You must save the file on your hard drive prior to filling the form electronically.

INSURANCE APPLICATION

Quebec Association of IT Freelancers
Policy 31943 - Period from March 1, 2022 to February 28, 2023

médicassurance
2197 Sherbrooke Street East, suite 200, Montréal (Québec) H2K 1C8
3107 des Hôtels avenue, Québec (Québec) G1W 4W5
Montréal: 514 871-1181 | Québec: 418 681-7785 | Toll-Free: 1 877 371-1181
Fax | Montréal: 514 871-4943 | Toll-Free: 1 877 871-4943
info@medicassurance.ca | www.medicassurance.ca

INFORMATION ABOUT YOU

Last name ○ Woman ○ Man	Date of birth (day / month / year)
First name ○ English ○ French	Place of birth (province / country)
E-mail address	○ Smoker ○ Non-smoker Non-smoker means that you have not used any tobacco products or tobacco cessation products within the last 12 consecutives months
Address ○ Residence ○ Office	City
Province	Postal code
Telephone (residence) / Telephone (office)	Telephone (mobile)
Does your spouse have insurance coverage that would allow coordination of benefits? ○ Yes ○ No	
Is a group insurance offered by your employer? ○ Yes ○ No	

INFORMATION ABOUT YOUR SPOUSE

Required only if you apply for Couple or Family coverage

Name (Last name, First name) ○ Woman ○ Man	Date of birth (day / month / year)
Common law spouse: ○ Yes ○ No Occupation: _____ Date of cohabitation (day / month / year): _____	○ Smoker ○ Non-smoker Non-smoker means that you have not used any tobacco products or tobacco cessation products within the last 12 consecutives months.

INFORMATION ABOUT YOUR CHILDREN

Required only if you apply for Single Parent or Family coverage

Name of the child (Last name, First name)	Date of birth (day / month / year)	Sex	Student
		○ Female ○ Male	○ Yes ○ No
		○ Female ○ Male	○ Yes ○ No
		○ Female ○ Male	○ Yes ○ No
		○ Female ○ Male	○ Yes ○ No

LIFE INSURANCE AND ADD

Included with options 3 and 4

Amount of insurance offer: $30,000	Beneficiary designation* ◯ Revocable ◯ Irrevocable
Beneficiary (name in full)	Relationship to proposed insured

*You must check revocable or irrevocable for this application to be considered complete. Where Quebec law applies, a spouse is irrevocable unless you make the designation revocable. If the beneficiary designation is revocable, the applicant can change the beneficiary at any time without the beneficiary's consent. If the beneficiary designation is irrevocable, the beneficiary's written consent is required in order for the applicant to make any change in the beneficiary or the coverage.

LIFE INSURANCE FOR THE DEPENDENTS

If you choose a Couple, Single Parent or Family coverage, these benefit is included with options 3 and 4

Spouse $5,000 **Child (after 24 hours)** $2,500 The applicant is automatically the beneficiary for the spousal and dependent child life coverage.

DECLARATION AND AUTHORIZATION

I, the undersigned, declare that my answers in this application are true and complete and i understand that concealment, misrepresentation and false declaration concerning this application will cause the insurance to be void. A photocopy version of this declaration is as valid as the original, and shall remain in effect for the duration of my insurance coverage.

I authorize any insurer, reinsurer, physician, health care provider or professional, pharmacy, hospital, clinic, my group insurance administrator, administrator of a government or other fringe benefits program, organization, or service provider within the scope of my group insurance plan that holds information pertaining to me or my dependents to collect and exchange such records or information with the insurer for the purposes of determining eligibility to benefits and for plan administration or claims analysis purposes. This information may be of medical or other nature.

In the event of death, i authorize any beneficiary, heir or executor to provide the insurer or its reinsurers with all information or authorizations deemed necessary for claims adjudication purposes and for obtaining supporting documents. I authorize any coroner, police force or toxicologist that holds my personal information, including any accident and police investigation reports regarding a claims analysis following death, disability or dismemberment, to exchange such information with the insurer. I also authorize the communication of my personal information (other than of a medical nature) to any private investigator and authorize this private investigator to communicate any information collected regarding me to the insurer.

Signature of the applicant (**Handwritten signature** required)	Date of the signature (day / month / year)

To ensure the confidentiality of the personal information held on you, MédicAssurance inc. will set up an insurance file in which be entered the information provided on your insurance application, as well as any claim information.

