

RETIREE CAATNIPS

November 3, 2014

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Benefits Information for CAAT Retirees

Welcome to the fifth 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 bring you up to date on legislative changes (some of which may affect you), provide general plan information and identify other initiatives that may impact you as a retiree.

PLAN DESIGN CHANGES – CONTRACT 22182

After careful and lengthy consideration, the CRGIAC recommended the following plan changes to the Retiree Group Insurance Plan. These changes were approved by the Management Board of Council.

Dental Plan 2

Effective February 1, 2015, a new dental plan will be created which is currently a part of EHC Plan 2. The new Dental Plan 2 will become a stand alone plan that covers major restorative dental services only and provides retirees with more flexibility with regard to dental coverage options. Please refer to the new retiree plan descriptions and the applicable premium rates in your rate renewal package from the College.

Extended Health Care Plan 2

The current Extended Health Care Plan 2 will no longer have the dental plan component. With the exception of the dental plan removal there were no other changes made to this plan. This change will be effective on February 1, 2015. Premium rates have been adjusted to reflect this change.

Dependent Life

As of February 1, 2015 no further enrolments will be allowed in this benefit. Any retirees currently enrolled in the coverage will be allowed to continue the coverage until January 31, 2016 at which point the coverage under this benefit will terminate.

Important Plan Information - Eligibility

IMPORTANT



This is a reminder that eligibility under the CAAT Retiree Benefits Program requires that you (the retiree), your spouse and any dependent children must be residents of Canada in order to maintain your coverage under the CAAT Extended Health and Dental benefits. Continued eligibility also requires that you maintain your coverage under the Health Care Plan of the Province or Territory in which you are a resident. This involves obtaining Provincial Plan approval and notifying your College accordingly when you plan to be out of the country for an extended period. In most cases, Provincial Plan approval is required if you or your dependent(s) will be out of the country continuously for more than 6 months at a time. You will need to contact your provincial plan to confirm their requirement.

Ongoing residency requirement and provincial plan coverage do not apply to life insurance.

Legislative Changes

New Brunswick's Prescription and Catastrophic Drug Insurance Act

On December 10, 2013, New Brunswick introduced the Prescription and Catastrophic Drug Insurance Act in the Legislative Assembly. This Act is aimed to provide residents of New Brunswick with access to a government-sponsored prescription drug insurance plan. The New Brunswick drug Plan is being rolled out in two stages: a voluntary program which came into effect May 1, 2014 and a mandatory program to take effect on April 1, 2015.

This prescription drug insurance plan will be jointly funded by the government and plan participants in accordance with their ability to pay.

The voluntary plan will have a 30% co-payment, with a maximum of \$30 per prescription for all participants. It will cover approved drugs on the New Brunswick Prescription Drug Program formulary (<http://www.gnb.ca/0212/nbpdpformulary-e.asp>), which adheres to a national evidence-based drug review process currently used by public drug plans across Canada.

New Brunswick's drug plan will continue to evolve over the next several months. Please visit www.gnb.ca (under the section "For Residents") for up to date information about the New Brunswick Drug Plan.

*New Brunswick's
Drug Plan*

Sun Life Updates

More claims submission options

The next time you need to visit a healthcare service provider, you may want to ask if they are registered with TELUS Health e-claims so you can have your claims quickly processed to save you time, effort and possibly out of pocket expenses – depending on your benefits coverage.

When your service provider is registered with TELUS Health's e-claims services, they can submit your claim online for you. Beside massage therapists, acupuncturists and naturopathic doctors, this service is already available with physiotherapists, chiropractors, optometrists and opticians who have registered with TELUS Health.

How it works

Similar to the process in most dental offices, when these registered healthcare providers submit your claims, you may not have any out-of-pocket expenses – or you may pay a reduced amount, depending on your benefits coverage. Note that if your service provider has not yet registered for TELUS Health's e-claims service, you will need to pay for the treatment and then submit the claim yourself.

More than 19,000 service providers in Canada are registered with the TELUS Health e-claims service – that's about one-third of all Canadian providers – so you should have convenient access to many of them. You can visit www.mysunlife.ca to learn more about provider-e-claims and access the provider look-up website.

Other electronic claims (e-claims) options

You also have other ways to submit claims online (no paper claim forms for you to fill out!):

- Web (through www.mysunlife.ca);
- iPhone, BlackBerry, and Android using the my Sun Life Mobile app (www.sunlife.ca/mobile); and
- Other smartphone devices (www.mysunlife.ca). For more details, go to sunlife.ca/mobile.

Give this claims service a try

We hope you'll try this the next time you need to visit one of the service providers listed above. You can also ask your current healthcare providers if they have registered yet for TELUS Health e-claims.

*Your massage therapist,
acupuncturist and
naturopathic doctor can
now submit your claims.*



Provincial Programs

Ontario Drug Benefit (ODB) Program

What the program covers?

