



# THE advantage<sup>®</sup>

MARCH 2019

THE STUFF YOU NEED TO KNOW...

## CHANGE4LIFE<sup>®</sup> GETS A NEW LOOK

It's spring – out with the old and in with the new! GSC likes to freshen things up too, so beginning soon, plan members visiting our Change4Life health portal will see a new look for the home page, the log-in screen, and the health risk assessment. And to encourage plan members to check out the new look, we'll be running a challenge with cool prizes!

While some parts of the site will look a bit different, it's still the same Change4Life behind the fresh face. Accessing the easy-to-use tools and helpful resources – and earning points – will be as convenient as ever.

### *Inside This Issue:*

- Change4Life gets a new look
- Reminder: Coach Ivan is now online
- In case you missed it: Everything about SMARTspend<sup>™</sup> in one package
- GSC now offering global health benefits solutions via Cigna
- 2019 provincial dental fee guide adjustments
- Change to OHIP+: update
- Change in process for Ontario seniors prescribed EAP-eligible drugs
- Coming soon: the Plan Sponsor Claim Inquiry Line

## REMINDER: COACH IVAN IS NOW ONLINE

Recently we launched the pilot of Coach Ivan, our digital exercise coach, to GSC plan members. Coach Ivan is designed to help those who are inactive or barely-active increase their activity levels by creating a personalized video and simple action plan based on their current activity level and interests. Another key part of this pilot program is that it will allow us to collect data and feedback from our plan members to help drive further innovation and investment.

[greenshield.ca/coachivan](https://greenshield.ca/coachivan)



## IN CASE YOU MISSED IT: EVERYTHING ABOUT SMARTSPEND IN ONE PACKAGE

Last year we told you about our SMARTspend plan design and how, based on the best available clinical evidence, research, and data, it better promotes health and maintains the highest possible value for spend. We consulted with internal and external experts to identify the benefits that should be included on a benefits plan if the goal is to impact health outcomes.

So that you have everything you need to understand SMARTspend and the SMARTspend plan design, here are links to some helpful resources:

- September 2018 issue of **The Inside Story**<sup>®</sup> featuring an article on value in health benefits plans
- **Episode 12 of our podcast** in which guests Erin Crump (GSC's leader of strategic innovation) and Ned Pojskic (GSC's leader of pharmacy and health provider strategy) discuss how health benefits plan design needs to evolve with the times and provide better value
- The **GSC Update from October 2018** introducing the SMARTspend plan design
- Our **fact sheet** describing the SMARTspend plan design

Our intention is that this plan design can serve as a roadmap for plan sponsors who share this vision. We've identified the benefits that absolutely should be included in a plan, along with recommended limitations. We've also omitted the ones that are not strictly necessary if the goal is to materially maximize value for spend and positively impact health outcomes.

For example, the dental benefit includes unique age-banded treatment frequencies to address varying needs of children, adolescents, and adults. And the vision benefit includes a range of maximum amounts based on the strength and type of the prescription lens – allowing for higher reimbursement based on medical need.

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## GSC NOW OFFERING GLOBAL HEALTH BENEFITS SOLUTIONS VIA CIGNA

GSC has formalized an arrangement with Cigna Global Health Benefits to assist our plan sponsors with health benefits needs for plan members working globally.

### Meeting your specialized needs...

Through our arrangement with Cigna, we now offer various solutions to meet your specialized needs at a preferred price, including:

- 1) Global Medical Coverage – used for plan members working on longer-term assignments outside of their home country including:
  - Canadian plan members working temporarily outside of Canada who will not qualify/have access to coverage in the country in which they are working
  - Non-Canadian residents coming to Canada to work who will not qualify for provincial coverage and/or for whom domestic Canadian coverage will not be appropriate
- 2) Business Travel – recognizing that a standard travel product often does not provide the additional features needed when plan members are traveling strictly for business purposes, this specialized product offers unique components such as not being subject to pre-existing condition and stability clauses.

### ABOUT CIGNA GLOBAL HEALTH BENEFITS

Cigna Global Health Benefits, a standalone business unit of Cigna Corporation, has been providing global health benefit solutions for more than 50 years. With approximately 2,750 employees in 19 countries, Cigna Global Health Benefits offers:

- One of the largest global networks of 1.5 million health providers with 300,000 of those located outside of the United States
- 13 offices worldwide and 10 service centres
- Licenses in over 30 countries/jurisdictions

If you have a need for such a product, contact your GSC account team for more information about Cigna's offering.

## 2019 PROVINCIAL DENTAL FEE GUIDE ADJUSTMENTS

Each year, GSC updates our system with the current dental fee guides issued by dental associations in each province and territory. The fee changes vary by procedure code and the impact is dependent on the utilization for each type of code. For example, increases to frequently used basic and preventive services will have a higher impact than an increase to infrequently performed surgical procedures. To help determine how these changes may affect your dental plan, the table below provides a summary of the weighted average adjustments to dental fees for 2019 by province.

