MARCH 2020

THE advantage®

gsc green shield canada

THE STUFF YOU NEED TO KNOW

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WHAT'S NEW...

More Change4Life enhancements coming soon

Change4Life got a brand-new look in 2019, and we made it easier for plan members to update their consent preferences on Online Services. We also added a second level of consent that allows us to share certain types of claims data with the Change4Life health portal.

Beginning in March, this deeper integration of data will allow for a better experience when using Stick2It®. Plan members will be able to add medication reminders at the click of a button, instead of searching for and then adding each medication individually. Understanding the value that health-related data can bring, future developments on the Change4Life health portal will focus on increasing the amount of data available to both plan members and plan sponsors.

GSC plan members see positive results with BEACON

GSC has been offering BEACON's quality, evidence-based, guided digital mental health treatment based on the principles of cognitive behavioural therapy (CBT), for over a year now, which provides support for GSC plan members and their eligible dependents (age 16 and over). We recently received an overview of the aggregate results for the hundreds of plan members who have accessed services from launch in August 2018 to the end of 2019.

- Our demographic is slightly older than the average BEACON user with approximately **20** per cent of users being above the age of 55.

- GSC participants' primary mental health condition was consistent with the overall BEACON user base with **56** per cent presenting with depression and **30** per cent presenting with generalized anxiety. The remaining participants were treated primarily for other forms of anxiety (including social anxiety and panic) or post traumatic stress.

BEACON measures each participant's symptoms with validated psychometric scales at the start of therapy, weekly throughout the 6–12 weeks of therapy, and at program completion. BEACON therapists use these measures to determine where adjustment and customization of therapy content is beneficial.

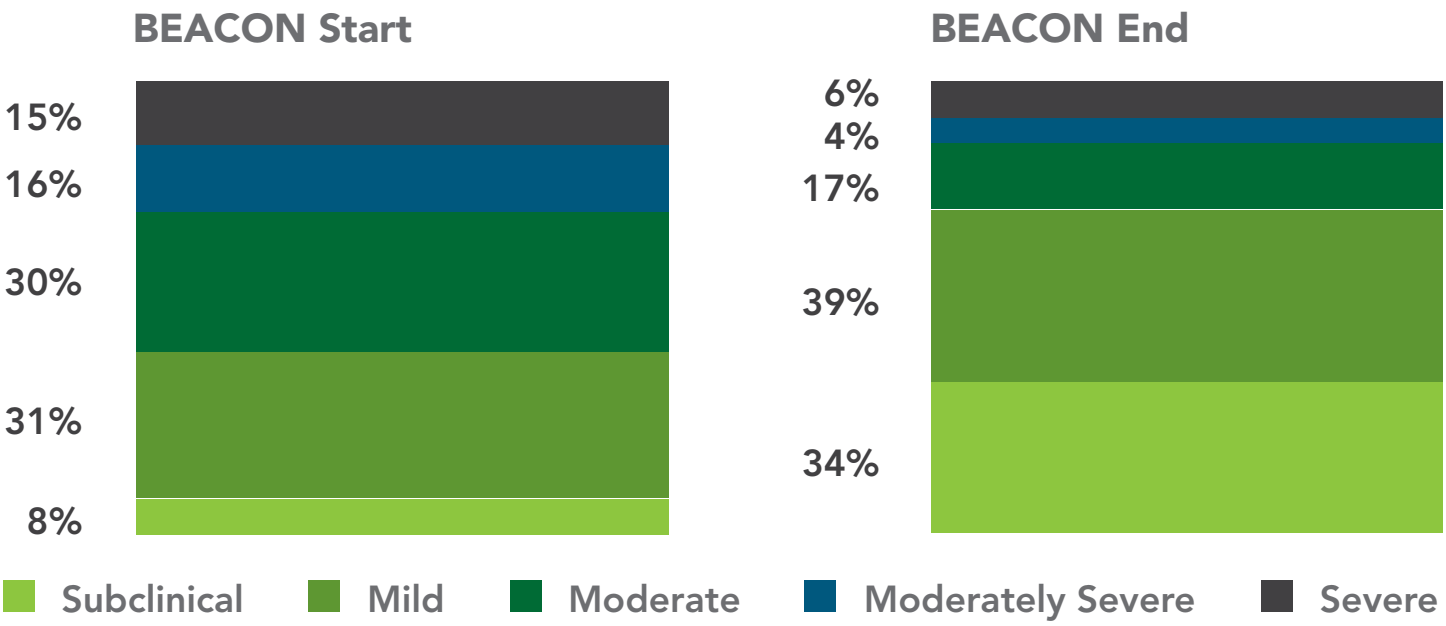
With BEACON being the **only** digital mental health service in Canada that is transparent in reporting quantifiable impact, we're pleased to share that of participants who fully completed BEACON therapy:

