

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 1st 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   |
|---|--|---|---|
|   | A  | ****  |   |
| • | •  | ,   | \$60.58   |
| \$74.95                                 | \$184.35   | \$39.48   | \$60.58   |
| \$131.18                                | \$322.65   | \$69.08   | \$60.58   |
| \$219.00                                | \$538.88   | \$120.89  | \$60.58   |
| \$235.10                                | \$576.32   | \$120.89  | \$60.58   |
| \$119.92                                | \$295.01   | \$63.15   | \$131.96  |
| \$149.92                                | \$368.75   | \$78.95   | \$131.96  |
| \$262.35                                | \$645.29   | \$138.14  | \$131.96  |
| \$437.99                                | \$1 077.73   | \$241.79  | \$131.96  |
| \$470.23                                | \$1152.70  | \$241.79  | \$131.96  |
| \$104.93                                | \$258.13   | \$55.26   | \$101.96  |
| \$131.18                                | \$322.65   | \$69.08   | \$101.96  |
| \$229.57                                | \$564.64   | \$120.89  | \$101.96  |
| \$383.24                                | \$943.00   | \$211.55  | \$101.96  |
| \$411.43                                | \$1 008.60   | \$211.55  | \$101.96  |
| \$164.91                                | \$405.61   | \$86.84   | \$158.34  |
| \$206.12                                | \$507.00   | \$108.54  | \$158.34  |
| \$360.72                                | \$887.26   | \$189.96  | \$158.34  |
| \$602.23                                | \$1 481.88   | \$332.42  | \$158.34  |
| \$646.56                                | \$1 584.94   | \$332.42  | \$158.34  |
|   | \$59.96<br>\$74.95<br>\$131.18<br>\$219.00<br>\$235.10<br>\$119.92<br>\$149.92<br>\$262.35<br>\$437.99<br>\$470.23<br>\$104.93<br>\$131.18<br>\$229.57<br>\$383.24<br>\$411.43<br>\$164.91<br>\$206.12<br>\$360.72<br>\$602.23 | \$59.96 \$147.48 \$74.95 \$184.35 \$131.18 \$322.65 \$262.35 \$645.29 \$470.23 \$1152.70 \$104.93 \$258.13 \$131.18 \$322.65 \$229.57 \$564.64 \$383.24 \$943.00 \$411.43 \$1.008.60 \$164.91 \$206.12 \$507.00 \$360.72 \$887.26 \$602.23 \$1.481.88 | S59.96   \$147.48   \$31.59     \$74.95   \$184.35   \$39.48     \$131.18   \$322.65   \$69.08     \$219.00   \$538.88   \$120.89     \$235.10   \$576.32   \$120.89     \$119.92   \$295.01   \$63.15     \$149.92   \$368.75   \$78.95     \$262.35   \$645.29   \$138.14     \$437.99   \$1 077.73   \$241.79     \$470.23   \$1152.70   \$241.79     \$104.93   \$258.13   \$55.26     \$131.18   \$322.65   \$69.08     \$229.57   \$564.64   \$120.89     \$383.24   \$943.00   \$211.55     \$164.91   \$405.61   \$86.84     \$206.12   \$507.00   \$108.54     \$360.72   \$887.26   \$189.96     \$602.23   \$1 481.88   \$332.42 |

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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<br>single parent<br>\$400 couple and family | \$200 individual and<br>single parent<br>\$400 couple and family | \$150 individual and<br>single parent<br>\$300 couple and family   |
| REIMBURSEMENT<br>(Maximal annual<br>contribution) | 75% up to the maximum RAMQ<br>contribution<br>per adult          | 80% up to the maximum RAMQ contribution per adult                | According to the maximum established by the RAMQ   |
| <b>DRUGS</b><br>(direct payment)                  | Drugs available only by prescription                             | Drugs available only by prescription                             | Refund limited to drugs listed on the<br>list of medications of the <i>Régie de</i><br>l'assurance maladie du Québec |
| PREVENTIVE<br>VACCINE                             | Included   | Included   | Not available  |



INDIVIDUAL

SINGLE PARENT



| REIMBURSEMENT  |               | 80% of eligible expenses listed below                                |               |
|--|---------------|--|---------------|
| Ambulance, ortho-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,<br>maximum 20 treatments per calendar year       |               |
| Chiropractor X-rays  |               | Unlimited  |               |
| Plastic surgery  |               | Maximum per accident: \$10,000                                       |               |
| Detoxification treatment                                       | Not available | \$80 per day, lifetime max.: \$2,500                                 |               |
| Convalescent home  |               | Private room   |               |
| Podiatrist   |               | \$35 per treatment<br>max.: \$500 per calendar year                  | N             |
| Physiotherapy, Osteopath                                       |               | \$65 per treatment, maximum<br>\$1,000 per calendar year             | Not available |
| Acupuncturist  |               | \$30 per treatment maximum<br>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,<br>maximum \$1,000 per calendar year          |               |
| Dietitian  |               | \$25 per consultation,<br>maximum 20 consultations per calendar year |               |
| Insulin pump accessories such as tubings and catheters         |               | \$2,500 per calendar year  |               |

| as tablings and catheters   |  |                                       |               |  |
|---|--|---------------------------------------|---------------|--|
| MEDICAL EXPENSES WITHOUT DEDUCTIBLE AND COINSURANCE (per calendar year) |  |                                       |               |  |
| Hospitalization   | Not available                            | Private room                          |               |  |
| Travel Insurance  | Included (\$5,000,000)<br>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                |   |
|-----------------------------------|---|
| REIMBURSMENT (per calendar year)  | \$100 per certificate                               |
| Diagnostic and preventif services | 100% eligible expenses                              |
| Basic Dental Care                 | 80% eligible expenses                               |
| Major Restorative services        | <b>50%</b> eligible expenses                        |
| MAXIMUM                           | <b>\$1,500</b> per insured                          |
| Orthodontic care                  | 50% of eligible expenses. Lifetime maximum: \$1,500 |





