

**YOUR INSURANCE PLAN
EXTRA PREMIUM AS OF AGE 65 VS. RAMQ**

By **CAROLINE GAGNON**
ACR Coordinator

As you no doubt already know, when you turn 65, you have the option of registering for prescription drug coverage with the RAMQ or maintaining this coverage with SSQ under your group insurance plan. It is important to note, however, that if you choose the second option you will have to pay an extra premium of over \$200 per month for individual coverage or over \$400 per month for family coverage. The question... is paying the extra premium really worth it?

We carried out various calculations which proved that SSQ prescription drug coverage is much more expensive than the public plan, regardless of the amount of your prescription drug purchases. This difference is explained by the fact the public drug plan is largely subsidized by the government. The table below shows an example of the amounts to be paid according to the option chosen:

Extended Plan – Individual Coverage

Description	RAMQ	RAMQ and SSQ for drugs on extended list and other health and accident insurance	SSQ for drugs on extended list and other health and accident insurance
Insured's maximum annual contribution (deductible + co-insurance) cannot exceed:	\$940.44	\$940.44	\$650.00
RAMQ maximum annual premium (2009-2010):	\$577.50	\$577.50	n/a
SSQ annual premium, including 9% tax:	n/a	\$506.07	\$506.07
SSQ annual extra premium, including 9% tax:	n/a	n/a	\$2,817.56
Total disbursement:	\$1,517.94	\$2,024.01	\$3,973.63

We used the same calculations for the basic plan (individual and family coverage) and the extended plan (family coverage), and we reached the same conclusion. By combining your SSQ coverage with the RAMQ coverage (second column), you keep all the extra benefits under your SSQ plan AND your prescription drug purchases are covered by the public plan.

Finally, remember that no matter which option you choose, the cost of the plan can be deducted from your individual income tax return. It is up to you to choose the prescription drug insurance plan that works best for you.

TRAVEL CAPSULE: TRAVELLERS' DIARRHEA

By **PIERRE GADOURY**
Editor

Travellers' diarrhea (TD) most often affects people travelling in developing countries. Even though it is a common illness that is not considered serious, it can nevertheless adversely affect your holiday and sometimes even continue to give you trouble once you are back from your trip. The risk of contracting TD varies depending on the destination. For example, the risk is between 15 and 20% in the Caribbean, Europe and North America, but can reach up to 50% in Africa, Asia and Latin America.

Most cases of TD are caused by bacteria found in water and food. Pastry cream, sauces, seafood, food sold by street vendors and food that has been left at room temperature for too long all are risky when it comes to TD.

Over 80% of cases are caused by bacteria whose incubation period exceeds the limits. Since there is as yet no vaccine for this illness, you should ask about the quality of the water, know what food you should avoid, wash your hands often, and make sure that your food is properly cooked and that your drinking water is properly treated.

If you experience severe TD symptoms, you may need antibiotic treatment. Travellers who are more prone to such problems may use antimicrobial agents as a precaution after consulting with their doctor. TD is not a mortal disease. After a diarrheal episode, just make sure that you re-hydrate your body progressively by drinking liquids you know are safe.

For more information about this illness, visit the Public Health Agency of Canada Web site at www.phac-aspc.gc.ca or enter the words "travellers' diarrhea" into your favourite search engine.

MY SPOUSE'S GROUP INSURANCE COVERAGE IS ENDING. WHAT SHOULD I DO?

By **CAROLINE GAGNON**
ACR Coordinator

The answer to this question depends on your personal situation. Were you covered under your spouse's plan? How old are you? How old is your spouse?

Several options are available. Depending on your personal situation, however, you may not necessarily have access to the same options as other insureds. As such, if you require more information, please contact SSQ Financial Group who holds the information related to your file, at 418-651-6962 (Quebec City area) or 1-888-833-6962 (other areas). We are also available should you require general information.

