

Retiree Benefit Change Notice

Changes to Your Retiree Benefits Program

As a result of collective bargaining, some of your group benefits are changing.

This notice highlights only those areas in your coverage that will change. The text in **bold** indicates the change.

If you need clarification on any of the changes below or have questions about claims, you can visit GroupNet for Plan Members, Great-West Life's secure website, at www.greatwestlife.com or call their Customer Service Centre at 1-855-360-4415 (1-800-990-6654 for the deaf or hard of hearing).

For more information about your benefits program, refer to your *Benefits-at-a-Glance* brochure or *Retiree Benefits Program* booklet. To get a copy of this document, contact Coughlin & Associates Ltd. at 613-231-2554 or 1-888-613-1234 or by email at admininquiries@coughlin.ca or visit GroupNet for Plan Members at www.greatwestlife.com.

What's Changing Under the Health Plan

New Semi-Private Hospital Coverage

Effective July 1, 2019, the plan will reimburse 100% of the cost of accommodation in a semi-private hospital room, above the amount covered by your provincial health plan.

Annual Maximum for Private Duty Nursing Care

Effective July 1, 2019, private-duty nursing care provided in your home by a registered nurse or registered nursing assistant will continue to be covered at 90%, however coverage will be limited to a maximum of \$25,000 per person per calendar year.

Per Prescription Deductible and Dispensing Fee Frequency Limit for Maintenance Drugs

Starting July 1, 2019, you will pay a deductible of \$2 for each prescription. The maximum dispensing fee reimbursed per prescription will continue at the same level of \$6.11 per prescription.

If you have any maintenance drugs, effective July 1, 2019, reimbursement of dispensing fees will be limited to **five claims per calendar year for each covered maintenance drug**. If you exceed five claims for the same maintenance drug in a calendar year, you will be responsible for paying the full dispensing fee.

To reduce your out-of-pocket expenses, ask for a 90-day supply, which will decrease the number of times a dispensing fee is charged.

For more information on the new dispensing fee frequency limit, see the attached Questions and Answers.

This notice summarizes changes to certain provisions related to your group benefits program provided to you as a retired employee of the City of Ottawa. Every effort has been made to ensure accurate information. In the event of any discrepancy or misunderstanding, benefits will be paid according to applicable contracts, policies and plan documents.

Increase in Coverage for Certain Paramedical Practitioners

Effective July 1, 2019, the annual maximum for licensed physiotherapists and psychologists/social workers will increase from \$500 to \$750 per person per practitioner per calendar year. Social workers were added as a covered practitioner under the psychology benefit effective January 1, 2019. In addition, the maximum for registered massage therapy will increase from \$225 to \$500 per person per calendar year.

Massage therapy referral every 12 months

Effective July 1, 2019 a physician referral will be required for massage therapy treatment. The referral must be renewed every 12 months and submitted to Great West Life for reimbursement to continue for the new referral period.

What's Changing Under the Dental Plan

Change in Basic Service Coverage

Effective July 1, 2019 the frequency for complete oral exams and full mouth x-rays will change to once every 3 years for adults and dependent children. **There is no change to the frequency for recall examinations and bitewing x-rays.** Fluoride treatment will now only be covered for dependent children age 18 or younger. The number of scaling units will be reduced from 18 units to 10 units per calendar year.

Space maintainers

Effective July 1, 2019 space maintainers will continue to be covered as an appliance under the basic services, however, they will no longer be covered when used for orthodontic purposes.

Change in Coverage for Dentures

Effective July 1, 2019 the co-insurance for dentures will change from 90% to 80% and the frequency for replacing dentures will change from once every 3 years to once every 5 years.

Summary of Coverage

Here is a summary of the key changes in your coverage effective July 1, 2019:

Until June 30, 2019	Effective July 1, 2019
HEALTH PLAN	
<ul style="list-style-type: none">▪ 90% reimbursement of:<ul style="list-style-type: none">• drugs legally requiring a prescription, plus certain life-sustaining drugs that do not legally require a prescription<ul style="list-style-type: none">▪ generic substitution (unless doctor specifies no substitution)▪ purchase with benefits card▪ subject to a \$6.11 maximum reimbursement of dispensing fee per prescription	<ul style="list-style-type: none">▪ 100% reimbursement of:<ul style="list-style-type: none">• semi-private hospital room accommodation, above the amount covered by the provincial health plan▪ 90% reimbursement of:<ul style="list-style-type: none">• drugs legally requiring a prescription, plus certain life-sustaining drugs that do not legally require a prescription<ul style="list-style-type: none">▪ generic substitution (unless doctor specifies no substitution)▪ purchase with benefits card

