Fact Sheet

Changes to the Supplementary Health & Hospital Benefits Plan for OPSEU-Correctional Bargaining Unit Represented Employees

Updates to the coverage provisions under the OPS group insurance Supplementary Health and Hospital (SHH) plan are being implemented in accordance with the arbitration award dated December 4, 2023 between the Ontario Public Service Employees Union (OPSEU) Correctional Bargaining Unit and the Employer.

Psychological Services

Effective January 1, 2024: psychological services shall also include the services rendered by a psychotherapist recognized by the College of Registered Psychotherapists.

Effective January 1, 2024: the per visit half-hour cap will be eliminated for the services provided by a psychologist including services rendered by a psychotherapist, or a social worker with a master's degree in social work, where such services are equivalent to the services that would be otherwise provided by a psychologist for both employees and their eligible dependents.

Effective January 1, 2024: the annual maximum for psychological services will increase from $1400 to $2500 for employees and from $1400 to $1750 for eligible dependents.

Other Paramedical Services

Effective January 1, 2024: the per visit cap for services of a licensed chiropractor, osteopath, naturopath, podiatrist, physiotherapist and masseur will increase from $25 to $35; the annual maximum of $1200 per type of practitioner remains unchanged. The per half hour cap for services of a speech therapist will increase from $25 to $35; the annual maximum of $1,400 for this provider remains unchanged.

Vision Care Coverage

Effective January 1, 2024: vision coverage will increase from $340 to $400 per insured every 24 months.

Prescription Drug Coverage

Effective March 1, 2024, administrative changes to coverage for prescription drug benefits will be introduced and administered by Manulife. The changes summarized below will align drug plan administration with industry best practices.

Prior Authorization

Prior authorization is a program that helps to manage drug costs while continuing to provide you with access to appropriate drug therapy. The program targets high-cost drugs, prevents against experimental usage and promotes integration with provincial drug programs. Application ensures that certain drugs are covered following validation that the treatment plan meets standard clinical guidelines and that the drugs were prescribed for the intended, approved purpose under the plan.

Pharmacists and doctors are familiar with, and expect prior authorization, and can assist with coordinating the process. When a drug requires prior authorization, you and your doctor will need to complete certain sections of the “Drug Prior Authorization Form” before you submit the claim for adjudication.

Note: Any charges incurred for completing the “Drug Prior Authorization Form’ will be your responsibility.

The form and information about the program are available on the Manulife Plan Member website, or via the insurer’s mobile app. You can readily access information to coordinate your doctor’s approval. Also, pharmacists generally expect prior authorization, and can help expedite the process.

Note: If you are on a treatment program before March 1, 2024 that involves use of a drug that would otherwise require prior authorization, your coverage for that drug will be not impacted. This means that future claims for such drug(s) will not be subject to the prior authorization process unless it’s prescribed to treat a new medical condition. The impact will be limited to claims for new patients and/or treatment plans that involve alternate drugs, for example, if your medication changes.

Enhanced (Mandatory) Generic Substitution

According to Health Canada, generic equivalent drugs have the same active ingredients and are identical to brand-name drugs in dose, strength and how they are taken. They are equally safe and effective in quality and effectiveness.

Effective March 1, 2024, claims for prescription drugs that have a generic equivalent(s) will be reimbursed at 90% of the lowest cost generic alternative product price (subject to the existing $3 per prescription deductible).

Current plan terms allow for coverage and reimbursement of brand name products if the doctor's prescription includes a "no substitution" statement. For clarity, after March 1, 2024, the lowest cost generic equivalent pricing terms will apply even if a prescription includes this statement.

If you and/or a covered dependent require a brand name drug because of intolerance to the generic equivalent, your doctor can complete a "Request for Approval of a Brand-Name Drug Form", available on Manulife's Plan Member website. The completed form can be submitted directly to Manulife. If approved, claims will be paid/reimbursed based on the brand name product cost (subject to the remaining plan provisions).

For example, in circumstances where a plan member is prescribed a single source brand-name drug such as Botox, it will be subject to the Manulife allowable amount and additional fees incurred will not be covered (which includes, but is not limited to, injection and administration fees).

Note: Any charges incurred for completing the "Request for Approval of a Brand-Name Drug Form" will be your responsibility.

Manulife's DrugWatch™ Program

The DrugWatch™ Program brings together pharmacists and industry experts to monitor emerging drugs and conduct a comprehensive third-party screening of a small number of high-cost drugs, including newly developed drugs and existing drugs approved for new uses, to determine if the products:

- Deliver results that match or exceed those of existing drugs or treatments.
- Deliver health outcomes that justify their cost.
- Have passed independent clinical evaluation requirements.

The screening/evaluation process could also include negotiation of pricing adjustments and delivery program support for patients.

The Manulife DrugWatch™ Program helps ensure that drugs that are screened and ultimately approved for coverage under the plan have the potential to deliver an optimal health outcome, at the best possible price.

