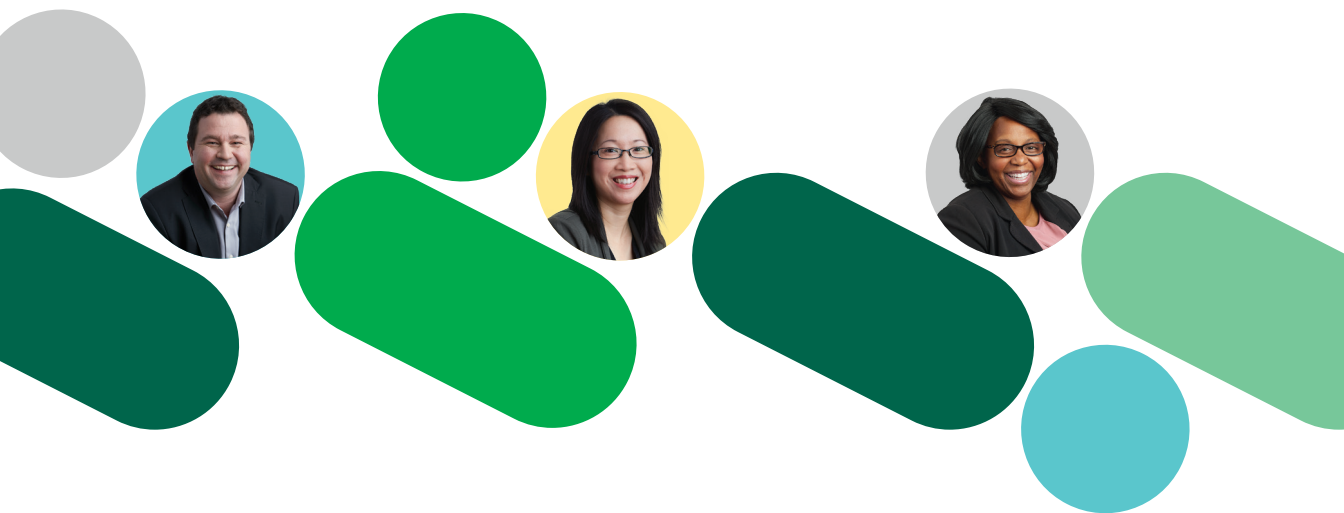




# Your plan



## Policy 48C00

Members and regular salaried employees 65 years of age and over - Health Insurance  
ORDRE DES COMPTABLES PROFESSIONNELS AGRÉÉS DU QUÉBEC

January 1, 2022



SSQ, LIFE INSURANCE COMPANY INC.

YOUR GROUP INSURANCE PLAN

**ORDRE DES COMPTABLES PROFESSIONNELS AGRÉÉS DU QUÉBEC**

**This document shows the contractual provisions in force on January 1, 2022,  
for the following participants:**

Members and regular salaried employees 65 years of age and over - Health Insurance  
(Policy No.: 48C00)

In this document, "SSQ Insurance (or SSQ)" refers to SSQ, Life Insurance Company Inc.

## **NOTICE OF CONSTITUTION OF A FILE AND PERSONAL INFORMATION USE**

### **Notice of constitution of a file**

The protection of the personal information that we obtain through our activities is very important to SSQ Insurance. This is why, to maintain the confidentiality of personal information, SSQ Insurance (SSQ, Life Insurance Company Inc., SSQ Distribution Inc. and their subsidiaries) will create an insurance file to contain your personal information. The information we collect in different instances, including insurance applications, renewals, modifications or claims, will be added to your file. Except for certain exceptions stipulated by law, access to this file is restricted to those SSQ Insurance employees, service providers, agents or any other person you may authorize to access this information when required to fulfill their contract or mandate.

This file is kept at SSQ Insurance's offices or authorized third-party premises. You have the right to consult the personal information held in your file and, if necessary, have it changed by submitting a written request to the Personal Information Protection Officer at the address below.

### **Personal Information Protection Officer**

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

### **Collection and use of your personal information**

SSQ Insurance only collects information that is necessary for the management and administration of the business relationship we have with you and any other information obtained through your interactions with us.

The personal information we collect, store and use allows us to verify your identity, validate your eligibility for our products and services, estimate insurance risk, determine premiums, process your claims, manage your file and meet legal requirements. It also may be used to improve our products, services, campaigns and promotions based on statistical analyses. If you have given us your social insurance number, it will only be used for administrative and fiscal purposes.

**To learn more about our personal information protection practices, go to [ssq.ca](http://ssq.ca).**

## **AVAILABLE INFORMATION ON YOUR GROUP INSURANCE PLAN**

If your contract has been modified since the production date of this booklet, there may be wording differences between the booklet and the policy. If so, the policy wording will prevail; hence, you are entitled to consult the policy at the policyholder's address and obtain a copy thereof.

The masculine gender is used throughout this document solely for readability purposes and applies to both men and women.

# TABLE OF CONTENTS

SCHEDULE OF INSURANCE..... I

GENERAL PROVISIONS .....1

Definitions and Interpretation .....1

Participation Requirements.....4

Applicable Insurance Periods .....5

Payment of Benefits.....9

Limitation of Contractual Liability .....11

Changes of Insurer .....11

HEALTH CARE INSURANCE PLAN.....12

Health Insurance.....12

Prescription Drugs (Health Insurance).....20

Hospitalization (Health Insurance).....23

Specialized Health Care Establishments (Health Insurance).....24

Health Care Professionals (Health Insurance) .....26

Vision Care (Health Insurance).....29

Other Medical Expenses (Health Insurance) .....30

Home Care and Assistance (Health Insurance) .....36

Travel Assistance Insurance (Health Insurance) .....38

Travel Cancellation Insurance (Health Insurance) .....44



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## SCHEDULE OF INSURANCE

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### General Provisions

This document shows the contractual provisions in force on January 1, 2022.

<b>Category of individuals eligible as participants</b>	<b>C:</b> All members in good standing with the Ordre des comptables professionnels agréés du Québec of 65 years of age and over <b>D:</b> All regular salaried employees of 65 years of age and over working at least 20 hours per week for an accounting firm or business registered to the Ordre des comptables professionnels agréés du Québec
<b>Eligibility date for new members and salaried employees</b>	On the employment date of the salaried employee or on the date of admission of the member to the Ordre des comptables professionnels agréés du Québec

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## SCHEDULE OF INSURANCE

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### Health Care Insurance Plan

#### Health Insurance

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##### Insured persons age 65 or over residents of Quebec

Insured persons who are residents of Quebec when they reach age 65 become automatically covered under the Quebec public drug insurance plan. These persons remain insured under the Ordre des comptables agréés du Québec group health insurance coverage, except for prescription drugs, which are covered under the Quebec public drug insurance plan. Individuals who would like to continue their coverage for drugs under the group insurance plan must cancel their coverage under the public plan in order not to pay the premium for such coverage. They must also notify SSQ accordingly and in advance and pay the premium applicable to individuals age 65 or over who are not covered under the public plan. Prescription drugs that are on RAMQ's List of Medications will then be covered as specified below. However, dependents cannot continue their coverage if the participant does not remain insured. Individuals who elect to become insured under the public drug insurance plan cannot become insured again under the group health insurance coverage.

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**Unless otherwise indicated, the maximums specified below apply per calendar year per insured.**

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Coverage	Maximum	Percentage of reimbursement
<b>Prescription Drugs <sup>(1)</sup></b>		
Drugs with SSQ card – Direct payment system *		<b>65% <sup>(2)</sup></b>
<b>Per service deductible: \$10</b>		
Prescription drugs – Patient's contribution *	Until the annual out-of-pocket maximum provided under the BPDIP is reached	
Smoking cessation product *	According to the BPDIP	

<sup>(1)</sup> If you choose to purchase a brand name drug instead of any existing generic equivalent, the amount of reimbursement will be determined in accordance with its lowest cost generic equivalent. However, it is possible to obtain a reimbursement based on the cost of the brand name drug that cannot be substituted for medical reasons, by submitting the appropriate form, duly completed by the attending physician, and provided the request is approved by SSQ.

<sup>(2)</sup> Once the annual out-of-pocket maximum provided under the BPDIP is reached, expenses incurred subsequently during the same calendar year for eligible drugs are reimbursed at 100%. The annual out-of-pocket maximum only includes expenses incurred for drugs, whether or not covered by the RAMQ. This annual out-of-pocket maximum applies to each insured person and only your own out-of-pocket amount includes drug expenses for your dependent children.

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**\* Medical prescription required**



## SCHEDULE OF INSURANCE

### Health Care Insurance Plan

#### Health Insurance (continued)

Coverage	Maximum	Percentage of reimbursement
<b>Hospitalization</b>		
Hospital room	Semi-private room	100%
<b>Specialized Health Care Establishments</b>		
Rehabilitation centre *	Semi-private room Maximum of 180 days per 12 consecutive months	100%
Convalescent home *	Semi-private room Maximum of 180 days per 12 consecutive months	100%
Palliative care *	Semi-private room	100%
Chronic care *	Semi-private room Lifetime maximum of 180 days	100%
<b>Health Care Professionals</b>		
<b>Expenses incurred for the services of all health care professionals are subject to a global combined maximum of \$1,500 reimbursement.</b>		
Acupuncturist	\$75 reimbursement per treatment or consultation  Combined maximum of \$500 reimbursement	80%
Chiropractor (including X-rays) / Kinesiologist		
Dietitian		
Kinesitherapist		
Massage therapist		
Naturopath		
Osteopath (including X-rays)		

**\* Medical prescription required**

## SCHEDULE OF INSURANCE

### Health Care Insurance Plan

#### Health Insurance (continued)

Coverage	Maximum	Percentage of reimbursement
Audiologist	\$75 reimbursement per treatment or consultation  Combined maximum of \$750 reimbursement	80%
Occupational therapist		
Physiotherapist, physical rehabilitation therapist and certified athletic therapist		
Podiatrist / Chiropodist (including X-rays)		
Podologist (including X-rays) / Foot care nurse		
Speech therapist		
Career counsellor / Psychoeducator	\$100 reimbursement per consultation  Combined maximum of \$1,000 reimbursement	80%
Psychiatrist		
Psychoanalyst		
Psychologist		
Psychotherapist		
Social worker		