Only those employees or representatives responsible for underwriting, investigating and processing claims or any other person authorized by yourself will have access to this file. Your file will be kept in our offices. You are entitled to consult the personal information contained in this file and to have it rectified, if necessary, by sending a written request to one of the following addresses:

- 2197 Sherbrooke Street East, suite 200, Montréal (Québec) H2K 1C8

- 3107 des Hôtels avenue, Québec (Québec) G1W 4W5

IMPORTANT: Your insurance coverage will be effective on the 1st of the following month upon receipt of your application duly completed unless you specify otherwise hereunder. The coverage cannot be effective other than the 1st of the month and will be canceled on the last day of the month following receipt of 30 days written notice from you.

I wish my coverage be effective on the 1st of the month of _____. Your initials _____

You must save the file on your hard drive prior to filling the form electronically.

MEDICAL FORM

Quebec Association of IT Freelancers

Policy 31943

médicassurance

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Required only if you apply for enhanced coverage (1,2,3 and 4)

APPLICANT'S NAME

Last name	First name

1 | Have you or your dependents ever been diagnosed or treated and / or prescribed medication for any of the following conditions?	YES	NO
a) Cerebrovascular or neurological disorder	○	○
b) Heart, circulatory, vascular disorder including aneurysm	○	○
c) Emotional, psychological or nervous disorder	○	○
d) Immunological disorder, including HIV infection or AIDS	○	○
e) Respiratory or pulmonary disorder (excluding cancer)	○	○
f) Stomach, intestinal, kidney , bladder, pancreatic or liver disorder, including hepatitis B and C	○	○
g) Rheumatoid arthritis, ankylosing arthritis or any other form of arthritis	○	○
h) Cancer	○	○
i) Diabete	○	○
j) Have you ever consulted a health professional for any physical or mental disorders?	○	○

For each question answered in the affirmative, please specify the question no. and the person's name and provide details about the disorder, symptoms, duration, treatments, start date of the disorder and date of recovery.

2 | Are you or any of your dependents now taking or do you have in your possession a prescription for one or more medications other than those mentioned above, if any? If so, please specify the name of the person and the medications involved.	YES	NO
	○	○

DECLARATION AND AUTHORIZATION

I declare that the answers and statements made in this application are, to my knowledge, complete and truthful. I recognize that the insurance requested is governed by the terms of the group prescription drug insurance policy. I understand that any intentional omission or false statement can cancel my insurance. This consent is valid for the purposes of this contract, its modification, extension or reactivation. Moreover, I authorize any physician, hospital, insurance company, other health professional, MédicAssurance and Assomption Vie to exchange information concerning this request for the purposes of processing the application and the administration of my health insurance plan. I assume responsibility for any expenses incurred for completing this form. A copy of this authorization will be as valid as the original.

Signature of the applicant (**Handwritten signature** required)	Date of the signature (day / month / year)

Direct card

Monthly premium 9% tax excluded

OPTION 1

Generic drugs mandatory with deductible $150 / $300 - reimbursement: 75%. **travel and trip cancellation insurance**

AGE	COVERAGE			
	Single	Couple	Single parent	Family
Less than 35	$62.92	$130.69	$98.02	$210.93
35 - 39	$62.92	$130.69	$98.02	$210.93
40 - 44	$86.49	$179.79	$134.85	$292.85
45 - 49	$86.49	$179.79	$134.85	$292.85
50 - 54	$86.49	$179.79	$134.85	$292.85
55 - 59	$125.81	$256.21	$166.55	$307.47
60 - 64	$188.66	$370.31	$240.65	$370.31

OPTION 2

Generic drugs mandatory with deductible $850 / $850 - reimbursement: 100%, **travel and trip cancellation insurance**

AGE	COVERAGE			
	Single	Couple	Single parent	Family
Less than 35	$32.00	$65.66	$40.62	$103.22
35 - 39	$34.05	$69.99	$43.29	$110.01
40 - 44	$45.74	$94.52	$58.48	$148.57
45 - 49	$47.11	$97.39	$60.26	$153.08
50 - 54	$48.67	$100.68	$62.29	$158.23
55 - 59	$66.09	$137.26	$84.95	$163.43
60 - 64	$98.92	$196.36	$127.61	$196.36

OPTION 3

Life insurance - $30,000, **AD&D, life insurance for your dependents**, **generics drugs** mandatory with deductible $150 / $300 - reimbursement: 75%, **medical expenses** - reimbursement: 80%, **travel and trip cancellation insurance**

