



A Message from your Health Care Committee – January 2018

It has been an active year for our Committee managing the Health Care Plan for CN Pensioners. We changed or updated various Plan design provisions and made two significant plan design changes. Our Committee worked proactively with Medavie Blue Cross (MBC) to manage the way NEW and in most cases high cost drugs becoming available in the market are managed and paid by our Plan. New drugs frequently enter the Canadian marketplace and MBC has a team of Drug Experts who assess these new drug treatments against similarly effective current drugs, and they recommend what should be covered. All Provincial Drug Plans are using this process as well as an increasing number of health care plans.

Our Plan may be restricting coverage for some of these drug therapies IF there is a current available treatment protocol which is effective in treating the illness. No one will find themselves without treatment options. Members who are taking one of the drugs today, which is later restricted, are grandfathered with those drugs, but new prescriptions will be restricted. Two things you should think of if your doctor or specialist advises you they are recommending a NEW or recently introduced Drug. First contact MBC (the phone number on the back of your MBC Blue Cross card) and provide the drug name or DIN to determine if it is covered. If it is not, ask your Doctor or Pharmacist about alternative available treatments. The second is to ALWAYS use your MBC card when filling your prescriptions. That way, you will know immediately if you are covered for the Drug. While less than 1% of our members will be affected, the savings to our Plan will be positive and help us keep costs down for our members.

The second plan design change involved the removal of the contentious Out-of-Country coverage (less than 5 days). While the vast majority of our membership seldom if ever used this provision, many of those who did likely did not realize that the coverage they were getting left them potentially liable for a significant personal cost, had they been required to make a claim due to an accident or medical emergency while abroad (and especially in the USA). We have seen people forced to pay tens of thousands of dollars out of their pocket to pay their medical bills in the US, only to find out when they return that their coverage under our Plan only covered a fractional portion of their costs, and they were liable for the rest. In addition, our Plan required the member to pay ALL of the medical costs themselves up-front for Doctors and hospitals, etc. In many cases the member did not have the large amount of funds available to pay the bills leaving them in financial crisis. To make the coverage better would have meant a significant premium cost for all members irrespective of the fact that only a small percentage used it. As a result, we made the decision to remove that provision. We have always encouraged people who travel outside Canada, even for day trips to the US, to get supplemental medical coverage. You can get this through local auto clubs, banks or medical insurance companies. Some Credit card companies even offer this supplemental coverage when you have a premium credit card.

With some of these changes and our other cost management initiatives, there was on average NO increase in premium rates across Canada this year. However some provinces such as Alberta and Saskatchewan saw overall increases since higher than normal claims were observed in 2017.

In 2018, we will focus some of our attention on the Extended Health Care provisions of the Plan which includes many of those NON drug related claims you have from time to time. Many of these provisions have not changed for several years so we will review them to determine if adjustments should be made.

Another issue facing our CN Pensioners' Association, is the higher than normal projected loss of pensioners over the next few years. This is a result of fewer hires at CN during the 80's and 90's and those that were hired at older ages are working well into their 60's. This could negatively affect the Health Care Plan for CN Pensioners. When member average age increases it usually results in higher Plan costs. This is particularly troublesome in the Atlantic Provinces where there will be even fewer new pensioners. We will be forecasting the potential impact to assist with our planning initiatives.

As we move forward, we are hopeful that our efforts to manage costs within our Plan will allow us to keep premium increases in a reasonable range.

Please go to the **CNPA National Website** under **Health Care** from time to time to see articles and links related to managing health issues and even saving costs. --- <http://www.cnpensioners.org/healthcare.cfm?hc=a>

I have included the names and contact information of our 2018 Committee members. Please feel free to contact them if you have questions or comments on the plan and its provisions.

Blake Olson – Chairperson

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