

New Comprehensive Medical Insurance for CUPFA & CUCEPTFU

Effective: 1 September 2025

Prepared: 23 September 2025

Employees are required by law to have private prescription drug insurance if it is offered by the employer, unless covered elsewhere or are 65 or older. At age 65 RAMQ includes drug insurance, and you can then choose to have just RAMQ, or RAMQ plus Concordia Health Plan to supplement it, or just the Concordia plan. At age 65, if you choose RAMQ plus Concordia, you will pay for RAMQ drug insurance on your tax return, and lower premiums for the Concordia plan.

As of 1 May 2025, **ALL** CUPFA members became eligible to join the University's Comprehensive Health Insurance Plan, ***regardless of seniority!***

CUCEPTFU members join the Comprehensive Health Plan per rules in the CUCEPTFU collective agreement.

You can opt out of the comprehensive plan if you are already covered by a different employer and you prefer their plan.

You may also choose to have health insurance from more than one employer at a time.

As of September 1, the University's Comprehensive Health Insurance Plan has ² been upgraded.

Why a new health care plan?

- The changes make the plan more uniform between employee groups and therefore more equitable, more flexible in its coverage, with much better non-drug coverage, and it is more financially sustainable.

This is the result of a collaborative process between the Concordia Part-Time Employee Benefits Committee and the University.

The team:

Robert Soroka, President CUPFA

Concordia Part-Time Employee Benefits Committee:

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Patrice Blais, VP CUPFA Grievances & Collective Agreement

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Concordia Benefits Committee:

June Riley, Treasurer CUPFA

KNOW YOUR BENEFIT YEAR

It's critical to know your **BENEFIT YEAR** - do not assume you know what it is.

You pay your full annual premiums in the first term of the academic year that you have paid work, and your benefit year (year of coverage) is from the start of that term and lasts for one year. If you are not sure which term starts your benefit year, look at your past pay stubs for the deductions of premiums or confirm with HR at hr-employeeservices@concordia.ca. It's also shown on the Sun Life user interface either online or mobile.

CUPFA members benefit year is either Sept. to Aug., Jan to Dec., May to Apr., or July to June.

CUCEPTFU members benefit year is either Sept. to Aug., or Jan. to Dec.

IMPORTANT: You cannot pay to be covered during an employment gap between benefit years. For example, if your benefit year runs from September to August, and your next contract starts the following January, then you cannot pay to be covered from September to December. You also would have to re-enroll for the winter term, because of the gap. *Always double check to see if an exception can be made* by sending an email to hr-employeeservices@concordia.ca.

Opting In/Out & Sick Leave

- ▶ If you are already covered by another employer, you can opt out of the Concordia plan. If you were already opted out because of being covered somewhere else and now want to opt in, you can do so. Once you have opted in or out of the plan, you remain in or out in all subsequent years until you notify the University that you wish to change enrollment status - unless there is an employment gap between benefit years.

Contact hr-employeeservices@concordia.ca to opt in or out.

- ▶ **REMINDER ABOUT SICK LEAVE PAY and INSURANCE PREMIUMS:**

Your entitlement to sick leave pay starts from the moment you sign your contract. If you happen to fall too ill to teach you must contact your chair so the contract can be reassigned, but you must also, providing you signed your contract, contact medicalabsence@concordia.ca to get your sick leave pay.

If the term when you are sick happens to be the first term of your benefit year, your medical insurance premiums will be deducted from your sick leave pay and you will maintain your insurance coverage - but only if you are getting the sick leave pay!

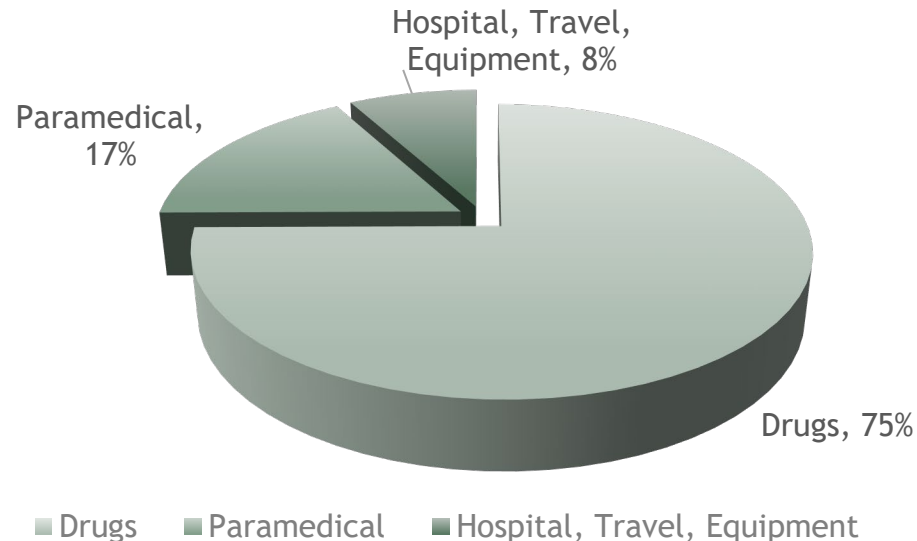
CUPFA & CUCEPTFU use of Concordia Comprehensive Health Plan

