



For pensioners age 65 and over

**GROUP INSURANCE PLAN**

## GROUP INSURANCE PLAN

A new Health Care Spending Account (HCSA) and modifications to the health care plan are coming on January 1, 2025. On that date, the annual review of health plan premium costs will also be completed and renewed based on claims submitted in 2024.

### KEY INFORMATION ABOUT THE MODIFICATIONS

- These modifications come after a collaborative process involving representatives of the Concordia Employee Benefits Committee (CEBC), including active and retired members, and the University.
- The HCSA and the modifications will keep the plan aligned with current market best practices and contribute to its long-term financial viability.
- There are no modifications to basic life insurance and Telemedicine plan.

### DETAILS ABOUT THE RENEWAL AND THE MODIFICATIONS



#### CURRENT PLAN

**P.3**  
Health care costs renewal based on claims submitted in 2024



#### THE PLAN AS OF JANUARY 1, 2025

**P.4**  
New flexible account: Health Care Spending Account (HCSA)

**P.5**  
Modifications to health plan (reasons and description)

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Information sessions, tools and resources at your disposal

## RENEWAL OF HEALTH PLAN FOR 2025

Every benefit year, group insurance plan costs are negotiated with the plan administrator, Sun Life. They analyze the plan usage over the past year and market trends for the coverage offered and then determine the rates that should apply for the coming year.

The group insurance premiums correspond to Concordia's group claims, to which plan administrator fees are added. **Therefore, as the cost of claims increases, premiums increase accordingly.**



CLAIMS

+



FEEs

=

# PREMIUMS

### COSTS AS OF JANUARY 1, 2025

The rates for health care will increase in 2025. This increase is mainly due to the rise of claims made by participants of the plan.

The new premium rates will take effect on January 1, 2025 and will be reflected on your February 1<sup>st</sup> pension payment.



# HEALTH CARE SPENDING ACCOUNT (HCSA)

The newest addition to Concordia's Group Insurance Plan is the introduction of a HCSA. The HCSA is an annual allowance to be used as needed to reimburse medical and dental expenses not covered or partially covered by the plan.

This additional flexibility will enable you to obtain reimbursements for the care you need.



Every year on January 1, the University will deposit an amount in your HCSA. You and your eligible dependents will then be able to use the HCSA like a bank account to claim eligible medical and dental expenses.

→ For a complete list of eligible expenses, consult the Canada Revenue Agency website. [bit.ly/48U761g](https://bit.ly/48U761g)

**The amount you are entitled to will depend on your type of coverage for health care and your age on January 1 of each year.**



## EXAMPLES OF ELIGIBLE EXPENSES

- Eye exams, glasses
- Dental care, including orthodontics
- Paramedical services
- Medical equipment
- Private hospital room
- Health care premiums

## HCSA JANUARY 1, 2025 ANNUAL AMOUNTS (AGE 65 AND OVER)

Type of coverage

Single	\$670
Family	\$1,280

# MODIFICATIONS TO HEALTH CARE

*Reasons for implementing modifications as of January 1, 2025:*



## ENSURE AFFORDABILITY AND SUSTAINABILITY

The cost of the plan is shared between members and the University. Group insurance costs have been rising significantly over the past few years and this market trend is here to stay. Without modifications, costs could double in the next 10 years. The adjustments will promote the sustainability of the plan.

**Where possible, improvements to various aspects of the plan (ex: paramedical services) were also made, while respecting the affordability principle.**



## MAINTAIN FINANCIAL SECURITY

Certain coverages important for your mental and global health will be enhanced to protect your financial security.



## OFFER MORE FLEXIBILITY

Increased flexibility will enable you to make choices that better support you and your family's needs.



## REST ASSURED!

As of January 1, 2025, you will continue to have access to comprehensive group insurance coverage. Carefully considered modifications were made to the health care plan to preserve your financial security and that of the group insurance plan.

These adjustments are designed to have the greatest value, while keeping the costs reasonable for all members.

# HEALTH CARE MODIFICATIONS

## Removal of the **annual deductible**

No more out-of-pocket expense before you receive a reimbursement (except for prescription drugs as described below).

## New \$3 deductible for **prescription drugs**

You will have to pay an amount of \$3 per prescription before receiving a reimbursement from the plan.

### Quick tip to limit this amount!

Prescription drugs taken on a regular basis to treat stable medical conditions can be renewed in a pharmacy for 90 days rather than 30 days. In addition to limiting your pharmacy visits, you will save on the deductible and the pharmacist dispensing fees.

