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THE advantage[®]



THE STUFF YOU NEED TO KNOW

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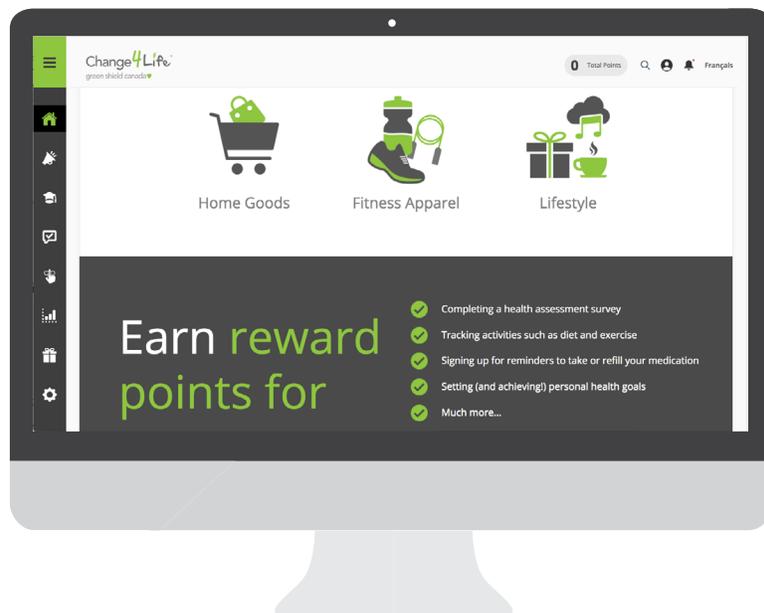
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WHAT'S NEW...

New look for Change4Life is now live

In the **August issue of *The advantage***[®] we let you know that the new look Change4Life got in April to the home page, health risk assessment, and rewards page would be extended to the rest of the platform in late 2019. All of the functionality and activities that already existed to earn points and win prizes, including Stick2It[®] reminders, “Learn & Earn” modules, etc., will continue to work in the same way. They will just have a brand-new, fresh look. The refresh was revealed last week – so be sure to check it out.



The Grand Prize draw kicked off on **December 1, 2019**, and will run until **December 15, 2019**. Plan members who earn 500 points on Change4Life in the first two weeks of December will be entered into a draw to **win one of five \$1,000** gift card packages! You should have received the details and a **promotional poster** to distribute via email. We’ve also emailed plan members about the new look for Change4Life and the contest.

Earning 500 points is easy and plan members can engage in any activity they want on the portal to do it. From exploring the Mindfulness program to completing an “Answer & Earn” module to adding a tracker or setting a specific goal around personalized priorities, plan members can engage with Change4Life in whatever way is the most useful to their own health needs. This contest is a great way to encourage your plan members to participate in various activities on Change4Life and to see the newly refreshed dashboard and pages.

Ability to manage Change4Life consent on Online Services

Starting in mid-December, plan members will be able to set their consent preferences for the Change4Life portal via the Plan Member Summary page on Online Services. As an added feature, we will be collecting a second level of consent:

- The first level is overall consent to participate in Change4Life (this consent is already part of today's registration process).
- The second level of consent allows us to share certain types of claims data with Change4Life, which will allow plan members to use some of the portal's features in a more convenient way. This deeper integration of data within Change4Life, for example, will allow for easier medication reminder updates to Stick2It (an enhancement to the existing functionality coming in 2020).

If a plan member does not want to provide this second level of consent, that's not a problem, they can still take advantage of all of Change4Life's existing functionality.

FYI...

Quebec government provides vision coverage for youth

As tabled in the 2019 Quebec budget in March, the Quebec government launched the "See Better to Succeed" program, for youth aged 17 and under, effective **September 1, 2019**. Under this program, the *Régie de l'assurance maladie du Québec* (RAMQ) reimburses a flat amount of \$250 every two years for prescription glasses or contact lenses for eligible participants.

Here's how the program works:

- To be eligible for the program, the individual must have a valid Health Insurance Card and have consulted an optometrist or an ophthalmologist who has diagnosed the need for vision correction through wearing prescription glasses or contact lenses.
- Only prescription glasses and contact lenses purchased from a merchant or online in Quebec are eligible for reimbursement under the program.