Until June 30, 2019	Effective July 1, 2019
<ul style="list-style-type: none"> ▪ 90% reimbursement of: <ul style="list-style-type: none"> • professional services of the following paramedical practitioners (as long as they are qualified and registered in the province in which the services are rendered), above the amount covered by any provincial plan, where applicable: <ul style="list-style-type: none"> ▪ physiotherapist, psychologist/social worker, chiropractor – \$500 maximum per person per calendar year for each type of practitioner, plus up to \$25 per person per calendar year for one x-ray by a chiropractor ▪ speech therapist, massage therapist, osteopath, podiatrist, naturopath – \$225 maximum per person per calendar year for each type of practitioner, plus up to \$15 per person per calendar year for one x-ray by an osteopath, and up to \$100 per person per calendar year for podiatric surgery • services provided in your home by a registered nurse or registered nursing assistant 	<ul style="list-style-type: none"> • subject to a \$2 per-prescription charge and a \$6.11 maximum reimbursement of dispensing fee per prescription and reimbursement of up to five dispensing fees per calendar year for each maintenance drug ▪ 90% reimbursement of: <ul style="list-style-type: none"> • professional services of the following paramedical practitioners (as long as they are qualified and registered in the province in which the services are rendered), above the amount covered by any provincial plan, where applicable: <ul style="list-style-type: none"> ▪ psychologist/social worker – \$750 combined maximum per person per calendar year ▪ physiotherapist – \$750 maximum per person per calendar year ▪ chiropractor – \$500 maximum per person per calendar year, plus up to \$25 per person per calendar year for one x-ray ▪ speech therapist, osteopath, podiatrist, naturopath – \$225 maximum per person per calendar year for each type of practitioner, plus up to \$15 per person per calendar year for one x-ray by an osteopath, and up to \$100 per person per calendar year for podiatric surgery ▪ massage therapist* – \$500 maximum per person per calendar year ▪ services provided in your home by a registered nurse or registered nursing assistant to a maximum of \$25,000 per person per calendar year (prior approval from the carrier is recommended)

DENTAL PLAN

<ul style="list-style-type: none"> ▪ 90% reimbursement of: <ul style="list-style-type: none"> • basic services, including x-rays, recall exams and fluoride treatments, limited to once every nine months for each type of service (every six months for <i>children</i> age 18 and under) • basic supplementary services, including treatment of gum diseases and root canal therapy 	<ul style="list-style-type: none"> ▪ 90% reimbursement of: <ul style="list-style-type: none"> • basic services including: <ul style="list-style-type: none"> ▪ x-rays and recall exams, limited to once every nine months for each type of service (every six months for children age 18 and under) ▪ fluoride treatment for children age 18 and under only, limited to once every six months
--	--

Until June 30, 2019	Effective July 1, 2019
<ul style="list-style-type: none"> major restorative services, such as crowns, bridges, and implants, up to the lowest-cost alternative treatment the cost of dentures 	<ul style="list-style-type: none"> basic supplementary services, including treatment of gum diseases and root canal therapy major restorative services, such as crowns, bridges, and implants, up to the lowest-cost alternative treatment 80% reimbursement of the cost of dentures

*Recommendation by a physician is required every 12 consecutive months.

Questions & Answers

Dispensing Fee Frequency Limit

1. What is a dispensing fee?

Each time you have a prescription filled in Ontario, your pharmacist charges a dispensing fee, which covers services such as consulting with you about your treatment, maintaining and checking your medication records, providing drug information to your doctor and dispensing your drug products.

2. What is the new dispensing fee frequency limit and how does it work?

It is a frequency limit on how many times your City of Ottawa benefits program will reimburse charges for dispensing fees on maintenance drug prescriptions. Each time you have a maintenance drug filled it will count towards your five claims per calendar year maximum.

3. What are maintenance drugs?

Maintenance drugs are prescribed for the ongoing treatment of chronic conditions, such as medications for high blood pressure, asthma, depression, thyroid and hormone replacement. If you are unsure whether your medication is considered a maintenance drug, call GWL at 1-855-360-4415 and provide the Drug Identification Number (DIN) on your prescription's label to confirm. Maintenance drugs can often be prescribed in 90-day supplies.

4. How can I find out if I'm close to the frequency limit?

You can check your claims history on GWL's GroupNet for Plan Members at greatwestlife.com to see how many maintenance drug prescriptions you have claimed and received reimbursement for the dispensing fee in the calendar year. You can also call GWL's Customer Service Centre at 1-855-360-4415.

5. What happens when I reach the five claim limit in a calendar year?

Once you've reached the limit, you will be responsible for paying the full dispensing fee each time you fill your maintenance drug prescription until the end of the calendar year. You will continue to be reimbursed for the drug ingredient cost in accordance with your plan's coverage. To avoid reaching the limit, you may wish to ask for a 90-day supply of your maintenance drugs each time you fill your prescription.

6. Is a dispensing fee cap the same thing as a dispensing fee frequency limit?

No. A dispensing fee cap is a limit on the dollar amount that will be reimbursed for the dispensing fee portion of your claim. For example, if your plan's dispensing fee cap is \$6.11, you will be reimbursed up to \$6.11 per prescription for the dispensing fee portion of your claim and you are responsible for paying any difference above the cap. The drug ingredient cost will be reimbursed based on your plan's coverage. The frequency limit is the number of times the plan will reimburse the dispensing fee (up to the dispensing fee cap) in a calendar year.

7. How does the frequency limit work with coordination of benefits?

If you or your dependents have coverage under another benefits plan and submit a claim for a maintenance drug to GWL as the second payer, the portion that is reimbursed for the dispensing fee will count towards your frequency limit.

8. What do I do if my current prescription for maintenance drugs is only for a 30-day supply?

You can ask your physician or pharmacist for a 90-day supply. This way you will reduce the number of times a dispensing fee is charged in a calendar year.

9. I take a maintenance drug that requires more frequent dispensing for medical reasons.

If there is a medical reason for needing more frequent dispensing of your maintenance drug, you can contact GWL for an exception form.