



Sogemec

ASSURANCES



FÉDÉRATION
DES MÉDECINS
OMNIPRATICIENS
DU QUÉBEC

Health and Dental Care Insurance Plan

UNDER AGE 65

RATES ARE VALID
FROM JANUARY 1ST
TO DECEMBER 2026

Reassuring Partner

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

EVERYWHERE IN QUEBEC

information@sogemec.com
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MONTREAL

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East Tower, 20th Floor
C.P. 217 Succ. Desjardins
Montréal (Québec) H5B 1G9
Phone: **(514) 350-5070**
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QUÉBEC

Place de la Cité – Tour de la Cité
2600, Laurier boulevard,
bureau 800, 8th floor
Québec (Québec) G1V 4W2
Phone: **(418) 990-3946**
Fax: (418) 647-3754



Admissibility

This plan is offered to members in good standing with
Fédération des médecins omnipraticiens du Québec.

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 insurance takes effect on that same date.

Important notice

Option R requires no medical questionnaire (guaranteed acceptance). This applies to all FMOQ members. Option A (prescription drug, Travel and Cancellation Insurance) and Option B (prescription drug, health, travel and cancellation insurance) are subject to the insurer receiving and approving the "Declaration of insurability" form.

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/general-practitioner-all/>

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

All the products under one roof

In partnership with your Federation, we have created a range of personalized products to protect you, at work and in life. For more information, visit sogemec.com



MONTHLY PREMIUM RATE

(9% tax not included)

		DRUG AND TRAVEL INSURANCE OPTION A	DRUG, HEALTH TRAVEL INSURANCE OPTION B	DRUG INSURANCE - RAMQ LIST OPTION R
INDIVIDUAL	Less than 30	\$54.20	\$138.88	\$129.97
	30 to 34	\$60.67	\$204.21	\$135.44
	35 to 39	\$163.42	\$255.41	\$229.71
	40 to 49	\$230.23	\$304.36	\$264.91
	50 to 59	\$308.59	\$444.89	\$351.01
	60 to 64	\$416.78	\$593.39	\$471.87
COUPLE	Less than 30	\$108.39	\$277.76	\$259.88
	30 to 34	\$121.34	\$408.41	\$272.87
	35 to 39	\$326.83	\$510.83	\$459.43
	40 to 49	\$460.47	\$608.71	\$529.82
	50 to 59	\$617.17	\$889.76	\$702.02
	60 to 64	\$833.55	\$1,186.78	\$943.75
SINGLE PARENT	Less than 30	\$84.72	\$234.66	\$193.68
	30 to 34	\$97.66	\$318.94	\$207.39
	35 to 39	\$232.33	\$386.85	\$314.40
	40 to 49	\$336.34	\$519.03	\$385.78
	50 to 59	\$404.22	\$632.04	\$455.32
	60 to 64	\$484.86	\$681.02	\$546.38
FAMILY	Less than 30	\$161.69	\$376.57	\$310.01
	30 to 34	\$186.62	\$496.41	\$321.89
	35 to 39	\$368.64	\$619.64	\$514.53
	40 to 49	\$517.59	\$865.05	\$591.09
	50 to 59	\$691.09	\$1,062.96	\$778.18
	60 to 64	\$878.13	\$1,230.10	\$993.42

RATES ARE VALID FROM JANUARY 1ST TO DECEMBRE 2026.

	DRUG INSURANCE OPTION A	DRUG AND HEALTH INSURANCE OPTION B	DRUG INSURANCE - RAMQ LIST OPTION R
DEDUCTIBLE (per calendar year)	\$300/adult	\$600/adult	\$267/adult
COINSURANCE (per calendar year)	80% up to the maximum RAMQ contribution per adult	75% up to the maximum RAMQ contribution per adult	65% up to the maximum RAMQ contribution per adult
DRUGS (substitution to generic drugs)	Drugs available only by prescription	Drugs available only by prescription	Drugs available only by prescription according to the maximum established by the RAMQ
TRAVEL AND CANCELLATION INSURANCE	Included (\$5,000,000) up to 182 days / \$10,000 per person	Included (\$5,000,000) up to 182 days / \$10,000 per person	Not included

HOSPITALIZATION

PERCENTAGE OF REIMBURSEMENT	Not available	100 %	Not available
Hospital room in Canada		Private room	

SPECIALIZED HEALTH CARE ESTABLISHMENTS

PERCENTAGE OF REIMBURSEMENT	Not available	80 %	Not available
Rehabilitation centre*		Semi-private room Maximum of 180 days per calendar year	
Convalescent home*		Semi-private room	

