

FSSS-CSN GROUP INSURANCE RENEWAL FOR 2019



The conditions for the 2019 renewal of FSSS-CSN's group insurance plan were submitted to the delegates at the Federal Council meeting held in Boucherville from November 5 to 9, 2018. This year's renewal terms are designed to reduce costs while continuing to provide flexible, generous coverage.

DETERMINED TO SAVE MONEY FOR OUR MEMBERS

The delegates were informed of the results of the online survey conducted in spring 2018, which gave all plan members the chance to express their opinions about the changes they wanted to the group insurance plan. Over 26,000 members participated in the consultation.

The results of this extensive survey guided the renewal of the plan. We worked hard to address your concerns and to save you money. Thanks to our determination in the last round of negotiations, we were able to secure an additional \$14.5 million annual contribution from the employer under the current collective agreement. We will continue working to put money in our members' pockets.

As the changes to the plan come into effect on March 31, 2019, it was decided to keep premiums frozen from January 1 to March 30, 2019 and adjust them just once, on March 31, 2019, to cover the renewal and the changes.

CHANGES TO THE PLAN EFFECTIVE MARCH 31, 2019

GENERIC DRUGS

In order to reduce drug insurance premiums, the cost of brand-name drugs will henceforth be reimbursed at the price of the least expensive generic equivalent, when such an equivalent is available and the plan member nevertheless files a claim for the brand-name drug without medical justification from the attending physician.

As we all know, drugs are expensive! To address this issue and find ways to save money, the FSSS-CSN will continue pressing for a 100% public drug insurance plan.

NEW AND IMPROVED DENTAL COVERAGE!

A major change is being made to the FSSS-CSN group plan dental coverage: from now on, it will be optional. The basic dental coverage in Health Plan II and the complete dental coverage in Health Plan III will no longer be automatically included in these plans.

Members will therefore be able to keep their full dental coverage or add it to their health plan as an option, and this optional coverage will be

available to all members, regardless of whether they have Health Plan I, II or III. This will make it possible for some members to save money.

Another new feature is that members can now opt for the dental coverage status that suits them (individual, single-parent or family). They must maintain their coverage for at least 36 months. No proof of health is required. In addition, certain dental coverage has been added.

Overall, our dental coverage remains among the best, by industry standards.

INFORMATION CAMPAIGN

Between now and March 31, 2019, we will be sending a personalized message to every member by postal mail or e-mail to explain the upcoming changes to the plan. The process will wrap up with information sessions in your workplaces before that date. Please keep an eye on your mail and watch for the invitations to these sessions from your union.



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