726-110

To help you choose the plan that best meets your needs, compare the coverages in the table below for each of the plans indicated on your notice of insurability. IMPORTANT: IN ORDER TO PROCESS YOUR FILE QUICKLY, IT IS RECOMMENDED TO USE THE ONLINE SERVICES AND THE DIRECT PAYMENT.

	RM1	RM2	RM3
Life insurance			
Death benefits			
of retiree with dependents	\$20,000	\$15,000	\$10,000
of retiree without dependent	\$20,000	\$15,000	\$10,000
of spouse	\$15,000	\$12,000	\$5,000
of dependent child	\$7,500	\$5,000	\$5,000

Health insurance (retiree and dependents)

Hospitalization (expenses for a room)	maximum payable	\$75 / day	\$75 / day	not covered
Authorized medication	deductible per insurance period	none	\$25 / family	\$50 / family
mandatory generic substitution/biosimilar)¹	reimbursement	90%	75%	70%
up to 100% reim	nbursement upon reaching the annual maximum of	\$850 / family	\$850 / family	\$850 / family
Eye care				
Examination				
retiree	maximum reimbursement per 24 months	\$70	\$70	
spouse	maximum reimbursement per 24 months	\$70	\$70	
dependent child	maximum reimbursement per 12 months	\$70	\$70	
Corrective glasses and lenses				
retiree	maximum reimbursement per 24 months	\$550	\$375	
spouse	maximum reimbursement per 24 months	\$500	\$300	
dependent child	maximum reimbursement per 24 months	\$350	\$100	
Safety glasses (with prescription)				
retiree	maximum reimbursement per 12 months	\$250	\$250	
Fee for surgical vision correction				
retiree	reimbursement	60%	60%	
lifetime maximum per person	retiree	\$550	\$375	
Paramedical services				
The amount indicated is the maximum reimbursement you ca	ın get.			
chiropractor	per visit	\$40	\$35	
x-rays-chiropractor	per person per period	\$50	\$45	
physiotherapist	per visit	\$50	\$40	
acupuncturist	per visit	\$30	\$30	
audiologist	per visit	\$50	\$50	
speech therapist	per visit	\$60	\$50	
psychologist	per visit	\$60	\$50	
podiatrist	per visit	\$50	\$50	Ω
social worker, psychotherapist	per visit	\$50	\$40	8.
alternative medicine				, K
maximum 10 visits per person per period for all 6 professionals				8
naturopath	per visit	\$30	\$30	NOT COVERED
osteopath	per visit	\$50	\$30	N
massage therapist, kinesitherapist, kinotherapist, orthothe	rapist			
(medical referral required)	per visit	\$30	\$30	
Overall maximum for paramedical services	retiree	\$1,100	\$500	
(per insurance period)	for each dependent	\$1,100	\$500	
learing aid	maximum reimbursement per 36 months	\$1,000	\$1,000	
Batteries for hearing aid	maximum reimbursement per 12 months	\$50	\$50	
aboratory fees, medical imaging	reimbursement	100%	100%	
	aximum reimbursement per person per 12 months	\$2,200	\$2,200	
For some other fees (ambulance, prostheses, crutches, etc.)	· · ·	•	·	
Limitations and deductibles may apply.	reimbursement	100%	100%	
Construire en santé Program - includes the following health se				
Treatment of drug and alcohol abuse	reimbursement	80%	80%	
and compulsive gambling	lifetime maximum per person	\$2,500	\$2,500	
Treatment of major depression	reimbursement	80%	80%	
and for violent behaviour	lifetime maximum per person	\$2,500	\$2,500	
Assistance to workers and their families	reimbursement	100%	100%	
maximum number of hours of consultation per calendar year		8 / person	8 / person	
Smoking cessation	1 3 }			
Documentation/free and personalized telephone follow-up		yes	yes	
Laser treatment (retiree and spouse) reimbursement		50%	50%	
(prior authorization required)	lifetime maximum per person	\$300	\$300	
Personalized telephone follow-up with a nurse				
concerning chronic illnesses and advice on sound living habi	ts	yes	yes	

The expenditures must be made by a person insured under a public health insurance plan in Canada, such as the Régie de l'assurance maladie du Québec. Consult the pamphlet The Medical Emergency Abroad Program for more information on the conditions applicable for the reimbursement of these fees.

Dental care insurance - 2024 fee schedule (retiree, spouse and dependent child under the age of 21)

Deductible per family per insurance period		none	\$30	
Diagnosis, prevention, minor treatment	reimbursement	90%	60%	
	maximum reimbursement per person per insurance period	\$600	\$600	0
Periodontics and endodontics	reimbursement	80%	60%	ERED
Major restoration work (dentures*, crowns*, etc.)	reimbursement	80%	70%	ļ <u></u>
Maximum reimbursement for these cares combined	retiree and spouse	\$1,300	\$900	COV
per person per insurance period	dependent child	\$1,300	\$600	2
Dental implants and certain related treatments	reimbursement	100%	100%	ON
	maximum per person per 5 years	\$1,500	\$900	~
Orthodontic treatment (dependent child only)	reimbursement	80%	not covered	
	lifetime maximum per child	\$2,300	not covered	

^{*}For example, the replacement of a denture or a crown is reimbursed once every 5 years.