HEALTH CARE PROFESSIONALS

PERCENTAGE OF REIMBURSEMENT	Not available	80 %	Not available
Audiologist		Usual and customary fees	
Occupational therapist		Usual and customary fees	
Speech therapist		Usual and customary fees	
Osteopath, Podiatrist		One treatment per day. Maximum of \$35 of eligible expenses per visit and of \$700 per calendar year, for each of these professionals	
Physiotherapist and physical rehabilitation therapist		Usual and customary fees	
Psychoanalyst, Psychiatrist, Psychologist, Psychotherapist, Social worker		Maximum of \$1,200 per calendar year for each of these professionals	

**DRUG
INSURANCE
OPTION A**
**DRUG AND HEALTH
INSURANCE
OPTION B**
**DRUG INSURANCE
- RAMQ LIST
OPTION R**
OTHER MEDICAL EXPENSES
**PERCENTAGE OF
REIMBURSEMENT**

Ambulance transportation
by air or train

Breast prostheses*

CAT scan*

Cosmetic surgery
following an accident*

Deep shoes*

Dental treatment
following accidental damage
to natural teeth*

Detoxification therapies*

Electrocardiogram (ECG)*

External prosthesis
and artificial limbs*

Eyeglasses and contact lenses
following cataract surgery*

Foot orthoses*

Glucometer*

Hearing aid*

Hospital bed*

Insulin pump accessories*

Insulin pump*

Intraocular lens*

Intrauterine device (IUD)*

Laboratory analyses*

Magnetic resonance imaging*

Nurse*

Orthopaedic shoes*

Ostomy appliances*

Surgical brassiere*

Respirator*

Sclerosing injections*, for
insureds under age 65

80 %

Usual and customary fees

See "Therapeutic devices"

Maximum of one per calendar year

Maximum of \$5,000 per accidents

Usual and customary fees

Usual and customary fees

Maximum of \$80 of eligible expenses per day
and \$2,500 maximum for life

Usual and customary fees

Maximum of \$5,000 per lost limb

Maximum of \$820 for life

Usual and customary fees

Maximum of \$300 of eligible expenses
per period of 60 consecutive months

Maximum of \$600 of eligible expenses
per period of 48 consecutive months

Usual and customary fees

Usual and customary fees

Maximum of \$10,000 per period
of 60 consecutive months

Usual and customary fees

Usual and customary fees

Usual and customary fees

Maximum of one per calendar year

Maximum of \$10,000 per calendar year

Usual and customary fees

Usual and customary fees

Usual and customary fees

Usual and customary fees

Maximum of \$20 of eligible expenses per visit

Not available

Not available

*Medical prescription required

**DRUG
INSURANCE
OPTION A**

**DRUG AND HEALTH
INSURANCE
OPTION B**

**DRUG INSURANCE
- RAMQ LIST
OPTION R**

OTHER MEDICAL EXPENSES (FOLLOWING)

Support stockings*	Not available	Maximum of 3 pairs per calendar year	Not available
Surgical brassiere*		Maximum of 2 per calendar year	
Therapeutic devices* Breast prostheses*		Combined maximum of \$50,000 per calendar year	
Transcutaneous electrical nerve stimulator*		Maximum of \$1,000 of eligible fees per period of 60 consecutive months	
Ultrasonograms* (outside hospital)		Maximum of \$300 per calendar year	
Wheelchair and walker*		Usual and customary fees	
Wig*		Maximum of \$300 for life	
X-rays*		Usual and customary fees	
Surgical brassiere*		Maximum of 2 per calendar year	

*Medical prescription required

**DENTAL CARE
INSURANCE**

Availability subject to enrollment in Option B – Drug, Health and Travel insurance. You must keep your coverage for a minimum of 3 years before you can cancel the dental care benefit. The premium is not guaranteed.

Deductible (January 1st to December 31st)

None

REIMBURSEMENT

Basic and preventive care

80%

Minor restoration

75%

Major restoration

50%

**MAXIMAL REIMBURSEMENT
(PREVENTIVE – MINOR – MAJOR)**

\$2,000/per insured/per calendar year

DENTAL CARE

AGE RANGE

INDIVIDUAL

COUPLE

SINGLE PARENT

FAMILY

UNDER AGE 65

\$75.15

\$170.00

\$130.98

\$203.42

(9% tax not included)
Rate are valid from January 1st to December 31st 2026

Contact our customer service today!

1800 361-5303 sogemec.com