

Just like having your own personal group insurance policy

A great way to top-up your provincial healthcare plan



Cooperating in building the future

Life, health, retirement

Because health comes at a price...

Don't let an illness or an accident compromise your financial security

You take care of your health and you're fit. That's great! There's no better time to think about your day-to-day healthcare expenses and how to protect yourself against unforeseen events. Because once you're sick, you probably won't be able to get the protection you need.

Illness and accidents can strike anyone at any time. We see it happen every day. And when they do, medical and paramedical expenses can climb very rapidly. However, your regular dental and vision care expenses can also eat up a sizeable portion of your budget in no time at all.

Banking on your provincial health plan?

Beware! Canadians may have a good public health system, but it doesn't cover everything. Here are some of the services that provincial health insurance plans don't cover:

- ✓ Services of healthcare professionals other than general practitioners or specialists (e.g., massage therapists, chiropractors, physiotherapists, homeopaths)
- ✓ Diagnostic services delivered outside the hospital healthcare system (e.g., magnetic resonance imaging [MRIs], scans, CT scans, and ultrasounds)
- ✓ Prescription Drugs¹
- ✓ Vision Care
- ✓ Dental Benefit

Don't have group insurance?

Group insurance plans help compensate for some of the limitations of the public health system, and the majority of employees working for big companies make the most of these benefits. But if you're a part-time, seasonal or contract employee, a consultant or self-employed worker, you may not have access to this type of coverage.

¹ In Quebec, most prescription drugs are covered under the Basic Prescription Drug Insurance Plan.

We have the solution for you!

Desjardins Financial Security's **SOLO™ Healthcare** is flexible, affordable and specially designed to protect you and your loved ones from day-to-day and unexpected healthcare costs.



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A solution that makes your life easier, thanks to:

- ✓ A direct payment card that's accepted by pharmacists and most dentists;
- ✓ Premiums paid by pre-authorized debit, which allows you to budget for your healthcare costs. No more surprises at the end of the month!

Something to think about...

Provincial health plans reimburse most drugs if they're taken in hospital.

But if they're taken at home, the patient pays.² Today, half of all new cancer drugs can be taken at home.

ILLNESS	ANNUAL COST OF MEDICATION ³
Cancer (renal cell carcinoma)	\$65,000
Pulmonary hypertension	\$48,000
Rheumatoid arthritis, Crohn's disease	\$32,000
Multiple sclerosis	\$20,000
Osteoporosis	\$14,000
Even the cost of treating more common illnesses can add up	
Diabetes	Up to \$7,000 for an insulin pump and more than \$300 in supplies a month
Asthma	\$3,000 a year

The list of drugs reimbursed by public health plans varies by province.

For example, a drug like Rituximab (used to treat leukemia) is not covered in Alberta and Nova Scotia, but is reimbursed in some of the other provinces (British Columbia, Manitoba and Saskatchewan). In Quebec, drugs are reimbursed on a case by case basis.⁴

² In Quebec, the RAMQ reimburses drugs even if they're taken outside a hospital setting, provided they're on the **List of Medications**.

³ ESI Canada, Pauline Ruel. (The costs listed in the table are for illustration purposes only; they can change depending on the severity of the illness).

⁴ Lisa Priest. "Unequal access to cancer drugs creates 'postal-code lottery'." *The Globe and Mail*, January 4, 2010.



Give yourself some peace of mind...

With **SOLO Healthcare**, you won't have to worry about the cost of drugs or medical care. If you get sick, you'll be able to focus your attention on getting better, worry-free. The **SOLO Healthcare** plan offers you:

- ✓ A no-limit drug reimbursement option and
- ✓ Up to \$350,000 for medical and paramedical services

... while you're in good health

Don't wait until you have a health problem to do something about it. By then, it may be too late! Healthcare coverage protects you against health-related **risks**. This means that if you already have an illness, you could be eligible for coverage, but the care you need to treat the illness would probably be excluded.