AGE	WOMAN				MAN			
	Single	Couple	Single parent	Family	Single	Couple	Single parent	Family
Less than 35	$83.21	$171.72	$130.29	$268.50	$84.57	$173.08	$131.65	$269.87
35 - 39	$107.08	$221.73	$167.77	$371.44	$108.45	$223.09	$169.12	$372.81
40 - 44	$127.92	$263.84	$199.65	$450.75	$129.54	$265.49	$201.28	$452.40
45 - 49	$163.81	$334.84	$253.65	$562.52	$167.11	$338.11	$256.93	$565.81
50 - 54	$211.68	$424.22	$321.74	$626.34	$217.16	$429.70	$327.21	$631.82
55 - 59	$270.11	$532.59	$356.68	$637.24	$280.22	$542.71	$366.79	$647.38
60 - 64	$349.24	$662.01	$440.82	$696.87	$366.20	$678.99	$457.78	$713.82

Direct card
Monthly premium 9% tax excluded

OPTION 4

Life insurance - $30,000, **AD&D, life insurance for your dependents, generics drugs** mandatory - reimbursement: 75%,
medical expenses – reimbursement : 80%, deductible $300 / $600 applicable to drugs and medical expenses, **travel and trip cancellation insurance**

AGE	WOMAN				MAN			
	Single	Couple	Single parent	Family	Single	Couple	Single parent	Family
Less than 35	$57.25	$117.26	$89.37	$182.33	$58.61	$118.63	$90.72	$183.69
35 - 39	$73.28	$150.77	$114.48	$251.44	$74.64	$152.14	$115.83	$252.78
40 - 44	$87.61	$179.45	$136.28	$305.08	$89.26	$181.10	$137.89	$306.71
45 - 49	$112.70	$228.09	$173.40	$381.11	$115.99	$231.39	$176.68	$384.41
50 - 54	$145.27	$289.57	$220.60	$425.39	$150.74	$295.04	$226.06	$430.85
55 - 59	$188.28	$365.13	$246.82	$435.55	$198.38	$375.26	$256.92	$445.65
60 - 64	$243.74	$454.44	$305.61	$477.89	$260.70	$471.41	$322.57	$494.85

OPTION WITHOUT MEDICAL EVIDENCE

Generic drugs mandatory - Deductible is equivalent to the maximum annual contribution established by the RAMQ*
*Adjusted on July 1 of each year – reimbursement 100%

AGE	COVERAGE			
	Single	Couple	Single parent	Family
Less than 35	$96.34	$211.91	$144.32	$322.92
35 - 39	$102.29	$224.90	$153.50	$342.89
40 - 44	$133.27	$293.20	$199.75	$446.70
45 - 49	$133.27	$293.20	$199.75	$446.70
50 - 54	$133.27	$293.20	$199.75	$446.70
55 - 59	$155.93	$343.01	$233.71	$522.57
60 - 64	$176.18	$387.59	$264.11	$590.45

DENTAL INSURANCE **(Available only with options 3 and 4)**

No deductible - reimbursement: 80%

COVERAGE			
Single	Couple	Single parent	Family
$49.42	$98.52	$73.90	$117.67

REMINDER OF CERTAIN OF OUR GENERAL PROVISIONS

Eligibility of dependent children 21 years old and older

Any unmarried child aged 21 or older but less than 26 is eligible if a full-time student (minimum three courses per semester) in a recognized educational institution. To extend a child's insurance, parents must send us written confirmation at the start of each semester, to confirm for us the child's name, semester underway, number of courses taken and the educational institution attended.

Cancellation

Any request for cancellation must be submitted in writing, by email, fax or regular mail, and will take effect on the 1st day of the month following its receipt.

Failure to pay a premium

Any payment refused by a bank (direct debit, cheque or credit card), for any reason, will result in administrative fees of $45. In the case of a credit card, it is important that we be informed if the card has been lost, stolen, cloned or replaced or has expired so that we can redirect the collection in the next month and avoid your being charged the administrative fees.

At MédicAssurance, we know mistakes can happen, and so we do not invoice additional fees the first time this situation occurs.

Option change

It is possible to change the option within 60 days of the program renewal date.

Payment of premiums

Each payment can be made only on the 1st day of the month.

Suspension of insurance

When a premium payment has not been honoured, insurance will be suspended upon expiration of a grace period of 30 days.

You must save the file on your hard drive prior to filling the form electronically.

