

# RETIREE CAATNIPS

November 2017

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## Benefits Information for CAAT Retirees

**Welcome** to the eighth edition of RETIREE CAATNIPS. This newsletter is produced by Council on behalf of the CAAT Retiree Group Insurance Advisory Committee (CRGIAC). It is designed to keep you informed of changes to your Retiree Group Insurance Benefits Plan as well as give you some helpful information with regard to your benefits and how to use them.

In this edition, we will provide information regarding upcoming plan changes, bring you up to date on legislative changes (some of which may affect you), and identify other initiatives that may impact you as a retiree.

### Design Review – The Revised Plans Are Coming February 1, 2019!

Over the past year, Council and the CRGIAC with the assistance of Sun Life and Aon Hewitt, the plan consultant, undertook a full review of the CAAT Retirees Benefit plan design and structure to ensure that the plans continue to meet the needs of plan members while continuing to remain affordable.

Guiding Principles leading the review were

- Make the CAAT Retiree Benefits Plan the right plan for College retirees
- Ensure the ongoing financial viability of the plan
- Protect the plan from emerging benefit trends
- Provide coverage for the right items at the right level
- Increase retirees' understanding of the value of the plan and increase participation in the plan

The impact of the following items on the retiree plans was included in discussions with the Committee

- Emerging Trends
- Provincial Health Plan
- Drug trends
- Technology
- Demographics
- Potential plan design changes



## What this means to You as a Retiree

As a part of implementing these changes, the college is providing written notice to retirees who are currently enrolled one of the Extended Health Care (EHC) Plans of the CAAT Retiree Group Insurance Benefits program.

Please be informed that **effective February 1, 2019**

- There will be additions and enhancements to existing benefits under EHC Plan 1
- There will be modifications to existing benefits under EHC Plan 2.
- There will be an annual limit of \$100,000 per covered individual for prescription drugs
- EHC Plan 2 and EHC Plan 3 will be combined into one plan
- There are no changes being made to the Dental or Life Insurance benefits
- Additional details regarding the changes to the EHC Plans will be provided in early 2018

## Legislative Updates

In the past year, the following legislative changes came into effect that could impact CAAT retirees.

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### *Legislation*

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### **Quebec Public Health Plan**

Effective December 29, 2016, all ultrasounds performed by radiologists in Quebec, even in private clinics, are covered by RAMQ (the provincial health care plan for Quebec residents). These expenses will no longer be reimbursed by Sun Life

### **Quebec Bill 92 passed into law**

Under Bill 92, starting on September 15, 2017, drug receipts will need to be broken down to clearly show the drug cost, the mark-up margin, and the pharmacist dispensing fees. This change will impact retirees residing in Quebec and will allow residents of Quebec to shop for the lowest dispensing fee available.

### **Ontario OHIP+**

Amendments were made to Ontario Regulation 201/96 under the Ontario Drug Benefit Act to provide drug coverage under the Ontario Drug Benefit (ODB) plan for dependent children up to age 24. The ODB formulary covers approximately 4,400 drug products. This change is effective January 1, 2018.

### **Alberta Dental Fee Guide**

The Alberta Dental Association and College (ADAC) recently published a new dental fee guide for Alberta. It was effective on September 1, 2017. However, as the CAAT Plans pay claims based on the previous year's guide, it will not impact the plans until 2018.



## Group Benefits Updates

### Medical Marijuana

The CAAT EHC Plans require a Drug Identification Number (DIN), issued by Health Canada, for a drug to be eligible for coverage. Medical marijuana does not, at this time, have a DIN and is not eligible under the CAAT plans.

### Pharma Negotiated Savings Initiatives – Update

Since 2014, Sun Life has led the private payer industry with the Remicade® agreement – the first of its kind for private payers in Canada. Sun Life is continuously monitoring the industry for opportunities to bring meaningful savings for plan sponsors and plan members on high cost drug therapies and have negotiated an agreement with Jansen for Quebec. While the provincial plan managed by RAMQ and other private payers may have decided to delist Remicade® for new patients, reimbursing only the biosimilar, Sun Life Quebec plan members continue to have options. If members stay on Remicade®, Sun Life has negotiated a significant discount, competitive with market forces that will impact their plan. This unique agreement gives members access to drug therapies at a reduced cost while providing savings for plan sponsors.

In a similar manner, Sun Life has joined forces with Vertex, the manufacturer of ORKAMBI® the only medicine approved by Health Canada for treating the underlying cause of Cystic Fibrosis (CF). Eligible plan members may enroll in the *orkambiCARE™* patient assistance program offered by Vertex, which ensures appropriate utilization of ORKAMBI® and provides patient support during treatment. Only plan members with CF for whom the medication is appropriate will be approved for treatment

Sun Life continues to monitor the industry for the best opportunities to bring meaningful drug savings for plan sponsors and plan members for high-cost drug therapies.