\* Medical prescription required

## SCHEDULE OF INSURANCE

### Health Care Insurance Plan

#### Health Insurance (continued)

Coverage	Maximum	Percentage of reimbursement
<b>Vision Care</b>		
Eye exam	1 per 24 consecutive months	100%
Eyeglasses	Combined maximum of \$200 reimbursement per 24 consecutive months (per 12 consecutive months for children under the age of 18)	100%
Contact lenses		
Laser vision correction *		
<b>Other Medical Expenses</b>		
Aids for daily living *		80%
Ambulance and ambulance transport by airplane or train		80%
Blood glucose monitor *	1 per 48 consecutive months	80%
Breast prostheses *	1 per 12 consecutive months	80%
CAT scans *	Combined maximum of \$1,000 reimbursement	80%
Electrocardiograms (ECG) *		
Laboratory analyses *		
Magnetic resonance imaging *		
Ultrasound examinations *		
X-rays *		

\* Medical prescription required

## SCHEDULE OF INSURANCE

### Health Care Insurance Plan

#### Health Insurance (continued)

Coverage	Maximum	Percentage of reimbursement
Cosmetic surgery following an accident *	\$5,000 reimbursement per accident Treatment must begin within 12 months following the date of the accident and end within 36 months following the date of the accident	80%
Deep shoes *	Combined maximum of \$500 reimbursement per 12 consecutive months	80%
Foot orthoses *		
Orthopaedic shoes *		
Dental treatment required following accidental damage to natural teeth	Treatment must begin within 12 months following the date of the accident	100%
Detoxification *	\$80 reimbursement per day and \$2,500 lifetime reimbursement	100%
External prosthesis and artificial limb *	\$10,000 reimbursement per prosthesis	80%
Extremity pumps for lymphedema *	\$1,500 lifetime reimbursement	80%
Hearing aid *	\$250 reimbursement per 36 consecutive months	80%
Hospital bed *		80%
Insulin pump *	1 per 60 consecutive months and \$7,500 reimbursement	80%
Insulin pump accessories *		80%
Intraocular lens implants *		80%

\* Medical prescription required

Members and regular salaried employees 65 years of age  
and over - Health Insurance  
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## SCHEDULE OF INSURANCE

### Health Care Insurance Plan

#### Health Insurance (continued)

Coverage	Maximum	Percentage of reimbursement
Intrauterine devices (IUDs) *		80%
Nurse *	\$10,000 reimbursement for 12 consecutive months	80%
Orthopaedic devices *		80%
Ostomy appliances *		80%
Outdoor wheelchair ramp *	\$2,000 lifetime reimbursement	80%
Patient lifter *	1 per 60 consecutive months and \$2,000 reimbursement per 60 consecutive months	80%
Respirator (breathing apparatus) *		80%
Sphygmomanometer *		80%
Support stockings *	4 pairs	80%
Surgical brassieres *	2 per 12 consecutive months	80%
Technical aids to oral communication *		80%
Therapeutic devices *		80%
Transcutaneous electrical nerve stimulator *	\$700 lifetime reimbursement	80%
Wheelchair and walker *		80%
Wig *	\$300 lifetime reimbursement	80%

\* Medical prescription required

## SCHEDULE OF INSURANCE

### Health Care Insurance Plan

#### Health Insurance (continued)

Coverage	Maximum	Percentage of reimbursement
<b>Home Care and Assistance</b>		
Expenses incurred for the services of all home care and assistance services are subject to a global combined maximum of \$500 reimbursement.		
Childcare expenses *	\$25 reimbursement per day for all children	80%
Transportation expenses *	\$30 reimbursement per day	80%
Home assistance services *	\$60 reimbursement per day	80%
<b>Travel (first 60 days)</b>		
Travel insurance and assistance	\$5,000,000 reimbursement per trip per insured	100%
Travel cancellation insurance	\$7,500 reimbursement per trip per insured	100%
<b>Termination of insurance</b>	<b>C:</b> The last day of the month during which the plan administrator is informed that you are no longer a member <b>D:</b> The last day of the month during which the plan administrator is informed of your retirement	

\* Medical prescription required

\* Medical prescription required

# GENERAL PROVISIONS

## Definitions and Interpretation

Some of the terms used to describe your plan are defined below. These terms should be interpreted as defined wherever the context allows. These definitions apply to terms that are used in more than one part of the text. Where required, other terms are defined in the description of the benefit in which they are used.

In order to provide for the special features of your group coverage, *notes* may be included in the “Schedule of Insurance”. If there are any discrepancies between the *notes* and the other terms and conditions of your group insurance plan, the notes will always take precedence.

### Accident

An unintentional, sudden, unforeseen and unpredictable event due exclusively to a violent external cause and resulting, directly and independently of any other cause, in bodily injury.

### Actively at work

A salaried employee is deemed to be “actively at work” when present at his or her place of work and capable of carrying out normal duties in accordance with the regular work schedule and on full pay. Employees who are not disabled are also deemed to be actively at work if their absence is due only to a period of leave or a non-working day. All references to “actively at work” are not applicable to members.

### Contract

Agreement between SSQ and the Policyholder regarding the policy whose number identifies the present document.

### Dependent child

A child for whom you or your spouse exercise parental authority, or would exercise if a minor, and whom you or your spouse support. To be eligible, the child must also be unmarried and:

- under age 21  
or
- age 21 or over but under age 26 and a full-time student in an accredited educational institution, subject to proof of registration deemed satisfactory by SSQ;  
or
- regardless of age, be suffering from a functional impairment, as defined in applicable legislation; SSQ may require any evidence it deems necessary; the child must be residing with an individual who would exercise parental authority if the child were a minor.

The child must also reside in Canada and be covered under the public health and hospitalization insurance plan of a Canadian province.

**Hospitalization**

Admission to hospital for a minimum duration of 24 hours, or for day surgery.

**Illness**

A disease, deterioration of health or bodily disorder, as diagnosed by a physician. For the purposes of the contract, this term is also used to refer to pregnancy-related complications and organ donations and any related complications.

**Insured**

An individual covered under the benefit referred to in the context in which the term is used.

**Participant**

An individual enrolled in the insurance plan that is part of a class of eligible individuals. The individual must also be covered under the public health and hospitalization insurance plan of a Canadian province. In addition, employees will not be considered as participants unless they reside in Canada and their usual place of work is located in Canada.

**Physician**

An individual who is legally authorized to practise medicine where he or she practises.

**Plan administrator**

Le Groupe Vigilis (Vigilis), third party administrator in charge of this group insurance plan.

**Premium period**

Period for which premiums are payable, as agreed by SSQ and the group Policyholder.

**Spouse**

An individual who resides in Canada and is covered under the public health and hospitalization insurance plan of a Canadian province, provided that this is an individual who:

- is married to you through a civil union or other legally recognized marriage;  
or
- you are able to prove lives with you on a regular basis and whom you have designated in writing to SSQ as your spouse, provided that a child has been born of your union;  
or
- you are able to prove has been living with you on a regular basis for at least 12 months and whom you have designated in writing to SSQ as your spouse.



The status of spouse ends when:

- in the case of a marriage or civil union, you and this person have been separated for more than 3 months or have obtained a divorce or annulment of your marriage or civil union;
- in the case of a common-law union, you and this person have been separated for more than 3 months.

In the case of more than one spouse, only the last person you have designated as such in writing to SSQ will be recognized as your spouse. If no spouse is designated, only a person linked to you by civil union or marriage will be recognized as your spouse.

### **Subrogation**

The substitution of one person or thing in the place of another with respect to a lawful claim. SSQ's right of subrogation is described later in this "General Provisions" section.

### **You**

Personal pronoun used to refer to the participant. "You", "your" and "yours" refer to the participant directly.

# Participation Requirements

## 1. Participation

Participation in your group insurance plan is optional.

## 2. Eligibility conditions

Any individual residing in Canada, who is actively at work and who meets the eligibility conditions specified in the "Schedule of Insurance", is eligible for insurance as a participant, unless specified otherwise. Individuals who are absent because they are on leave or because their eligibility date is a non-working day, are also eligible for insurance.

Spouses and dependent children of individuals insured as participants are themselves eligible for insurance as spouses and dependent children.

Despite what precedes, any individual insured under the previous contract may not be excluded from the new contract or be denied benefits solely because of a pre-existing condition that was no longer applicable or that was not provided for in the previous contract, or because the individual is not at work on the effective date of the new contract.

All individuals insured under the previous contract are covered with full rights under the new contract upon termination of the previous contract if the termination of their insurance is exclusively attributable to the termination of the contract and if they belong to a class of participants covered by the new contract.

## 3. Applications for insurance

An application for insurance must be submitted to SSQ for insurance to become effective, even in cases where participation in insurance is compulsory.

On the effective date of this policy, if you are already eligible for insurance as a participant, the same status of protection and coverage option you had with the previous insurer will apply under the current policy.

If you become eligible at a later time, you must choose the status of protection (individual, single-parent, couple or family) that will apply to the Health Insurance benefit. Your choice will have to be made in the 31 days following your eligibility. In the absence of such a choice in the 31 days following your eligibility, you must provide evidence of insurability deemed satisfactory by SSQ to be entitled to the Health Insurance benefit.

Certain events, such as marriage or the birth of a child, may enable you to make changes to the insurance that became effective at the time of enrollment. Please refer to the provisions regarding periods of insurance for more information about making such changes.

The group administrator must notify SSQ in writing of any new person to be covered as a spouse or dependent child as well as anyone whose coverage as a spouse or dependent child must be terminated.

# Applicable Insurance Periods

## 1. Time insurance becomes effective

Any date on which insurance becomes effective begins at 12:01 a.m. in the insured's place of residence.

## 2. Effective date of insurance

### Your insurance

Your insurance becomes effective on the date you become eligible for insurance, subject to contract provisions in the section entitled "Participation Requirements".

### Insurance for your spouse or dependent children

Their insurance becomes effective on the date they become eligible for insurance, subject to contract provisions in the section entitled "Participation Requirements".

Insurance for any individual who is eligible as a spouse or dependent child cannot become effective before your own insurance.

## 3. Effective date of modifications to insurance

### 3.1 Increase in insurance coverage following a change in employment or family status

For **category D**, if you are actively at work or temporarily absent from work and have maintained your coverage during your interruption of work, any increase in your insurance coverage following a change in employment or family status becomes effective on the date of the change, provided SSQ receives a written application to such effect within 31 days following the change and subject to the provisions on total disability. Otherwise, the change in coverage will become effective on the date you actively return to work, subject to any other eligibility provisions in force.

