

# HEALTH INSURANCE PROGRAM



LIFETIME BENEFITS



HIGH-QUALITY PROGRAM



NO MEDICAL EXAM

## EXTENDED HEALTH INSURANCE 3 plans available

- Hospitalization
- Specialists
- Vision care
- And so much more...

## DENTAL INSURANCE 2 plans available

- Basic care and prevention
- Minor restorations
- Major restorations
- Prosthetics

## TRAVEL INSURANCE

- 90-day travel insurance
- Trip cancellation included



# EXTENDED HEALTH INSURANCE PROGRAM WITHOUT ANY MEDICAL EXAM

A health insurance program designed especially for people who are conscious of their health. Whether you are self-employed, an employee, a business owner or retired, this program's flexibility will help you choose a benefit plan that suits your needs.



## FLEXIBILITY

- Subscribe to the coverage that suits you best.
- Keep your insurance up until age 99.



## AFFORDABLE

- Fits any budget.



## COVERAGE

- Single, couple, single-parent or family.



## DISCOUNT

- Group discount of 10%.

# EXTENDED HEALTH INSURANCE

PROTECTION INSURED BY UV INSURANCE

- **Coverage: single, couple, single-parent or family**
- **There is no deductible for any of the 3 plans**
- **All maximums are for each insured person per calendar year unless otherwise specified**

## 3 PLANS AVAILABLE

BASIC
DELUXE
OPTIMUM

BENEFITS	BASIC	DELUXE	OPTIMUM
PART I	HOSPITALIZATION		
HOSPITALIZATION	SEMI-PRIVATE HOSPITAL ROOM COVERED AT 100%. MAXIMUM \$200 PER DAY MAXIMUM OF \$3,000 PER YEAR	SEMI-PRIVATE HOSPITAL ROOM COVERED AT 100% MAXIMUM OF \$200 PER DAY	
CONVALESCENT HOSPITAL	\$40 PER DAY, MAXIMUM OF 120 DAYS PER YEAR		
PART II	PRESCRIPTION DRUGS WITH DIRECT PAY CARD GENERIC DRUGS MANDATORY NOT AVAILABLE FOR RESIDENTS OF THE PROVINCE OF QUEBEC		
PRESCRIPTION DRUGS	COVERED AT 75% MAXIMUM OF \$850 PER YEAR	COVERED AT 80% MAXIMUM OF \$5,000 PER YEAR	COVERED AT 90% MAXIMUM OF \$10,000 PER YEAR
PART III	SPECIALISTS ACUPUNCTURIST, CHIROPRACTOR, DIETITIAN, HOMEOPATH, KINOTHERAPIST, MASSAGE THERAPIST*, NATUROPATH, OSTEOPATH, PHYSIOTHERAPIST*, PODIATRIST OR CHIROPODIST, PSYCHOLOGIST, SPEECH-LANGUAGE PATHOLOGIST, OCCUPATIONAL THERAPIST		
SPECIALISTS	Eligible costs covered at 75%. Up to a maximum of \$35 per visit. Maximum of \$300 per specialist. Overall maximum of \$1,000	Eligible costs covered at 80%. Maximum of \$400 per specialist. Overall maximum of \$1,200	Eligible costs covered at 90%. Maximum of \$500 per specialist. Overall maximum of \$1,500

\* PRESCRIPTION REQUIRED

# EXTENDED HEALTH INSURANCE

PROTECTION INSURED BY UV INSURANCE

BENEFITS	BASIC	DELUXE	OPTIMUM
PART IV	OTHER EXPENSES (UPON MEDICAL RECOMMENDATION)		
	COVERED AT 75%	COVERED AT 80%	COVERED AT 90%
RENTAL, PURCHASE OR REPAIR OF NON-MOTORIZED WHEELCHAIR AND HOSPITAL BED (EXCLUDING MATTRESS)	LIFETIME MAXIMUM OF \$5,000		
OXYGEN AND RENTAL EQUIPMENT	UNLIMITED		
DIAGNOSTIC TESTS AND X-RAYS	\$500		
PRIVATE NURSE	\$10,000		
RENTAL OR PURCHASE:			
ORTHOPAEDIC CORSETS AND HERNIA TRUSSES	UNLIMITED		
CERVICAL COLLARS	ONE PER CALENDAR YEAR		
WALKERS OR OTHER MOBILITY AIDS: CRUTCHES, CANES	UNLIMITED		
ORTHOPAEDIC DEVICES	ONE PER 60 MONTHS		
DEXTROMETER OR GLUCOMETER FOR INSULIN-DEPENDANT DIABETICS	\$200 PER 36 MONTHS		
DIABETIC SUPPLIES	UNLIMITED		
INSULIN PUMP & ACCESSORIES	\$2,000 LIFETIME MAXIMUM		
MAGNETIC RESONANCE IMAGING (MRI)	\$1,000		
ORTHOSES OR ARCH SUPPORTS	\$200		
SUPPLIES FOR COLOSTOMY, AN ILEOSTOMY OR AN UROSTOMY	UNLIMITED		
RENTAL OR PURCHASE OF A TENS UNIT	\$500		
PURCHASE OF AN IUD	\$100 PER CALENDAR YEAR		
PURCHASE OF REAGENT STRIPS, SYRINGES AND NEEDLES	UNLIMITED		
BRASSIERES (FOLLOWING MASTECTOMY)	2 PER CALENDAR YEAR		
STOCKINGS FOR VARICOSE VEINS AND PHLEBITIS	2 PAIRS PER CALENDAR YEAR		
PURCHASE OF PRESSURE GARMENTS FOR BURNS	\$500 PER 12 MONTHS		
MAXI-MIST MACHINE, INCLUDING THE MASKS, OR A CPAP MACHINE	\$1,500 PER 60 MONTHS		

