



NEWSLETTER

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IMPACT OF BILL 28 ON GROUP INSURANCE PLANS IN QUEBEC

Effective October 1, 2015, the rules concerning the reimbursement of brand-name drugs in plans with a generic substitution clause were changed. This means if your insurance plan contains a mandatory generic substitution clause, the insurer can limit its reimbursement of brand-name medications to the cost of the least expensive generic equivalent. In other words, if you choose to purchase a brand-name drug for which there is a generic equivalent, you must pay a greater share of the cost. Of course, if your plan does not contain a mandatory generic substitution clause, you will not be affected.

In addition, the Bill stipulates that the difference between the cost of the brand-name drug and the generic drug will no longer be considered when calculating the maximum annual contribution (\$1,029 per participant since July 1, 2015). Only the amounts paid for the deductible or coinsurance shall be taken into account when calculating the maximum contribution.

To allow you to make informed choices when purchasing medications, most insurers offer online tools for calculating claims. These applications indicate whether the prescribed drug is covered by the plan and has a generic equivalent as well as demonstrate the potential savings of buying generic. Some tools also provide the locations of drugstores in your area which sell your medication and provide an indication of the average price.

Finally, on November 10, 2015, Quebec's Minister of Health and Social Services dispelled the ambiguity concerning the billing of new acts by pharmacists and confirmed that the new pharmaceutical services billable to the private sector cannot exceed the cost billed under the public plan, with the exception of fees related to the filling or renewal of prescriptions. This legislative change allows insurers to reimburse services provided to the population within the parameters of the public plan.

For further information on your needs, please contact your portfolio manager at Vézina. We will give you expert advice on the choice of insurance that best suits your situation and protects what matters most to you.

New services provided by pharmacists	Fees
Renew a doctor's prescription	\$12.50
Prescribe medication when no diagnosis is required	\$16.00
Prescribe medication for a minor health problem (when the diagnosis and treatment are known)	\$16.00
Change a doctor's prescription	Variable

Since the vast majority of insurers have only had automated payment of benefits in drugstores since December 1, 2015, the impact on health insurance claims is still very low. However, if plan members have retained supporting documents for these services since they came into effect on June 20, 2015, they can send them with their prescription drug claim form.

In conclusion, we are convinced that employers can reduce costs by investing in wellness and prevention. To the extent that less than 1% of claims generate 23% of a plan's cost, we can tip the balance for the remaining 77% representing the vast majority of claims. If you missed our January 2015 newsletter entitled "Health and wellness program: A profitable investment," we invite you to discover the many benefits of prevention. The development of plans emphasizing prevention, including the ability to analyze data and determine the effect of disability and absenteeism on prescription drug costs, is a necessary change to ensure the viability of group insurance plans.



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