- **83** per cent reported some improvement in their symptoms;

- **69** per cent experienced clinically significant improvement (25 per cent or greater reduction in their symptom severity score), which is consistent with evaluations of most evidence-based face-to-face psychotherapies.
- BEACON's overall satisfaction score (which includes questions on work life, mental well-being, etc.) was **80** per cent.
- BEACON's therapeutic alliance score (average satisfaction with the BEACON therapist) was **85** per cent.

About symptom severity…

Participants report the severity level of their symptoms at the start and end of their therapy. It is a valuable measure used to determine the impact of BEACON therapy. The graphic below shows that at the start of BEACON therapy, the majority of participants (61 per cent) reported moderate to severe symptoms. At the end of BEACON therapy, the large majority of plan members (74 per cent) had only mild symptoms or were measured as subclinical (meaning having minimal to no symptoms). The shift within the participant group from the more severe end of symptoms to the mild/minimal end is notable.



Help your plan members get support

The stats also reveal a strong correlation between reminding plan members about BEACON and increased participation, so we have made resources available to help promote awareness. BEACON's Communication Success Guide is a convenient resource that includes digital banners, posters, and videos. Access the guide at ***info.mindbeacon.com/gsc-psponsor***.

You can also access a variety of plan member communications from GSC that support the BEACON program. A poster, fact sheet, and "Did you know" communication can be found 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.

And wait… there's more! We are excited to share that later this year, BEACON will be offered to you as an option to include in your group benefits plan at a per-plan-member per-month cost. This means even easier access for plan members (they can access the core BEACON program at no out-of-pocket cost) – giving them the support they need, where and when they need it. You'll hear more about this new option soon. In the meantime, reach out to your account team if you're interested in getting a quote.

IN CASE YOU MISSED IT…

Online access to physicians available through Maple

As announced in the December 2019 ***GSC Update***, we are excited to offer access to telemedicine through ***Maple (getmaple.ca/green-shield-learn-more)***, which provides quick and convenient access to care from a plan member's mobile device or computer via an app or website. A large online network of Canadian-licensed physicians allows Maple to be the only Canadian virtual care provider to offer true 24/7/365 access directly to a doctor, in English and French, for many common medical conditions. This means your plan members won't have to wait in a walk-in clinic or the emergency department for simple medical issues.

Adding coverage for Maple is a great way to differentiate and enhance your benefits plan. Plus, an engaged, healthy, and happy workforce has broad sweeping impacts on competitive success. Now's the perfect time to provide Maple as an addition to your group benefits plan at a per-plan-member per-month fee. And even if you don't add this coverage to your plan, all GSC plan members, their spouses, and dependents are entitled to a discount on Maple's per-visit fee. Contact your account team for more information.

FYI…

Updates to GSC's standard travel language coming in 2020

In May 2017, the Canadian Council of Insurance Regulators (CCIR) released its Travel Health Insurance Products position paper, detailing its final recommendations regarding travel health insurance products sold to Canadians. These recommendations were made

to ensure that consumers understand the various products available to them and the coverage the products provide. The recommendations for insurers include:

- Developing standardized definitions and terminology
- Improving the application, screening, and claims processes
- Simplifying and improving disclosure documents
- Ensuring adequate controls and oversight mechanisms are in place throughout the product lifecycle
- Improving training and information for the sales force

Many of these recommendations apply only to standalone travel products (not products that are embedded into an overall health benefits plan – such as GSC's group health and/or individual plans). However, GSC has undertaken a full review of our travel wording to ensure that where applicable, we are compliant with the CCIR recommendations.

It's important to note that the intent of all travel plans will remain the same, while standard definitions (e.g., the definition of stability or emergency) will be adjusted to align with the CCIR's recommended definitions – which will also fall in line with the industry. Standard language and definitions will also apply to most limitations and exclusions.

