

RETIREE CAATNIPS

November 23, 2012

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*Increased coverage
for intra-optic lenses*

*A change for
Manitoba residents*

Benefits Information for CAAT Retirees

Welcome to the third edition of RETIREE CAATNIPS. This newsletter is produced on behalf of the CAAT Retiree Group Insurance Advisory Committee. 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 changes to the Extended Health Care (EHC) plan, provide general plan information and identify other initiatives that may impact you as a retiree.

Plan Changes – February 1, 2013

Coverage for Intra-Optic Lenses following cataract surgery under EHC Plans 1, 2 and 3.

The plans will pay up to **\$200 lifetime per eye** (previously \$200 in total for both eyes). This improvement is effective February 1, 2013.

Legislated Changes – July 15, 2012

If you are a resident of Manitoba, a new 7% Manitoba Retail Sales Tax will be added for plan members who are enrolled in Basic Life and Additional Life (if under age 65). The tax was effective July 15, 2012 and became payable with the August 2012 premium payment. As a result, there will be an adjustment in your premium billing to reflect the amount of tax that was payable retroactive to August 2012, if not already billed. Previously, only Ontario and Quebec required RST on group insurance premiums. The new Manitoba retail sales tax does not apply to Extended Health Care or Dental coverage.

*How E-Claims work and
how they benefit you.*



*E-Claims get even better
come December*

Online Claims/E-Claims

Effective April 1, 2012, CAAT retirees under Contract 22182 are able to access Sun Life's Online Benefits Claims.

As of April 1, 2012, plan members can submit the following claims online at **my Sun Life** if they have signed up for Direct Deposit:

- Paramedical claims (e.g., chiropractor and physiotherapy services)
- Vision Care (lenses and eyeglasses)
- Dental

Why do claims online?

Most claims are processed instantly. You will receive an email notice confirming the amount of your claim payment and you can link to your claim statement immediately. What's more, payments are deposited into your bank account within 24 to 48 hours!

Please Note: You will be required to keep receipts from service providers for a period of 12 months from date of claim in case your claims are audited. If you have lost a receipt, you can request a duplicate from your service provider.

Sun Life reserves the right to request original receipts at any time. Failure on your part to submit receipts as requested by Sun Life will result in the loss of your privilege to submit claims on line. In addition, online claims eliminate paper forms, claim statements and cheques, so they are good for the environment too!

NEW TO E-CLAIMS: Your physiotherapist, chiropractor, optometrist and optician can submit claims for you.

Sun Life, working with TELUS Health, announced a new service that will apply to the CAAT plans on **December 1, 2012**. With this change, if your service providers have registered with TELUS Health for their e-Claims service, the providers can submit your claim online for you.

How it works

Physiotherapists, chiropractors, optometrists and opticians who are registered with TELUS Health can make e-claim submissions on your behalf. Much like going to most dental offices, your claims can be submitted on the spot by these healthcare providers. This means you pay only the balance which is not covered under your benefit plan, if any. More than 10,000 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.

Accessing online Claims (on and after April 1, 2012)

- Sign in at www.mysunlife.ca.
- In the "my health and well-being" section, select **Submit a claim** under the "Take me to" drop-down menu.
- Select the type of claim. You will be guided through the steps.

What do I need to do?

If you have online access, you will only need to sign up for Direct Deposit (see instruction below) and Paperless Claim Statements. 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 are not allowed to continue at any point in time and all the information you have provided is correct, call the **1-800-361-6212** number for assistance.

FYI – If you have **not** made a claim prior to attempting to register for an Access ID and password, you will have to call Sun Life at the number above and they will be happy to assist you in registering.



After you have obtained your online access, you must sign up for Direct Deposit and Paperless Claim Statements (see instruction below).

How do I sign up for Direct Deposit?

Signing up for Direct Deposit:

- This can be done at any time.
- After you sign in to My Sun Life, select **Direct Deposit** under the **"Take me to"** drop-down menu in the **"my health and well-being"** section
- Select **Register** and provide your bank information and e-mail address
- Validate the e-mail address provided by responding to an e-mail that will be automatically sent to you.
- If you need a paper copy of your claim statement, you can easily print the statement from the website.

What other information is available?

What other benefits will online access give me?

- Check your coverage: check when you and your family members are eligible for your next dental check-up, print a drug card, view claim history and more
- Wellness Centre: your online guide to good health
- Questions: send Sun Life a secure message, your questions and their replies remain completely confidential.

Questions/Assistance

For any questions or assistance on how to access **my Sun Life**, just call Sun Life's Customer Care Centre at **1-800-361-6212** from 8:00 a.m. to 8:00 p.m. ET Monday to Friday.

What's in the General Store?

