

RETIREE CAATNIPS

November 2018

Benefits Information for CAAT Retirees

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Welcome to the ninth 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!

In 2017, 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. Council's Board then approved the changes, effective February 1, 2019.

What this means to You as a Retiree: As a part of implementing these changes, the college is providing a second written notice to retirees who are currently enrolled the Extended Health Care (EHC) Plans.

Your written response to the college will be needed by January 2019

- If you are enrolled in EHC Plan 1 and would like to change to EHC Plan 2
- If you are enrolled in EHC Plan 2 and would like to take this one-time opportunity to change to EHC Plan 1.
- If you are enrolled in EHC Plan 3 and do not want to have your EHC coverage transferred to EHC Plan 2. You will need to notify the college in writing that you wish to opt out of the EHC coverage altogether.





What if you do not respond to the college by January 2019?

- If you are enrolled in either EHC Plan 1 or EHC Plan 2 and do not respond to the college, you will remain enrolled in your current plan.
- If you are currently enrolled in EHC Plan 3, and do not respond to the college, you will be automatically enrolled in EHC Plan 2, as these two plans will be merged on February 1, 2019.

If you are enrolled in Life or Dental coverage, these plans will not be changing on February 1, 2019.

Legislative Updates

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

Ontario OHIP+

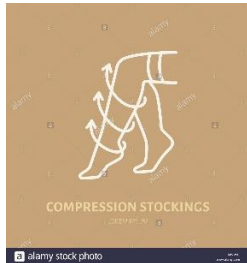
The Ontario provincial government implemented changes under the Ontario Drug Benefit Act to make private insurers the first payer, where such coverage is available, for dependent children up to age 24 who may be eligible for drug coverage under the Ontario Drug Benefit (ODB) plan. The ODB formulary covers approximately 4,400 drug products.

Legislation

Alberta Dental Fee Guide

The Alberta Dental Association & College (ADAC) published a new fee guide that came into effect on January 1, 2018. It included lower fees than the previously announced fee guide, with the new fees being reflected in the dental claim bill. It is important to be aware that the ADAC Fee Guide is a suggested fee guide, not a mandatory one. As a result, many dentists will continue to set the fees they charge for services, and might not adopt the new fees right away.

Group Benefits Updates



Compression Stockings – Update

Effective February 1, 2019, the way claims are administered for this item will change so that it will be easier for retirees to claim the maximum 4 pairs of compression stockings in a calendar year.

Changes regarding the eligibility of the Canadian Federation of Podiatric Medicine (CFPM)

Effective June 1, 2018, Sun Life no longer recognized service providers registered with CFPM association as it does not meet the administrative standards required by Sun Life. Service providers of podiatry and Chiropody can register with another association approved by Sun Life. Some providers registered with that association who practise in PEI, NS or NL will be impacted along with their patients.

Changes regarding Orthopaedic Shoes and Orthotics

As of February 1, 2019, there will be changes to the specialists who are eligible to dispense custom orthotics and the reasonable and customary amount that will be covered.

Eligible dispensers

One of the following specialists must **prescribe** custom orthotics.

- Medical doctor; Podiatrist; Chiropodist

In addition, one of the following specialists must **dispense** custom orthotics. Claims will not be eligible otherwise.

- Podiatrist; Chiropodist; Pedorthist; Orthotist; Chiropractor

These specialists have the training and expertise to make sure that custom orthotics are the right treatment for the plan member's condition.

To help plan members make the most of their plan coverage, Sun Life has added new functionality to their Provider Search Tool which will allow plan members to search for vendors in their local area that have sold eligible supplies such as those identified above, at or below the Reasonable and Customary reimbursable amount.

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

The function on the mySunLife mobile app that allows users to submit a paramedical service claim will now require the plan member to include the full address of the facility where they received their medical treatment when submitting a claim. This will bring consistency with the claim submission process under mysunlife.ca e-claims option and will help manage and safeguard against fraudulent activity pertaining to claims.

Enhancements to My Sun Life Mobile

Improving the Paperless Election Experience

Plan members who choose EFT as their method of payment will now receive paperless claims statements. Plan members who receive their claim payments by EFT but get their statement by mail will be notified of this change and will then start to receive paperless claim statements.

Ella now available on Google Home

Ella, Sun Life’s interactive digital coach, is now available on Google Home to help plan members navigate their health providers. By asking Google Home to “Talk to Sun Life”, plan members (and all Canadians) can use Ella to find a dentist, physiotherapist, chiropractor or massage therapist.



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.

Updates from Sun Life

DELISTED SERVICE PROVIDERS

To help protect the 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 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 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 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. Your confidentiality will be protected. It is our Plan, we all have a responsibility to protect it.

*Tips on how to reduce
benefits fraud*

➤ Did You Know?

PREDETERMINATIONS

Useful information on getting an estimate of your covered treatment



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

2017 EXTENDED HEALTH CARE SPENDING BY EXPENSE CATEGORIES:

- ❖ 57.3% - Prescription Drugs
- ❖ 20.9% - Paramedical
- ❖ 5.5% - Medical Services & Equipment
- ❖ 6.6% - Hospital in Canada
- ❖ 4.3% - Vision Care
- ❖ 5.3% - Hearing Care
- ❖ 0.1% - Other medical

2017 DENTAL CARE SPENDING BY EXPENSE CATEGORIES:

- ❖ 42.5% - Periodontics, Endodontics
- ❖ 36.3% - Basic, preventive, minor restorative
- ❖ 4.6% - Surgical
- ❖ 16.1% - Major Restorative
- ❖ 0.5% - Orthodontics

IMPORTANT REMINDERS!

CHANGING YOUR COVERAGE

February 1, 2019 (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 EHC Plan 2. If you are enrolled in EHC Plan 2, you do not have any other options to change your coverage.

You may be eligible to change your Plan selection on February 1st of each year

NOTE: Arising from the changes that are coming into effect on February 1, 2019, the following **ONE TIME ONLY** opportunities will be available:

- Retirees currently enrolled in EHC Plan 2 may elect to enrol in EHC Plan 1
- Retirees currently enrolled in EHC Plan 3 will be automatically enrolled in EHC Plan 2
- If a retiree declines the options indicated above, as they apply to the retiree, there will not be another opportunity at any time in the future.

Additionally, on February 1, 2019 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. Note that Dental Plan 2 does not cover Basic dental services.

Inform your College immediately of any marital status changes

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.

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.

CRGIAC COMMITTEE:

CRGIAC Retiree Representatives:

Lorrie Irvine – Appointed by OPSEU Academic
Sheila Hirsch-Kalm – Appointed by OPSEU Support
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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