

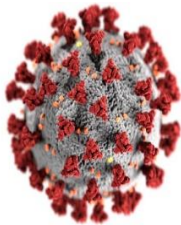
RETIREE CAATNIPS

November 2020

Benefits Information for CAAT Retirees

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Welcome to the eleventh edition of RETIREE CAATNIPS. This newsletter is produced by College Employer Council (CEC) 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 you may use them.

In this edition, we will provide information regarding plan changes and identify other initiatives that may impact you as a retiree.

COVID-19: Novel Coronavirus – Commentary

With the WHO declaration of COVID-19 as a global pandemic in March 2020, every aspect of life changed radically and dramatically around the world, in Canada, in Ontario and for all retirees enrolled in the CAAT Retiree Group Insurance Benefits Plan. For those who have lost loved ones to the illness, please accept the Committee's condolences. For those who have been affected and survived, we wish continued health. And for those who have managed to avoid the virus, please continue to be safe and be well.

The initial response to the virus by various provincial governments resulted in the shutting down of many non-essential business operations that impacted plan member access to various forms of coverage, which was primarily paramedical and dental services. While these services were temporarily only available on an emergency basis, many other vital components of plan coverage continued to be available including prescription drugs, private duty nursing, and healthcare supplies. Once the various restrictions were subsequently relaxed, claims for paramedical and dental quickly returned, and exceeded, their pre-restriction levels. We have provided a number of frequently asked questions in this regard.

COVID-19 Related FAQ's

I was not able to use my health plan coverage to obtain massage therapy, physiotherapy or other paramedical services during the COVID-19 lockdown. Why was there no reduction in my benefit premiums?

- A. The CAAT Retiree Benefit Plans continued to provide coverage for many services other than paramedical services during the period of the lockdown. Coverage for prescription drugs, private duty nursing, semi-private hospital, medical supplies all continued to be available during the lockdown period. In addition, once the period of lockdown ended, claims very quickly returned to their normal pre-lockdown level, and more, as service providers were increasing their availability as well as their fees to make up for the lack of services and the additional safety precautions they needed to implement upon reopening.

My auto insurance company sent me a refund cheque in response to a mandate from the province. Why was there no a refund from my CAAT Retiree (Sun Life) Plan?

- A. Auto insurance companies provide coverage in the event that you experience loss of use of your vehicle. They also have a margin built into their premiums for profit, after costs and claims are covered. During the period of the COVID-19 lockdown, the majority of drivers were no longer using their vehicles except to get groceries or for emergency needs. Overall car usage fell significantly during the lockdown and along with that, so did claims. As a result, auto insurance companies were in a position to share some portion of their premium income with their policyholders.

In the case of the CAAT Retiree Benefit Plans, there is no provision for profit built into the premiums. So, while a limited number of services were unavailable for a window of time, many other services and benefits continued to be available. In addition, once the period of lockdown ended, claims very quickly returned to their normal pre-lockdown level, and more, as service providers were increasing their availability as well as their fees to make up for the lack of services and the additional safety precautions they needed to implement upon reopening.

Will there be any reduction in my premiums for the coming year (2021)?

- A. As is the case with all annual premium rate-setting exercises, the Council (as the policyholder on behalf of the Colleges) reviews, with the assistance of an industry consultant, the claims history over a longer period than just the current and immediately preceding year. Therefore, while there was a brief drop in claims during the period of the COVID lockdown for some paramedical services under the retiree Extended Health plans, the majority of use is for prescriptions and items like compression stockings and retirees continued to submit claims. Once the lockdown ended, plan members again started using their coverage and submitting claims for paramedical services. This elevated claiming has to be taken into consideration when setting the required premiums for February 2021 and beyond so that the health and dental plans do not start falling into a deficit position as the year unfolds.

Based on this approach, some retirees, depending the coverage they have, will see an increase in their premiums, some will see a decrease, while others will see the rate remain unchanged for the coming year.



Coverage for Continuous Glucose Monitors (CGM) Supplies

Effective December 1, 2019, Continuous Glucose Monitors (CGM) were added to the list of covered medical devices under the Extended Health Care Plans 1 and 2.

Continuous Glucose Monitor (CGM) receivers, transmitters, and sensors will be covered for retirees and their dependents with Type 1 diabetes up to a combined maximum of \$4,000 per person per calendar year. A Doctor's note with the diagnosis must be provided to Sun Life along with the claim for CGM supplies.

Group Benefits Updates

Plan members can book appointments online in three clicks

As the world reopens, plan members can learn how easy it is to book appointments online with their favourite health-care providers. Sun Life has created a seamless experience for users. From searching for providers to booking appointments with them online, it's been made simple.

Plan members can book their appointments on provider search in just three clicks. They can do so both on the mySunLife mobile app and on mysunlife.ca.

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.

Travel Insurance

Under the prevailing travel restrictions that are a response to COVID-19, Johnson Insurance has advised that their MEDOC policy can provide Medical coverage for international travel with certain conditions.

CAAT Retirees who wish to travel within Canada may still obtain travel coverage from Johnson.

To obtain further information or to get a quote, please contact Johnson Insurance directly at:

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

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

➤ 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).

New Retiree?

This is a reminder that if you recently enrolled in the CAAT Retiree Benefits Plan, any unpaid health or dental claims that you incurred as an active employee must be submitted within 90 days of your retirement to the plan under which you were previously covered when you incurred the claim.

Those claims cannot be submitted under your new policy 22182.

IMPORTANT REMINDERS AND DATES!

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

CHANGING YOUR COVERAGE

February 1, 2021 (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.

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