If SSQ receives the application more than 31 days after the date of the event justifying an increase in insurance, the increase in insurance will become effective on the date SSQ receives the application. If required by the nature of the request for increase in coverage for any reason, you must provide evidence of insurability. In this case, the increase in insurance will become effective on the date SSQ approves such evidence.

Notwithstanding any other provisions to the contrary, an increase in the status of protection held under the Health Insurance benefit will become effective on the date SSQ receives the request for change.

### 3.2 Insurance that cannot be modified

For **category D** only, during any period where the participant is retired or totally disabled, amounts of insurance cannot be increased and the provisions used to establish these amounts cannot be modified. Such modifications shall only become effective once the participant has actively returned to work and provided he is not totally disabled at that time.

### **3.3 Reduction in insurance coverage following a change in employment or family status**

Any decrease in insurance coverage following a change in employment or family status becomes effective on the date of the change, provided SSQ receives a written application to such effect.

## **4. Temporary interruption of work (category D only)**

### **Participation in insurance during a temporary interruption of work**

If so agreed by the Policyholder and SSQ, participation in insurance may be maintained in certain cases of temporary interruption of work, as specified below. Subject to applicable legislation regarding minimum durations for maintaining or offering to maintain participation in insurance, the Policyholder may determine the possibility of maintaining participation in insurance, and the duration thereof, taking into account the rules specified below.

### **Maximum duration for maintaining participation in insurance during a period of temporary layoff**

Participation in insurance may be maintained up to a maximum of 12 months during any period of temporary layoff.

### **Maximum duration for maintaining participation in insurance during a period of interruption of work other than a temporary layoff**

Participation in insurance may be maintained up to maximum of 24 months during any period of interruption of work other than a temporary layoff.

### **Minimum durations for maintaining participation**

For certain interruptions of work, the Policyholder is required by law to allow participants to maintain insurance coverage for a minimum time. Any individual affected by a temporary interruption of work must contact the plan administrator for more information about whether participation in insurance may or must be maintained, and for how long it may or must be maintained.

### **Information to provide to SSQ**

The plan administrator must provide SSQ with the following information within 31 days following the date of your temporary interruption of work:

- The date you stopped working.
- As soon as known, the planned date of your active return to work.
- The choice made as to whether or not to apply to maintain participation in insurance during the period of interruption of work and whether or not you chose to maintain Disability Insurance coverage if both options are available.

Regardless of whether or not you maintain participation in insurance, SSQ must be notified as soon as possible of the date you actively return to work or are called back to work.

### **Suspension of insurance**

If the plan administrator fails to notify SSQ prior to expiration of the 31-day deadline provided, your participation in insurance is suspended for the whole duration of your interruption of work. Subject to applicable legislation, if your interruption of work lasts more than 12 months

and coverage has been suspended, you may only resume participation in insurance once you return to work as a member of an eligible employee class and only once you have recompleted any period of employment specified in the eligibility conditions. If the interruption of work that led to suspension of coverage lasts 12 months or less, you may resume participation in insurance as soon as you return to work as a member of an eligible employee class.

### **Interpretation**

Notwithstanding the other provisions on temporary interruptions of work, continuation of coverage can never extend beyond the termination dates provided for elsewhere in the contract. In addition, SSQ may always rely on the fact that:

- a) participation in some benefits is compulsory;
- b) anyone who does not maintain participation in an optional benefit while being given the opportunity to do so must provide new evidence of insurability to be insured again under such benefit, which can result in coverage being declined.

## **5. Maintaining participation for the spouse and dependent children of a deceased participant**

In the event of your death, your insured spouse and dependent children may maintain participation in insurance without premium payment for the Health Insurance plan, until the earliest of the following:

- The end of a period of 24 months immediately following your death.
- The date when their participation in insurance would have ended, if your death had not occurred.
- The date when they become eligible for similar coverage under another insurance benefit.
- The date the contract terminates.

## **6. Termination of insurance**

### **Your insurance**

Your insurance terminates no later than 12:01 a.m. on the earliest of the following dates:

- a) On the date you no longer qualify as an individual eligible as a participant, as specified in the "Schedule of Insurance";
- b) For each benefit, at the time specified for termination of insurance in the "Schedule of Insurance", if any;
- c) For **category D** only, on the date your participation is suspended following a temporary interruption of work lasting over 12 months;
- d) On the date when premiums are due, if such premiums are not paid to SSQ before the end of the grace period;

- e) On the day following the termination date of the contract; if a benefit is being terminated without termination of the contract, this benefit terminates no later than the day following such termination;
- f) On the date you submit any claim or collect any benefits founded on misrepresentations, irrespective of the compulsory nature of any coverage or any other action SSQ may take.

**Insurance for your spouse and dependent children**

Insurance for your spouse and dependent children terminates no later than 12:01 a.m. on the earliest of the following dates:

- a) The date your insurance terminates, subject to the provisions of the section entitled "Maintaining participation for the spouse and dependent children of a deceased participant" section of these GENERAL PROVISIONS;
- b) On the date when premiums for their insurance are due, if such premiums are not paid to SSQ before the end of the grace period.

## **Payment of Benefits**

### **1. Amounts of coverage**

In no case may you benefit from an amount of coverage greater than that for which SSQ has received the required premiums.

### **2. Deadlines for filing claims**

Deadlines for filing claims vary from one benefit to another, and are specified in the description of each benefit.

### **3. Limitation of actions**

Every action or proceeding against an insurer for the recovery of insurance money payable under a contract is absolutely barred, unless commenced within the time set out to this end, if any, in the applicable provincial Insurance Act or, in Quebec, set out under the Civil Code of Quebec.

### **4. Evidence that SSQ may require**

You must provide SSQ with any information and supporting documents deemed necessary by SSQ to establish your eligibility for benefits and any amount payable, at your own expense. In the event that benefits may be payable, SSQ may require the insured to undergo examination, at any time, by one or more health care professionals selected and compensated by SSQ. If the insured fails to undergo an examination required by SSQ within 30 days of SSQ's request, SSQ may decline the claim or suspend or terminate benefits.

SSQ may also request that an autopsy be performed in accordance with applicable legislation.

### **5. Currency**

All amounts referred to in the contract are in the legal tender of Canada. For foreign currency expenses related to Travel Insurance, SSQ uses the exchange rate of the last day of the month during which expenses were incurred. However, if expenses are incurred and subsequently reimbursed within the same month, the exchange rate from the end of the previous month is used.

### **6. Third-party liability and subrogation**

You must notify SSQ of any notice served to, or legal action taken against a third party or any judgment, claim or settlement related to an event which may result in entitlement to benefit under the insurance plan.

If you are entitled to receive financial compensation from a third party with respect to which benefits are payable under the contract, you will be required to reimburse SSQ the amount of any benefits overpaid.

SSQ is subrogated to all rights of the insured against a third party liable for damage that results in an entitlement to payment of benefits under the terms of the contract, up to the amounts paid by SSQ. Should SSQ decide to exercise its right of subrogation, the insured may be required to sign a letter of subrogation drafted by SSQ.



## **Limitation of Contractual Liability**

If any amendment made to fiscal legislation, to a government plan, to an insurance plan provided for in employee working conditions or to an employer retirement plan has the effect of increasing liability under the contract, then the provisions of this contract shall continue to apply as though such amendment had not been made, unless the parties expressly agree otherwise. If an increase in liability is required by law, however, then an additional premium shall be payable to SSQ by the Policyholder. This additional premium shall be equal to the value of the increase in contractual liability.

## **Changes of Insurer**

The expiry or cancellation of a group life insurance benefit may not be set up against a claim based on an insured event, including a death that results from a total disability, if this insured event occurred while the benefit was in force.

The expiry or cancellation of a group sickness or accident insurance that is not part of the Health Care Insurance Plan may not be set up against a claim based on death or insured mutilation resulting from an accident that occurred while the benefit was in force. It may neither be set up against a claim based on a total disability that arose or a sickness that was contracted while the benefit was in force.

The insurer of a group disability insurance benefit that expires is bound to compensate the participant for salary loss if the participant is still totally disabled after the benefit expires.

In the event of a change in insurer, be it at the beginning or end of the contract, SSQ's responsibilities are limited to what the law and standards that govern the industry of insurance of persons impose in order to protect the rights of insured individuals. As a result, SSQ is not responsible in the event of recurrence of the disabling affliction after the expiry of the period that has been determined in this regard by the law or standards of the industry and the provisions of the former and subsequent contracts are not binding on SSQ.

# HEALTH CARE INSURANCE PLAN

## Health Insurance

### 1. Definitions

Some of the terms used to describe your group insurance plan are defined in the **GENERAL PROVISIONS** section. Whenever the context allows, the following definitions shall apply specifically to the interpretation of this benefit.

#### **Basic activities of daily living**

Refers to each and every one of the following activities: feeding oneself, dressing oneself, moving around and providing for one's own basic hygiene needs.

#### **Business partner**

An individual with whom the insured is associated for business purposes as part of a corporation comprised of 4 shareholders or fewer, or a commercial or non-commercial corporation comprised of 4 partners or fewer.

#### **Close relative**

An individual who is related to another individual in one of the following ways: spouse, son, daughter, father, mother, brother, sister.

#### **Commercial activity**

An assembly, conference, convention, exhibition 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 commercial activity must be the main reason for the trip.

#### **Deductible**

The amount of eligible health care expenses that you must pay before being entitled to any reimbursement. The deductible is usually payable each year, but it may also become payable at other intervals, or at the time of each claim as is sometimes the case for prescription drugs.

#### **Eligible expenses**

For Health Insurance, health care expenses eligible for inclusion in the calculation of reimbursements, taking into account any deductible, percentage of reimbursement and other maximum provided for under the contract.

**Family member**

An individual who is related to another individual in one of the following ways: spouse, son, daughter, father, mother, stepfather, stepmother, father-in-law, mother-in-law, brother, sister, half-brother, half-sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparent, grandchild, uncle, aunt, nephew or niece.

**Home assistance service supplier**

Refers to a person working for remuneration for a company specialized in home care, be it a co-op or incorporated or registered agency. Also refers to a self-employed person providing home care services when contracted by such a company. Also refers to a self-employed person specialized in home care services, when services are provided in an area where no such company exists.

**Hospital**

Any establishment considered a hospital under applicable federal or provincial laws.

**Host at destination**

An individual at whose principal residence the insured is planning to stay for at least part of the trip.