Just like having your own personal group insurance policy... but with more flexibility!

SOLO Healthcare lets you set up your own personal insurance plan, based on your priorities and budget. You start by choosing either **Health Plus (Basic Plan)** or **Health Plus (Enhanced Plan)**, and then add the coverage modules you want (e.g., prescription drugs, dental benefit or hospitalization), which also come with a choice of basic and enhanced plan.

YOU choose because it's YOUR plan.

Health Plus (Basic Plan)

No deductible.

- ✓ Medical and paramedical care
 - Eligible expenses: healthcare practitioners and alternative medicine, dental care required as the result of an accident, hearing aids, home care, medical equipment and orthopedic devices, prostheses and orthopedic appliances, transportation by ambulance, diagnostic services, etc.
 - Reimbursement of up to \$250,000 for the coverage period, for all care received.
- ✓ Vision Care
- ✓ Travel Insurance (30 days)
- ✓ *Advance Medical services*



Health Plus (Enhanced Plan)

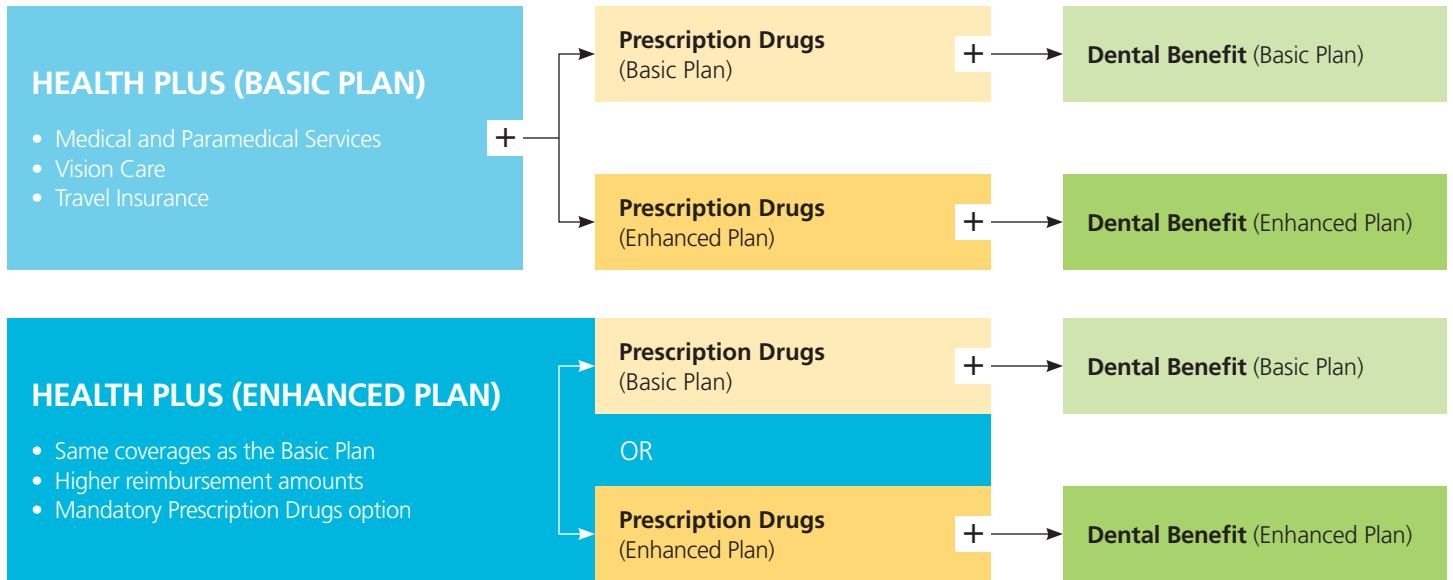
No deductible.