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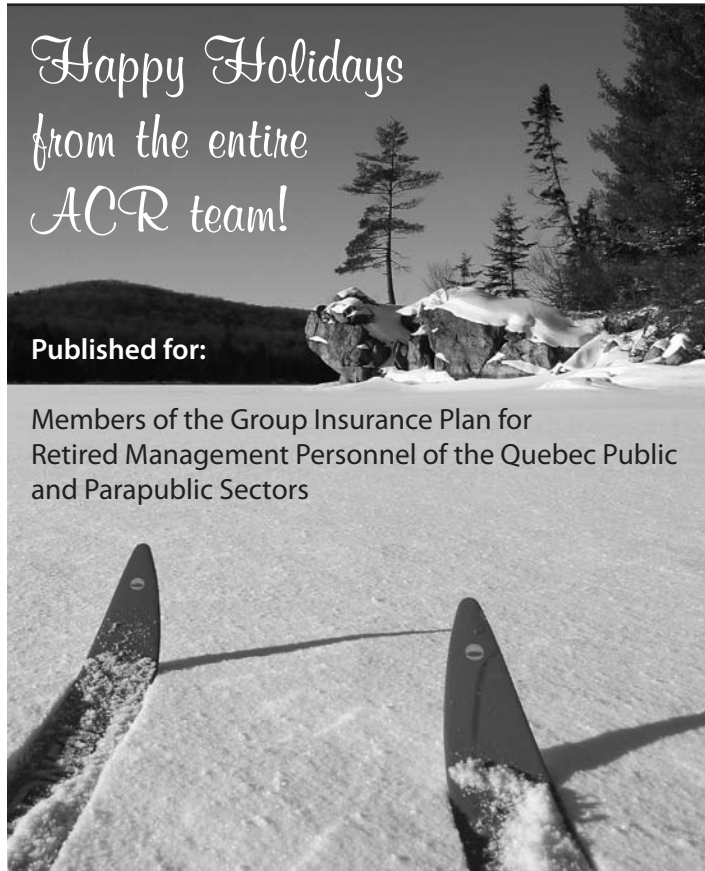
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Newsletter

ADVISORY COMMITTEE FOR RETIREES (ACR)

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NEW ICP CO-CHAIRPERSON APPOINTED



By **PIERRE GADOURY**
ACR member

In the July issue of the Newsletter, we announced the retirement of Mr. Richard Léonard, who had been co chairing the Intersectorial Parity Committee (ICP) for four years. After attending a few meetings of the Advisory Committee for Retirees (ACR), Ms. Francine Thibeault was officially appointed as the new co chairperson.

Ms. Thibeault has a background in accounting and human resources as well as a thorough knowledge of how the government operates. During her 21-year career at the *Ministère des Transports*, she held various human resources positions in the customer service division. She has been involved with the ACR since July 2008.

We are happy to have Ms. Thibeault on the team and extend to her our warmest welcome.



Ms. Francine Thibeault
IPC CO-CHAIRPERSON

**MEDICAL EXAMINATIONS AND MEDICAL PROCEDURES:
WHAT'S THE DIFFERENCE?**

By **CAROLINE GAGNON**
ACR Coordinator

The extended accident and health insurance plan covers medical examinations performed in private clinics. However, the plan does not cover medical procedures. Therefore, it is very important to know the difference between a medical examination and a medical procedure.

A medical examination is any clinical, biochemical, biophysical or other investigation performed on a seemingly healthy or ill person with a view to identifying anomalies and risks.

A medical procedure is any procedure that contributes to preventing, diagnosing and treating medical conditions and can only be performed by a physician. Medical procedures are the prerogative of physicians.

In fact, the difference lies in whether or not the doctor's intervention was required when the examination was performed. For example, the extended plan covers electrocardiograms, radiographies (scanner), magnetic resonance imaging (MRI) scans, ultrasonographies and laboratory analyses. However, it does not cover long colonoscopies, gastroscopies and the like, which are medical procedures.

Also, did you know that medical examinations performed in private clinics are covered by the RAMQ if they are performed by a doctor who is registered with the RAMQ? The RAMQ does not, however, cover the cost of drugs and other products used in medical procedures. Unfortunately, it seems to have become common practice for service providers to overcharge their patients for such products.

Finally, if your doctor gives you a prescription for a medical examination, we recommend that you check with SSQ as to whether or not the examination is covered under your group insurance plan.

HEALTH CAPSULE: TYPE 2 DIABETES



By **MATHIEU VAILLANCOURT**
ACR member

Did you know?

- Type 2 diabetes occurs when the body cannot produce enough insulin or when the insulin secreted is unable to do its job properly. Either way, this causes a rise in blood sugar.
- 90% of diabetes patients have type 2 diabetes.
- The main causes of type 2 diabetes are excess weight (in 80% of cases), physical inactivity and—to a certain extent—a high-fat diet.
- Approaches to treating type 2 diabetes include maintaining a well-balanced diet, increasing physical exercise, managing stress properly, and taking oral anti-diabetic drugs and/or daily insulin injections.

For more information, visit the Diabetes Québec Web site at www.diabete.qc.ca.

