



To the FNEEQ plan member

Message from the FNEEQ-CSN Insurance and Pension Committee

Renewal of the group insurance plan on January 1, 2025

The 2025 renewal of the FNEEQ-CSN group insurance contract is set to include significant changes. Following a meeting of the unions enrolled under group insurance policy 1008-1010 (RSA) held in Quebec City on September 5 and 6, 2024, the unions adopted the recommendations of this body, which will reduce rate increases for 2025, but also reduce certain coverages. Remember that in 2023, the RSA mandated the Insurance and Pensions Committee to analyze the features of the insurance benefit in order to propose, at the fall 2024 meeting, formulas or changes that would help mitigate the financial impact of rate hikes.

We presented the various changes below, but we wish to immediately specify that one of them will eliminate coverage for prescription drugs that are not on the Régie de l'assurance maladie du Québec (RAMQ) list under Module A of the health insurance coverage. **To offset this major change, this year, individuals who have had this coverage for less than 12 months will exceptionally have the option to switch to Module B during the annual enrolment period in November.**

FNEEQ Insurance and Pension Committee members

Summary of changes made to the group insurance plan

Health insurance plan

Module A

Module A will undergo the most changes. If you have this coverage, it's important to read what will be covered as of January 1, 2025 to ensure this module still meets your needs.



Given the significant changes made to Module A, this year's enrolment period will allow you to **switch to Module B even if you have not completed the minimum 12-month participation period under Module A.**

Prescription drugs eligible for reimbursement	From now on, only the prescription drugs that are on the <i>Régie de l'assurance maladie du Québec (RAMQ)</i> list will be covered under Module A.
Changes to annual prescription drug reimbursement percentage and threshold.	<p>The reimbursement percentage will decrease from 70% to 68%, which corresponds to the Basic Prescription Drug Insurance Plan's (BPDIP) current reimbursement percentage.</p> <p>Eligible expenses are reimbursed at 68% up to the maximum annual disbursement of \$1,196, which corresponds to the BPDIP's current maximum contribution. Beyond this threshold, expenses are reimbursed at 100%.</p> <p>The parameters corresponding to those of the BPDIP will be updated on January 1 of each year. Furthermore, as of January 1, 2025, the maximum annual disbursement will be calculated separately for the plan member and their spouse (if applicable) rather than by certificate. The dependent children's benefits will be calculated according to the plan member's level.</p>
Expenses covered	<p>The expenses covered will be limited to the following clauses:</p> <ul style="list-style-type: none"> - Prescription drugs (68%, then 100%, as described above) - Hospitalization (100%) - Extended care (100%) - Travel insurance (100%) - Trip cancellation insurance (100%) - Ambulance (68%) - Artificial limbs and prosthetic devices (68%)

Module B

Changes to annual prescription drug reimbursement threshold	Eligible expenses will be reimbursed at 80% up to the maximum annual disbursement, which will increase from \$2,500 to \$4,500 . Beyond this threshold, expenses are reimbursed at 100%.* Furthermore, as of January 1, 2025, the maximum annual disbursement will be calculated separately for the plan member and their spouse (if applicable) rather than by certificate. The dependent children's benefits will be calculated according to the plan member's level.
Maximum reimbursement per block for various healthcare professionals	The combined maximum reimbursement limits for certain healthcare professionals will be reduced to 50% of the coverage offered under Module C. Refer to the Schedule of Coverage for details.

* Each insured person will therefore pay a maximum of \$900, considering the 80% reimbursement (20% coinsurance).

Module C

Percentage of coverage	The reimbursement percentage will be reduced from 90% to 85% for all coverages. However, the following coverages are still reimbursed at 100%: hospitalization, extended care, travel insurance and trip cancellation.
Changes to annual prescription drug reimbursement percentage and threshold.	Eligible expenses will be reimbursed at 85% up to the maximum annual disbursement, which will increase from \$2,500 to \$4,000 .* Beyond this threshold, expenses are reimbursed at 100%. Furthermore, as of January 1, 2025, the maximum annual disbursement will be calculated separately for the plan member and their spouse (if applicable) rather than by certificate. The dependent children's benefits will be calculated according to the plan member's level.

* Each insured person will therefore pay a maximum of \$600, considering the 85% reimbursement (15% coinsurance).

Short- and long-term disability insurance

Percentage of coverage	The coverage amount will decrease from 80% to 75% of the net salary. The health insurance premium will be removed from the definition of net salary.
Maximum benefits	The current maximum coverage amount of \$5,000 per month in short- and long-term disability insurance will be removed.
Period to apply for a waiver	Moving forward, the waiver of premiums will be applied after a 52-week period following the start of disability for all benefits, except for short-term disability insurance, which will remain at 30 days. This means that if someone is still disabled one year after the start of the disability, their coverage remains in force without premium payments for as long as the disability lasts, provided that the contract remains in force and they have not reached age 65.