**Prepaid travel expenses**

Refers to the following:

- Expenses incurred by the insured to purchase a trip, including tickets from a public carrier, rental of motor vehicles or accommodation from a business or booking platform which is accredited or authorized by the appropriate authorities to operate such a business or provide such services.
- Amounts paid by the insured for travel arrangements usually included in a package trip.
- Amounts paid by the insured in relation to registration fees for a commercial activity.

**Province**

Used to refer to the provinces of Canada, as well as the Yukon, Northwest Territories and Nunavut.

**Public carrier**

Refers to any carrier approved by the appropriate authorities and operating with a transport licence for the transportation (air, sea, land) of passengers for remuneration.

**Travel companion**

Refers to the person with whom the insured shares accommodation at the travel destination, or whose transportation expenses were paid with those of the insured.

## **Trip**

For Travel Assistance Insurance purposes: A trip taken outside the insured's usual province of residence. In this case, the term trip also applies to the insured's transportation between the departure and the return.

For Travel Cancellation Insurance purposes: An occasional trip made by an insured from the usual place of residence to temporarily visit a place at least 200 kilometres away. To be recognized as a trip under Travel Cancellation Insurance, the trip must also require a period of absence of at least 2 consecutive nights and must be for tourism, pleasure or attendance at a commercial activity. In addition, in the case of a cruise, it must be operated under the responsibility of a business which is accredited or authorized by the appropriate authorities to operate such a business or provide such services.

## **2. Coverage**

If an insured incurs expenses that are eligible under this benefit, SSQ agrees to reimburse such expenses as indicated in the "Schedule of Insurance", subject to the provisions of the contract.

Eligible expenses for Health Insurance are grouped together by type of service as follows:

- Prescription Drugs
- Hospitalization
- Specialized Health Care Establishments
- Health Care Professionals
- Vision Care
- Other Medical Expenses
- Home Care and Assistance
- Travel Assistance Insurance
- Travel Cancellation Insurance

## **3. General conditions for eligibility of expenses**

In all cases, to be considered eligible, expenses must meet the following conditions:

- Be incurred for an individual who is insured under this benefit
- Comply with the necessary, customary and reasonable standards of practice generally accepted in the health care sector with regard to the medical condition of the insured and to their cost
- Be used in compliance with the manufacturer's instructions, or, where no such instructions exist, in accordance with government-approved directives
- Be necessary for the medical treatment of the insured and, unless specified otherwise, not be administered for preventive purposes
- Services must be provided by an individual who is not the insured, who does not reside with the insured and who is not a close relative of the insured

For items, care or services obtained from health care professionals, the following conditions must also be met for the expenses to be considered eligible:

- the health care professional must be a member of a professional order governing the practice of the professional's activities or the use of the professional's title;
- in the absence of a relevant professional order, the health care professional must be a member of a professional association recognized by SSQ;
- the services must be within the professional's area of expertise and comply with all standards of right conduct provided by the professional's association code of ethics or other documents.

#### **4. General exclusions, limitations and restrictions**

All insureds are presumed to be covered under the public health and hospitalization plans of their province of residence; in the event that an insured is not covered, any amounts paid by SSQ are limited to the amounts that would have been payable had the insured been covered under the relevant plan.

Health Insurance provides for no reimbursement in the following cases:

- a) Expenses incurred due to:
  - a criminal act the insured commits or attempts to commit
  - the insured's active participation in a riot or insurrection
  - war, whether declared or undeclared
  - the insured's active service in the armed forces
  - attempted suicide or self-inflicted injuries, regardless of the state of mind of the insured
- b) Expenses payable by another insurer and expenses covered under any public plan or government program or that would have been covered had the service provider opted to participate in such plan or program
- c) Expenses for which a third party is liable, except in the case of subrogation
- d) Expenses incurred for treatment provided for aesthetic purposes not explicitly covered under the contract
- e) Expenses for products or services related to the treatment of cellulite or obesity that are not covered under the government prescription drug insurance plan
- f) Expenses for dietary supplements or infant formula that are not covered under the government prescription drug insurance plan
- g) Expenses for products or services designed as smoking cessation products that do not qualify as eligible expenses under the government prescription drug insurance plan
- h) Expenses for products or services designed to treat sexual dysfunction that are not covered under the government prescription drug insurance plan
- i) Expenses for products or services designed to stimulate hair growth or prevent hair loss that are not covered under the government prescription drug insurance plan

- j) Expenses for products or services designed for the treatment of infertility that are not covered under the government prescription drug insurance plan
- k) Expenses for which you are unable to prove that they were incurred by the insured and that they have been paid
- l) Expenses incurred for items, care or services obtained from health care professionals whom SSQ can prove that they behave fraudulently or break the law as a result of issuing documents, bills, statements or evidence that contain false information or that do not exactly represent the obtained items, care or services
- m) Expenses incurred for products or treatments of an experimental nature or obtained under a federal program providing special access to health products
- n) Expenses incurred to undergo medical examinations for insurance, monitoring or verification purposes or incurred further to a request by a third party
- o) Expenses incurred for the purchase of eyeglasses or contact lenses not explicitly insured under the contract
- p) Expenses incurred in relation to services that are not provided while the individual is insured
- q) Expenses incurred for service contracts or maintenance fees
- r) Expenses for surgically-implanted prostheses
- s) Expenses for delivery or mailing costs

Some other exclusions apply specifically to certain benefits provided under Health Insurance. These exclusions are shown following the description of expenses covered under the benefits in question.

## 5. Multiple coverage and coordination of benefits

Expenses eligible for reimbursement under the contract will be reduced by the amount of any benefits payable under a government plan, regardless of whether or not you have submitted a claim for such benefits.

If you are entitled to benefits payable under this coverage and similar coverage under another group insurance contract, benefits from all contracts will be coordinated so that the amounts paid do not exceed the actual expenses paid for the services obtained. If the other insurance plan does not provide for coordination of benefits, expenses incurred are primarily the responsibility of the other plan. Otherwise, the following provisions apply.

If you and your spouse each have group health insurance coverage, each of you should first submit your own claims to your own group insurance plan.

If you and your spouse each have family coverage status for your group health insurance, claims for your dependent children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year. If you are separated or divorced, claims for dependent children should first be submitted to the plan of the parent with custody. If you share joint custody, claims for children should first be submitted to the plan of the parent whose birthday occurs earliest in the calendar year.

Expenses eligible for reimbursement under the Travel Assistance Insurance or Travel Cancellation Insurance benefits will be reduced by the amount of any corresponding benefits payable under another insurance contract. If you are entitled to receive benefits under Travel Assistance Insurance or Travel Cancellation Insurance as well as under another benefit of this plan, benefits shall only be payable under Travel Assistance Insurance or Travel Cancellation Insurance.

## **6. Conversion privilege**

Individuals whose insurance ends because they are no longer eligible may obtain individual health insurance coverage from SSQ without having to provide evidence of insurability, provided they apply to SSQ in writing within 31 days following the termination of their group insurance coverage. In other cases, individual health insurance coverage may only be obtained on presentation of evidence of insurability deemed satisfactory by SSQ.

## **7. Claims**

Except when the SSQ card is used, all claims must be submitted using the claim form available on SSQ's web site or from SSQ's Customer Service. You must complete the form and send it to SSQ along with the originals of all receipts or paid invoices. As SSQ does not return receipts, you are advised to always keep copies for your records.

Upon request, reimbursements may be issued by direct deposit.

### **Prescription drug expenses**

Present your direct payment card to your pharmacist, who will obtain payment directly from SSQ for the portion of prescription drug expenses payable under the contract. You are then responsible for paying the portion of expenses that is not covered by SSQ.

### **Expenses for care provided in hospital**

Present your SSQ Card at the hospital and the hospital will submit a claim for the expenses incurred directly to SSQ.

### **Expenses incurred for prescription drugs where no SSQ card is used, expenses incurred in specialized health care establishments, expenses for consultations with health care professionals, vision care expenses, other medical expenses and expenses for home care and assistance**

In cases where a medical prescription is required, you must attach the prescription to your claim.

Receipts and paid invoices submitted with claims must clearly show the following information:

- a) The name of the individual who provided the services, the individual's association or professional order and the individual's membership number, or the name and address of the supplier or establishment from which services were obtained;
- b) The dates when services were provided;
- c) The cost of services provided;
- d) The name of the insured for whom services were provided.

As home care and assistance services are subject to prior medical approval, receipts and invoices for these services must be accompanied by a "Convalescent Care" form duly completed and signed by the insured's attending physician.

### **Expenses covered under Travel Assistance Insurance**

In the event of an emergency that occurs during an insured's stay outside the province of residence, all travel assistance services, and reimbursement for most expenses eligible under Travel Assistance Insurance, will be coordinated by SSQ's travel assistance service, provided the insured contacts one of its representatives.

When the insured returns home, SSQ's travel assistance service will send you:

- The documents you need to file your claim. Originals of all receipts and paid invoices for eligible expenses paid should be enclosed with your claim
- A form for you to sign, authorizing SSQ's travel assistance service to obtain reimbursement on your behalf for expenses eligible under your provincial health and hospitalization plan

For information before you travel, to obtain approval before incurring or paying any eligible expenses, or to request assistance, contact SSQ's travel assistance service at one of the numbers below:

From Canada or the United States: 1 800 465-2928

From elsewhere in the world: 514 286-8412 (collect call)

You must provide the contract number specified on your SSQ card when calling.

### **Travel Cancellation Insurance**

To file a claim, contact SSQ's travel assistance service at one of the numbers below:

From Canada or the United States: 1 800 465-2928

From elsewhere in the world: 514 286-8412 (collect call)

You must provide the contract number specified on your SSQ card when calling.

Insureds must include the following supporting documents with their claim:

- a) Unused travel tickets
- b) Official receipts for additional transportation expenses
- c) Receipts for travel arrangements. Receipts must include the contracts officially issued by a travel agency or a business or booking platform which is accredited or authorized by the appropriate authorities to operate such a business or provide such services, specifying the non-refundable amounts in the event of cancellation
- d) Written proof that you have requested a reimbursement of travel expenses along with the reply you receive from the travel agency, public carrier or business or booking platform which is accredited or authorized by the appropriate authorities to operate such a business or provide such services



- e) Official documents certifying the reason for cancellation. If the trip is cancelled for medical reasons, the insured must provide a medical certificate issued by a legally authorized physician practising where the illness or accident occurred. The medical certificate must specify the complete diagnosis confirming the need to cancel, delay or interrupt the trip
- f) An official police report, if the means of transportation used is delayed because of a traffic accident or emergency road closure
- g) An official report pertaining to weather conditions
- h) Written proof issued by the official organizer of a commercial activity to the effect that an event is cancelled and the specific reasons why
- i) Any other report required by SSQ in support of the insured's claim

## **8. Deadlines for filing claims**

Claims should be submitted to SSQ no later than 3 months following the date expenses are incurred. SSQ declines all claims submitted more than 12 months after the date expenses are incurred and all claims submitted more than 12 months after termination of coverage under the benefit in question.