Number of CUPFA and CUCEPTFU members enrolled: 233

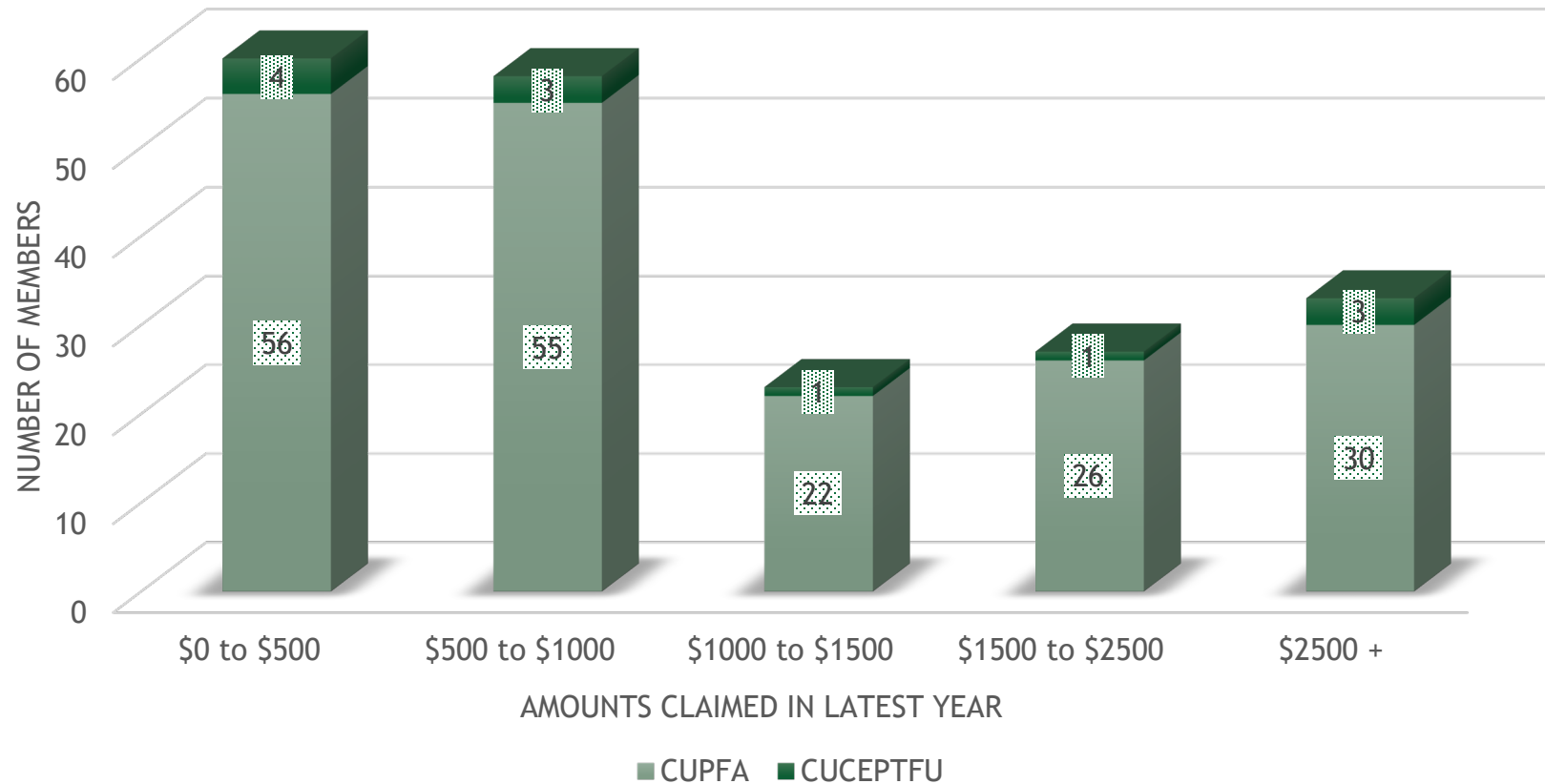
Number of CUPFA and CUCEPTFU claimants: 201

