

# SOLEX PRODUCT GUIDE

A PARTNER YOU CAN TRUST.

## SOLEX BASIC COVERAGE



### THESE BENEFITS ARE MANDATORY



#### PARTICIPANT'S LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Life insurance amounts available:

- › 1–5 x annual salary
- › Units of \$5,000
- › Minimum coverage: \$10,000
- › Maximum coverage: \$500,000 with evidence of insurability

Volumes in force with the previous insurer will be grandfathered up to the maximum, with evidence of insurability.

Coverage is reduced by 50% on the participant's 65th birthday.

Coverage terminates on the participant's 70th birthday or on the retirement date, if earlier.



#### Maximums without evidence of insurability:

##### AVERAGE INSURANCE AMOUNT

Number of employees	\$0 – \$24,999	\$25,000 – \$39,999	\$40,000 – \$49,999	\$50,000 – \$74,999	\$75,000 – \$99,999	\$100,000 or more
10–15	100,000	100,000	100,000	100,000	100,000	115,000
16–24	100,000	100,000	110,000	115,000	130,000	150,000
25–34	125,000	170,000	190,000	190,000	190,000	205,000
35–50	150,000	200,000	245,000	255,000	275,000	275,000

### ✔ **DEPENDENTS' LIFE INSURANCE**

- › Life insurance amounts available:
  - › Spouse: minimum coverage: \$5,000; maximum coverage: \$20,000
  - › Children: minimum coverage: \$2,500; maximum coverage: \$10,000
- › Coverage terminates on the participant's 70th birthday or on the retirement date, if earlier.
- › The spouse's life insurance amount must be equal to twice that of the children.

### ✔ **PARTICIPANT'S OPTIONAL LIFE INSURANCE**

- › Life insurance amounts available:
  - › Units of \$10,000
  - › Minimum coverage: \$10,000
  - › Maximum coverage: \$250,000 for groups of fewer than 15 employees and \$500,000 for groups of 15 employees or more
- › All amounts of optional life insurance require evidence of insurability.
- › Conservation of amounts accrued with the previous insurer, up to the maximum, with evidence of insurability
- › Coverage terminates on the participant's 65th birthday or on the retirement date, if earlier.

### **SPOUSE'S OPTIONAL LIFE INSURANCE**

- › Life insurance amounts available:
  - › Increments of \$10,000
  - › Minimum coverage: \$10,000
  - › Maximum coverage: \$250,000 for groups of fewer than 15 employees and \$500,000 for groups of 15 employees or more
- › The spouse's optional life insurance amount may not be greater than the participant's combined amount of basic life and optional life insurance coverage.
- › All amounts of optional life insurance require evidence of insurability.
- › Conservation of amounts accrued with the previous insurer, up to the maximum, with evidence of insurability
- › Coverage terminates on the participant's 65th birthday or on the retirement date, if earlier.





### SHORT-TERM DISABILITY INSURANCE

- › Elimination period: 0–14 days
- › Maximum benefit period: 15, 17 or 26 weeks
- › Full or partial integration of benefits with payments under the Supplemental Unemployment Benefit (SUB) program
- › Conservation of amounts accrued with the previous insurer, up to the maximum, with evidence of insurability
- › Coverage terminates on the participant's 70th birthday or on the retirement date, if earlier.
- › Maximums without evidence of insurability
 

<b>Number of employees</b>	
10–15 .....	\$600
16–24 .....	\$700
25–50 .....	\$1,000
- › Maximum with evidence of insurability: \$1,000

### LONG-TERM DISABILITY INSURANCE

- › Waiting period: 15, 17 or 26 weeks
- › Maximum benefit period: 24 months, 60 months or up to age 65
- › Own occupation: 24 months or 36 months
- › Possible indexing of benefits
- › Posaction Plus
- › Conservation of amounts accrued with the previous insurer, up to the maximum, with evidence of insurability
- › Coverage terminates on the participant's 65th birthday or on the retirement date, if earlier.

#### Maximums without evidence of insurability

#### AVERAGE INSURANCE AMOUNT

Number of employees	\$0 – \$1,149	\$1,150 – \$1,499	\$1,500 – \$1,999	\$2,000 – \$2,499	\$2,500 – \$2,999	\$3,000 – \$3,999	\$4,000 or more
10–15	\$2,500	\$2,500	\$2,600	\$2,900	\$2,900	\$3,000	\$3,500
16–24	\$2,500	\$2,800	\$3,000	\$3,200	\$3,400	\$3,600	\$4,000
25–34	\$3,500	\$3,700	\$3,800	\$4,000	\$4,200	\$4,400	\$5,000
35–50	\$3,700	\$4,000	\$4,300	\$4,300	\$4,400	\$4,500	\$5,000

- › Maximum with evidence of insurability: \$6,000



## SUPPLEMENTAL HEALTH INSURANCE

- › For this coverage, maximums are per insured person and per calendar year, unless otherwise indicated.
- › Different deductible options are available:
  - › Single
  - › Family
  - › Prescribed drugs
- › Different reimbursement percentage options are available.
- › Coverage terminates on the participant's 70th birthday or on the retirement date, if earlier.
- › 24-month survivor benefit period without premium payment is available.
- › Best Doctors