# Prescription Drugs (Health Insurance)

## 1. Expenses covered

To be eligible, expenses for prescription drugs must be incurred for the purchase of the products described below for an individual who is insured at the time of purchase. The coverage maximums applicable to these expenses are specified in the “Schedule of Insurance”, along with information about applicable deductibles and reimbursement percentages. However, the out-of-pocket maximum provided for under the Quebec Basic Prescription Drug Insurance Plan (BPDIP) applies to expenses incurred by participants who are residents of Quebec, either for themselves or their insured dependents, following application of the deductible and percentage of reimbursement provided for under this coverage. The percentage of reimbursement applicable thereafter to eligible expenses incurred during the same calendar year is 100%.

### Products on the RAMQ list

Your insurance covers the same drugs as those covered under the Basic Prescription Drug Insurance Plan of the “Régie de l’assurance maladie du Québec” (RAMQ), subject to the same conditions as those applicable under the RAMQ plan.

### Medications obtainable only with a medical prescription

Drugs that meet all of the following conditions:

- a) Bearing a valid DIN (Drug Identification Number) issued by the federal government
- b) Available only on prescription from a health care professional legally authorized to prescribe them
- c) Available exclusively in pharmacies and dispensed by a pharmacist except that in remote areas where there is no pharmacy or pharmacist, they may be dispensed by someone who is legally authorized to do so

### Diabetic products

Insulin, syringes, lancets, needles, test strips and glucose sensors, for the treatment of diabetes. For test strips and glucose sensors for intermittent blood glucose monitors to be considered eligible expenses, the following conditions must be met:

- the number of test strips that can be reimbursed is limited to an annual maximum; this maximum may be increased based on the insured’s medical condition, provided prior approval by SSQ is obtained;
- the number of glucose sensors that can be reimbursed is limited to an annual maximum, and prior approval by SSQ is required.

### Exception / prior approval drugs

Prior approval by SSQ is required for some prescription drugs commonly referred to as “exception” or “prior approval” drugs. For these drugs to be covered, their use must meet all of the following conditions:

Members and regular salaried employees 65 years of age  
and over - Health Insurance  
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- Comply with the specific clinical criteria and directions for use determined by the government authorities
- Comply with the usage criteria suggested by the recognized appropriate medical and governmental authorities of the medical sector
- Comply with the necessary, customary and reasonable standards of practice generally accepted in the health care sector, including the ratio between their cost and their effectiveness

### **Smoking cessation products**

Smoking cessation products.

### **Magistral preparations**

Expenses incurred for the purchase of a magistral preparation are eligible provided that such preparation is eligible under SSQ's policy concerning extemporaneous compounding products.

### **Patient contribution to a public prescription drug insurance plan**

The contribution required of a patient towards payment of the cost of pharmaceutical services and medications for an insured who is covered under a public prescription drug insurance plan, either in the form of a deductible or coinsurance.

## **2. Exclusions, limitations and restrictions**

In addition to the exclusions, limitations and restrictions applicable to all benefits of the Health Insurance plan, the following exclusion applies to the Prescription Drugs benefit.

Expenses incurred for the following are not eligible under this benefit, regardless of whether or not they are considered prescription drug expenses:

- a) Products used for aesthetic, cosmetic or personal hygiene purposes
- b) Substances or drugs used or administered for preventive purposes, except in cases where eligible expenses are explicitly provided for such substances or drugs
- c) Experimental drugs or products or those obtained under a federal program providing special access to health products
- d) Homeopathic or natural products
- e) Dietary supplements intended as a meal supplement or replacement. However, dietary supplements prescribed as treatment for a clearly diagnosed metabolic disease are covered, provided they are used in compliance with official conditions and directions for use. A complete medical report detailing all conditions justifying the prescription of such products must be presented to SSQ
- f) Sunscreens
- g) Drugs used for artificial insemination or in vitro fertilization
- h) Growth hormones. However, growth hormones can be eligible, upon submission of a detailed medical report to SSQ, if they are prescribed in compliance with the conditions and directions for use determined by the provincial prescription drug insurance programs

- i) Sclerosing injections
- j) Drugs supplied during hospitalization, supplied by a hospital pharmacy, or administered at a hospital
- k) The medical procedure related to drugs injected by a health care professional in a private clinic

Under no circumstances may the exclusions, limitations and restrictions that apply to the prescription drug coverage of this plan render the plan less generous than the Basic Prescription Drug Insurance Plan of the Régie de l'assurance maladie du Québec (RAMQ).

## **Hospitalization (Health Insurance)**

### **1. Expenses covered**

To be eligible, expenses for hospital care must be incurred for the services described below, and insureds must be covered at the time such services are obtained. Any coverage maximums applicable to these expenses are specified in the Schedule of Insurance, along with information about applicable deductibles and reimbursement percentages.

#### **Hospital room**

The difference between the cost of hospital ward accommodation and the cost of accommodation in the type of room specified in the "Schedule of Insurance" during a period of short-term care provided in Canada in an establishment that meets the definition of a hospital specified for this group insurance plan. Care provided for chronic illness or loss of independence, including that provided in residential long-term care facilities, is not considered to be hospital care for the purposes of this contract.

### **2. Exclusions, limitations and restrictions**

In addition to the exclusions, limitations and restrictions applicable to all benefits of the Health Insurance plan, the following exclusion applies to expenses for hospital care.

Administrative or incidental fees (TV, telephone, etc.) charged to the patient by the hospital are not eligible for reimbursement under this insurance contract.

# Specialized Health Care Establishments (Health Insurance)

## 1. Expenses covered

To be eligible, expenses in specialized health care establishments must be incurred for the services described below, and insureds must be covered at the time such services are obtained. The coverage maximums applicable to these expenses are specified in the “Schedule of Insurance”, along with information about applicable deductibles and reimbursement percentages.

### Chronic care

Accommodation expenses incurred during a period of care required for chronic illness or loss of independence in an appropriate establishment located in Canada. For the purposes of this contract, an establishment is deemed appropriate if it specializes in providing care for chronic illness or loss of autonomy to an extent deemed adequate by the relevant health care professionals. The period of care in an establishment must be necessary as a result of a chronic degenerative illness or loss of independence preventing insureds from remaining in their home environment despite the support of individuals around them.

### Convalescent home

Unless a different maximum is indicated in the Schedule of Insurance, the difference between the cost of hospital ward accommodation and a semi-private (two beds) hospital room, during a necessary period of convalescence in an appropriate establishment located in Canada. For the purposes of this contract, an establishment is deemed appropriate to provide convalescent care if it offers on-site care by a registered nurse, nursing assistant or physician 24 hours a day and is recognized by SSQ on the ministry responsible for health in the province in which it is located. To be eligible, convalescent care must begin within the first few days following hospitalization. As medical evaluation is required in order to determine the necessity of the period of care, a “Convalescent Care” form must be completed by the attending physician and submitted to SSQ. A copy of this form may be obtained from your plan administrator or from SSQ Customer Service.

### Palliative care

Accommodation expenses incurred during a period of palliative care in an appropriate establishment located in Canada. Also, during a period of palliative care provided at home, the cost of necessary palliative care provided by qualified medical personnel hired to provide such care.

For the purposes of this contract, an establishment is deemed appropriate if it specializes in providing palliative care to an extent deemed adequate by the relevant health care professionals.

### Rehabilitation centre

Accommodation expenses incurred for rehabilitative care, during a period of care required in an appropriate establishment located in Canada. For the purposes of this contract, an establishment is deemed appropriate if it specializes in providing rehabilitative care to an extent deemed adequate by the relevant health care professionals. The required period of care and the recommended duration of such period must both be confirmed by the attending physician.

Members and regular salaried employees 65 years of age  
and over - Health Insurance  
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## **2. Exclusions, limitations and restrictions**

In addition to the exclusions, limitations and restrictions applicable to all benefits of the Health Insurance plan, the following exclusion applies to expenses incurred in specialized health care establishments.

Administrative or incidental fees (TV, telephone, etc.) charged to the patient by the establishment are not eligible for reimbursement under this insurance contract.

## **Health Care Professionals (Health Insurance)**

### **1. Expenses covered**

To be eligible, expenses must be incurred for services provided by the health care professionals described below, for an individual who is insured at the time the services are obtained. The coverage maximums applicable to these expenses are specified in the “Schedule of Insurance”, along with information about applicable deductibles and reimbursement percentages and the cases in which a prescription is required.

Only one treatment by the same professional or specialist is covered per day, per insured, or one treatment per day per profession or specialty, regardless of the number of fields of specialization the professional or specialist is licensed to practise in.

#### **Acupuncturist**

Cost of treatment.

#### **Audiologist**

Professional fees.

#### **Career counsellor / Psychoeducator**

Cost of consultation.

#### **Chiropractor / Kinesiologist**

Cost of treatment.

#### **Chiropractor – X-rays**

Cost of X-rays taken by a chiropractor.

#### **Dietician**

Cost of consultation.

#### **Kinesitherapist**

Cost of treatment.

#### **Massage therapist**

Cost of treatment.



**Naturopath**

Cost of consultation to obtain dietary advice, a health assessment or establish a diet based on natural products. For the purposes of this contract, expenses incurred for natural products, massages, baths, posturology any physical exercises are not considered to be expenses for consultation with a naturopath.

**Occupational therapist**

Cost of treatment.

**Osteopath**

Cost of treatment.

**Osteopath – X-rays**

Cost of X-rays taken by an osteopath.

**Physiotherapist, physical rehabilitation therapist and certified athletic therapist**

Professional fees or cost of treatment.

**Podiatrist / Chiropodist**

Professional fees.

**Podiatrist / Chiropodist – X-rays**

Fees for X-rays taken by a podiatrist or a chiropodist.

**Podologist / Foot care nurse**

Cost of treatment.

**Podologist – X-rays**

Fees for X-rays taken by a podologist.

**Psychiatrist**

Professional fees.

**Psychoanalyst**

Professional fees.

**Psychologist**

Professional fees.