Types of claims (percentages of dollar amounts):

Type of Claim
(2024-2025 figures: excludes RAMQ Equiv)



CUPFA & CUCEPTFU Total Claims

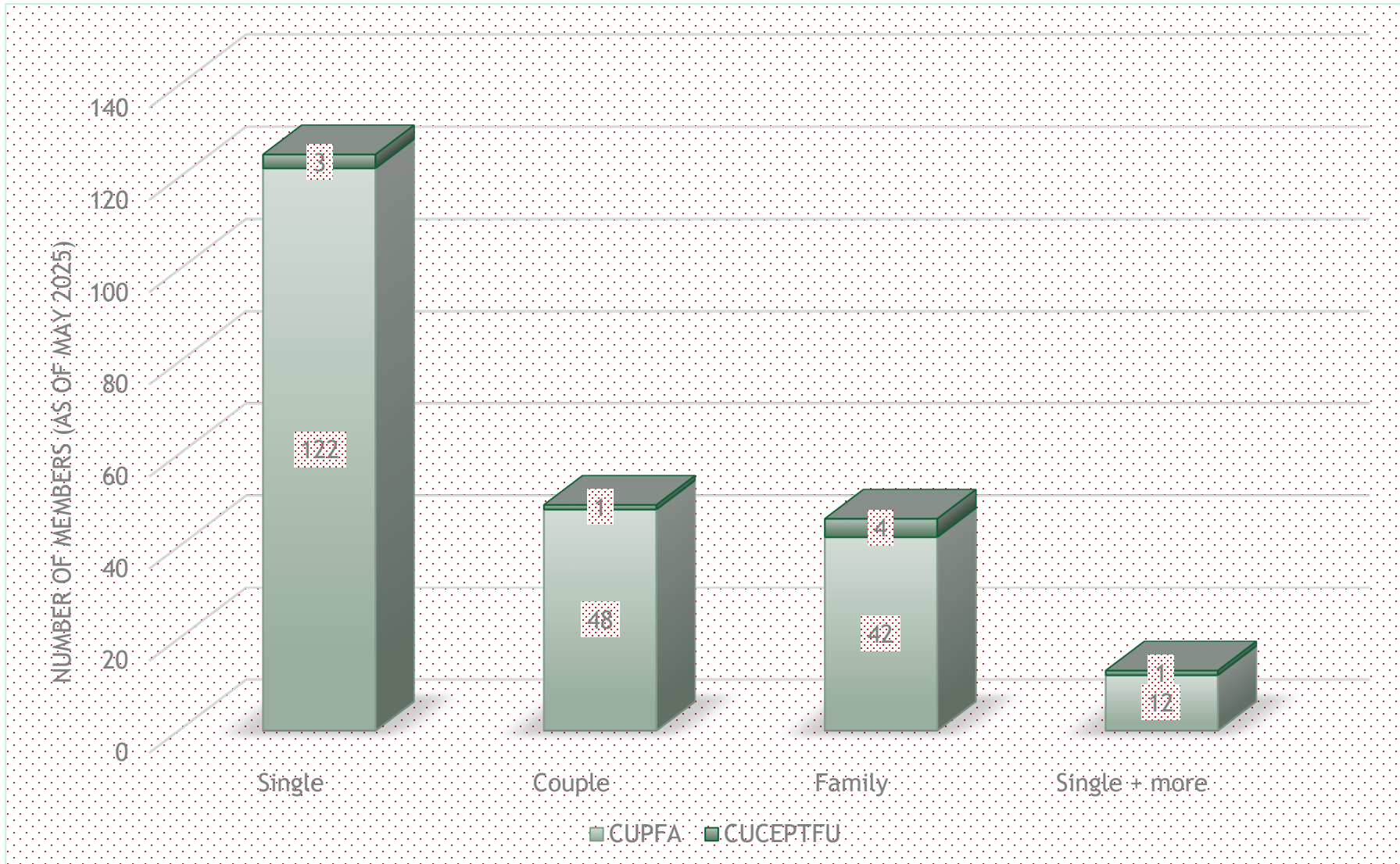


Average amount of claim (drugs, paramedical, etc.): approximately \$1750.