You will notice a substantial range in the average increases between the provinces and territories – the most significant being Alberta – the only province without an increase in 2019. Why is that? For many years Alberta didn't have a fee guide in place, and now that they do, we're seeing fees start to level out as they were much higher than the other provinces for many years.

PROVINCE	AVERAGE INCREASE	FEE GUIDE EFFECTIVE DATE
Alberta	0%	January 1, 2019
British Columbia	2.51%	February 1, 2019
Manitoba	3.02%	January 1, 2019
New Brunswick	2.5%	January 1, 2019
Newfoundland and Labrador	2.5%	January 1, 2019
Northwest Territories/Nunavut	2.28%	January 1, 2019
Nova Scotia	1.97%	February 1, 2019
Ontario	4.19%	January 1, 2019
Prince Edward Island	2.89%	January 1, 2019
Quebec	2.2%	January 1, 2019
Saskatchewan	2.13%	January 1, 2019
Yukon	Not yet available	April 1, 2019

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## CHANGE TO OHIP+: UPDATE

As we mentioned in *The advantage of July 2018*, the Ontario government is making a significant change to OHIP+, which was implemented just over a year ago on January 1, 2018. When this program initially launched, it paid 100 per cent of the cost of eligible prescription drugs for all children and youth under age 25. The new government is now changing focus and providing coverage only to those who do not have private drug plans available.

### Either OHIP+ or private drug plan coverage – not both

Effective April 1, 2019, children and youth under age 25 who have drug coverage under private plans will not have **any** coverage under OHIP+; there is no opportunity to coordinate the provincial and private plans. A "private plan" is defined as any type of employer, group, or individual plan that provides coverage for prescription drugs, including a health care spending account. This means dependent children and youth in Ontario will again be covered under your GSC drug benefits plan, including coverage for any benefits that would have previously been accessed through special programs under OHIP+, such as EpiPens, aerochambers (for those age 12 and under), and smoking cessation programs (age 18 and over). GSC has been updating our systems to reflect this change and working with all other carriers and the Canadian Life and Health Insurance Association (CLHIA) to ensure a smooth transition back to pre-OHIP+ status.

## Drugs available under the Exceptional Access Program (EAP)

Dependent children and youth under age 25 who were approved for EAP-eligible drugs before the original implementation of OHIP+ on January 1, 2018, will be able to seamlessly transition back to GSC. We have retained their approvals on our claims system ensuring no interruption in coverage. Anyone who started taking an EAP-eligible drug while covered by OHIP+ will be grandfathered under your GSC plan, subject to plan design and limitations – we just need to see proof of payment through OHIP+ for the drug within the past six months. New starts on EAP-eligible drugs after April 1, 2019, must go through GSC's standard prior authorization process.

## Information for plan members

We have prepared a Plan Member Update to explain this change and remind plan members that drug claims for dependent children and youth under age 25 in Ontario will soon need to be submitted to GSC for reimbursement. This communication will be emailed in mid-March to plan members residing in Ontario. If you would like to provide this communication to your plan members, it's available for download – just **click here**.

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## CHANGE IN PROCESS FOR ONTARIO SENIORS PRESCRIBED EAP-ELIGIBLE DRUGS

GSC has changed the administrative process for Ontario seniors prescribed drugs eligible for coverage under the Ontario Drug Benefit (ODB) Exceptional Access Program (EAP). This program provides access to drugs not included on the ODB formulary.

While we have always ensured EAP funding requests were submitted for drugs requiring special authorization, until recently we did not have a comprehensive list of all EAP-eligible drugs. This sometimes made it difficult to determine whether a drug prescribed to a GSC plan member should be covered by the EAP or the plan member's GSC drug plan. Now that we have a complete EAP drug list, we have changed our process so that ODB is first payor for all applicable drugs.

Starting February 1, 2019, we've required Ontario seniors, age 65+, who are currently receiving drugs available under the EAP to have their physician submit an EAP-funding request for the drug. The EAP will then send a letter back to the physician indicating whether the request is approved or denied. Pharmacists should ask to see this documentation before submitting EAP-eligible drug claims to GSC.

Claims for plan members who meet the criteria for coverage and have EAP funding approved must be submitted to the Ontario Drug Benefit (ODB) program. However, if a plan member does not meet the criteria for EAP funding, the claim can be submitted to GSC.

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## COMING SOON... THE PLAN SPONSOR CLAIM INQUIRY LINE

Starting in April, we're going to be offering you a brand-new way to connect with us. We're opening the GSC Plan Sponsor Claim Inquiry Line to make it easier for you if you need to interact with us for claims questions on behalf of your plan members.

The Plan Sponsor Claim Inquiry Line will be staffed by specially-trained bilingual contact centre agents who can be contacted directly by either email or telephone – whatever is convenient for you. As claim experts, our agents will be able to answer questions, arrange for claim reprocessing when necessary, and escalate issues to the attention of your account team when appropriate. And we're expanding service hours for you, as agents will be available from 8:30 a.m. to 8:30 p.m. (eastern time), Monday to Friday.

We'll have more to tell you soon about the GSC Plan Sponsor Claim Inquiry Line, including the phone number and email address, so watch your inbox.