### Questions?

Please contact Sun Life's Customer Care Centre at 1-800-361-6212, Monday to Friday, 8 a.m. to 8 p.m. ET.

## Updates from Sun Life

### **New functions on the Sun Life mobile app**

A new function on the mySunLife mobile app allows users to look up a paramedical service provider. The function will identify providers in the plan member's vicinity, provide directions to the provider's location and, if applicable, display the rating for that particular provider.

### **Submitting medical documents through the mobile app**

Plan members will now be able to submit follow-up documentation to their claim through the mySunLife mobile app by taking a photo of the requested documents and sending them through the app. Plan members will need to use their claim number or a reference number provided to submit this additional paperwork.

### **Mobile App Search**

Sun Life's mobile app that allows for searches will soon be available on desktop computers as well.

### **Wellness Centre**

The mySunLife.ca plan member secure site now has a redesigned Wellness Centre section with the Health Risk Assessment (HRA) tool that features a new financial module. In addition, the plan member will be able to customize their health information content on the secure site by answering a few quick questions about their health interests.

### **Sun Life's Toronto Address has changed**

In March 2017, Sun Life relocated their corporate Head Office in Toronto. The new address is

Sun Life Financial  
1 York Street, 26<sup>th</sup> Floor  
Toronto, ON  
M5B 0B6

### **Do you have any questions?**

Please contact Sun Life's Customer Care Centre at 1-800-361-6212, Monday to Friday, 8 a.m. to 8 p.m. ET.

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*Enhancements to My  
Sun Life Mobile*

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## Updates from Sun Life

### DIABETES AWARENESS MONTH

November is Diabetes Awareness Month and Sun Life has again partnered with Diabetes Canada to encourage Canadians to visit [www.sunlifeagainstdiabetes.ca](http://www.sunlifeagainstdiabetes.ca) and take the CANRISK test.

One in three Canadians is affected by Diabetes or prediabetes. This simple, two-minute test can help Canadians take charge of their health and determine if they are at risk of developing type 2 diabetes.

Plan members are encouraged to take the test.

### DELISTED SERVICE PROVIDERS

To help protect our Plan against increased costs arising from questionable claims and claim practices, it is sometimes necessary to disallow claims from certain healthcare service provider(s), clinics, facilities, or medical suppliers. Sun Life refers to this as delisting.



Sun Life periodically updates their delisted service providers list. Once Sun Life delists a provider, they no longer process or pay for claims for services or supplies obtained from that provider. To view the current list, please log in to your password protected site through [www.mysunlife.ca](http://www.mysunlife.ca) and select the link for delisted providers.

If you do not have online access you will first need to register for it.

#### How to register for online access

- Make sure you have your Contract and Member ID numbers
- Go to [www.mysunlife.ca](http://www.mysunlife.ca) and select **Register now**
- Select – **benefit plans** option
- Complete all of the required information and continue

If you need assistance with your online access, please contact Sun Life at 1-800-361-6212.

## Group Insurance Fraud

The inappropriate use of incentives in the health benefits realm is increasing. The truth is that plan members may be inclined to take advantage of “deals” at the cost of their benefits plan. Some vendors of medical equipment will promote inappropriate incentives to lure clients into purchasing medical products and services that may not be medically necessary.

### What are inappropriate incentives?

Imagine you go to a footwear store to purchase orthotics and there is a promotion sign offering a free pair of non-orthopaedic shoes, cash-back or a gift card for another retailer with the purchase of your orthotics. A sales person approaches you to discuss additional coverage that may be available through your benefits plan and how you can take advantage of this additional coverage and the promotions offered by the store.

Sounds like a great deal, right? In reality, promotions like this are actually considered an abuse of benefits plans and may cost your organization more by driving up claims cost. If a vendor increases the cost of a medical item in order to offset the cost of the “free” non-medical item, it can lead to increased premiums on your benefits plan.

### Delisting providers to protect your benefits plan

To protect the integrity of the plan, Sun Life investigates and delists providers that offer inappropriate incentives. Some regulated professionals cannot offer such types of inappropriate incentives as part of their code of ethics.

### How do I avoid providers that offer inappropriate incentives?

Avoid stores that have more non-medical items than medical items but claim to be a medical equipment store.

Do not purchase medical items from providers who offer such types of inappropriate incentives. Some providers may provide an inferior product or increase the cost of their merchandise to offset the cost of free or discounted items.

If you suspect abuse of the benefits plan through the inappropriate use of incentives, we encourage you to email [clues@sunlife.com](mailto:clues@sunlife.com) or call toll free at 1-888-224-8110.

### How you can help

If you or your dependents suspect fraud may be occurring, please contact Sun Life’s toll free line, available throughout North America, at 1-888-882-2221 or email Sun Life at [clues@sunlife.com](mailto:clues@sunlife.com). Your confidentiality will be protected. It is our Plan, we all have a responsibility to protect it.