83% of all claims were at or below \$2500 last year.

(2024-2025 figures - excludes RAMQ Equiv. claims. In 2023-24 we had unusually high claims)

CUPFA & CUCEPTFU Enrollment



Highlights of new plan:

- ▶ Max out of pocket: \$2000 max on all claims combined, replaced by \$3000 max for prescription drugs claims.
- ▶ Paramedical: Sun Life pays 80% up from 50%
NEW: Kinesiologists covered
Higher maximum payouts for paramedical claims
- ▶ Mental Health: Sun Life pays 80% up from 50%
NEW: Psychotherapists included
- ▶ Other: **NEW:** Pharmacogenomics test covered
- ▶ Cost: 50-50 cost split with the university is the same (premiums + HCSA)
- ▶ Deductible: \$60 annual deductible replaced by \$3 deductible per fill of medical products sold at the pharmacy counter that have a Drug Insurance Number (DIN) – mostly drugs.

New Flexible Coverage: Health Care Spending Account (HCSA)

- ▶ A fixed amount is deposited on the first day of your benefit year into your HCSA. This can then be applied to any medical, hospital or dental expenses that are eligible under the income tax act (see [CRA](#) website), including prescribed equipment such as eyeglasses, emergency services outside province of residence, expenses related to service animals, also deductibles, premiums, or medical expenses that exceed the plan maximums.
- ▶ The amounts in the HCSA may be adjusted over time, higher or lower, depending on the surplus or shortage in the plan itself (premiums minus claims). For the September 2025- August 2026 year the HCSA amounts are:

\$135 single	\$255 couple
\$171 single parent	\$291 family
- ▶ Payouts under the HCSA are subject to federal tax.
- ▶ Unused allowances in HCSA **expire** at the end of each benefit year.
- ▶ **IMPORTANT:** *Our claims will probably go up because coverage has been improved. But reducing the number of prescription renewals to once every 3 months, and use of generic drugs, significantly decreases plan costs, keeping premiums as low as possible and increasing the possibility of stable to larger HCSAs going forward.*

GRADUAL IMPLEMENTATION OF HCSA

- ▶ Implementation of the HCSA started on 1 September 2025.
- ▶ Therefore, all CUPFA members, whether on RAMQ Equivalent or Comprehensive Health Plan, & CUCEPTFU members eligible for Comprehensive Health Plan, with a Sept. 2025 to Aug. 2026 benefit year, now have the complete form of the health insurance including the HCSA.
- ▶ For those CUPFA & CUCEPTFU members who are already on the comprehensive health plan, and who are either on the January to December 2025, the May 2025 to April 2026, or the July 2025 to June 2026 benefit years, will not have an HCSA until their next benefit year starts in 2026. However, other aspects of the new coverage under the Comprehensive Health Plan have been activated for these groups as of 1 September 2025. CUPFA members on RAMQ Equivalent will not have comprehensive health insurance until their new benefit year starts.
- ▶ To ask questions about this:
Contact hr-employeeservices@concordia.ca
- ▶ What follows is a comparison between the previous health plan and the new one.

Prescription Drugs

Mandatory generic substitution of drugs since 1 May 2024. Reimbursement is at lowest-priced available version of drug. Sun Life can evaluate if you fill out Drug Exception form.

Previous Plan

- ▶ Members paid
\$60 annual deductible
plus 20% of RAMQ-listed drugs,
or 50% of non-RAMQ-listed drugs.
- ▶ For all eligible health care claims combined, claims above \$2000 per insurance certificate, Sun Life paid 100%.
- ▶ *Note: the % of the amount claimed that you pay, e.g. 20%, is called your “co-pay”.*

New Plan

- ▶ Members pay \$3 deductible each time a prescription filled*
plus 20% of RAMQ-listed drugs,
or 40% of non-RAMQ-listed drugs.
- ▶ For prescription drug claims above \$3000 per insurance certificate, Sun Life pays 100%.
- ▶ * deductible is per fill per Drug Insurance Number (DIN). Save on \$3/DIN by filling prescriptions 3 months at a time.