- ✓ Medical and paramedical care
 - Eligible expenses: same as basic plan, but with **higher reimbursement amounts for the covered services** (see the detailed comparison table, p. 8).
 - Reimbursement of up to \$350,000 for the life of the contract, for all services received.
- ✓ Vision Care
- ✓ Travel Insurance (30 days)
- ✓ *Advance Medical services*

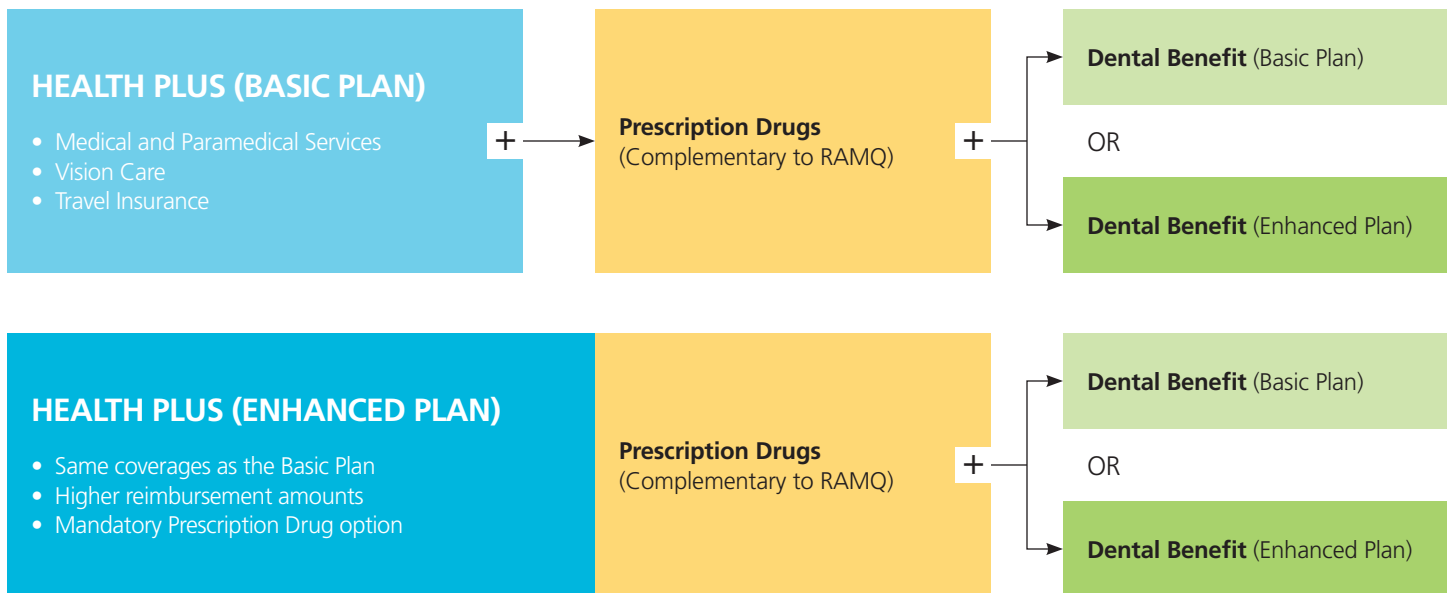


Tailor a plan to fit your needs and budget.

Coverage choices – Atlantic, Ontario and Western Provinces



Coverage choices – Quebec only



OPTIONAL EXTRAS

(Quebec and Atlantic, Ontario and Western Provinces)

Hospitalization (Basic Plan)

Hospitalization (Enhanced Plan)

Coverage description

Coverage period

SOLO Healthcare will cover you until your 70th birthday.

Coverage Types

You have four options:

- Individual: for you
- Spousal: for you and your spouse
- Family: for you, your spouse and your children
- Single-parent family: for you and your children

Premium

The premium varies by age group and increases at age 45, 55 and 60.

