

COVERAGE OF COSTLY MEDICAL EQUIPMENT AND TREATMENTS



GENEVIÈVE SIMARD
ACR Coordinator

You have probably noticed that certain medical equipment and treatments are particularly expensive. Below are some tips for ensuring your claim won't be denied by the insurer.

If a health professional prescribes or performs a treatment, and you aren't sure if it's covered, we recommend calling SSQ before proceeding. We also suggest calling whenever a suggested treatment or product will cost more than \$200. You can reach SSQ at 1-888-400-0023.

Please note that you have access to a tool for simulating reimbursement amounts for certain benefits on the ACCESS | Plan Members website, available at ssq.ca/access.

WHEN A SPOUSE REACHES AGE 65 BEFORE THE INSURED



ROBERT FORTIER
ACR Spokesperson

Quebec's *Health Insurance Act* requires that all individuals be automatically enrolled in and covered by the Public Prescription Drug Insurance Plan, unless they indicate that they wish to maintain coverage under a private insurance plan.

The spouse who has reached age 65 may choose to continue their coverage under the contract of the participant who is under age 65. This may be to their advantage, because no additional premium will be charged (premiums are based on the age of the participant).

It is important to notify the Régie de l'assurance maladie du Québec (RAMQ) and the insurer of the participant's choice upon turning 65, otherwise SSQ and RAMQ will both consider the spouse who has turned 65 to be covered under the public plan. What's more, this decision is **irrevocable**. For more information, please visit the RAMQ website.

Reference:

<http://www.ramq.gouv.qc.ca/en/life-events/turning-65/Pages/prescription-drug-insurance.aspx>

Newsletter

ADVISORY COMMITTEE FOR RETIREES (ACR)

Year 10 • No. 20 • July 2015



DIGITAL EDITION



GILLES DUFOUR
ACR Member

JULY: IT'S MOVING SEASON!

Getting ready to move? Please note that the ACR does not maintain a database of contact information for retired insureds under the group insurance plan. In fact, it is your insurer, SSQ Financial Group, who is responsible for sending you all documentation concerning your plan by mail. You must therefore notify your insurer about any address changes, and not the ACR. You can contact SSQ via the ACCESS | Plan Members website or by calling 1-888-400-0023 toll-free.

DENTAL AND VISION CARE



SERGE LÉVESQUE
ACR Member

RECEIVE YOUR NEXT ACR NEWSLETTER BY EMAIL

Sign up for our electronic mailing list by completing the registration form at www.ccr-quebec.com.



ACR MEMBERS				
Your retiree representatives:			The partners:	
Education	Civil Service	Health and Social Services	IPC Co-chairpersons	CERA Representative
<ul style="list-style-type: none"> • Mr. André J. Boucher • Mr. Serge Lévesque 	<ul style="list-style-type: none"> • Mr. Gilles Dufour • Mr. François Dumulon 	<ul style="list-style-type: none"> • Mr. Robert Fortier • Mr. Jean-Yves Julien • Mr. Daniel Poirier • Mr. Réjean Despins 	<ul style="list-style-type: none"> • Ms. Francine Thibeault (SCT) • Mr. Éric Lagueux (RACAR) 	<ul style="list-style-type: none"> • Ms. Josée Lamontagne
				Actuary
				• Ms. Marie-Ève Simoneau (SCT)

A MAILING ADDRESS FOR THE ACR	ACR CONTACT INFORMATION
It is now much easier for retirees to send documents, comments or other correspondence to the Advisory Committee for Retirees, at the following mailing address: CCR Québec, C.P. 67009 Québec C.P. Orsainville, Québec (Québec) G1G 0B2	1-888-777-5546 www.ccr-quebec.com • info@ccr-quebec.com EDITOR • Serge Lévesque
	NEXT EDITION: JANUARY 2016

Bill C-28

In the January 2015 newsletter, we mentioned that we weren't able to offer a digital edition due to the criteria under Bill C-28 (federal), adopted in summer 2014. At the time, we did not meet the Bill's confidentiality requirements. However, the necessary changes have been made and we are pleased to announce that you will now be able to receive your newsletter by email.