"The General Store" - General Information You Should be aware of

- **Prescription Refills and Your Pharmacist in Ontario**
 - Recent changes to the provincial Drug and Pharmacies Regulation Act mean pharmacists in Ontario now have the authority to refill an existing prescription for up to 90 days. Pharmacists will mostly be refilling standard prescriptions for things like blood pressure medication. Pharmacists will also be able to dispense flu vaccines. What they cannot do, however, is authorize refills of prescriptions for narcotics or targeted substances.

The Act states that the pharmacist is also required to first make "reasonable efforts" to contact the prescriber, and be certain that whoever prescribed the drug would authorize the refill if that person were available to do so. The patient must have been prescribed the drug for a chronic condition and have a stable history with that drug before the prescription can be refilled.

➤ **Drug Re-Classification**

TELUS Health (the drug card administrator) recently performed a review of the Maintenance classification field in their drug database. Prescriptions that are classified as Maintenance drugs can have a 100 day supply dispensed at one time, minimizing the cost of dispensing fees and reducing the number of visits to the pharmacist.

Did the amount of your medication that you received change at the pharmacy?

TELUS' review was performed to maintain an updated classification and to ensure accuracy of the classification based on the changing nature of medication use/clinical practice guidelines and real-life clinical practice. These changes will affect the number of days' supply allowed on claims for groups set up for the maintenance classification to allow for 30 days of acute medication and for 100 days maintenance.



NOTE. If the supply of the medication that you are taking is/was affected by this reclassification by restricting the amount of medication you would normally have been dispensed, please contact the Benefits Administrator at your college who will arrange to have Sun Life correct the situation to suit your circumstances.

How well do you know the ODB?

➤ **Did You Know? – Some Notes About The Ontario Drug Programs**

Each year, 2.8 million people receive \$3.8 billion in drug benefits from Ontario Public Drug Programs. This coverage is provided through five provincial drug plans (plans not applicable to retirees are not included here)



*Additional programs
available under the ODB*

The Ontario Drug Benefit (ODB) covers approximately 3,800 products. The Ontario Drug Benefit Program covers drug benefits for Ontarians aged 65 and older, residents of long-term care homes and homes for special care, recipients of professional home services and social assistance and recipients of the Trillium Drug Program.

Trillium Drug Program

This program provides drug benefits to Ontario residents who have high drug costs in relation to their household income. Any Ontario resident who does not qualify under any of the other plans can apply for the Trillium Drug Program.

Special Drugs Program

This program provides drug benefits for Ontarians with a valid Health Card for certain expensive outpatient drugs used to treat specific diseases or conditions.

New Drug Funding Program for Cancer Care

This program provides drug benefits for newer, intravenous drugs, typically administered in hospitals and cancer care facilities. The Ministry provides about 75% of the overall funding for intravenous cancer drugs in Ontario and hospitals fund the remaining 25% through their operating budgets.

Inherited Metabolic Diseases Program

This program provides benefits for Ontarians with a valid Health Card for certain outpatient drugs, supplements and specialty foods used in the treatment of specific metabolic disorders.

These publicly funded programs account for 45 per cent of spending on prescription drugs in Ontario.

- Drugs selected for coverage are recommended by panels of experts, e.g. doctors, pharmacists, manufacturers, patient groups, etc.
- Newer drugs are not currently being added but some are being removed from the Formulary (downloading to the private extended health insurance plans held by many retirees)

• **RETIREES SHOULD NEVER ASSUME THAT THE ODB WILL TAKE CARE OF ALL THEIR DRUG NEEDS!**

Check these websites for more information:

http://www.health.gov.on.ca/english/providers/program/drugs/drugs_program_mn.html and

http://www.health.gov.on.ca/english/providers/program/drugs/odbf_mn.html

For out-of-the-ordinary or special needs circumstances, here are two programs you may (or may not) have heard about:



1. The Exceptional Access Program (EAP)

This facilitates patient access in exceptional circumstances to drugs not funded on the Ontario Drug Benefit (ODB) Formulary, or where no listed alternative was available. Application for coverage is made through the patient's physician to the Executive Officer. More details can be found at:

http://www.health.gov.on.ca/english/providers/program/drugs/eap_mn.html

2. Compassionate Review Policy

Where there are rare clinical circumstances in immediately life, limb, or organ-threatening conditions, requests can be made in accordance with the Compassionate Review Policy. Details appear on the same page as the link above.



Reminder!

February 1, 2013 (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 the option to change to another EHC plan and you cannot go back to a plan you were enrolled in before.

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.

Important Dates

- Look out for your Premium Notice Jan 2
- New Premium Effective Date Feb 1
- Deadline to Change EHC Plan Feb 1
- SPRING! March 21



JANUARY 2013

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MARCH 2013

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