- Eligible youth must pay upfront for the eyewear and submit the claim online to RAMQ using the RAMQ application for reimbursement. Regardless of the cost of the glasses or contacts (whether they're more or less than \$250), \$250 is reimbursed.
- At the end of the 24-month period (which starts from the date of purchase), eligible youth can make a new purchase and submit another claim to the program.
- RAMQ may ask applicants of the program to submit supporting documentation for their purchase. Therefore, it is important for all program applicants to keep their receipts for prescription glasses and contact lenses for five years following reimbursement from RAMQ.

What this means for your plan...

In comparison to the total spend on vision claims across our book of business, this represents a small amount, so we do not anticipate a significant impact on any of our plans.

When adjudicating vision care claims for eligible Quebec residents (age 17 and under), it is our expectation that RAMQ's program will be accessed prior to reimbursing a claim through the private benefits plan. (It is important to note that standard language is included in benefit booklets that outlines the requirement that the private benefits plan is the secondary payor for all provinces and all benefits where provincial coverage is available, and for benefits that allow coordination.) RAMQ has also communicated that they are providing training to optical providers on advising plan members how to submit eligible claims to the program.

If RAMQ's eligibility criteria is met and the claim is submitted along with a copy of the RAMQ reimbursement, we will reduce the payment amount by \$250 and reimburse only the remaining balance – according to the plan limitations. This ensures that the group plan is paying after the provincial plan has been accessed.

As this is a new program, we understand that it will take some time for Quebec residents to become familiar with it. In this transition period, if proof that the RAMQ program is not submitted, GSC will continue to process claims for prescription glasses and contact lenses according to the terms of the benefits plan. This will ensure a more seamless claiming experience.

As we continue to transition to accommodate this new program, updates will be made to our adjudication system which will ensure that the amount paid by the RAMQ program is always applied to the allowable reimbursement amount for eligible Quebec residents age 17 and under. The updates will take place in early 2020. Stay tuned for more details.

Additional information about the “See Better to Succeed” program including eligibility and how to claim is available on the [RAMQ website](#). It is at the discretion of each carrier to determine how to best implement this new program in conjunction with their adjudication practices.

Insomnia therapy now available through BEACON

As mentioned in the [August issue of The advantage](#), in addition to addressing depression, anxiety, panic, and post-traumatic stress disorder (PTSD), BEACON digital therapy is now available for insomnia, which is a persistent and growing concern in our society frequently occurring with other mental health problems. Cognitive behavioural therapy for insomnia (referred to as CBT-I) is often recommended as a first-line treatment as it helps people reset thinking and behavioural patterns that contribute to poor sleep. BEACON provides personalized therapy to every user, so along with sleep, underlying issues (such as related depression or anxiety) can be addressed to help achieve optimal mental well-being.

GSC has been offering BEACON’s quality, evidence-based digital mental health treatment since August 2018 for plan members and their eligible dependents (age 16 and over) as a standard benefit within extended health plans that include mental health/counselling benefits. Using the evidence-based CBT form of psychotherapy, BEACON can help bridge the gap in delivering effective, affordable, and accessible mental health treatment options.

Need communication materials?

Information about the new insomnia protocol is available [here](#). As well, BEACON’s Communication Success Guide is a convenient resource that can help you ensure your plan members are aware of support the program provides, including information on insomnia therapy. It’s available at mindbeacon.com/gsc-psponsor, and includes “What to Expect with BEACON,” a two-minute video that shows how BEACON works from beginning to end. Click [here](#) to access the guide.

You can also access a variety of plan member communications to support the BEACON program. You can find a poster, fact sheet, and “Did you know” communication at greenshield.ca/en-ca/sponsors-advisors/benefits-of-gsc/smartspend. If you have any questions about BEACON or need more information, contact your account team.

Update on biosimilars in British Columbia – phase two

Recognizing that the evidence shows that biosimilars are just as safe and effective as their originator biologic counterparts, the British Columbia government announced on May 27, 2019, that BC PharmaCare would be requiring that patients taking three biologic drugs – Enbrel®, Remicade®, and Lantus® – transition to biosimilars. Patients would transition during one of two phases depending on their condition (or indication).

In **phase one**, patients had until November 25, 2019, to consult with their physician to change their prescriptions to the applicable biosimilar. As of November 26, 2019, PharmaCare no longer provides coverage for the three originator biologics for the specified indications, except in exceptional situations. For more information on the conditions and applicable biosimilars, see the [June 2019 GSC Update](#).

