

RETIREE CAATNIPS

November 2019

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Benefits Information for CAAT Retirees

Welcome to the tenth 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.

Access to Travel Insurance is being provided

Great News for retirees. Council has enlisted the services of Johnson Insurance to provide emergency out of province/country health and travel protection insurance for CAAT Retirees.

This arrangement is effective October 1, 2019 and will be open to all CAAT retirees.

Further information regarding this program will be provided with the annual renewal information from your college.

In addition, to obtain a quote, you can contact Johnson Insurance directly at:

1-866-606-3362 or www.johnson.ca/medoc

Prior Authorization is being implemented



Council, as the policyholder of the CAAT Group Insurance Benefit Plans, is responsible for ensuring that the group insurance benefit plan administration process is current, consistent with the insurance industry standards and minimizes the risk to the Plans. Prior Authorization supports these goals while ensuring that employees, retirees and their dependents get the right drug at the right time.

Effective February 1, 2020, Prior Authorization will be added to drug plans under all policies. Prior Authorization is an additional step required by a claimant to get pre-approved for some specialty drug treatments. This will impact a very small number of special or expensive drug treatments. For example, out of over 14,000 drugs currently covered by the Plan, Prior Authorization will only apply to about 210 drugs. Prior Authorization helps to provide the right treatment at the right time and is a form of step therapy.

Retirees enrolled in the EHC Plans will be provided with additional information with regard to Prior Authorization.

Legislative Updates

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

Quebec Changes to Provincial Vision Care

Effective September 1, 2019, RAMQ started paying up to \$250 for corrective eyewear for anyone under age 18, per two-year period. Only purchases made on or after September 1, 2019 from a merchant in Quebec are eligible. The reimbursement applies only for the purchase of eyeglasses or contact lenses prescribed for vision correction by an optometrist or ophthalmologist. To apply for the reimbursement of these expenses through RAMQ, the Quebec resident must submit a claim via the RAMQ website. This applies to both online and in-store purchases.

Additional details can be found on the RAMQ website:

<http://www.ramq.gouv.qc.ca/fr/citoyens/programmes-aide/Pages/lunettes-verres-enfants.aspx>
<http://www.ramq.gouv.qc.ca/en/citizens/aid-programs/Pages/eyeglasses-lenses-children.aspx>

Group Benefits Updates



Dental Services as the result of an Accident

Effective February 1, 2019, under contract 22182, the time limit to complete dental services as a result of an accident under the Extended Health Care coverage was increased from 6 months to 12 months.

Enhanced functionality for claims submission

Following a review of the current claim submission process, enhancements were made to improve the plan member experience. These changes will make it easier when submitting a digital claim on the my Sun Life mobile app or mySunLife.ca website. Currently, when a claim is selected for further review, it often results in the claim being declined. The claimant is then asked to send in receipts or other supporting documents before their claim can be completed. Moving forward, the enhancements will help decrease the number of declined claims. If a claim is selected for further review, the retiree will be prompted to attach images of the supporting documents at the time of the actual claim submission. Attaching images is an existing functionality on the my Sun Life mobile app, but is a new feature on mySunLife.ca website.

*Enhancements to My
Sun Life Mobile and
mySunLife.ca*

Email campaign will promote the provider search tool

This campaign will help plan members choose the right health-care provider based on cost and rating transparency. The campaign will target plan members with a valid email address who have made a claim in the last 12 months. It will promote the use of Sun Life's provider search tool on mySunLife.ca or SunLife.ca website. Provider search allows plan members to find high-rated providers in terms of quality – the tool being powered by over 8 million ratings nationwide. Plan members can also use the cost information provided to cross-compare, in order to find a high quality provider at a reasonable price. This can help you save money and ultimately save money for the Plan through lower claims costs.

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.

Changes to dental administrative practices

Sun Life is making changes to its dental administrative practices effective September 22, 2019, to ensure that the settlement of dental claims and predeterminations remains reasonable.

Dental claims are reimbursed based on the procedure codes submitted by your dentist and your Dental plan coverage. In some cases, you may be charged fees that result in out of pocket expenses. For example, when your teeth are being treated for a filling, a crown or a bridge and if treatment is needed to reduce sensitivity, the fee for desensitization is considered as part of the fee for the filling, crown or bridge. Under the new administrative practices, if the dentist, or authorized dental hygienist, bills for a desensitization at an appointment to treat a filling, crown or bridge, this charge will not be reimbursed. Sun Life's new administrative practices involve updated procedure code assessments to prevent unnecessary expenses being charged to your plan. Most claimants will see no change in their dental claim reimbursements. However, if you notice a lower reimbursement level, or have services that were not reimbursed, ensure you read and review your claims statement.

➤ Did You Know?

PREDETERMINATIONS

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.

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

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).

IMPORTANT REMINDERS!

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

CHANGING YOUR COVERAGE

February 1, 2020 (and each subsequent February 1) is your next opportunity to change the Extended Health Care (EHC) or Dental 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. If you are currently in Dental Plan 1, you may change to Dental Plan 2. If you are enrolled in Dental Plan 2, you do not have any other options to change your coverage.

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
 Susan Alcorn MacKay – Appointed by OCASA



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