**Psychotherapist**

Cost of consultation.

**Social worker**

Cost of consultation.

**Speech therapist**

Professional fees.

**2. Exclusions, limitations and restrictions**

The general exclusions, limitations and restrictions applicable to the Health Insurance plan apply.

## **Vision Care (Health Insurance)**

### **1. Expenses covered**

To be eligible, expenses must be incurred for vision care as described below, for an individual who is insured at the time the services are obtained. The coverage maximums applicable to these expenses are specified in the "Schedule of Insurance", along with information about applicable deductibles and reimbursement percentages.

#### **Eye examination**

Eye examination by an optometrist or ophthalmologist.

#### **Eyeglasses**

Purchase of glasses for correction of vision prescribed by an optometrist or ophthalmologist.

#### **Contact lenses**

Purchase of contact lenses for correction of vision prescribed by an optometrist or ophthalmologist. For the purposes of this insurance contract, expenses for intraocular lens implants are not considered vision care expenses.

#### **Laser vision correction**

Expenses for laser eye surgery to correct myopia, hypermetropia or astigmatism, when recommended by an ophthalmologist.

### **2. Exclusions, limitations and restrictions**

The general exclusions, limitations and restrictions applicable to the Health Insurance plan apply.

## Other Medical Expenses (Health Insurance)

### 1. Expenses covered

To be considered eligible, expenses must be incurred for the services or articles described below, for an individual who is insured at the time such services or articles are obtained. The coverage maximums applicable to these expenses are specified in the "Schedule of Insurance", along with information about applicable deductibles and reimbursement percentages.

#### **Aids for daily living**

Purchase or rental of a raised toilet seat, bath bench and grab bars. For all aids for daily living, expenses may be considered eligible up to an amount deemed reasonable by SSQ for the device necessary for the insured to carry out basic activities of daily living.

#### **Ambulance and ambulance transport by airplane or train**

Ground transportation to or from a hospital by a licensed ambulance service. Oxygen treatments during or immediately prior to transportation are covered.

Return transportation by airplane or train of a bedridden patient occupying the equivalent of 2 single seats, when part of the journey requires the use of one of these means of transportation.

#### **Blood glucose monitor**

Purchase of a monitor equipped with a lancing device and used to measure blood glucose levels. Purchase of an intermittent blood glucose monitor requiring glucose sensors may also be eligible, provided prior approval by SSQ is obtained.

#### **Breast prostheses**

Purchase of breast prostheses following a mastectomy.

#### **CAT scans**

CAT scans.

#### **Cosmetic surgery following an accident**

Cosmetic surgery required following an accident. For expenses incurred for this type of treatment to be considered eligible, the following conditions apply:

- The accident must occur while the individual is insured
  - Treatment must begin within 12 months following the date of the accident
- and
- Treatment must end within 36 months following the date of the accident and while the individual is still insured under this benefit

## **Deep shoes**

Ready-made deep shoes. Shoes must be needed in order to use an orthosis designed to correct or compensate for a foot defect. Shoes must be obtained from a fully licensed specialized orthopaedic laboratory.

For the purposes of this insurance contract, sandals are not considered deep shoes.

## **Dental treatment required following accidental injury to natural teeth**

Professional fees of a dentist to repair accidental damage to healthy, natural teeth.

For the purposes of this insurance contract, a “natural” tooth is one that has not been replaced. A tooth is considered “healthy” when it has not been affected by any pathology, either in the substance itself or in the adjacent structures. A treated or repaired natural tooth that has returned to its normal functioning and has not been affected by any pathology is also considered healthy. However, damage to teeth occurring while eating is not covered under the “Dental treatment required following accidental damage to natural teeth” provision.

For expenses to be considered eligible expenses for dental treatment following accidental damage to natural teeth, the following conditions must be met:

- The accident must occur while the individual is insured under this benefit
- Treatment must be administered by an accredited dentist or denturist
- Treatment must be provided within 12 months following the accident and while the individual is insured under this benefit

The expenses eligible for dental treatment following accidental injury to natural teeth are limited to the amounts specified in the fee guide for general dental practitioners of the dentist’s province of practice for the year during which expenses are incurred.

Expenses related to new or existing dental implants or implant-related prostheses are not covered under the “Dental treatment required following accidental damage to natural teeth” provision.

## **Detoxification**

Detoxification therapies provided by a clinic specialized in rehabilitation treatment for alcoholism or drug or gambling addiction, including all treatment-related expenses. For expenses incurred for this type of treatment to be considered eligible, the following conditions must apply:

- The clinic must be recognized by SSQ
- The insured must be receiving curative treatment
- The clinic must be run by a licensed physician and be under the continuous supervision of a registered nurse

## **Electrocardiograms**

Electrocardiograms.

**External prosthesis and artificial limb**

External prostheses and artificial limbs required due to the loss of a natural limb occurring while the insured is covered under this benefit.

For the purposes of this insurance contract, the following articles are not considered to be external prostheses or artificial limbs: dentures, breast prostheses, wigs, hearing aids, eyeglasses, contact lenses and intraocular lens implants.

**Extremity pumps for lymphedema**

The purchase of an extremity pump when prescribed by a physician for treatment of lymphedema only.

**Foot orthoses**

Foot orthoses obtained from an officially licensed laboratory or centre specialized in foot orthotics recognized by SSQ.

**Hearing aid**

Purchase and repair of hearing aids, including batteries, ear molds and accessories.

**Hospital bed**

Rental or purchase of a hospital bed, whichever is more economical. The hospital bed must be similar to the type normally used in a hospital.

**Insulin pump**

Purchase and repair of an insulin pump prescribed by a physician.

**Insulin pump accessories**

Purchase of accessories used exclusively with an insulin pump, when prescribed by a physician.

**Intraocular lens implants**

Purchase of intraocular lens implants required to correct the symptoms of an eye disease in cases where contact lenses or eyeglasses cannot be used to correct such symptoms.

**Intrauterine devices (IUDs)**

Purchase of IUDs not covered under the prescription drug insurance benefit of this plan.

**Laboratory analyses**

Analyses of tissue or body fluids (blood, urine, etc.), if carried out in a private laboratory for preventive or diagnostic purposes and of the same type as those carried out in a hospital.

**Magnetic resonance imaging**

Magnetic resonance imaging (MRIs).

**Nurse**

Treatment provided to the insured at home by a registered nurse or nursing assistant. To be eligible, expenses must be incurred for continuous care given for a minimum of 8 hours per day that requires the specific skills of one of the aforementioned nurses.

**Orthopaedic devices**

Corsets, splints, crutches, casts, canes and items for severe burn victims.

For all orthopaedic devices, expenses may be considered eligible up to an amount deemed reasonable by SSQ for the device necessary for the insured to carry out basic activities of daily living. For the purposes of this insurance contract, orthopaedic shoes and foot orthoses are not considered to be orthopaedic devices.

**Orthopaedic shoes**

Purchase or repair of orthopaedic shoes, also known as “orthotic shoes”. The “Schedule of Insurance” specifies any differences between coverage for adults and coverage for dependent children.

The term “orthopaedic shoes” is used to mean shoes that are designed for the insured and custom-made from a mould. Open, flared or straight last shoes, or those required for use with Denis Browne splints are also eligible. However, to be covered, shoes must be required to correct or compensate for a foot defect. Shoes must be obtained from a fully licensed specialized orthopaedic laboratory. Also eligible are expenses incurred for corrections made by such a laboratory to prefabricated shoes.

For the purposes of this insurance policy, deep shoes and sandals are not considered orthopaedic shoes.

**Ostomy appliances**

Purchase of ostomy appliances prescribed by a physician, in excess of the amount reimbursed by the government.

**Outdoor wheelchair ramp**

The purchase of an outdoor wheelchair ramp that has been recommended in writing by a recognized organization providing support to wheelchair users.

**Patient lifter**

The purchase of a mechanical or hydraulic patient lifter, excluding stairlifts, when prescribed by a physician.

**Respirator (breathing apparatus)**

Rental or purchase of breathing assistance apparatus, whichever is more economical. Oxygen is also included in the eligible expenses for this benefit.

**Sphygmomanometer**

Purchase of a sphygmomanometer.

**Support stockings**

Graduated compression stockings of 20 mm HG or over. Stockings must be obtained from a pharmacy or medical establishment, for cases of venous or lymphatic system deficiency.

**Surgical brassieres**

Purchase of surgical brassieres following a mastectomy or breast reduction.

**Technical aids to oral communication**

Technical aids to oral communication, including Bliss boards and laryngeal speaking aids, prescribed by a physician, when no alternative method of communication is possible.

**Therapeutic devices**

Rental or purchase of therapeutic devices, whichever is more economical, and repair of such devices.

For the purposes of this insurance contract, the following articles are not considered to be therapeutic devices: insulin pumps, monitoring devices such as blood glucose monitors, dextrometers, stethoscopes, sphygmomanometers or other similar devices, home accessories such as whirlpool baths, air purifiers, humidifiers, air conditioning units, or other devices of a similar nature.

**Transcutaneous electrical nerve stimulator**

One transcutaneous electrical nerve stimulator.

**Ultrasound examinations**

Ultrasound examinations.

**Wheelchair and walker**

Rental or purchase, whichever is most economical, of a non-motorized wheelchair or walker, or a motorized (electric) wheelchair when medically necessary. In the case of purchase, expenses incurred for the repair of a wheelchair or walker are also considered eligible. The wheelchair or walker must be similar to the type normally used in a hospital. Batteries for a motorized wheelchair are also covered.



**Wig**

Purchase of an initial wig (capillary prosthesis) following chemotherapy.

**X-rays**

X-rays other than those covered under other provisions of the contract.

For the purposes of this insurance contract, MRI and CAT scans are not considered X-rays.

**2. Exclusions, limitations and restrictions**

The general exclusions, limitations and restrictions applicable to the Health Insurance plan apply.

# Home Care and Assistance (Health Insurance)

## 1. Expenses covered

To be eligible, expenses must be incurred for the care or services described below deemed necessary during a period of convalescence following hospitalization or day surgery, for an individual who is insured at the time the care or services are obtained. The coverage maximums applicable to these expenses are specified in the “Schedule of Insurance”, along with information about applicable deductibles and reimbursement percentages.