- 18 to 44
- 45 to 54
- 55 to 59
- 60 to 64

The premium could also be revised and adjusted based on recurring factors beyond our control, such as the cost of healthcare and drugs.

Eligibility conditions

To be eligible, you must

- Be 18
- Satisfy the underwriting criteria
- Be covered by a public health insurance plan

Contract termination

Your coverage ends:

- When you decide to terminate it
- When you stop paying your premiums
- At your 70th birthday
- At your death



Advance Medical services included...

With **Health Plus (Basic Plan)** and **Health Plus (Enhanced Plan)**, you have complimentary access to the Expert Medical Opinion program from Advance Medical. This program gives you access to the world's finest medical minds for determining the best course of care. Experts are chosen specifically to address your concerns and help you feel more confident with your treatment. Throughout the program you will talk directly with a doctor who will help advocate for you and guide you to the answers that you need. It's available for any disease, is confidential and is available to you for free.

... and a Legal Assistance service too!

Got a problem with your neighbour or your neighbour's dog? Just signed a contract and want to know what your obligations are? Your coverage gives you access to the services of lawyers, who'll be able to tell you what your rights and recourses are, and direct you to the appropriate resources in the area of human rights, consumer protection, civil liability, wills and contracts, labour and other legal expertise.

Insurance that pays for itself... with a little tax relief!

Under the **Income Tax Act**, premiums for individual health insurance products, such as **SOLO Healthcare**, may be considered a deductible business expense or an eligible medical expense.

Are you an entrepreneur or self-employed worker?

All of part of your premiums can be deducted when calculating your business income for federal tax purposes.⁵

Are you an employee?

Premiums are considered medical expenses eligible for a tax credit.

⁵ For federal income tax purposes, the maximum deduction is generally \$1,500 for an individual and \$1,500 for the insured spouse, if applicable, plus \$1,500 for each person 18 years of age and older residing with the individual. \$750 is added for each insured person under age 18. The portion not deducted from the premiums is considered a medical expense eligible for a tax credit.

For Quebec tax purposes, premiums are considered medical expenses eligible for a tax credit only.



Ken

- 35 years old
- Single parent
Two children (11 and 4 years old)
- Independent worker
Graphic Designer



ANNUAL PREMIUM FOR

SOLO Healthcare

+ Health Plus (Enhanced Plan)

+ Drugs and Dental (Basic Plan) \$1,949

Tax saving (assuming a marginal tax rate of 31,15%) (\$607)

Net Cost \$1,342

ANNUAL EXPENSES REIMBURSED IN SOLO HEALTHCARE

Drugs \$156

Eye exam and Glasses \$150

Dental care \$393

Laboratory test (blood test) \$155

Massage Therapist (6 visits) \$288

Foot orthotics (for his child) \$200

Total of Health care cost \$1,342

FEES PAID BY KEN

\$0

Notes: The information here is provided as an example only and is not representative of all cases. Amounts have been rounded off to the nearest ten. The premium reflects 2010 rates. Check with a professional to determine if you are eligible for tax deductions.

HEALTH PLUS PLAN

CATEGORY OF CARE	HEALTH PLUS (BASIC PLAN)	HEALTH PLUS (ENHANCED PLAN)		
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1. Medical and paramedical services

Healthcare professionals and alternative medicine practitioners	Maximum benefit per consultation	Maximum benefit per person per year	Reimbursement percentage	Maximum benefit per person per year	
Chiropractor	\$20	\$400 for all consultations combined	80%	\$750 for all consultations combined	
Acupuncturist	\$20		80%		
Massage therapist*	\$20		80%		
Homeopath	\$20		80%		
Osteopath	\$20		80%		
Orthotherapist	\$20		80%		
Naturopath	\$20		80%		
Podiatrist	\$20		80%		
Chiropracist	\$20		80%		
Physiotherapist	\$25		\$250		80%
Speech therapist*	\$40		\$400 for all consultations combined		80%
Hearing Therapist	\$40	80%			

* Need a medical recommendation for reimbursement.