HEALTH CAPSULE: CANCER SUPPORT



By DENISE CHAMPAGNE
ACR member

A Web site worth visiting: www.cancerviewcanada.ca

"Cancer View Canada" connects Canadians to on-line services, information and resources for cancer control.

It is an ever-evolving portal that brings together resources for cancer prevention, screening and treatment, and for supportive, palliative and end-of-life care.

Through its collaborative tools, this Web site also links people in the Canadian cancer community to each other.

Cancer View Finder was created to help you quickly find high-quality information from across Canada on a particular topic in cancer control. When you enter a keyword into the Cancer View Finder tool, you get results drawn from cancer control and health organizations from across Canada.

The above excerpts are taken directly from the "Cancer View Canada" Web site, which I have visited several times over the past few months—I could hardly write a better description. The Web site is easy to use, and the information posted there is verified and updated on a regular basis. In addition, each sub topic includes a list of frequently asked questions that provides more in-depth information.

Finally, I also discovered some very useful information about various services and resources available for cancer patients and their families.

This Web site is worth taking the time to visit!

DESIGNATION OF DELEGATES FOR THE SSQ ANNUAL GENERAL MEETING



By DENIS LANGLOIS
ACR member

Following the invitation sent by SSQ Financial Group on September 14, 2009, the Advisory Committee for Retirees (ACR) has designated five delegates who will attend the Annual General Meeting to be held in Quebec City on April 23 and 24, 2010.

The following individuals have been selected: Ms. Denise Champagne and Mr. Pierre Gadoury for the health and social services sector, Mr. Gilles Dufour and Mr. Gilles Michaud for the civil service sector, and Mr. Denis Langlois for the education sector.

Please note that the choice of delegates reflects the three sectors covered by the Groupe Insurance Plan for Retired Management Personnel of the Quebec Public and Parapublic Sectors, which provides coverage to 17,294 retirees.

If you would like the delegates to ask any particular questions on your behalf at the Annual General Meeting, please contact Ms. Caroline Gagnon, ACR Coordinator. You can either leave her a voicemail message at 1-888-777-5546 or send - an e-mail to info@ccr-quebec.com.

Finally, if you want to know more about the role delegates play, visit the SSQ Web site at www.ssq.ca and click on "Delegates" at the top of your computer screen.

TRAVEL COLUMN: PRE-EXISTING CONDITIONS AND TRAVEL INSURANCE

By PIERRE GADOURY
Editor

Any medical condition that a traveller had before the trip was purchased or before the departure will have an impact on the coverage offered by the insurer. For example, a person suffering from angina must contact CanAssistance to verify their eligibility in the event of complications occurring during the trip. Some travellers are in for a nasty surprise when they discover that their insurer has refused to reimburse certain expenses.

As is indicated in section 3.4 (page 32) of your booklet (January 1, 2006): "If the insured already has a known disease or illness before a trip, he must ensure that his health condition is good and stable, that he can carry out usual daily activities and that he is experiencing no symptoms that may reasonably suggest that any complications may arise or that medical care may be required during the trip outside the province of residence. In other words, prior to departure, the known disease or illness must be under control and must not: have taken a turn for the worse, have relapsed or recurred, be unstable, be entering a terminal phase, or be chronic and indicate a risk of deterioration or foreseeable complications during the trip."

In all of the above cases, if your physical condition changes and requires an adjustment to your medication, we suggest that you contact CanAssistance to confirm whether they consider your condition to be stable and under control. You will then be able to leave reassured.

If you have any doubts, contact CanAssistance at 1-800-465-2928 (Canada and United States). If you are elsewhere in the world, call collect at 514-286-8412.

A short phone call could save you many complications.

TERMS OF RENEWAL FOR 2010



By GILLES BOURGET
President, ACR

It has become a tradition: at the end of every August, SSQ Financial Group calls a meeting with the representatives of insureds (both active and retired) and of the Secrétariat du Conseil du trésor in order to submit the terms of renewal for the group insurance policies.

On August 28, representatives from both groups reviewed the insurer's proposals. Along with the proposals came an explanation as well as the latest statement of experience produced by the insurer, covering July 1, 2008, to June 30, 2009, inclusively.

Before I go any further, I want to emphasize that even though active employees and retirees have different policies, all representatives acknowledge the benefits of holding joint negotiations. We believe that the sheer number of insureds (approximately 45,000) and the volume of premiums paid (in excess of \$80 million) can provide significant leverage during the negotiations.

Unlike most years, all parties reached agreements in principle at the very first negotiation meeting. However, please note that we did not have to negotiate financial conditions, given that a five year agreement on the matter was signed last year.