The implementation of the updated language will take place in contracts and booklets later this year, as the expectation is for all carriers to complete this by the end of 2020. You'll hear more about the timing of this from your account team, and likely in a future issue of this publication.

Alberta announces biosimilar switching following British Columbia's lead

In December 2019, Alberta became the second Canadian province to announce a mandatory switching program for patients on certain biologic drugs. The Alberta Biosimilar Initiative – effective **July 1, 2020** – further reinforces the value of this approach recognizing the extensive evidence demonstrating that biosimilars provide safe and effective treatment at a lower cost.

Alberta's Biosimilar Initiative applies to adults (age 18 and over), covered under government-sponsored drug plans and taking one of the following biologic drugs where a biosimilar exists for their medical condition. Pregnant women are excluded from the initiative.

Drug	Originator Biologic	Biosimilar	Medical Condition
etanercept	Enbrel	Brenzys	ankylosing spondylitis rheumatoid arthritis
		Erelzi	ankylosing spondylitis psoriatic arthritis rheumatoid arthritis
infliximab	Remicade	Inflectra Renflexis	ankylosing spondylitis plaque psoriasis psoriatic arthritis rheumatoid arthritis Crohn's disease ulcerative colitis
insulin glargine	Lantus	Basaglar	diabetes (type 1 and 2)
filgrastim	Neupogen	Grastofil	neutropenia
pegfilgrastim	Neulasta	Lapelga	neutropenia
glatiramer (a non-biologic complex drug)	Copaxone	Glatect	multiple sclerosis

For patients unable to switch to the biosimilar for medical reasons, physicians can request exceptional coverage for the originator biologic. Alberta expects the increased use of biosimilars will save $227 million to $380 million over the next four years and plans to reinvest the savings in other health care services.

What does this mean for GSC plan members in Alberta?

By July 1, 2020, all GSC plan members coordinating with an Alberta government-sponsored drug plan (e.g., Coverage for Seniors), who are taking originator biologics for the conditions listed above, will be transitioned to the corresponding biosimilar and eligible claims will be reimbursed in accordance with GSC's provincial coordination policies.

Alberta's biosimilar initiative is expected to have minimal impact on GSC plan members under the age of 65. Why? Alberta is not a pharmacare province and, therefore, private plans are generally the primary payor for individuals not covered under a government-sponsored drug plan.

GSC's optional Biosimilar Transition Program can help you find savings

GSC strongly supports the use of biosimilar drugs, launching our ***Biosimilar Transition Program in 2018*** to successfully transition patients diagnosed with specific conditions from the originator biologic to a corresponding biosimilar product. And remember – per our biosimilar strategy – only biosimilars will be reimbursed for new starts (plan members taking a biosimilar for the first time), which is a standard across all benefit plans. An originator biologic is only eligible under exceptional circumstances.

As illustrated by Alberta's projections, there are significant savings available for drug plans through increasing the adoption of biosimilars. This is an ideal time to recoup these savings by implementing GSC's optional Biosimilar Transition Program if you haven't already. As more provinces come on board and announce similar biosimilar programs, physicians and their patients will be actively engaged in the process, and resources for educating and supporting patients will be widely available, as they now are in Alberta. Contact your account team for more information.

The following table shows how the programs in Alberta and British Columbia work compared with GSC's optional Biosimilar Transition Program, which applies in all other provinces.

GSC's Biosimilar Transition Program

	In British Columbia and Alberta	**In All Other Provinces/ Territories (Excluding Quebec)**
Program	Standard	Optional
Focus	Claimants coordinating with government-sponsored drug plans	Claimants where GSC is the primary payor
Option to continue on originator biologic	The claim will be denied	The claim will be paid to the cost of the corresponding biosimilar
Rheumatology patients on Remicade and Enbrel: • **rheumatoid arthritis** • **ankylosing spondylitis** • **psoriatic arthritis**	Plan members will need to transition by the required deadline	This is currently part of the program

GSC's Biosimilar Transition Program (continued)