PAYMENT AUTHORIZATION

Quebec Association of IT Freelancers
Policy 31943 - Period from March 1, 2022 to February 28, 2023

médicassurance
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PREMIUM PAYMENT METHOD

I wish to use the following means of payment:

☐ **Preauthorized bank payments:** administration fee of $2 per transaction, except for an annual payment.
Please complete the "Preauthorized Bank Payment Authorization" section. ◯ Annual ◯ Semi-annual ◯ Quarterly ◯ Bimonthly ◯ Monthly

☐ **Credit card:** administration fee of 2% of the premium.
Please complete the "Credit Card Payment Authorization" section. ◯ Annual ◯ Semi-annual ◯ Quarterly ◯ Bimonthly ◯ Monthly

☐ **Annual cheque:** Please calculate your premiums pro-rated (amount of the monthly premium x number of months covered) to reflect the annual renewal date of the policy. The period covered is indicated below. Your cheque should be made payable to MédicAssurance Inc.

☐ **Annual Interac e-Transfer :** Send your payment to info@medicassurance.ca

PRE-AUTHORIZED PAYMENT

I hereby authorize MédicAssurance Inc. to withdraw from my account, the details of which appear on the attached specimen cheque, the sum of $ _____ on the 1st day of each month and to change the amount to be debited from my account in case of a change in the premiums for which notice has been given 30 days' prior to the date on which the change takes effect.

SIGNATURE OF ACCOUNT HOLDER(S): _____ _____
(**Handwritten signature** required)

DATE (day / month / year): _____ TYPE OF SERVICE: ◯ Personal ◯ Business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD (Pre-Authorized Debit) Agreement, I may contact my financial institution or visit **www.cdnpay.ca**.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit **www.cdnpay.ca**.

ATTACH A SPECIMEN CHEQUE MARKED "VOID"
Copy is accepted

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize MédicAssurance inc. (plan administrator) to charge my credit card for the amount due according to my insurance certificate and to adjust the amount charged to my credit card should the premiums change if a 30 days notice in writing has been given prior to the adjustment. This authorization can be cancelled at any time with 30 days written notice.

◯ Visa ◯ MasterCard ◯ American Express

CARD NUMBER: _____ _____ _____ _____ EXPIRATION DATE (month / year): _____

CARDHOLDER NAME (as indicated on the card): _____

SIGNATURE: _____ DATE (day / month / year): _____
(**Handwritten signature** required)

THE CONSEQUENCES OF NON-PAYMENT

You are responsible for the consequences if you fail to make a payment provided in the insurance contract, i.e. when a payment is not made for any reason. At MédicAssurance inc., we know that mistakes can happen and that is why we do not charge any additional fees the first time this situation occurs. However, the second time, a fee of $45 will be charged, each time a pre-authorized payment is not honoured by your financial institution. MédicAssurance inc. will then withdraw the unpaid amount at the same time as the pre-authorized payment for the following month. Moreover, MédicAssurance inc. may terminate the pre-authorized payment method, making the annual premium then payable in full for any insurance contract the pre-authorized payment had been arranged for. A stop payment for any pre-authorized payment on the payment of your monthly premium without any prior arrangement or agreement with MédicAssurance inc. could result in cancellation of the insurance contract for which the preauthorized payment was intended.

DOCUMENT TO BE COMPLETED AND RETURNED, ACCOMPANIED BY THE APPLICATION DULY COMPLETED.



Association québécoise
des informaticiennes et
informaticiens indépendants

Competitive
Prices



Added-Value
Coverage

Personalized
Service



PROGRAM SUMMARY

March 2023 - Policy number 31943

Insurance program administered by

médicassurance

HELP MAINTAIN YOUR FINANCIAL STABILITY

with the Quebec Association of IT Freelancers

Why you need insurance?

The Quebec Association of IT Freelancers understands the importance of providing financial security for your loved ones – and peace-of-mind for you. Comprehensive insurance coverage can provide you with a solid foundation of protection to help maintain a comfortable lifestyle for you and your family should an accident of illness prevent you from working. That's why the AQIII has partnered with MédicAssurance Inc. to offer you a quality insurance program that combines the flexibility of individual insurance with the price advantage of group insurance. As a member of the AQIII, you have access to these important and affordably-priced insurance benefits:

Life insurance

A key component of a sound financial plan

Whether you are just starting your career, established and married, or planning your retirement, protect the financial well-being of your family and loved ones in the event of your death with Life insurance.

Accidental death or dismemberment insurance

Additional protection

Accidental Death and Dismemberment insurance helps provide additional protection in the event of an accident that results in death, dismemberment or loss of use.