Phase two involves transitioning patients using Remicade for gastrointestinal conditions to the biosimilars Inflectra® or Renflexis®. Patients have until March 5, 2020, to consult with their physician to change their Remicade prescriptions to the applicable biosimilar.

DRUG	ORIGINATOR	BIOSIMILAR	INDICATIONS
infliximab	Remicade	Inflectra Renflexis	Crohn’s disease ulcerative colitis

What does this mean for GSC plan members in British Columbia?

Plan members in British Columbia affected by phase one have been notified of the requirement to transition to the corresponding biosimilar in accordance with GSC’s provincial coordination policies. And all those affected by phase two will be notified in December, advising them to discuss a transition to the biosimilar with their physicians before the March 5 deadline. Please note that participants under the age of 18 who are taking Remicade may be transitioned at a later date as determined in collaboration between BC PharmaCare and the BC Children’s Hospital.

To ensure GSC is aligned with the provincial coverage, we have adapted and made our Biosimilar Transition Program a standard for all plan members who are residents of British Columbia and are covered under the PharmaCare program. We would urge that you also implement the optional GSC Biosimilar Transition Program in the other provinces and territories as well, which several GSC plan sponsors have done to good effect since 2018. See the [June 2019 GSC Update](#) for a comparison between the program in British Columbia and the optional program. Contact your account team for more information.

IN CASE YOU MISSED IT...

Our updated administrative guideline for non-emergency claims incurred outside of Canada

In the [August issue of The advantage](#), we communicated our new position on non-emergency extended health and dental claims incurred outside of Canada. Since that announcement was made, we have determined that a phased approach would ensure the most optimal plan member experience and would better support communications of these updates:

- Effective **January 1, 2020**, claims submitted in a language other than English or French must be translated before they can be processed.
- Effective **March 1, 2020**, as per our updated administrative guideline, non-emergency claims incurred outside of Canada will no longer be eligible under GSC benefit plans. As of this date, we will begin to phase out non-emergency claims incurred outside of Canada. As mentioned in the [August issue of The advantage](#), we will allow payment (subject to the reimbursement limitations of the benefits plan) for the first non-emergency out-of-Canada claim submitted after March 1, 2020. Subsequent claims will not be reimbursed. Updated contract and booklet language will be incorporated at the next reprint/repost after this new date.

Note that plans with contract language that specifically includes these types of claims (this isn't common practice), plan members whose country of residence is outside Canada, and plan members on work assignments outside of Canada, will not be affected by this administrative update. However, these plan members will be required to submit translated claims as described above on an ongoing basis.

Contact your account team for more information.

Ontario government is cutting OHIP travel coverage

As we told you in the [August issue of *The advantage*](#), the Ontario government is ending the Ontario Health Insurance Plan's (OHIP's) limited coverage of emergency out-of-country medical costs effective **January 1, 2020**. Currently OHIP covers out-of-country inpatient services to a maximum of \$400 per day for a higher level of care, such as intensive care, and up to \$50 per day for emergency outpatient care and physician services. However, dialysis patients will continue to have their dialysis treatment covered while travelling outside of Canada. This new program, also effective January 1, will be funded by the Ontario government and operated by the Ontario Renal Network.

OHIP will continue to reimburse eligible emergency out-of-country claims incurred up to and including December 31, 2019. The timeframe to submit eligible claims is still 12 months from the date of service; therefore, eligible claims can be submitted up to December 31, 2020.

This change does not impact GSC travel coverage – your plan members will not see any difference in their benefits or our claims adjudication process for out-of-country emergency medical claims. Updated booklet wording will be incorporated at the next reprint/repost after January 1.

The Ministry of Health has shared its communication plan with the Canadian Life and Health Insurance Association (CLHIA). The plan includes using Twitter and Facebook to communicate this change to Ontarians. The Ministry included a link to the CLHIA landing page in its Tweet sent back in October and has other social media campaigns planned for the remainder of this year and into 2020.

And don't forget...

GSC offers a single-trip, emergency medical travel product for individuals under 65 years of age – our SureAway™ product. SureAway is a stand-alone travel plan, not a top-up travel product, meaning it's not intended to supplement an existing travel benefit that a plan member may already have through another health plan (through a group plan or GSC's SureHealth product). If any of your plan members are interested in stand-alone single-trip travel coverage, information is available on the SureHealth website at surehealth.ca. From there, they can get a quote and/or apply online. They can also speak with an agent or apply over the phone at 1.866.617.4582.