	In British Columbia and Alberta	In All Other Provinces/ Territories (Excluding Quebec)
Dermatology patients on Remicade: **• plaque psoriasis**	Plan members will need to transition by the required deadline	This is currently part of the program
Gastrointestinal patients on Remicade: **• Crohn's disease** **• ulcerative colitis**	Plan members will need to transition by the required deadline	Coming soon – implementation details to be shared at a later date
Diabetes patients on Lantus: **• type 1 diabetes** **• type 2 diabetes**	Plan members will need to transition by the required deadline	Coming soon – implementation details to be shared at a later date
Multiple sclerosis patients on Copaxone	Plan members will need to transition by the required deadline	Coming soon – implementation details to be shared at a later date
HealthForward case management	No (a fee will not be charged)	Yes (a fee will be charged)

Change to provincial coverage for Alberta seniors

Currently, Albertans age 65+, their spouses, and dependents registered on the same Alberta Health Care Insurance Plan (AHCIP) account receive free coverage for prescriptions and other health-related services not covered by AHCIP's Coverage for Seniors program. When one individual in a family turned 65, everyone in the family qualified for the provincially-funded program, which includes coverage for some prescription drugs and diabetic supplies, ambulance services, and limited coverage for psychological services, chiropractic services, and in-home nursing care.

Effective **March 1, 2020**, only Albertans age 65+ will have access to the seniors' program; their spouse and dependents under the age of 65 will no longer have access. This means that private coverage becomes the first payor for these individuals. Alberta Health has sent letters to those affected by this change, and pharmacists and other health care providers have also been notified.

This change does not impact GSC plan members age 65+ living in Alberta who qualify for the seniors' program as their claims will continue to be processed through their benefits plan as the secondary payor. To accommodate the spouses and children no longer covered under the Alberta seniors' program, our system will be updated to handle their claims with GSC as the primary payor. No action is needed on the part of plan sponsors regarding this change.

2020 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 average increase is applied at the category level resulting in fee changes varying by procedure code. The cost impact to plans is dependent on the utilization for each type of procedure code. For example, a two per cent increase to frequently used basic and preventive services will have a higher impact than a two per cent increase to unused or infrequently performed dental 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 2020 by province and territory.

Dental fee guides are suggested fees that help provide transparency around dental costs and can help educate consumers. While most dental providers follow the suggested fees published in their province/territory, they can bill their own fees according to their individual practice. For example, fees may be reduced or increased based on the amount of time required and/or the level of complexity involved for an individual procedure.

The reintroduction of a published fee guide in Alberta in 2018 saw a reduction in fees in an effort to reduce costs to consumers and make dental treatment more affordable. With no increase in 2019, the lower fees introduced the previous year were retained. However, in 2020, we are seeing a significant increase of 4.9 per cent in Alberta, renewing concerns that a trend of higher fees than other provinces is recurring. This concern was also felt last year with the Ontario average increase of 4.19 per cent. However, the 2020 increase for Ontario is only 1.27 per cent.

Province	Average Increase	Fee Guide Effective Date
Alberta	4.90%	January 1, 2020
British Columbia	3.89%	February 1, 2020
Manitoba	2.53%	January 1, 2020
New Brunswick	1.95%	January 1, 2020
Newfoundland and Labrador	3.20%	January 1, 2020
Northwest Territories/Nunavut	Information not available at the time of publication	
Nova Scotia	2.39%	February 1, 2020
Ontario	1.27%	January 1, 2020
Prince Edward Island	2.17%	January 1, 2020
Quebec	2.60%	January 1, 2020
Saskatchewan	2.20%	January 1, 2020

Quebec Drug Insurance Pooling Corporation threshold changes for 2020

Each year, the Quebec Drug Insurance Pooling Corporation (QDIPC) reviews its pooling thresholds and fees to reflect trends in the number of claims submitted to the pool in the past. QDIPC recently released the 2020 changes.

Groups of up to 5,999 lives (up from 3,999 last year) are now eligible for Quebec drug pooling. Quebec drug pooling impacts all benefit plans under 6,000 plan member lives that have plan members in Quebec. GSC calculates the required premium for each plan member where Quebec drug pooling applies and includes them in our renewals each year.

2020 pooling thresholds and factors:

Size of Group i.e., No. of Certificates (Plan Members)	Threshold per Certificate (Plan Member) for 2020	Annual Factor (Premium) without Dependents	Annual Factor (Premium) with Dependents
Fewer than 25	$8,000	$211.00	$581.00
Between 25 and 49	$16,500	$137.00	$376.00
Between 50 and 124	$32,500	$74.00	$205.00
Between 125 and 249	$47,500	$52.00	$142.00
Between 250 and 499	$72,000	$34.00	$94.00
Between 500 and 999	$95,000	$27.00	$74.00
Between 1,000 and 3,999	$120,000	$23.00	$62.00
Between 4,000 and 5,999	$300,000	$11.00	$31.00
6,000 and over	Exempt from drug pooling	Exempt from drug pooling	Exempt from drug pooling

We have begun applying these new 2020 pooling levels and fees in renewals.