### FIXED MEDICAL EXPENSES

#### HOSPITAL CARE

COVERED EXPENSES	PAYABLE AMOUNTS	PAYABLE MAXIMUMS
Hospitalization*	Semi-private room*	Unlimited*
Convalescent home, rehabilitation and chronic care institutions	\$40/day	90 days/year
Nursing care	\$200/day	\$10,000/year
Detoxification	\$80/day	One treatment per lifetime, maximum of: \$2,500

\*Expenses not subject to the deductible or to the coinsurance clause

#### OTHER EXPENSES

COVERED EXPENSES	ELIGIBLE AMOUNTS	PAYABLE MAXIMUMS
Accidental injury to natural teeth (per accident maximum)	Reasonable and customary	\$5,000/accident
Ambulance	Reasonable and customary	\$10,000/year
Breast prostheses	Reasonable and customary	\$150/24 months
Compression stockings	Reasonable and customary	3 pairs/year
Deep shoes	Reasonable and customary	\$100/year
Glucometer	Reasonable and customary	1 unit/24 months
Hearing aids	Reasonable and customary	\$500/36 months
Imaging and laboratory charges	Reasonable and customary	\$1,000 combined/year
Intrauterine devices	Reasonable and customary	1 unit/24 months
Orthopedic appliances	Reasonable and customary	\$500/year
Orthopedic shoes and podiatric orthotics	Reasonable and customary	\$300 combined/year
Preventive vaccines	Reasonable and customary	\$100/year
Prostheses	Reasonable and customary	Unlimited
Rental of medical appliances and supplies	Reasonable and customary	Unlimited
Sclerosing injections	\$15/visit	\$500/year
Wigs	Reasonable and customary	\$300/lifetime



### CUSTOMIZED MEDICAL EXPENSES (policyholder's choice)

#### Drugs:

- › Drug list:
  - › Régie de l'assurance maladie du Québec (RAMQ) drug list
  - › Prescription-only drugs
  - › All prescribed drugs
- › Drug card (direct or deferred payment)
- › Maximum contribution based on the RAMQ calculation method



### PARAMEDICAL AND SPECIALIST EXPENSES

COVERED EXPENSES	ELIGIBLE AMOUNTS	SUGGESTED PAYABLE MAXIMUMS
Acupuncturist	Reasonable and customary	\$300/year
Audiologist	Reasonable and customary	\$300/year
Chiropractor and osteopath (including x-ray: \$25/year)	Reasonable and customary	\$300 combined/year
Dietician	Reasonable and customary	\$300/year
Homeopath, naturopath	Reasonable and customary	\$300 combined/year
Massage therapist, orthotherapist, kinesiotherapist	Reasonable and customary	\$300 combined/year
Occupational therapist	Reasonable and customary	\$300/year
Physiotherapist, physical rehabilitation therapist	Reasonable and customary	\$300 combined/year
Podiatrist, chiropodist	Reasonable and customary	\$300 combined/year
Psychologist, psychiatrist, psychoanalyst, social worker, guidance counsellor	Reasonable and customary	\$300 combined/year
Speech therapist	Reasonable and customary	\$300/year
Eye examination*	Reasonable and customary	\$50/24 months
*Expenses not subject to the deductible or to the coinsurance clause		



### OUT-OF-PROVINCE EMERGENCY MEDICAL EXPENSES AND OUT-OF-PROVINCE EMERGENCY ASSISTANCE

- › For an emergency which occurs during the first 90 days of the insured person's absence from the province of residence
- › Lifetime maximum: \$5,000,000
- › Coverage terminates on the participant's 70th birthday or on the retirement date, if earlier.

### OPTIONS AVAILABLE IN SUPPLEMENTAL HEALTH INSURANCE

- › Vision care
- › Trip cancellation coverage
- › Home care

### DENTAL CARE INSURANCE

- › For this coverage, the maximums are per insured and per calendar year, unless otherwise indicated.
- › Expenses are reimbursed according to the dental fee guide for the current year.
- › If the coverage is new, the maximum reimbursable amount is reduced by 50% in the first year of coverage.
- › The policyholder must keep this coverage in force for a minimum two-year period.
- › Coverage terminates on the participant's 70th birthday or on the retirement date, if earlier.
- › Deferred electronic transmission of dental claims (without assignment to the dentist).
- › 24-month survivor benefit period without premium payment is available.

Different deductible and reimbursement percentage options are available, as are different maximums.

	PREVENTIVE TREATMENTS	BASIC TREATMENTS	MAJOR TREATMENTS	ORTHODONTIC TREATMENTS
Description	Diagnoses Prevention	Oral surgery (removal) Endodontics Periodontics Minor restoratives Dentures adjustments	Dentures Major restoratives	Limited to dependent children under 19 years of age Available to groups of 25 employees or more
Maximum reimbursement	100%	100%	60%	50%
<b>COMBINED MAXIMUMS PER CALENDAR YEAR, BASED ON GROUP SIZE</b>				<b>LIFETIME MAXIMUM</b>
10–24 participants: \$1,500				
25 or more participants: \$2,000				\$2,000

## SOLEX CUSTOMIZED ENHANCED BENEFITS

- › Employee Assistance Program (EAP)
- › Critical Illness insurance: for groups of 26 – 50 employees
- › Cost Plus Agreement (for medical and dental expenses only)

The rates are guaranteed for a 16-month period.