In addition for expenses to be considered eligible, home care must meet the following conditions:

- Be prescribed by the attending physician
- Obtain the prior approval of SSQ
- Be provided during a period of convalescence, within 30 days immediately following hospitalization or day surgery
- The insured must be unable to carry out basic activities of daily living during the period of convalescence
- Incur expenses that exceed those normally incurred by the insured prior to the period of convalescence
- The inability to carry out basic activities of daily living must be solely due to a deterioration in the insured’s health and not due to a change in the tasks the insured must carry out, e.g. upon returning home following childbirth without complications

### Home assistance services

Fees of a home assistance service supplier to help the insured carry out the following activities at home:

- Basic activities of daily living
- Household maintenance
- General home maintenance (snow removal, lawn mowing, etc.)
- Meal preparation
- Accompanying the insured to medical appointments

### Transportation expenses

Transportation expenses incurred by the insured to obtain medical treatment or follow-up.

### Childcare expenses

Expenses incurred for childcare services provided in the insured’s home or in a daycare centre.

## **2. Exclusions, limitations and restrictions**

The general exclusions, limitations and restrictions applicable to the Health Insurance plan apply.

## Travel Assistance Insurance (Health Insurance)

For information before you travel, to obtain approval before incurring or paying any eligible expenses, or to request assistance, you must contact SSQ's travel assistance service at one of the numbers below:

From Canada or the United States: 1 800 465-2928

From elsewhere in the world: 514 286-8412 (collect call)

You must provide the contract number specified on your SSQ card when calling.

### 1. Expenses covered

The percentage of reimbursement applicable to the following eligible expenses is specified in the "Schedule of Insurance".

Coverage under this benefit is limited to the period while individuals are outside their province of residence and are also covered under their public health and hospitalization plans, subject to a maximum of 60 days per trip (180 days per trip for dependent children studying abroad, subject to prior approval from SSQ). Furthermore, coverage under this benefit only covers eligible expenses in excess of those reimbursed under the public health and hospitalization plans of the insured's province of residence.

In the event that the insured dies during the coverage period, or suffers accidental injury or a sudden and unexpected illness during such period, emergency expenses incurred by or for the insured as described below are eligible, up to the maximum reimbursement specified in the "Schedule of Insurance".

In the following cases, approval must be requested as soon as possible from SSQ's travel assistance service, either by the insured or by any other adult able to do so: hospitalization, medical care, transportation by ambulance.

In the following cases, insureds must obtain prior approval from SSQ's travel assistance service: treatment provided by a nurse, chiropractor, podiatrist, physiotherapist or dentist; repatriation; medical escort; living expenses and transportation of a close relative of the insured; transportation of the insured's body if deceased; return of a vehicle; expenses described under the "Services, products and articles" section.

For the expenses described below to be considered eligible, insureds must be covered under the public health and hospitalization plans of their province of residence.

In all cases, services must be obtained from an individual who does not reside with the insured and is neither a close relative nor a travel companion of the insured.

Insureds who already have a known disease or illness before the trip must ensure before departure that:

- Their health condition is good, and stable. The insured's state of health is considered unstable, and its effects are not considered to be those of a sudden and unexpected illness, in the following cases:

- Symptoms worsen
- A relapse is suffered
- The disease or illness is in its terminal phase
- The disease or illness is chronic and shows signs that deterioration may occur or foreseeable complications may arise during the trip
- They are able to carry out usual daily activities and
- They are experiencing no symptoms that may reasonably suggest that any complications may arise or medical care may be required during the trip outside the province of residence

SSQ's travel assistance service can clarify the term "sudden and unexpected illness" and confirm whether coverage may be limited in any way by the insured's condition.

### **Hospitalization**

Hospitalization expenses incurred due to treatment in a hospital.

### **Physician fees**

Professional fees of a physician for medical, surgical or anaesthetic care, other than fees for dental care.

### **Nursing fees**

When prescribed by the attending physician, professional fees of a registered nurse for private nursing care provided exclusively in hospital. Eligible expenses for nursing fees may not exceed \$5,000 per insured per trip.

### **Chiropractor, podiatrist or physiotherapist fees**

Professional fees of a chiropractor, podiatrist or physiotherapist.

### **Dentist fees**

Professional fees of a dentist for accidental injury to natural teeth. The accident must occur outside the insured's province of residence. Treatment must be received while the individual's insurance is in force. Eligible expenses for professional fees of a dentist may not exceed \$1,000 per insured per trip.

### **Prescription drugs**

Expenses for the purchase of drugs available only on prescription from a health care professional legally authorized to do so.

### **Transportation by ambulance**

The cost of transportation by ambulance to the nearest hospital by a licensed ambulance service.

### **Repatriation of the insured**

The cost of returning the insured to the province of residence for immediate hospitalization and the cost of transporting the insured to the nearest location where appropriate medical services are available. Benefits are limited to the cost of the most economical transport option, taking the insured's health condition into account.

### **Transportation by plane of a medical escort**

The cost of economy class round-trip transportation by air for a medical escort who is neither a member of the insured's family nor a travel companion, when required by the air carrier or the attending physician of the insured.

### **Living expenses and transportation of a close relative**

The cost of accommodation and meals in a commercial establishment and the cost of economy class round-trip transportation for one close relative between the place of residence and the hospital when the insured is hospitalized for at least 7 days or, in case of death, between the place of residence and the place where the deceased insured's body must be identified. Eligible expenses are subject to the following limits:

- Transportation: \$2,500 per trip for all insured family members
- Accommodation and meals: \$300 per day for all insured family members, up to a maximum of \$2,400 for the whole duration of the stay

Eligible transportation expenses are limited to the cost of making the trip by the most economical means (bus, train or air). The attending physician must certify in writing that the visit was necessary.

### **In case of death of the insured, preparation and transportation of the body or burial or cremation on the spot**

The expenses of preparing and returning the remains of the insured by the most direct route home, or burial or cremation on the spot, excluding expenses incurred for a coffin or funeral urn. Eligible expenses are limited to a total maximum of \$10,000 for preparation of the body and transportation.

### **Return of vehicle**

The cost of returning the insured's personal vehicle home or rental vehicle to the nearest appropriate vehicle rental agency. Eligible expenses are limited to a maximum of \$2,000 per trip.

The vehicle must be returned by a recognized commercial agency. The insured must be incapable of doing so personally due to an illness or injury that is confirmed by the attending physician, and the insured's travel companions, if applicable, must also be unable to return the vehicle.

### **Services, products and articles**

Expenses paid for the following medical services, products or articles:

- Rental of a wheelchair, hospital bed or respirator
- X-rays and laboratory analyses
- Purchase of trusses, corsets, crutches, splints, casts and other orthopaedic devices

Members and regular salaried employees 65 years of age  
and over - Health Insurance  
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### **Living expenses**

The cost of accommodation and meals in a commercial establishment the insured must incur when obliged to modify the planned trip due to hospitalization of the insured, a family member or a travel companion.

The duration of hospitalization must be at least 24 hours. Eligible expenses are subject to a maximum of \$300 per day, or \$2,400 per trip outside the province of residence of the insured, for all individuals covered.

### **Travel assistance services**

Your insurance provides access to certain travel assistance services when you need them. These services may not be available in all countries and are subject to change by SSQ without notice.

The following services are available:

- a) Directing the insured to an appropriate clinic or hospital
- b) Verifying medical insurance coverage to avoid, wherever possible, the insured having to pay for hospital care up front
- c) Ensuring the proper follow-up of the insured's medical file
- d) Coordinating the return and transport of the insured as soon as medically possible
- e) Providing emergency support and coordinating settlement applications
- f) Arranging the transportation of a family member to the bedside of the insured, to identify the insured's body if deceased and/or coordinate the repatriation of the deceased insured
- g) Arranging for the return of insured persons to their home (return expenses not included)
- h) Arranging for the return of the insured's personal vehicle if the insured is unable to do so due to illness or accident
- i) Communicating with the insured's family or employer
- j) Acting as an interpreter for emergency calls
- k) Recommending a lawyer in the event of legal difficulties

### **Automatic extension**

This insurance is automatically extended, free of charge, at the end of the maximum period of 60 days per trip:

- up to 24 hours if the return to the place of residence is delayed due to the delay of the public carrier or to a road accident or mechanical breakdown of the private vehicle returning to the point of departure, or
- during the hospitalization period and the 24 hours following the date the insured leaves the hospital, or
- up to 72 hours when the return to the place of residence is delayed due to an illness of the insured that occurred in the 24 hours preceding the planned date of return and that needs emergency care.

Furthermore, additional care, services and supplies incurred outside the country are covered after the first 60 days of a trip if they are prescribed by a physician and approved by SSQ's travel assistance service and required for the treatment of the same medical emergency that was covered during the first 60 days of the trip.

## **2. Exclusions, limitations and restrictions**

In addition to the exclusions, limitations and restrictions applicable to all benefits of the Health Insurance plan, the following exclusions apply to Travel Assistance Insurance.

The following expenses are not eligible for reimbursement under the Travel Assistance Insurance benefit of this plan:

- a) Expenses incurred as a result of the insured's refusal to be repatriated to the province of residence, upon SSQ's request
- b) Expenses incurred by the insured outside the province of residence when such expenses could have been incurred in the province of residence, without danger to the insured's life or health. For the purposes of this exclusion, the fact that the treatment available in the province of residence may be of a different quality than that available outside the province of residence does not constitute a danger to the insured's life or health
- c) Expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the insured is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline
- d) Expenses payable under any public plan
- e) Expenses related to elective or non-emergency surgery or treatment
- f) In the case of a trip taken for the purposes of obtaining or with the intention of receiving medical treatment, expenses incurred in relation to the medical condition for which the trip is taken, whether or not the trip is taken upon the recommendation of a physician
- g) Expenses for chronic care incurred in a facility treating chronic illnesses
- h) Expenses incurred for insureds in thermal spa facilities or extended care homes
- i) Expenses incurred due to injury or death as a result of practising any of the following activities or sports: gliding, hang-gliding, paragliding, mountaineering, bungee jumping, parachuting skydiving or any other similar activity, all extreme or combat sports, any motorized vehicle competition, as well as any sporting or underwater activity for which a remuneration is paid to the individual this insurance plan applies to.
- j) Expenses related to an event occurring during the trip, or shortly thereafter, that insureds may reasonably have predicted due to their state of health at the start of the trip. This category of events includes pregnancy, miscarriage, childbirth and related complications, where such events occur within the 2 months preceding the normal expected date of delivery or thereafter



- k) Hospital or medical expenses incurred for treatment for which no reimbursement is provided for under the public health or hospitalization plan of the insured's province of residence

## Travel Cancellation Insurance (Health Insurance)

In the event of trip cancellation prior to departure due to a travel advisory issued by the Government of Canada, you must contact SSQ's travel assistance service for the procedure to follow either 72 hours before a deposit becomes due or 72 hours before the scheduled date of departure, whichever comes first.