	First consultation	Subsequent consultations	Maximum benefit per person per year	Reimbursement percentage	Maximum benefit per person per year
Psychiatrist	\$80	\$65	\$400 for all consultations combined	80%	\$400 for all consultations
Psychologist	\$80	\$65		80%	
Career coach	\$80	\$65		80%	
Family therapist / Marriage therapist	\$80	\$65		80%	
Social worker	\$80	\$65		80%	

Medical care	Maximum benefit per person	Period	Maximum benefit per person	Period
Accidental Dental	\$1,000	Per accident	\$2,000	Per accident
Hearing aids	\$300	Per period of 36 consecutive	\$500	Per period of 36 consecutive
Home care Private nursing care Occupational therapy	\$2,500	Per year	\$5,000	Per year
Medical equipment and orthopedic devices	\$1,000	Per year	\$2,500	Per year
Prostheses and orthopedic appliances	\$500	Per year	\$1,000	Per year
Orthopedic shoes and foot orthotics	\$200	Per year	\$200	Per year
Transportation by ambulance	\$1,000	Per year	\$2,000	Per year

Diagnostic services	Maximum benefit per person	Period	Maximum benefit per person	Period
Lab tests Blood tests (including PSA) Urinalyses Throat swabs	\$200 for all services combined	Per year	\$500 for all services combined	Per year
X-ray exams (including PET scans)				
Ultrasounds				
Magnetic resonance imaging (MRI)				
Cat scans (CT or SCAN)				

Maximum for all medical and paramedical services combined	\$250,000 for the coverage period	\$350,000 for the coverage period
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HEALTH PLUS PLAN (cont.)

CATEGORY OF CARE	HEALTH PLUS (BASIC PLAN)	HEALTH PLUS (ENHANCED PLAN)
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2. Vision care

	Maximum benefit per person	Period	Maximum benefit per person	Period
Eyeglasses, contact lenses, surgery	\$100	Per period of 24 consecutive months	\$100	Per period of 24 consecutive months
Consultation with an optometrist	\$50	Per period of 24 consecutive months	\$50	Per period of 24 consecutive months

3. Travel Insurance

	Maximum benefit per person	Period	Maximum benefit per person	Period
First 30 days of a trip	\$5,000,000	90 days per year	\$5,000,000	90 days per year

4. Other benefits

Advance Medical services	Included	Included
Legal Assistance service	Included	Included

Note: "Year" refers to a contractual year, which is each period of 12 consecutive months following the effective date of the policy.

Optional Coverage Modules

Prescription Drug module

ATLANTIC, ONTARIO AND WESTERN PROVINCES

	BASIC PLAN		ENHANCED PLAN	
	Reimbursement* (%)	Maximum benefit per person per year	Reimbursement* (%)	Maximum benefit per person per year
Eligible drug expenses: prescription-only generic or brand name drugs.** <ul style="list-style-type: none"> The reimbursement amount is based on the least expensive generic equivalent, if available. 	70% of first \$4,285	\$3,000	70% of first \$4,285 and 90% thereafter	No limit

* The reimbursement is made using a payment card.

** Enhanced Plan includes some contraceptives (oral contraceptives, patches, injections and Mirena® intra-uterine device).

QUEBEC

	COMPLEMENTARY TO RAMQ	
	Reimbursement** (%)	Maximum benefit per person per year
Eligible prescription drugs* are those which are not reimbursed by the Public Prescription Drug Insurance Plan, including deductible and coinsurance.	100%	No limit

* Generic or original brand-name drugs that available only by prescription, including some contraceptives (oral contraceptives, patches, injections and Mirena® intra-uterine) .

** The reimbursement is made using a payment card.

Note: "Year" refers to each contractual year of 12 consecutive months following the effective date of the policy.