It should be noted that when a drug first comes to market, if Manulife determines that it requires DrugWatch™'s review, the drug will NOT be added to the plan until it goes through the DrugWatch™ review and is approved for listing. Therefore, while a drug may be approved by Health Canada for use, if selected for DrugWatch™ review, there will be a delay between Health Canada approval and DrugWatch™ approval. Until DrugWatch™ approves and lists the drug no reimbursement will be considered.

Specialty Drug Care

The mandatory Specialty Drug Care Program is designed to help patients dealing with complex, chronic or life-threatening conditions, by providing care and support in relation to specialty drugs prescribed for the treatment of conditions such as:

- Cancer
- Crohn's disease
- Hepatitis C
- Multiple Sclerosis (MS)
- Osteoporosis
- Pulmonary Arterial Hypertension (PAH)
- Rheumatoid Arthritis.

Patients have access to a designated nurse case manager and support with navigating access to complementary services and resources. The case manager can offer assistance with drug treatment requirements and with management of side-effects.

All drugs in the Specialty Drug Care program are subject to 'prior authorization'. The nurse case manager will provide support with this process, including access to preferred pricing for the specialty drugs. When you have a new prescription for a drug in the Specialty Drug Care program, complete Manulife's Drug prior authorization form with your doctor. Once Manulife approves your participation, a nurse will call you to introduce you to the program. They can arrange for you to get your medication and help you manage your condition.

Manulife delivers the Specialty Drug Care program services in partnership with their provider.

Drug Dispensing Caps

Dispensing Fee Cap: A prescription drug dispensing fee cap of $11.99 per Drug Identification Number (DIN) will apply to all drug claims incurred on or after March 1, 2024. Reimbursement will not include the portion of dispensing fee cost, in excess of the cap. To avoid this, you may elect to purchase drugs at pharmacies with competitive dispensing fee charges. If eligible, you also have the option of using the HCSA to cover the unpaid dispensing fee portion, where applicable.

Dispensing Fee Frequency Cap: A dispensing fee frequency cap of five (5) times per Drug Identification Number (DIN) in a 12-month period will apply to eligible maintenance drugs. Note: Maintenance drugs are defined as drugs that are used to treat chronic, long-term conditions and are taken on a regular, recurring basis that can reasonably be dispensed over a longer term. For example, drugs prescribed for high blood pressure, cholesterol, or diabetes. For clarity, you will be reimbursed for the cost of dispensing fees incurred (up to the $11.99 cap) for up to five purchases per maintenance drug, in a 12-month period. Dispensing fees for any additional purchases of a maintenance drug within the 12-month period will not be covered.

TIP: The pharmacist generally charges a dispensing fee each time you fill your maintenance prescription. To stay within the dispensing fee frequency limit and to avoid the related out-of-pocket expense, you may choose to purchase a greater supply of your maintenance drugs at your visit to the pharmacy (e.g., purchase a 90-day supply).

- ✓ The benefits to you can include fewer visits to the pharmacy and ready access to a longer-term supply of maintenance drugs and reduced dispensing fees.

- ✓ To learn more about the dispensing fee frequency and caps, please see the "Dispensing Fee Limit" brochure, available on the Manulife Plan Member website.

Injectable Vitamin B6/B12

Effective March 1, 2024, coverage for injectable Vitamin B6/B12 prescribed for treatment of a patient's medical condition will be limited to the cost of the drug, subject to the existing 90% reimbursement and $3 per prescription deductible terms. For clarity, future claims for injectable Vitamin B6/B12 purchases will be adjudicated on the same terms as other

eligible prescription drugs, which means that coverage will be limited to drug expenses incurred in relation to treatment considered reasonable and customary for a patient's medical condition. Accordingly, the supplementary health plan will not reimburse non-drug expenses, e.g., injection administration service charges, that a patient may incur as part of a Vitamin B6/B12 treatment plan.

Resources

For more information about the drug plan changes and the programs described in the fact sheet, please visit the Manulife website at www.manulife.ca, or via the mobile app.

Manulife:

OPSEU-Correctional Bargaining Unit-represented employees – life insurance, supplementary health and disability plans
Phone: 1-800-268-6195
Website: www.manulife.ca

Canada Life

OPSEU-Correctional Bargaining Unit-represented employees - dental plan
Phone: 1-800-874-5899
Website: www.canadalife.com

The OPS Service Centre offers centralized, multi-channel access to IT and business services through:

- Telephone:1-888-996-7772 (1-888-99-OPSSC) or 416-915-7772 and is accessible 24x7x365
- Email: opssc@ontario.ca
- Web: ONRequest, including LiveChat and our Enterprise Virtual Assistant, EVA
- Adaptive Technology Services (TTY): (Information Technology) **877-889-4873** or (Business Services) **866-310-7259**