In the event of trip cancellation prior to departure for any reason other than a travel advisory, you must contact SSQ's travel assistance service for the procedure to follow at the latest 48 hours following the event causing cancellation.

The telephone numbers to contact SSQ's travel assistance service are the following:

From Canada or the United States: 1 800 465-2928

From elsewhere in the world: (514) 286-8412 (collect call)

You must provide the contract number specified on your SSQ card when calling.

### 1. Reasons for cancellation

For cancellation expenses to be considered eligible, the trip must be cancelled, extended or interrupted due to one of the following causes:

- a) An illness or accident suffered by the insured, a travel companion or a business partner of the insured, or suffered by a member of the insured's family or travel companion's family. The illness or accident must prevent the individual from performing his or her usual activities and must be sufficiently serious to justify or force the cancellation or interruption of the insured's trip
- b) Death of: the insured; the insured's spouse; the insured's or spouse's child; the insured's travel companion; or the insured's business partner
- c) Death of a family member of any of the following individuals: the insured; the insured's spouse; the insured's child; the insured's travel companion. The funeral must be scheduled to take place during the period extending from 31 days before and 31 days after the planned trip
- d) Death, illness or accident suffered by a person for whom the insured is the legal guardian
- e) Notwithstanding any other provision of the contract, suicide or attempted suicide of the insured's travel companion or a member of the insured's family
- f) Death of a person for whom the insured is the testamentary executor
- g) Death or emergency hospitalization of the host at destination
- h) The insured's or travel companion's summons for jury duty or subpoena to act as a witness in a case scheduled to be heard during the trip, provided the person involved has taken all necessary measures to have the hearing postponed. A summons or 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 is a police officer and has been subpoenaed as part of his or her regular duties
- i) Quarantine of the insured, provided that quarantine ends 7 days or fewer before the scheduled date of departure, or occurs during the time of the trip

Members and regular salaried employees 65 years of age  
and over - Health Insurance  
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- j) Hijacking of the airplane on which the insured is travelling
- k) Damage rendering the principal residence of the insured or of the host at destination uninhabitable. The residence must remain uninhabitable 7 days or fewer before the scheduled date of departure, or the damage must occur during the time of the trip
- l) Transfer of the insured, for the same employer, to a location more than 100 kilometres from the current place of residence, provided the transfer is required by the employer within the 30 days preceding the scheduled date of departure

m) **For trip cancellation**

The issuance by the Government of Canada of an advisory:

- to avoid all travel, or to avoid non-essential travel, to a location where the insured plans to travel; or
- to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship.

The advisory must be issued after the insured has made the travel arrangements. The advisory must be in force on the scheduled date of departure.

**For trip interruption**

The issuance by the Government of Canada of an advisory:

- to avoid all travel, or to avoid non-essential travel, to a location where the insured is on a trip; or
- to avoid all cruise ship travel when the insured is already on a cruise ship.

The advisory must be in force during the trip. The insured must comply with the advisory within 14 days following its issuance.

- n) 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, provided that the means of transport used provides for scheduled arrival at the point of departure at least 3 hours prior to the time of departure or at least 2 hours prior to departure if the distance to be covered is less than 100 kilometres. The delay must be caused by mechanical problems (except for a private automobile), a traffic accident, or an emergency road closure, each of the latter two causes requiring confirmation by a police report
- o) Weather conditions such that:
  - the departure of the public carrier used by the insured, at the point of departure of the planned trip, is cancelled or delayed by at least 30% (minimum 48 hours) of the planned duration of the trip;
  - or
  - the insured is unable to make a scheduled connection after departure with another public carrier, provided the scheduled connection after departure is cancelled or delayed by at least 30% (minimum 48 hours) of the planned duration of the trip;
- p) Damage occurring to a commercial establishment or to the location where a commercial activity is to be held. The damage must prevent the activity in question from taking place. A written cancellation notice must be issued by the organization officially responsible for the activity

- q) Death or hospitalization of the person with whom the insured had arranged a business meeting or commercial activity. In such case, reimbursement is limited to transportation expenses and a maximum of 3 days' accommodation
- r) Hostile fire, flood, burglary or natural disaster occurring after the date the trip is purchased that renders the workplace of the insured or the travel companion unusable, if the insured or the travel companion are associates or shareholders in the business. The workplace must still be unusable on the scheduled date of departure
- s) A pregnancy declared by a health care professional after the date the trip is purchased (or the date the initial non-refundable deposit is made), if the date of departure or the date of return is in the 8 weeks preceeding or following the scheduled date of delivery of the insured or the travel companion

## **2. Expenses covered**

To be eligible, expenses must be incurred by the insured following the cancellation, extension or interruption of a trip, provided such expenses are related to amounts paid in advance by the insured and that, at the time travel arrangements were made, the insured was not aware of any event that could reasonably lead to the cancellation, extension or interruption of the planned trip. Expenses must also be incurred for one of the specified eligible reasons for cancellation.

Eligible expenses are described hereafter and are reimbursed according to the indications in the "Schedule of Insurance":

### **In the event of cancellation prior to departure**

- a) The non-refundable, unusable, non-transferrable and irrecoverable portion of prepaid travel expenses. Any form of credit, compensation or indemnification (with or without restriction on use) offered by a travel provider, a travel agency, a public carrier, an accommodation facility or an agency is considered as a reimbursement of prepaid travel expenses
- b) Additional expenses incurred by the insured if the travel companion who was to share accommodation at destination must cancel due to one of the eligible reasons for cancellation and the insured decides to proceed with the trip as initially planned. Expenses are eligible up to the amount of the cancellation penalty applicable at the time the travel companion had to cancel
- c) The non-refundable portion of prepaid travel expenses, up to 70% of such expenses, if departure is delayed due to weather conditions and the insured decides not to proceed with the trip

### **In the event of missed departure, flight cancellation or if the trip must be interrupted temporarily**

The additional cost of a one-way economy class ticket on a scheduled flight of a public carrier, by the most direct route to the initially-planned trip destination. Departure must be missed due to a delay in the means of transportation used by the insured, subject to the conditions specified in the eligible reasons for cancellation. In the event of interruption of a trip, the interruption must be due to an illness or accident suffered by the insured or travel companion, subject to the conditions specified under the eligible reasons for cancellation.

### **If the return is earlier or later than planned**

- a) 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 initially-planned means of transportation cannot be used, whether or not travel expenses have been prepaid, the expenses eligible will be equal to the fees charged by a scheduled public carrier for economy class travel, by the most economical means of transportation, via the most direct route, for the insured to return to the initial point of departure. These expenses must be pre-approved by SSQ's travel assistance service
- b) The unused and non-refundable portion of the ground portion of prepaid travel expenses

### **Restriction**

If the insured's return is delayed by more than 7 days, the expenses incurred are eligible, provided the insured or the insured's travel companion was admitted to hospital as an in-patient for more than 48 hours within the seven-day period.

If travel expenses were not paid in advance, the expenses incurred by the insured are covered provided that before the scheduled date of departure, the insured was not aware of any event that could reasonably lead to the interruption of the planned trip.

### **Round-trip transportation**

The cost of transportation by the most economical means, following approval by SSQ's travel assistance service, for the insured to return to the province of residence and then back to the trip destination, provided the return to the province of residence is due to one of the following reasons:

- a) Death or hospitalization of a member of the insured's family, a person for whom the insured is the legal guardian or a person for whom the insured is the testamentary executor
- b) A disaster that has made the principal residence of the insured uninhabitable or has caused significant damage to the insured's business establishment

## **3. Exclusions, limitations and restrictions**

In addition to the exclusions, restrictions and limitations applicable to all benefits of the Health Insurance plan, the following exclusions apply to Travel Cancellation Insurance.

- 1) Travel Cancellation Insurance does not cover losses due to the following causes or to which such causes have contributed:
  - a) Active participation of the insured in a riot or insurrection, perpetration or attempted perpetration of a criminal act by the insured or the insured's travel companion or participation of the insured or the insured's travel companion in a criminal act.
  - b) Abusive or excessive consumption of medication, drugs or alcohol and the ensuing consequences
  - c) Intentional self-inflicted injury by the insured or travel companion, or suicide or attempted suicide by the insured, regardless of the state of mind of the person

- d) Participation in any of the following activities or sports: gliding, hang-gliding, paragliding, mountaineering, bungee jumping, parachuting, skydiving or any other similar activity, all extreme or combat sports, any motorized vehicle competition, as well as any sporting or underwater activity for which a remuneration is paid to the individual this insurance plan applies to
  - e) The reason for which the trip is purchased, in the event that it is purchased 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
  - f) In the event that the trip is purchased to visit or be at the bedside of a person who is ill or has suffered an accident, change in medical condition or death of such person
  - g) A cause which, beyond any possible doubt, does not prevent the insured from proceeding with the trip
- 2) No expenses are payable if the insured made travel arrangements while a Government of Canada advisory was in effect recommending:
- to avoid all travel to a location where the insured plans to travel; or
  - to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;
- However, this exclusion does not apply to:
- to any trip cancellation for an eligible reason for cancellation other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure; and
  - to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure or during the insured's trip.
- 3) No trip interruption expenses are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending:
- to avoid all travel to a location where the insured plans to travel; or
  - to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship;
- However, this exclusion does not apply to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level during the insured's trip.
- 4) No trip interruption expenses caused by the following advisory are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending to avoid non-essential travel to a location where the insured plans to travel.

However, this exclusion does not apply to any trip interruption caused by the advisory, if there is a change to the risk level of the advisory to a higher risk level during the insured's trip.

5) No trip interruption expenses caused by one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:

- to avoid all travel or to avoid non-essential travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
- to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

6) No trip interruption expenses for an eligible reason for interruption other than one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:

- to avoid all travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
- to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

If notice of cancellation of a trip prior to departure is not provided within the time specified herein, SSQ's liability is limited to the cancellation expenses stipulated in the travel contract that are applicable at the time such notice should have been given. However, this limitation will not apply if the insured and any adult accompanying the insured on the planned trip provide proof deemed satisfactory by SSQ 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, and SSQ's liability is limited to the applicable cancellation fees stipulated in the travel contract at the time of cancellation.



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SSQ Customer Service  
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