# EXTENDED HEALTH INSURANCE

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BENEFITS	BASIC	DELUXE	OPTIMUM
PART IV	OTHER EXPENSES (WITHOUT MEDICAL RECOMMENDATION)		
	COVERED AT 75%	COVERED AT 80%	COVERED AT 90%
AMBULANCE	LIFETIME MAXIMUM OF \$5,000		
OPTICAL PROSTHESIS OR ARTIFICIAL LIMBS	LIFETIME MAXIMUM OF ONE PER EYE OR LIMB		
EXTERNAL BREAST PROSTHESIS FOLLOWING A MASTECTOMY	\$150 PER 24 MONTHS		
PLASTER CASTS	UNLIMITED		
HEARING AIDS	\$500 PER 36 MONTHS		
WIGS (REQUIRED FOR PATHOLOGICAL CONDITIONS OR FOLLOWING CHEMOTHERAPY TREATMENTS)	LIFETIME MAXIMUM OF \$400		
COST OF SCLEROTHERAPY	15 VISITS PER YEAR, \$25 PER VISIT		
DENTAL CARE AS THE RESULT OF AN ACCIDENT	\$5,000 PER ACCIDENT		
SECOND MEDICAL OPINION SERVICE	INCLUDED		
SURVIVOR BENEFITS	24 MONTHS		
PART V	VISION CARE		
EYE EXAMINATION BY AN OPTOMETRIST OR AN OPHTHALMOLOGIST	\$50 PER 24 MONTHS	\$50 PER 24 MONTHS	\$75 PER 24 MONTHS
FRAMES, LENSES AND CONTACT LENSES	N/A	COVERED AT 100% \$150 PER 24 MONTHS	COVERED AT 100% \$200 PER 24 MONTHS
INTRAOCULAR LENSES (ELIGIBLE AFTER 24 MONTHS OF CONTRACT)	N/A	\$500 LIFETIME MAXIMUM	\$500 LIFETIME MAXIMUM

GLOBAL LIFETIME MAXIMUM FOR PARTS I, II, III, IV AND V			
LIFETIME MAXIMUM	\$250,000	\$350,000	\$500,000

# TRAVEL INSURANCE

PROTECTION INSURED BY UV INSURANCE

INCLUDED (UNTIL THE AGE OF 70) FOR ALL TRAVEL 90 DAYS OR LESS (MAY ADD ADDITIONAL DAYS)

BENEFITS	BASIC	DELUXE	OPTIMUM
PART VI	TRAVEL INSURANCE		
	MAXIMUM PER INSURED PERSON		
REIMBURSEMENT	COVERED AT 100%		
MEDICAL EMERGENCY	LIFETIME MAXIMUM \$5,000,000		
TRIP CANCELLATION	\$5,000	\$5,000	\$5,000
ASSISTANCE	INCLUDED		
TRIP LENGTH	90 CONSECUTIVE DAYS (MAY ADD DAYS)		

# DENTAL CARE

PROTECTION INSURED BY UV INSURANCE

TO SUBSCRIBE TO ONE OF THE DENTAL PLANS, YOU MUST FIRST SUBSCRIBE TO ONE OF THE EXTENDED HEALTH INSURANCE PLANS.  
THERE IS NO DEDUCTIBLE FOR EITHER OF THE 2 PLANS.

BENEFITS	BASIC	DELUXE
DIAGNOSTICS AND PREVENTION	80%	80%
MINOR RESTORATIONS	80%	80%
ORAL SURGERY	80%	80%
PERIODONTICS	80%	80%
ENDODONTICS	80%	80%
MAJOR RESTORATIONS	N/A	50%
MAJOR SURGERY	N/A	50%
REMOVABLE AND FIXED PROSTHESIS	N/A	50%
GLOBAL MAXIMUM PER INSURED PERSON		
FIRST YEAR	\$500	\$750
SECOND YEAR	\$750	\$1,100
FOLLOWING YEARS	\$1,000	\$1,500

# PERSONALIZE YOUR PLAN WITH OUR ADDITIONNAL SERVICES

- Disability insurance
- Life insurance
- Critical illness insurance
- Investments
- Group RRSPs

**my DIGNITY**  
Long-term care

MAKE AN APPOINTMENT WITH ONE OF OUR ADVISORS FOR AN ANALYSIS  
OF YOUR FINANCIAL NEEDS.



## ADMISSIBILITY

- You must be between the ages of 16 and 75 inclusively.



## STARTING DATE

- When the application is accepted by the insurer.



## RATES

- Premiums are determined by the primary insured's age.



## RENEWAL

- The contract is renewed each year, on the anniversary date.
- UV Insurance cannot terminate a contract before the insured reaches the maximum age written in the contract for each benefit and as long as the owner pays the premium.



## CONTRACT MODIFICATION

- At every renewal, the insurer sets the premium for the next 12 months. Any rate changes must be sent to the insured at least 30 days before the renewal date.
- UV Insurance has the right to change the unit rates at the renewal date as long as the rates for all identical contracts are changed as well.

OUR INSURER PARTNER



The benefit description in this pamphlet does not create nor confer any contractual rights.  
The wording of your insurance policy issued by the insurer governs this pamphlet's conditions.



PLACEMENTS - ASSURANCES - INVESTMENT - INSURANCE

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