Notice to Quebec residents

If you don't have access to group insurance either through your employer, your spouse's plan, or your association or professional order, you must be covered by the Régie de l'assurance maladie du Québec (RAMQ) Public Prescription Drug Insurance Plan. Anyone under the age of 65 who is eligible under this type of "private" plan is required to enrol.

Enrolling in **SOLO Healthcare** with the drug module does not exempt you from enrolling in the Régie de l'assurance maladie du Québec (RAMQ) Public Prescription Drug Insurance Plan. The **SOLO Healthcare** complements the public plan. It covers the deductible and co-payment, as well as non-covered drugs, but does not reimburse what the public plan covers.

However, anyone turning 65 who is eligible under a private plan that covers all drugs on the RAMQ **List of Medications** can choose to remain enrolled in their private plan or give up their private plan and enrol in the Régie de l'assurance maladie du Québec (RAMQ) Basic Prescription Drug Insurance Plan.

Optional Coverage Modules (cont.)

Dental Benefit Module

DENTAL BENEFIT	BASIC PLAN			ENHANCED PLAN		
1. Preventive Services	Frequency	Reimbursement percentage	Maximum benefit per person per year	Frequency	Reimbursement percentage	Maximum benefit per person per year
Complete oral examination	Every 36 months	80%	\$700 for all consultations combined	Every 24 months	100%	<ul style="list-style-type: none"> • Year 1, \$750 • Year 2, \$750 • From Year 3, \$1,000
Complete set of radiograph and panoramic radiograph				Every 6 months		
Recall examination	Every 9 months					
Cleaning (scaling and polishing)						
Topical application of fluoride (for dependants age 15 and younger)						
2. Basic care	Reimbursement percentage			Reimbursement percentage		
Metallic fillings (Amalgam restorations)	50%	60%				
Non-metallic fillings (Compositive resing restorations)						
Periodontal curettage and root planning (Deep scaling under the gum)						
Extraction of erupted teeth (without complication)						
Extraction of residual roots						
Emergency care out of Canada						

Optional Coverage Modules (cont.)

Dental Benefit Module (cont.)

DENTAL BENEFIT	BASIC PLAN		ENHANCED PLAN	
3. Major care				
	Reimbursement percentage	Maximum benefit per person per year	Reimbursement percentage	Maximum benefit per person per year
Root canal treatment	N/A	N/A	60%	From Year 3, \$500
Gingival graft				
Appliance (occlusal guard) for bruxism (grinding of teeth)				
Extraction of erupted teeth (with complication)				
Extraction of unerupted teeth (inside gum, such as a wisdom teeth)				
Removable prosthodontics				
Fixed prosthodontics (bridge)				
Overlays, veneers, onlays and crowns (including CEREC technology)				
4. Orthodontic care				
	Reimbursement percentage	Maximum benefit per person per year	Reimbursement percentage	Maximum benefit per person
Complete orthodontic treatments	N/A	N/A	60%	From Year 3, \$1,000 for the coverage period

Note: "Year" refers to each contractual year of 12 consecutive months following the effective date of the policy.

Hospitalization Coverage Module

HOSPITALIZATION	BASIC OPTION	ENHANCED OPTION
	Maximum benefit per person	Maximum benefit per person
Semi-private or private room	100% of the cost of a semi-private room, up to \$150 per day, no limit on the number of days	100% of the cost, up to \$200 per day, no limit on the number of days
Cash benefit from Day 4 of hospitalization if a semi-private or private room is not available	\$25 per day, up to 30 days	\$50 per day, up to 60 days

Desjardins Financial Security

Desjardins Financial Security is a subsidiary of the Desjardins Group, the largest cooperative financial group in Canada, with assets of \$173.5 billion as at June 30, 2010. As a leading life and health insurer in Canada, Desjardins Financial Security ensures the financial well-being of over five million Canadians every day. Desjardins Financial Security offers a wide array of financial risk management products and solutions through a national network of distributors.



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