Based on the analyses and recommendations provided by the SCT's actuary and the actuary hired by the ACR, we were successful in limiting the overall increase in premiums for the health and accident insurance plans (both basic and extended) to 5.9%. However, please note that this percentage varies depending on which the plan held (basic or extended) and the age group belonged to. To find out how exactly the new terms will affect your personal situation, please refer to the enclosed document provided by the insurer.

As for life insurance, the proposal for an overall reduction of premiums of 5.5% was accepted unanimously.

Moreover, please note that in 2010 you will receive a 20% holiday premium on your life insurance and a 7% holiday premium on your health insurance, except for the "extra premium for 65 year olds" portion.

TAX CREDIT FOR HOME-SUPPORT SERVICES



By GILLES DUFOUR
ACR member

If you are age 70 or older, want to stay in your home and require home support services, you may be entitled to a refundable tax credit from the provincial government for expenses related to these services.

The maximum tax credit is equal to 30% of eligible expenses, which represents up to a maximum of \$4,680 for an independent senior or \$6,480 for a dependent senior. However, please note that if your annual family income is more than \$51,180 in 2009, the tax credit is reduced by 3% of any excess amount of this.

Only the cost of services is eligible for the tax credit. Expenses incurred for supplies required to provide services are not eligible for the tax credit. One example of costs that would be eligible is amounts paid for home-support services provided by a business (including GST and QST).

The following home-support services are eligible for the tax credit.

Personal support services:

- Services related to daily activities
- Meal services
- Supervision and support services
- Civic support services
- Nursing services

Maintenance and supply services:

- Services related to routine household tasks
- Laundry services
- Minor maintenance work outside a dwelling
- Supplying everyday necessities and running other errands

Expenses that are eligible for the tax credit vary according to the type of dwelling in which a person resides. Therefore, eligible amounts differ depending on whether you live in a senior citizens' residence, an apartment building, a condominium or a house.

To qualify for the tax credit for home-support services, you must be a resident of the province of Quebec on December 31 of the year in which the eligible services are received, be age 70 or older, and file an income tax return whether you pay taxes or not.

If two co-tenants both receive home-support services, they can both claim the maximum tax credit for their respective eligible expenses. Please note that you must keep all your invoices and other supporting documents for a period of six years. If you live with your spouse only, you are not considered co tenants.

For more information on this tax credit, please consult publications IN 101 and IN 102, which are available on the *Revenu Québec* Web site.

HEALTH CAPSULE: CARDIOVASCULAR DISEASE



By GILLES MICHAUD
ACR member

Even though the mortality rate due to heart disease has been steadily decreasing over the past 40 years, it remains the main cause of death in Canada (31% in 2005). Every seven minutes, another Canadian dies from heart disease or stroke. Moreover, the total cost of heart disease is over \$22.2 billion per year for medical services, hospital care, lost salary and productivity.

Risk factors

Health researchers have identified a number of factors that increase the risk of developing heart disease. There are two main categories of risk factors: those that you can control and those that you can't. The risk factors that you can control are high blood pressure, high cholesterol, diabetes, abdominal obesity, physical inactivity, stress, smoking, a high-fat diet, and excessive alcohol consumption. The risk factors that you can't control are age, heredity, gender and ethnicity.

Prevention

All heart specialists agree that the following actions can reduce the risk of developing a cardiac disease. All you have to do is take action!

- Quit smoking
- Eat well by following Canada's Food Guide
- Exercise on a regular basis
- Maintain a healthy weight
- Manage your stress properly
- Take your prescription drugs on a regular basis

For more information, visit the Heart and Stroke Foundation of Québec's Web site at: www.heartandstroke.qc.ca

PHARMACEUTICAL CAPSULE: EXCEPTION DRUGS UNDER THE PUBLIC PRESCRIPTION DRUG INSURANCE PLAN



By CAROLINE GAGNON
ACR Coordinator

An exception drug is a medication that is eligible for reimbursement, either by the RAMQ or the insurer, if it is considered effective for specific indications and if it meets certain conditions. These conditions may vary depending on the coverage provided for by the RAMQ or under a group insurance plan. Therefore, some of our plan members may have obtained prior authorization from the insurer, who, after examining their insurance file, agreed to reimburse one or more exception drugs.

If you are in such a situation, please note that, if you opt to be insured under the RAMQ's public plan as of age 65, you will be required to submit a new request for coverage of your exception drug. Finally, please also note that it is usually the person who prescribed the medication, i.e. your doctor, who submits this request for coverage to the RAMQ.