For nearly 10 years, the Committee has published and distributed a print edition of the newsletter twice a year to keep you up to date on your group insurance plan. Over time, the cost of writing and publishing the newsletter has risen, not to mention the fees associated with the many issues returned to us each mailing. We have also noticed that an increasing number of insureds have internet access and email addresses. In our March 2014 survey, 84% of insureds who read the newsletter said they would switch to a digital format.

To keep the Committee's operating costs to a minimum, we have decided to offer a digital edition of the newsletter. However, we only have the information necessary to complete the digital subscription for insureds who have contacted our coordinator or a Committee member for assistance. Therefore, if you would like to receive the new digital format instead of the print edition, we ask that you fill out the form available at www.ccr-quebec.com.

Thank you for your collaboration. We hope you enjoy the issue!

During a March 2014 survey on a proposed change to the enhanced health and accident insurance plan, some retired participants suggested that coverage for dental and vision care be added. As a result, the Committee asked our insurer, SSQ Financial Group, to draw up a proposal including pricing and coverage.

The insurer then presented this proposal to the Committee. The rates were very similar (when you factor in inflation) to the proposal for dental care we received in 2008. What's more, the coverage would require a minimum participation rate of 40% for a minimum duration of 48 months.

To analyze the proposal, the ACR members turned to the results of a telephone survey conducted by Léger Marketing in 2008, in which 1,201 insureds were consulted. At the time of the survey, the option of adding a mandatory dental care plan to the group insurance plan obtained an interest rate of 42%. Therefore, 58% of insureds contacted were not interested in this option.

The monthly rates for vision care also seemed high for the coverage offered.

Based on the rates offered by SSQ, the cost of conducting a new survey with Léger, and the results of the 2008 survey, the ACR has decided not to add coverage for dental care and vision care.

ALL ABOUT PREMIUM HOLIDAYS



DANIEL POIRIER
ACR Member

Like me, you may have noticed the following information in January's ACR newsletter: "Based on the analysis by the retirees' consulting actuary and the SCT consulting actuary, and recommendations from ACR members (...)," our group insurance rates for 2015 reflect a 10% premium holiday, which represents a pricing variation of 5.5% to 23.5% depending on the accident and health insurance plan selected. For example, the life insurance premium is subject to a premium holiday of 20%.

You may be wondering how this affects our group insurance coverage with SSQ. Insurance premiums are established on an annual basis according to the consumption of each covered group and benefits paid by the insurer to insureds from all age groups and based on the chosen plan. Group insurance plans with large numbers of insureds (such as the plan for management staff from the public and parapublic sectors) offer premium holidays to their participants when refunds are granted based on favorable financial results. Each year, a calculation is performed to see if a refund will be granted.

A simplified version of this calculation would be:

$$\text{Premiums} - (\text{Benefits} + \text{Expenses}) = \text{Refund or Deficit}$$

Therefore, if the premiums collected by the insurer for a given year exceed the benefits and expenses payable for that year, a refund is awarded. This favorable result is the product of a positive plan experience. On the other hand, if the result is negative, there is a deficit.

In our insurance contract, the insurer undertakes to return refund amounts to the group. The Committee then decides how these amounts will be distributed among the insureds. This typically takes the form of a premium holiday.

DEATH AND DYING



ANDRÉ J. BOUCHER
ACR Member

"Death never takes the wise man by surprise, he is always ready to go."
(Jean de La Fontaine, 1678)

Don't like talking about death? You're not alone. However, it is inevitable. In fact, it's the only thing we can be sure of besides taxes! Rich or poor, beautiful or ugly, big or small, we will all eventually see our time on earth come to an end.

So, as La Fontaine so elegantly put it over 300 years ago, we might as well take the time to ensure our last bow is as painless as possible for our children, parents, friends, and everyone else we leave behind.