Extended health care, prescription drug and dental insurance

Comprehensive yet cost effective solutions for your health care needs

The program's Extended Health Care (EHC), Prescription Drug and Dental insurance plans provide coverage for a range of medically necessary health expenses which are not covered by your provincial health care plan. Whether you need prescription medications, emergency medical assistance when you're travelling outside the province, or dental care, EHC and Dental coverage can help cover your costs.

GENERAL INFORMATION

Exclusive member benefit

AQIII's insurance program is offered exclusively to members. You are eligible to apply if you are:

- a member of AQIII;
- working as an IT professional for an average of 20 hours per week for a period of 52 consecutive weeks;
- you do not have access to group insurance offered by your employer;
- under age 65, and;
- reside in Canada.

Coverage will become effective the first day of the month following the reception of your completed application.

Coverage for your dependents

If you required a couple, single parent or family coverage, your spouse and children will be automatically covered for Drug insurance. If you required Extended Health Care and/or Dental insurance coverages (options 3 and 4), these coverages as well as Life insurance for dependents and Accidental Death and Dismemberment insurance will automatically be extended to them.

Spouse means your spouse by marriage or under any other formal union recognized by law, or a person of the same or opposite sex with whom you have co-habited for at least twelve months, and who has been publicly represented as your spouse. The minimum co-habitation period does not apply if a child is born from this relationship.

Dependent child means a child, other than a foster child, of yours of your spouse, who is not married or in any other formal union recognized by law, under age 21, or age 26 if a full-time student and entirely dependent on you for support, or of any age if incapable of self-support because of physical or mental disability. However, the physical or mental disability had to be declared before the age of 18 and during the time the child had been recognized as a dependent.

Termination of coverage

Coverage will terminate on the earliest of the following:

- the date of the group policy terminates
- the date of termination of your membership with AQIII
- the premium due date if you fail to pay your premium subject to the grace period
- the date of the last day of the month following receipt of a 30-day written notice from you
- the date you reach the age of 65 or at your retirement if earlier

Management and administration of the program

MédicAssurance Inc. administers the Quebec Association of IT Freelancers insurance program and is available to answer questions regarding the coverage and provide any necessary forms. The insurer of this plan is Assumption Life.

This summary provides the highlights, but not all the details of the insurance program. The complete terms, conditions, exclusions and limitations governing the insurance coverage are found in the group insurance policy issued to the Quebec Association of IT Freelancers by Assumption Life.

PLAN BENEFITS AND FEATURES

Life insurance and accidental death or dismemberment insurance

Amount of coverage

$30,000 included without declaration of insurability with Extended Health Care insurance (options 3 and 4).

Coverage for your spouse

$5,000

Coverage for your dependent children (age 24 hours)

$2,500

Waiver of premium

If you become totally disabled before you reach the age of 65, the premium will be waived after six consecutive months of continuous total disability.

Drug insurance

The prescription drugs covered are those appearing on the RAMQ list. The prescription drugs are reimbursed at the lowest price and generics are compulsory. Any request for payment for an exceptional medication or patient must be sent to MédicAssurance for authorization in advance by the insurer.

The drug costs, including the wholesalers cost and the pharmacian's dispensing fee is reimbursed at the lowest price according to the same rates and amounts as those reimbursed by the RAMQ in the public drug plan. Any amount not reimbursed, above the deductible mentioned above is the sole responsibility of the member.

The option without medical proof is available to any new member wishing to purchase prescription drug insurance. A medical questionnaire must be completed for the policyholder and his dependents, if applicable, if an upgrade option (1,2 ,3 and 4) is requested.

Deductible and reimbursement level

Option wihtout medical evidence	
Deductible	Equivalent to the maximum annual contribution established by RAMQ* *Adjusted on July 1 of each year
Reimbursement percentage	100% of the lowest price
Payment type	Direct payment

Option I	
Deductible	$150 per calendar year – individual $300 per calendar year – couple, single-parent or family
Reimbursement percentage	75% of the lowest price
Payment type	Direct payment

Option 2	
Deductible	$850 per calendar year – individual, couple, single-parent or family
Reimbursement percentage	100% of the lowest price
Payment type	Direct payment

Extended health care insurance

Drug insurance included (Travel insurance included)
Life insurance included

Deductible and reimbursement level

Eligible expenses are reimbursed at the following levels:

