or loses the right to enroll in employer's group plan.

The change in coverage status is made on the day of the event, as long as the request is received by Sogemec within 31 days of the date of the event, and the change or modification of the insurance takes effect on that same date.

**PREMIUM:** The insurance premium corresponds to the amount you pay to benefit from the insurance guarantees provided by the contract. The premium applies from the effective date of your enrolment to December 31 of the current year. The premium is not guaranteed and is reviewed on January 1<sup>st</sup> of each year.

**DEDUCTIBLE:** The deductible is the amount that the insured must assume before the insurer starts reimbursing any amount.

**COINSURANCE:** The coinsurance is the percentage of the cost of medications or other covered expenses that an insured must pay. The coinsurance percentage applies once the deductible amount is subtracted from the total price of the claim.

## MONTHLY PREMIUM RATE (9% tax not included)

		DRUG AND TRAVEL INSURANCE OPTION 1	DRUG, HEALTH TRAVEL INSURANCE OPTION 2	DRUG INSURANCE - RAMQ LIST OPTION 3	DENTAL CARE INSURANCE
INDIVIDUAL	Less than 30	\$59.96	\$147.48	\$31.59	\$60.58
	30 to 39	\$74.95	\$184.35	\$39.48	\$60.58
	40 to 49	\$131.18	\$322.65	\$69.08	\$60.58
	50 to 59	\$219.00	\$538.88	\$120.89	\$60.58
	60 to 64	\$235.10	\$576.32	\$120.89	\$60.58
COUPLE	Less than 30	\$119.92	\$295.01	\$63.15	\$131.96
	30 to 39	\$149.92	\$368.75	\$78.95	\$131.96
	40 to 49	\$262.35	\$645.29	\$138.14	\$131.96
	50 to 59	\$437.99	\$1 077.73	\$241.79	\$131.96
	60 to 64	\$470.23	\$1 152.70	\$241.79	\$131.96
SINGLE PARENT	Less than 30	\$104.93	\$258.13	\$55.26	\$101.96
	30 to 39	\$131.18	\$322.65	\$69.08	\$101.96
	40 to 49	\$229.57	\$564.64	\$120.89	\$101.96
	50 to 59	\$383.24	\$943.00	\$211.55	\$101.96
	60 to 64	\$411.43	\$1 008.60	\$211.55	\$101.96
FAMILY	Less than 30	\$164.91	\$405.61	\$86.84	\$158.34
	30 to 39	\$206.12	\$507.00	\$108.54	\$158.34
	40 to 49	\$360.72	\$887.26	\$189.96	\$158.34
	50 to 59	\$602.23	\$1 481.88	\$332.42	\$158.34
	60 to 64	\$646.56	\$1 584.94	\$332.42	\$158.34

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	DRUG AND TRAVEL INSURANCE OPTION 1	DRUG, HEALTH TRAVEL INSURANCE OPTION 2	DRUG INSURANCE - RAMQ LIST OPTION 3
<b>DEDUCTIBLE</b> (per calendar year)	\$200 individual and single parent \$400 couple and family	\$200 individual and single parent \$400 couple and family	\$150 individual and single parent \$300 couple and family
<b>REIMBURSEMENT</b> (Maximal annual contribution)	75% up to the maximum RAMQ contribution per adult	80% up to the maximum RAMQ contribution per adult	According to the maximum established by the RAMQ
<b>DRUGS</b> (direct payment)	Drugs available only by prescription	Drugs available only by prescription	Refund limited to drugs listed on the list of medications of the <i>Régie de l'assurance maladie du Québec</i>
<b>PREVENTIVE VACCINE</b>	Included	Included	Not available

**DRUG AND TRAVEL  
INSURANCE  
OPTION 1**

**DRUG, HEALTH  
TRAVEL INSURANCE  
OPTION 2**

**DRUG INSURANCE  
- RAMQ LIST  
OPTION 3**

**MEDICAL EXPENSES WITH DEDUCTIBLE (per calendar year) Combined with Drug Insurance**

REIMBURSEMENT		80% of eligible expenses listed below	
Ambulance, orthophoniste-audio-ergo, lab. expenses		Included, see contract for more details	
Hearing aids		\$800 per 48 months period	
Therapeutic apparatus		Lifetime maximum: \$10,000	
Support stockings		3 pairs per calendar year	
Chiropractor		\$30 per treatment, maximum 20 treatments per calendar year	
Chiropractor X-rays		Unlimited	
Plastic surgery		Maximum per accident: \$10,000	
Detoxification treatment		\$80 per day, lifetime max.: \$2,500	
Convalescent home		Private room	
Podiatrist		\$35 per treatment max.: \$500 per calendar year	
Physiotherapy, Osteopath		\$65 per treatment, maximum \$1,000 per calendar year	
Acupuncturist		\$30 per treatment maximum 20 treatments per calendar year	
Capillary prosthesis (following a treatment of chemotherapy)		Lifetime maximum: \$300	
Prosthesis		\$5,000 per limb or prosthesis	
Reflectometer		\$300 per 60 months period	
Home care expenses following an hospitalization or day-surgery		Included subject to limitations – see contract for all the details	
Psychologist, social worker and psychoanalyst		\$95 per consultation, maximum \$1,000 per calendar year	
Dietitian		\$25 per consultation, maximum 20 consultations per calendar year	
Insulin pump accessories such as tubings and catheters		\$2,500 per calendar year	

**MEDICAL EXPENSES WITHOUT DEDUCTIBLE AND COINSURANCE (per calendar year)**

Hospitalization	Not available	Private room	
Travel Insurance	Included (\$5,000,000) up to 182 days	Included (\$5,000,000) up to 182 days	Not available
Cancellation Travel Insurance	Up to \$10,000/insured	Up to \$10,000/insured	

**DENTAL CARE OPTION**

REIMBURSEMENT (per calendar year)	\$100 per certificate
Diagnostic and preventif services	100% eligible expenses
Basic Dental Care	80% eligible expenses
Major Restorative services	50% eligible expenses
MAXIMUM	\$1,500 per insured
Orthodontic care	50% of eligible expenses. Lifetime maximum: \$1,500