Prescription Drugs Example for low drug claims of \$500 per year

Previous Plan

- ▶ A member claiming \$500 of RAMQ-listed drugs per year paid:
\$60 deductible
+ 20% of (\$500 - \$60 deductible)
= \$148
- ▶ For non-RAMQ-listed drugs:
\$60 deductible
+ 50% of (\$500 - \$60 deductible)
= \$280

New Plan

- ▶ A member claiming \$500 of RAMQ-listed drugs per year, with 3 prescriptions renewed every 3 months (or 4 times a year) will pay:
\$36 deductible (\$3 x 3 x 4 = \$36)
+ 20% of (\$500 - \$36 deductible)
= \$128.8
- ▶ For non-RAMQ-listed drugs:
\$36 deductible
+ 40% of (\$500 - \$36 deductible)
= \$221.60

Prescription Drugs Example for medium drug claims of \$2500 per year

Previous Plan

- ▶ A member claiming \$2500 of RAMQ-listed drugs paid:
\$60 deductible
+ 20% of (\$2500 - \$60 deduct.)
= **\$548**
- ▶ For non-RAMQ-listed drugs:
\$60 deductible
+ 50% of (\$2500 max - \$60 deduct.)
= **\$1280**

New Plan

- ▶ A member claiming \$2500 of RAMQ-listed drugs, with 5 prescriptions renewed every 3 months (or 4 times a year) will pay:
\$60 deductible (\$3 x 5 x 4 = \$60)
+ 20% of (\$2500 - \$60 deduct.)
= **\$548**
- ▶ For non-RAMQ-listed drugs:
\$60 deductible
+ 40% of (\$2500 - \$60 deduct.)
= **\$1036**

Prescription Drugs Example for high drug claims of \$5000 per year

Previous Plan

- ▶ A member claiming \$5000 in RAMQ-listed drugs paid:

\$60 deductible

+ 20% of (\$2000 max - \$60 deduct.)

= \$448

- ▶ For non-RAMQ-listed drugs:

\$60 deductible

+ 50% of (\$2000 max - \$60 deduct.)

= \$1030

New Plan

- ▶ A member claiming \$5000 in RAMQ drugs, with 10 prescriptions renewed every 3 months (or 4 times a year) will pay:

\$120 deductible (\$3 x 10 x 4=\$120)

+ 20% of (\$3000 max - \$120 deduct.)

= \$696

- ▶ For non-RAMQ listed drugs:

\$120 deductible

+ 40% of (\$3000 max - \$120 deduct.)

= \$1272

Paramedical coverage:

Previous Plan

- ▶ **Chiropractors, osteopaths, masseurs, naturopaths, acupuncturists, podiatrists, chiropodists:**

Members paid 50% after deductible to a maximum payout of \$300 per year per practitioner and \$500 per year for all in this category.

- ▶ **Physiotherapists, sports therapists, ergotherapists, physical rehabilitation therapists, occupational therapists:**

Members paid 50% after deductible to a max. payout of \$750 per year for all in this category.

- ▶ **Speech therapists -**

Members paid 50% after deductible and the max payout was \$400 per year.

New Plan

- ▶ **NEW:** includes *kinesiologist*.
- ▶ Members pay 20% for all in these categories.
- ▶ The maximum **payout** from Sun Life is \$1000 per year. That means if you claim \$1250 you will get \$1000 reimbursed as shown below.

20% of \$1250 = \$250 = your co-pay

80% of \$1250 = \$1000 = your max reimbursement

NOTE: There is no deductible on non-drug expenses.

- ▶ Members pay 20%. The maximum **payout** is \$1000 per year. That means if you claim \$1250 you will get \$1000 reimbursed.

Paramedical Examples

Previous Plan

- ▶ **Chiropractor:** At \$50 per visit, a max payout of \$500 and 50% co-pay, you could claim \$1000 or 20 visits per year ($20 \times \$50 = \1000), (but no more than 12 visits to a single practitioner).

Each visit would cost 50% of \$50 = \$25.

20 visits would cost $20 \times \$25 = \500
not counting the deductible.

OR

- ▶ **Physiotherapist:** At \$100/visit, a max payout of \$750 and 50% co-pay, you could claim \$1500 or 15 visits per year ($15 \times \$100 = \1500).

Each visit would cost 50% of \$100 = \$50.

12 visits would cost $12 \times \$50 = \600

15 visits would cost $15 \times \$50 = \750
not counting the deductible.