Option 3	
Deductible	$150 per calendar year – individual $300 per calendar year – couple, single-parent or family Applicable to drugs
Reimbursement percentage	75% of the lowest drug price 100% for hospital and out of province expenses 80% for all other eligible expenses
Paramedical services	Combined maximum refund of $ 600 per calendar year and $ 50 per visit, except for: * physiotherapy: maximum refund of $1,000 per calendar year and $50 per visit; * Occupational therapy: maximum refund $600 per calendar year and $50 per visit.
Payment type	Direct payment

Option 4	
Deductible	$300 per calendar year – individual $600 per calendar year – couple, single-parent or family Applicable to drugs and extended health care expenses excluding hospital expenses and expenses incurred outside the province
Reimbursement percentage	75% of the lowest drug price 100% for hospital and out of province expenses 80% for all other eligible expenses
Paramedical services	Combined maximum refund of $ 600 per calendar year and $ 50 per visit, except for: * physiotherapy: maximum refund of $1,000 per calendar year and $50 per visit; * Occupational therapy: maximum refund $600 per calendar year and $50 per visit.
Payment type	Direct payment

Below is a summary of expenses reimbursable under this coverage. These expenses are subject to the deductible and co-insurance.

Covered expenses	Maximum
Ambulance	Air transport: $2,000 / others: unlimited
Blood glucose meter	$700 Lifetime
Convalescent home (semi-private room)	$20 per day - Lifetime maximum of 120 days
Dental surgery / Accident	Unlimited
Eye exam	$50 per 24 months
Hair prosthesis	$500 Lifetime
Hearing aids	$500 per 36 months
Hospitalization (semi-private room)	$100 per day - maximum of 60 consecutive days
Laboratory tests and X-rays	$500
Mastectomy prosthesis, including bra for prosthesis	$200
Miscellaneous renting fees	Unlimited
Orthopaedic shoes and orthosis	$300
Paramedical services	Maximum reimbursable combined per calendar year : acupuncturist, chiropodist, chiropractor, (X-rays taken by chiropractor are included) massage therapist*, naturopath, occupational therapist, osteopath, physiotherapist, podiatrist, psychologist and speech therapist. *Medical referral required for the massage therapy.
Private duty nursing	$10,000
Sclerosing Injections (prescription)	$20 per visit
Support hose	2 braces

The maximum applies per calendar year unless otherwise specified and **by insured**.

Travel insurance (included with options 1,2,3 and 4)

Hospital and medical Insurance, trip cancellation and interruption insurance

If you or your family suffers an unexpected medical emergency out of province in which you live, you may be covered for medical assistance and other family services and support provided by Hospital and Medical Insurance coverage. This coverage refunds the hospital expenses for a double bedded-room and some expenses which arise in case of emergency, especially when the insured is outside his province of residence and for a stay of a scheduled duration that does not exceed 180 consecutive days.

The medical/hospital insurance does not cover losses or expenses wholly or partially related, directly or indirectly, to any illness, injury or medical condition (other than a minor condition) that was not stable during the 90 days that preceded the departure date.

The annual maximum reimbursement for eligible out of province is $2,000,000 lifetime, per participant. For travel cancellation or interruption insurance, the benefit is $5,000 per trip per insured

Dental insurance

You have to be insured under the Extended Health Care Insurance to subscribe this coverage.

The insured must enrol for a minimum of 2 years. If the coverage is cancelled, the insured will have to wait for 2 years before it can be restored.

Deductible

No deductible will be applied to eligible incurred expenses.

Reimbursement level

80% of the cost of eligible expenses will be reimbursed. Reimbursement will be based on the current Dental Association Fee guide for General Practioners in the province of Quebec.[1]

The covered expenses are reimbursed up to a maximum of $1,500 per person per calendar year.

Eligible expenses

Below is a summary of expenses reimbursable under this coverage. These expenses are subject to the deductible and co-insurance.

Basic treatments **Diagnostic, prevention, mino restoration, extraction and medication.**	• Complete examination, once every 6 months • Recalls, once every six months • Scaling, once every six months • Extractions • Reline and rebase of removable prosthodontics, once every 6 months • Fillings • Antibiotics related to dental procedures
Endodontics, periodontics, surgery, general anaesthesia	• Root canal treatments • Immobilization of loose teeth due to injuries • Treatment of gingival and supporting tissues • Gingival curettage and tissue debridement; root planing • Oral surgery; fractures and luxations; postoperative care • General anaesthesia for oral surgery

[1] Fee Guide and Description of Dental Treatment Services published by the Association des chirurgiens dentistes du Québec (ACDQ)

médicassurance

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Rev. 02/2022