

SSQ group insurance



Frequently asked questions about dental insurance

The answers to the following questions are addressed to the members of the CSN-FSSS RSG's who subscribe to group insurance.

Website of the SSQ; <https://ssq.ca/en/fsss>

The group insurance plan brochure; <https://ssq.ca/en/media/4531/download>

Dental Insurance

Q. Am I required to join health insurance to qualify for dental care?

A. No. To be eligible for the dental plan, a participant must be covered by the health insurance coverage of this plan or be exempted from it. No evidence of insurability is required.

Q. If I am covered by Health Care I or II or II. Am I obliged to take the same protection status for dental insurance?

A. The articles of protection can be different between the dental plan and the health insurance plan. For example, a participant may choose a family coverage status for their health insurance plan, but prefer an individual status for their dental plan, and vice versa.

Q. What does dental care cover?

A. Basic dental care (80%) and major restoration (60%). The major dental restoration reimbursement is set at \$ 1000 / calendar year and per insured person.

(Diagnosis, prevention and maintenance devices, white filling, minor and major restoration, periodontics, oral surgery, local anesthesia, endodontics, fixed or removable prostheses).

The eligible laboratory costs are limited to 50% of the fees for the oral procedure concerned.

Q. My root canal is \$ 1500. Will my insurance refund me the \$ 500 in surplus?

In this example the refund will be: You will be entitled to 60% of the rate recommended by the Association of Dental Surgeons of Quebec (ACDQ) up to \$ 1000. Do not hesitate to refer to your dentist who must have a copy of the rate guide updated each year.

If the rate for a root canal recommended by the ACDQ is \$ 1400. Your refund will be as follows:

$$1400 \times 60\% = \$ 840$$

In the case of major restoration, it is suggested that you start the work in November of the year and the continuation of the work as of January the following year to benefit from the complete refund, since the insurance does not allow to exceed 1000 \$ for major restorations (excluding minor care)

Q. Is teeth whitening covered?

R: No

Q. Is orthodontics covered?

R: No

Q. When can I change my protection choices?

A. The participant who chooses to participate in the dental plan must maintain his or her participation for at least 36 months from the effective date of this plan, even when an event under the contract occurs.