New Plan

- ▶ **Chiropractor:** At \$50 per visit, a max payout of \$1000 and 20% co-pay, you can claim \$1250 or 25 visits per year ($25 \times \$50 = \1250).

Each visit would cost 20% of \$50 or \$10.

The 25 visits would cost you $25 \times \$10 = \250 . 50 visits would cost \$500.

OR

- ▶ **Physiotherapist:** At \$100/visit, a max payout of \$1000 and 20% co-pay, you could claim \$1250 or about 12.5 visits per year ($\$100 \times 12.5 = \1250).

Each visit would cost 20% of \$100 = \$20.

12.5 visits would cost $12.5 \times \$20 = \250 .

15 visits would cost $\$20 \times 12.5 \text{ visits} + \$100 \times 2.5 \text{ visits} = \500 .

Mental Health:

Previous Plan

- ▶ Psychiatrists and psychologists - *but not psychotherapists*

Members paid 50% after deductible to a maximum payout of \$1500 per year. That means you could claim **\$3000** and get \$1500 reimbursed.

- ▶ **Example:** At \$150 per visit, You could claim 20 visits (20 x \$150=\$3000).

Each visit would cost 50% of \$150 or **\$75**.

12 visits would cost 12 x \$75 = **\$900**.

20 visits would cost 20 x \$75 = **\$1500**.

New Plan

- ▶ Psychiatrists, psychologists
NEW: includes psychotherapists

Members pay 20% to a maximum payout of \$1500 per year. That means you can claim **\$1875** and get \$1500 reimbursed.

- ▶ **Example:** At \$150 per visit, You can claim 12.5 visits (12.5x\$150 =\$1875).

Each visit would cost 20% of \$150 = **\$30**.

12.5 visits would cost 12.5 x \$30 = **\$375**.

20 visits would cost \$30 x 12.5 visits, plus \$150 x 7.5 visits = **\$1500**.

This means, at \$150 per visit, for up to 19 visits, the cost of all visits combined is now cheaper. From 20 visits onward, the cost of all visits combined is the same.

NEW: **Pharmacogenomics testing** prescribed by a doctor. Members pay 20%, one test, lifetime max of \$500. This test helps confirm your compatibility with a specific drug.

All other coverage remains the same:

- ▶ \$1000 per year for diagnostic testing such as X-rays or blood tests
- ▶ \$25 per year for X-rays prescribed by chiropractor or osteopath
- ▶ \$400 every 5 years for hearing aids for each insured
- ▶ \$250 per year for orthotics
- ▶ Emergency ambulance services
- ▶ Semi-private hospital room
- ▶ Up to \$950 for intra-ocular lenses related to cataract surgery
- ▶ *And more . . .
- ▶ **Telemedicine still available 24/7.**

** Details of eligible expenses under current plan are on Carrefour/Services & Resources/HR/Pension & Benefits*

COST OF COVERAGE for Fall 2025

Premiums for the Concordia plan can vary each year, depending on the dollar amount of claims in preceding years. For Concordia's Comprehensive Health Plan, the university pays half the total cost.

CUPFA & CUCEPTFU members share of premiums as of Fall 2025 are:

Premiums for Under 65

- ▶ Single: \$838.49
- ▶ Family: \$1784.05
- ▶ Single Parent: \$1044.70
- ▶ Couple: \$1575.29

Premiums for Over 65

- ▶ Single: \$646.41
- ▶ Family: \$1359.73
- ▶ Single Parent: \$805.07
- ▶ Couple: \$1204.34

INFORMATION RESOURCES:

Detailed info about all aspects of the new plan is on the University's updated website, including recordings of their information sessions that show how to make a claim:

Carrefour/Services & Resources/HR/Pension & Benefits

To contact Human Resources:

Complete a service request on [Carrefour](#)
or send an email to hr-employeeservices@concordia.ca

To contact Sun Life: 1-800-361-6212

Sun Life's business hours

Monday to Friday, from 8 a.m. to 8 p.m. (ET)

You will have to identify yourself using the following:

- Your contract (policy) number which is **103424**
- Your employee number & Concordia email address

Canadian government dental coverage:

<https://www.canada.ca/en/services/benefits/dental/dental-care-plan.html>

Quebec government dental coverage:

<https://www.ramq.gouv.qc.ca/en/citizens/health-insurance/dental-services>