Updates to our administrative guideline for non-emergency claims incurred outside of Canada

Last year in the ***August 2019*** and ***December 2019*** issues of The advantage, we told you about our position on non-emergency extended health and dental claims incurred outside of Canada (not including drug claims) and that we would be taking a phased approach to provide a better plan member experience. As a reminder:

- Effective **January 1, 2020**, all claims submitted in a language other than English or French must be translated (by the plan member) before they can be processed.

- Effective **March 1, 2020**, claims are subject to the administrative guideline that will no longer allow non-emergency claims incurred outside of Canada.

As part of our preparations for implementation, we have made the following updates to the administrative guideline:

- Not all dental claims incurred outside of Canada will be excluded. If the claim appears to be urgent and unplanned, it may be eligible – per the plan limitations. For example, if a plan member has an abscess and requires immediate care, this is not planned treatment so the claim would not be declined. Compare this to a plan member travelling to get a crown or multiple crowns; this claim would be declined per the administrative guideline.

- Prescription eyewear and medical items purchased online will continue to be eligible through the benefits plan – per the plan limitations. However, purchases for these items in retail stores located outside of Canada will be declined.

- If a plan member contacts GSC requesting to continue to see their provider located outside of Canada for ongoing counselling services only, they will be allowed to do so as an exception. (This is on an appeal basis.)

It's worth stating once more that plans with contract language that specifically includes these types of claims – non-emergency claims incurred outside of Canada (this isn't common practice), plan members whose country of residence is outside of Canada, and plan members on work assignments outside of Canada will not be affected by this administrative update.

If you want to share this information directly with your plan members, ***click here*** to access the applicable Plan Member Update. Contact your account team if you have any questions.

Voice of the Customer @ GSC

GSC is known throughout the industry for the great service we provide to our customers. Listening to feedback and making continuous improvements helps to ensure we remain focused on delighting our customers as our business evolves. The goal of our Voice of Customer program is to create an end-to-end experience that delivers value by gathering timely feedback from all of our various customer types (including plan members, plan sponsors, plan advisors, and health services providers). From this feedback, we hope to unearth new opportunities to innovate and make changes that will improve the experiences of plan sponsors and other external stakeholders – and stay abreast of rapidly evolving customer expectations.

We believe that the most important part of a holistic Voice of Customer program will be tracking our own progress when it comes to delighting our customers. To do so, we have engaged the services of a global leader in experience management and will be using their leading platform to gather, analyze, and act on core experience data. Our goal is to continue to be an industry-leading customer-centric organization, and empower stakeholders with the knowledge and insights needed to enable continuous improvement of our systems and customer experiences.

In 2020, we are introducing a feedback mechanism called "Net Promoter Score" (or NPS). Net Promoter Score quantifies the loyalty of customer relationships by inquiring about the likelihood of someone to recommend your business to others. We have chosen to adopt it because it will help us identify which service initiatives move the needle on customer centricity. This will be used alongside our existing measures of customer feedback and experience tracking, and will help ensure that GSC remains an industry leader – providing an exceptional customer experience for years to come.

YOU'LL BE HEARING MORE ABOUT...

Virtual/tele-orthodontics – what it is and why GSC supports it

Virtual/tele-orthodontics allows patients to receive orthodontic treatment from their home without the need to see a dentist or orthodontist in person. This improves access by removing financial and geographical barriers to care that may be associated with traditional orthodontic treatments. Treatment plans are created by licensed dentists who follow the patient's progress throughout the treatment plan. GSC has conducted an independent review with a licensed orthodontist to examine real cases and treatment plans, and has determined there is no risk to patient safety. It's important to note that this type of offering is not eligible through Canadian benefit plans today; however, it is established and is being used in the United States. Later this year, virtual/tele-orthodontics will be eligible through benefit plans – allowing plan members to access a dentist or orthodontist in person, or virtually for orthodontic care. Much more to come.