This means, in addition to preparing a will or even a Mandate in Case of Incapacity, you might want to take a look at the checklist available in the "Nos publications" section of the ACR website (www.ccr-quebec.com), under the title "Aide-mémoire – Notions de décès" (French only). It contains information on the steps your loved ones will need to take with your insurer following your death. We suggest sharing this checklist with the appropriate parties to help them better navigate the grieving process and come to terms with their loss.

FILLING MULTIPLE PRESCRIPTION REPEATS AT ONCE



JEAN-YVES JULIEN, PHARMACIEN
ACR Member

Insureds often wonder if filling multiple prescription repeats at once is a good strategy for saving money. This is a good question that is worth bringing up with your pharmacist.

For some prescription drugs taken on a regular basis, it's possible to ask your pharmacist for a 2 or 3-month supply. This allows you to save on any service-related costs (dispensing fees). To prevent wasting your medication, be sure that no changes in your dosage or medical evaluations are planned for the near future (e.g., doctor's appointments, blood tests, etc.).

You should also keep in mind that your prescription is written by your doctor. The typical 30-day cycle has been established for clinical and administrative reasons. One such reason is that doctors will often adjust a patient's medical treatment to reflect changes in their health.

What's more, the Ordre des pharmaciens du Québec¹ considers that dispensing a 30-day supply of medication constitutes good practice and should be encouraged. This guideline is based on 3 points of public interest:

- Limiting the amount of medication in circulation
- Preventing the waste of medication in the event a treatment needs to be modified
- Allowing pharmacists to adequately monitor a patient's treatment

However, pharmacists are not obligated to follow this recommendation. Rather, they are asked to exercise their professional judgement. So talk to your pharmacist to see which solution is best for you!

Reference:

¹ <http://blogue.opq.org/2015/02/19/renouvellement-aux-90-jours-lordre-plaide-lutilisation-du-jugement-professionnel/> (French only)

TRAVEL INSURANCE TRAVELLING SOON?



FRANÇOIS DUMULON
ACR Member

If you're planning to travel outside Canada and want to enjoy peace of mind while you're gone, make sure you are in good and stable health before you leave.

If you don't meet these requirements, or aren't sure if you do, we recommend calling CanAssistance, SSQ's travel assistance partner, to see whether your health and that of any insureds travelling with you meets the criteria for travel insurance coverage. You can reach CanAssistance at 1-800-465-2928.

CanAssistance may ask you to have your attending physician fill out a medical questionnaire in order to determine your health status. They may charge a fee for this service. Once you have submitted your questionnaire, you will be informed of your coverage status in writing.

Ebola virus:

You must notify CanAssistance if you intend to travel to an African country affected by the outbreak, including border countries. When returning from a country where Ebola is present, we suggest following the World Health Organization recommendations before travelling to another country. Otherwise, you may be refused entry. The information is available in the *Statement on the 1st meeting of the IHR Emergency Committee on the 2014 Ebola outbreak in West Africa*, available at www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/.

You may also wish to consult the safety advisories for the countries you are planning to visit, if applicable.

By following these simple steps, you're more likely to enjoy a safe trip and peace of mind knowing that your potential insurance claims will be covered, if needed.



SHINGLES VACCINE



RÉJEAN DESPINS
ACR Member

Vaccination is currently the best form of protection against shingles and shingles-related complications. Only people who have had chickenpox can get shingles. Shingles is caused by a reactivation of the chickenpox virus in the nervous system. While shingles can strike at any age, it is most common among the elderly. You can't catch shingles from someone who has it. However, direct contact with a shingles sore can transmit chickenpox to people who haven't yet had the virus.

The shingles vaccine is recommended for individuals age 60 and over. It is about 65% effective at preventing shingles, and its effectiveness decreases with age. Vaccinated individuals who get shingles are nearly 50% less likely to sustain nerve damage from the illness.

The Zostavax® vaccine is covered under the preventive vaccine clause in SSQ's basic and enhanced plans (see clauses 2.2.6 and 3.2.22 of your insurance booklet).

For more information on the shingles vaccine, please refer to the RAMQ's shingles factsheet, available at the address below.

Reference:

<http://msss.gouv.qc.ca/sujets/santepub/vaccination/index.php?aid=198>