The Ontario Drug Benefit Program covers most of the cost of commonly used prescription drugs, diabetic testing supplies, and some nutrition products. The list of the products covered by the ODB Program is called the "Formulary" and can be found on the following website:

<https://www.healthinfo.moh.gov.on.ca/formulary/>

Who is eligible for the Ontario Drug Benefit (ODB) Program?

If a drug is not listed in the ODB Formulary, prescribers may apply for coverage of the drug through the Exceptional Access Program.

Please note that some products listed in the Formulary will only be covered in limited circumstances and/or for a limited duration of time. Additionally, the ODB program does not cover over-the-counter medications, lancets, needles, glucometers, and blood pressure monitors even if they are written on a prescription. Any medications purchased out of province/country will not be reimbursed.

How do I get the ODB program benefits?

If you are age 65, live in Ontario and have a valid Ontario Health Card, you qualify for the ODB program. If the Ministry of Health and Long-Term Care has your correct address, you will be notified by mail about two months before you turn 65. You do not need to apply to join, but you will pay a small portion of the costs of your drugs.

Your ODB benefits will start on the first day of the month that follows your 65th birthday. When you visit your pharmacy, just tell the pharmacist that you are now eligible for the ODB program.

Travelling?

If you travel out of the province you could obtain a vacation supply of medication before you leave Ontario. For more information please visit:

http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_travel_supply.aspx



Your Drug Benefits: Using them the right way

Unfortunately, there is a high cost to the misuse of drugs and that is something we should all be concerned about. For many plan members, coverage for prescription drugs is often their most valued and necessary benefit. It is also one of the highest costs associated with any insurance benefits plan. Therefore, reducing the costs associated with drug benefit fraud and misuse is everyone's responsibility. If the costs to a benefits plan rise due to alleged fraud or misuse, it could impact your coverage and, cause you to pay more in premiums.

Tips on how to reduce drug benefit fraud.

Here are some ways that you can reduce the risk of fraud and misuse – and ensure that you're using this valuable benefit in the right way:

- **Protect your personal information.** Never give a pharmacist your personal information such as access IDs and passwords that would allow them to view your claims history and update your personal information like an address and bank account. To be safe, check your online drug claims history regularly to ensure that you are aware of all drug claims that have been submitted and paid under your benefits plan. Identify to Sun Life any claims submitted without your knowledge.
- **Submit claims electronically whenever possible.** The most convenient way to pay for your prescriptions is to use your Pay Direct Drug card, if you have one. This allows Sun Life to immediately reimburse the pharmacy, and you pay only the balance. Alternatively, online claims submission and direct deposit is a secure option for claims processing.
- **Don't lend your drug card.** Your benefits plan covers only you and your eligible family members for prescription drugs. So don't lend your drug card to someone else, use it yourself to cover their prescriptions, or give prescription drugs that you've received through your benefits plan to someone else.
- **Ensure your prescriptions are medically necessary.** Your benefits plan covers drugs prescribed by a doctor for the treatment of an illness or medical condition. Submitting drug claims for a purpose other than a medically necessary treatment may constitute plan abuse or suspected fraud.
- **Keep your receipts.** It is important that you keep your receipts for one year. Sun Life may request additional information from you regarding the services or products you received. Please respond to these requests so we can ensure the payment of your claim is correct.



It is everyone's responsibility to ensure that group benefits are not misused so they will be available for plan members and their families when they need them most.

➤ Did You Know?

WHY BENEFITS FRAUD MATTERS TO YOU

Benefits fraud costs Canadians billions of dollars each year. And, as a result, it can have a direct impact on your coverage. Fraud can increase the costs to your benefits plan and it can lead to higher premiums for you. To help manage increasing costs, your plan might cover fewer services and products than those covered under your benefits plan today or, lower the limits that currently apply under your plan.

Sun Life's role in fighting fraud

Sun Life has a comprehensive fraud prevention, detection and investigation program – with a team of professionals dedicated to these tasks. They continue to invest in anti-fraud technologies and resources to help protect you and your benefits plan.

If you are suspicious of any activity or request – such as actions that provide little or no benefit to you but maximize payments to that service provider or supplier based on your plan coverage – please call [Sun Life's Fraud Hotline, toll free at: 1-888-882-2221](tel:1-888-882-2221) or email us at clues@sunlife.com. Your confidentiality will be protected.

➤ Did You Know?

HOW TO TAKE ADVANTAGE OF REDUCED COST ON REMICADE

In May 2014 Sun Life announced that an agreement was reached with Janssen Inc., the manufacturer of Remicade, to reduce costs of the medication. Plan members will now receive a discount on Remicade as part of the Preferred Provider Network arrangement, which is exclusive to Sun Life.

To be eligible for the reduced costs, Remicade users must sign up with BioAdvance, which is the name of Janssen's patient assistance program associated with Remicade. A majority of patients already work with the BioAdvance program using the available services and to co-ordinate receiving their infusions. For this to work, plan members must:

- register with BioAdvance
- use their Pay-Direct Drug card (must use drug card!)
- present their Remicade assist number at the pharmacy when having their prescription filled. They will get this number from their BioAdvance coordinator when they register.