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*Tips on how to reduce  
benefits fraud*

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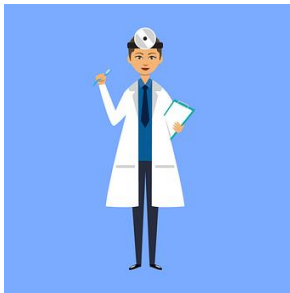
## ➤ Did You Know?

### PREDETERMINATIONS

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*Useful information on getting an estimate of your covered treatment*

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#### **Getting an estimate**

Whether you are obtaining medical services or equipment or dental treatment, where the cost is expected to exceed \$300, it is always advisable to submit the estimated cost and the description of the prescribed services or equipment to Sun Life prior to acquiring the treatment or service. Called a predetermination, this service will let you and the service provider know how much (if any) of the cost is covered.

Dental claimants should ask their dentist to send Sun Life a fee estimate so Sun Life can let them and their dentist know, in advance, how much (if any) of the expense will be covered by your benefit plan.

This is a precaution to allow the claimant to discuss treatment options with the dentist before the work begins and to budget for the expense.

A predetermination is not a guarantee. In some situations, the amount of benefits paid may be different than the amount that was approved when the dentist submits the estimate (for example, if the claimant has other work done in the meantime that brings them over the annual coverage maximum under your plan, or if the work done differs from that outlined in the dentist's estimate).

### Expenses under the CAAT Retiree Group Benefits Plan

#### 2016 EXTENDED HEALTH CARE SPENDING BY EXPENSE CATEGORIES:

- ❖ 57.4% - Prescription Drugs
- ❖ 21.0% - Paramedical
- ❖ 10.8% - Medical Services & Equipment
- ❖ 6.5% - Hospital in Canada
- ❖ 4.3% - Contacts/Eyeglasses
- ❖ 0.02% - Other medical

#### 2016 DENTAL CARE SPENDING BY EXPENSE CATEGORIES:

- ❖ 42.5% - Periodontics, Endodontics
- ❖ 25.1% - Surgical, Restorative
- ❖ 16.1% - Major Restorative
- ❖ 15.9% - Diagnostic, Preventative
- ❖ 0.5% - Orthodontics

## IMPORTANT REMINDERS!

### CHANGING YOUR COVERAGE

February 1, 2018 (and each subsequent February 1) is your next opportunity to change the Extended Health Care (EHC) plan that you are enrolled in. If you are currently in EHC Plan 1, you may change to either EHC Plan 2 or EHC Plan 3. If you are enrolled in EHC Plan 2, you may only change to EHC Plan 3. However, if you are enrolled in EHC Plan 3, you do not have any other options to change your coverage.

Additionally, on February 1, 2018 you have the option to switch to Dental Plan 2 if you are currently enrolled in Dental Plan 1 coverage. If you decide to change your coverage to Dental Plan 2, you will not be able to change to Dental Plan 1 in the future.

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*You may change your  
Plan selection on  
February 1<sup>st</sup> of each  
year*

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### CHANGE IN PERSONAL CIRCUMSTANCES

If your marital status changes during your retirement, it is your responsibility to report this change to your College within 31 days of the change. If you fail to have an ineligible spouse removed from your group insurance plan coverage, any claims paid after the date they became ineligible will result in you having to reimburse the Plan. Therefore, it is imperative that you keep your benefit records up to date and inform your College of any changes in your marital status.

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*Inform your College  
immediately of any  
marital status changes*

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### PREVIOUS EDITIONS

To view the previous edition(s) of RETIREE CAATNIPS, please visit the Council's website at [www.theCouncil.on.ca](http://www.theCouncil.on.ca). Click on **Benefits Information** and then click **Retiree Benefits**. This will take you to the page that provides a range of retiree related information, including CAATNIPS.



## CRGIAC COMMITTEE:

### CRGIAC Retiree Representatives:

Leslie Millson-Taylor – Appointed by OPSEU Academic

Sheila Hirsch-Kalm – Appointed by OPSEU Support

Susan Alcorn MacKay – Appointed by OCASA



### CRGIAC Contacts:

Kim Macpherson – OPSEU – [kmacpherson@opseu.org](mailto:kmacpherson@opseu.org)

Cindy Gareau – OCASA – [cindy.gareau@ocasa.on.ca](mailto:cindy.gareau@ocasa.on.ca)

Stephen Lee Kam – Council – [stephen.leekam@thecouncil.ca](mailto:stephen.leekam@thecouncil.ca)

### College Employer Council

20 Bay Street, Suite 1600

Toronto, ON M5J 2N8

## Sources:

Free with purchase? – Uncovering the truth about inappropriate health benefits incentives Sun Life Focus Newsletter #711

[http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Focus%20Update/2017/711/711\\_Focus.pdf](http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Focus%20Update/2017/711/711_Focus.pdf)