## Increase of the **annual threshold** per certificate<sup>1</sup> (from \$2,000 to \$3,000)

The threshold will now apply to prescription drugs only. Therefore, other expenses will no longer be considered into the total annual threshold and the reimbursement for these expenses will be paid according to the terms of the plan.

The threshold is the amount of eligible expenses that must be reached per certificate before receiving 100% reimbursement from the plan for prescription drugs.

This does not mean that you will have to pay \$1,000 more per year! Here is an example for context:

You and your eligible dependents claim for a total of **\$1,000/month** for prescription drugs. After three months of these claims, you and your eligible dependents will receive 100% reimbursement from the plan for your prescription drugs for the remainder of the plan year because you will have reached the **\$3,000 annual threshold**.



You will not personally have spent \$3,000, because you will have already received a reimbursement percentage on your prescription drugs (80% for drugs on the RAMQ list, 60% for non-RAMQ drugs).

## Increased reimbursement for **prescription drugs** not on the RAMQ list (from 50% to 60%)

Prescription drugs on the RAMQ list are covered at 80%, while those that are not on the RAMQ list will be covered at 60%. If you wish, you can ask your doctor or pharmacist (if applicable) to replace your prescription drug by an equivalent on the RAMQ's list as appropriate.

## Increased reimbursement for **mental health services** (from 50% to 80%)

Psychiatrist, psychologist and psychotherapist services will be reimbursed at 80% with a combined maximum of \$1,500.

## New eligible expense: **Psychotherapist services**

<sup>1</sup> "Per certificate" means all the individuals insured under your coverage, which includes you and your eligible dependents.

# HEALTH CARE MODIFICATIONS

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## **Other paramedical services**

will be combined in groups with a reimbursement of 80% and a combined maximum of \$1,000 for each group

All applicable maximums per specialist will be removed

## **New eligible expense: Kinesiologist services**

The increased flexibility and amount will give you greater access to choose the coverage that is most helpful to you.

- Combined maximum: Acupuncturist, chiropractor, chiropodist, kinesiologist, massage therapist, naturopath, occupational therapist, osteopath, physical rehabilitation therapist, physiotherapist, podiatrist and sports therapist.
- Combined maximum: Audiologist and speech therapist.

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## **New eligible expense: pharmacogenomics testing** prescribed by a doctor

Pharmacogenomics testing will help to confirm your compatibility with a specific drug for an established medical diagnosis.

This gives you access to a reimbursement of 80% for one pharmacogenomics test, up to a lifetime maximum of \$500.

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# COST-SHARING

**New cost-sharing structure for health and vision care** that considers the addition of the HCSA

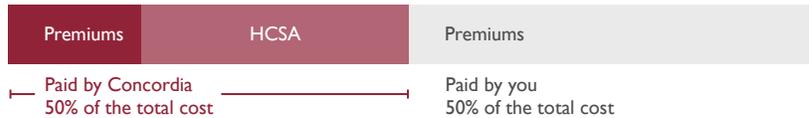
Currently, your share of the cost takes into consideration your RAMQ contribution. As of January 1, the cost-sharing between you and the University will no longer take that contribution into account.

Concordia's contribution to your health and vision care plan including the HCSA will correspond to 50% of the cost of the plan.

Currently  
Health and vision care plan premiums only



As of January 1, 2025  
Total cost (excluding the RAMQ contribution)



This adjustment to premiums will be reflected on your pension payment.

**Stay tuned!**  
**A coverage summary and FAQ will be published on Pensioner's corner at the time of the information sessions.**

**Sessions will be held at the following times on ZOOM:**

- December 6<sup>th</sup>: 10-11 a.m. (English)
- December 6<sup>th</sup>: 1-2 p.m. (French)

The links to the Zoom meeting will be posted on Pensioner's Corner. → [concordia.ca/hr/benefits/pensioners-corner.html](https://concordia.ca/hr/benefits/pensioners-corner.html)



**AS OF JANUARY 1, 2025**

Sun Life customer care center is there to answer any questions regarding the upcoming modifications.

1-800-361-6212  
From Monday to Friday, 8 a.m. to 8 p.m. (ET)

**TO CONTACT HUMAN RESOURCES**

[hr-employeeservices@concordia.ca](mailto:hr-employeeservices@concordia.ca)