To contact a representative from the BioAdvance program please call their hotline 24 hours a day at 1-866-872-5770 or email at info@bioadvancemail.ca.



Register with BioAdvance to receive savings on Remicade medication.



Inform your College immediately of any marital status changes.

You may change your Plan selection on February 1st of each year.

➤ Did You Know?

Of each \$1 paid in premiums, the plan pays out

- \$0.875 in claims
- \$0.089 in taxes to the government
- \$0.036 in claims administration to Sun Life

Marriage Breakdown

If your marital status changes during your retirement, it is your responsibility to report this change to your College. 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.

REMINDER!

February 1, 2015 (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, prior to or on February 1, 2015 you have the option to enrol in Dental Plan 2 if you are currently enrolled in Dental Care coverage. As was explained earlier, Dental Plan 2 is the new plan that will take effect on February 1, 2015. (Please refer to Page 1)

PREVIOUS EDITIONS

To view the previous edition(s) of RETIREE CAATNIPS, please visit the Council's website at 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.

➤ Did You Know?

Health Issues force many into retirement

(Among those Canadians polled 69% said they did not stop working on a date of their own choosing)

Many Canadians find themselves having to retire earlier than planned because of health issues, according to a new study. Sixty-nine per cent of retirees in a poll conducted for Sun Life Financial Canada said they did not stop working on the planned-for date. And personal health is the main reason cited for not retiring on time, the survey found: 29 percent of those who retired earlier than planned did so for health or medical reasons, ahead of 15 percent who took an optional early retirement offer from their employer.

About 66% of respondents cite deteriorating health as a top concern as they age, but only 22% have saved enough for health expenses in retirement.

Almost half of the study's respondents said they suffered at least one serious health event or accident. Most of them (61 per cent) said that had a financial impact. One quarter said it reduced or depleted their savings while another 26 percent said it provoked "some financial hardship" and 16 percent cited "significant financial hardship".

The survey also found that out-of-pocket medical expenses are commonplace. Respondents reported spending \$1,511 on average over the past 12 months on medical/health care products and services.

The poll indicates that 66 percent of respondents cite deteriorating health as a top concern as they age, but only 22 per cent have saved money or otherwise prepared for health care expenses in retirement.

Moreover, there is a disconnect between retirement expectations and the actual reality experienced by retirees. Plans to travel extensively at retirement might change but the reality to manage health care bills and take care of your health will always be there. Having a rich benefits plan like the CAAT Benefits Group Insurance Plan will alleviate some of the hardships faced by many retirees today.

Heart Health

Today, heart disease and stroke take one life every seven minutes and 90% of Canadians have at least one risk factor.

The Heart and Stroke Foundation

Heart disease kills thousands of Canadians every year and is the leading cause of death for both men and women. The good news is your risk for developing heart disease can be, in many cases, greatly reduced by keeping your pulse on some simple preventative steps.

- ❖ **Get off the couch.** It's no secret that exercise prevents heart disease, but for many it's still not a priority. It doesn't matter if you are biking, walking, running or swimming; find something you enjoy and do it, but be sure to consult your health professional or physician before starting a new program. Just 30 minutes a day can lower your chances of heart disease and help you feel and look your best.
- ❖ **Fill up on fiber.** Consuming foods high in fiber helps with digestion, maintaining a healthy body weight and lowering your risk for cardiovascular disease. Stock up on fibrous foods, such as legumes, vegetables, fruit and whole grain products.
- ❖ **Go local.** People who eat local produce have been found to have healthier eating behaviours. Not only are you supporting the local economy, but you also get more flavourful tastes from fruits and vegetables grown nearby, and as a bonus they often contain more nutrients than ones that have taken a long journey in the back of a truck. Colourful, home-grown foods provide flavour, variety and nutrients to your meals. They're also rich in fiber, vitamin C and beta-carotene, as well as antioxidants—all of which can help reduce the build-up of plaque in your arteries and prevent heart disease.
- ❖ **Spot the signs of trouble.** Don't wait until it's too late to learn the warning signs of heart disease. Most people are aware of the more "typical" symptoms such as shortness of breath, pain or pressure in the chest or upper body (neck, jaw, arms, shoulder). What you may not know are the subtler signs of heart problems or a heart attack. Less clear-cut symptoms—often more commonly reported among women—include indigestion, nausea, back or jaw pain, light-headedness or cold, clammy skin. If you experience these symptoms, call 9-1-1 or see a doctor immediately.



Knowing the warning signs of heart disease is important and can help reduce your risk of developing more serious heart problems. Getting serious about heart health through preventative steps, such as exercising, quitting smoking, eating well, maintaining a healthy weight and reducing stress can lower your chances of experiencing them firsthand. Remember: Small changes not only add up to reduce the likelihood of developing heart disease, but can also bring balance to your life and improve your overall physical and emotional health.

CRGIAC COMMITTEE:



CRGIAC Retiree Representatives:

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 Sheila Hirsch-Kalm – Appointed by OPSEU Support
 Catherine Peterson – Appointed by OCASA

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