

Get ready to transition to your new group insurance program starting June 1, 2022

The Provincial Group Benefits Transition Committee, a committee comprised of healthcare employers and unions, has established a new single group benefits plan for all Health Association member organizations. The new plan will be sponsored and administered by Health Association Nova Scotia and has been designed to meet the needs of Nova Scotia Healthcare Workers and remain financially sustainable in the future. **The new Plan will come into effect June 1, 2022.** Please review the following important information to help you prepare for this transition.

What is changing?

- + You will have a new benefits plan
- + The eligibility age for Drug coverage in the health plan will increase from age 65 to age 70
- + Your Travel insurance will be provided by SSQ
- + Your Basic Life, Basic Dependent Life, and Optional Life insurance, will be provided by Manulife
- + You and your family have access to Optional Accidental Death and Dismemberment (AD&D) insurance, provided through SSQ, and Optional Critical Illness insurance, provided through Manulife

What is not changing?

- + Your benefits plan will provide you with comprehensive benefit coverage that supports your health and wellness
- + Your Health and Dental coverage will continue to be provided by Medavie Blue Cross, however you will receive a new policy number and member ID card
- + Your Long Term Disability (LTD) and Pension plans are not impacted by this change

Want More Details?

- View your [Benefits Summary](#) to see how the new Plan compares to your current coverage.
- View your [Rate Sheet](#) for information on plan costs.
- Read the enclosed [FAQs](#)

What's next?

In the coming months, you will receive more details on the new Plan and the enrolment process.

May	<ul style="list-style-type: none"> ▪ Watch for detailed information on the transition. ▪ Receive your Member Information Package from Medavie Blue Cross by mail, including your <u>new Member ID card policy number</u>, and enrolment materials if applicable. ▪ Continue to submit claims for services incurred/dated up to and including May 31 using your <u>current</u> Medavie Blue Cross policy number and member ID card. <u>You will have until June 30, 2022 to submit any outstanding claims for services incurred before May 31.</u>
June	<ul style="list-style-type: none"> ▪ Your new coverage starts June 1, 2022. Submit claims for services incurred/dated after this date to Medavie Blue Cross <u>using your new policy number and member ID card.</u>

Frequently Asked Questions (FAQs)

Why am I moving to a new benefits plan?

The Provincial Group Benefits Transition Committee, a committee comprised of healthcare employers and unions, completed a comprehensive review of existing Health Association Nova Scotia member plans to establish a new single group benefits plan for NSH/IWK employees and other Health Association member organizations. The committee has worked to ensure the new benefits Plan provides comprehensive coverage, is readily accessible for plan members across the province, and supports plan member health and well-being.

What will happen to my coverage between April 1, 2022 and June 1, 2022?

You will continue to participate in your current benefits plan under the existing policy number until June 1, 2022. On June 1, 2022, you will transition to the new group benefits plan / policy number.

Important note: your claims history will carry over to the new Plan effective June 1, 2022. This means any claims made prior to May 31, 2022 will count towards the applicable maximums under the new Plan.

How will my coverage change June 1, 2022?

Bringing all Health Association Nova Scotia member organizations under one benefits plan may result in some changes in your current coverage and providers. Depending on your current coverage, the impact will vary. Please see your **Benefits Summary** for details on how the new Plan compares to your current coverage.

How do I submit claims during the transition?

For Expenses Incurred and Dated up to May 31, 2022: Claims for services incurred/dated up to and including May 31 should be submitted to Medavie Blue Cross using your current policy number and member ID card. You will have until June 30, 2022 to submit any outstanding claims for services incurred before May 31.

For Expenses Incurred and Dated starting June 1, 2022: Claims for services incurred/dated starting June 1, 2022 must be submitted to Medavie Blue Cross using your new policy number and member ID card. Please show your new Medavie Blue Cross card to your providers.

Will my costs for coverage change on June 1, 2022?

We complete an annual review of our benefits program to ensure that premium rates are adequate to pay expected claims and expenses in the coming year. For the 2022 plan year, we based the annual renewal exercise on the new benefits Plan, meaning there will be a change to your rates effective June 1, 2022. Depending on your current plan, the impact on your individual rates may vary. Please see your **Rate Sheet** for detailed information on your costs.

When will I get more information about the change and the transition?

You will receive more information on the new Plan in the coming months, including your new Medavie Blue Cross information, and details on enrolling if applicable.

Your New Group Benefits Summary

Effective June 1, 2022

This benefits summary outlines your new coverage as an **active** employee, as well as provides a comparison to what you have today. The shading in blue indicates a change. This is a complete summary of Health Association Nova Scotia benefits. **You may be enrolled in all or some of the benefits offered by your employer.**

There were several key objectives in designing the new plan, including a mandate to be **cost-neutral** – meaning the new plan design could not exceed the fixed budget, while tailoring to provide better value in key areas. Other objectives include:



Retain similar coverage to what you enjoy today



Promote health by reinvesting savings in wellness, including chronic illness management and mental health support



Align to market best practices for comprehensive, sustainable and equitable coverage



Reduce risk for plan members and plan by providing important and valuable protection



Enhance value by identifying areas of low-value and improving coordination with other payers (e.g. public programs and drug manufacturers)



Improve member experience and access to benefits/services, including easier claims submission

Eligibility








You, your spouse, and your dependent child(ren) will continue to be eligible for coverage under the new plan provided they meet the definitions in the member booklets. Note the age limit for Dependent Children Student Eligibility has increased from age 25 to 26.

Coverage for you and your dependents terminates at the earlier of your retirement (note you may be eligible for post-retirement benefits) or termination of employment, or the following milestones:

	Current Plan	NEW PLAN (June 1, 2022)
Health Plan		
Drug coverage	For you: you reach age 65 For your spouse: your spouse reaches age 65	For you: you reach age 70 For your spouse: your spouse reaches age 70
Travel		No age limit
All other coverage		No age limit
Other Plans		
Dental		No age limit
Basic & Dependent Life Insurance	No age limit	For you: No age limit For your spouse: you reach age 70
Optional Critical Illness	Not covered	For you and your dependent child(ren): you reach age 70 For your spouse: you or your spouse reaches age 70, whichever is earliest
Optional Life Insurance	For you: no age limit For your dependent child(ren): you reach age 70 For your spouse: you or your spouse must be under age 70	For you: you reach age 70 For your spouse and your dependent child(ren): you or your spouse reaches age 70, whichever is earliest
Optional AD&D Insurance	Not covered	For you and your dependent child(ren): you reach age 70 For your spouse: you or your spouse reaches age 70, whichever is earliest

Health

	Current Plan	NEW PLAN (June 1, 2022)
Provider	Medavie Blue Cross	Medavie Blue Cross *NEW* Policy Number
Participation	Mandatory single coverage, unless proof of coverage elsewhere	
Reimbursement		
<ul style="list-style-type: none"> ▪ Drugs (pay-direct) <ul style="list-style-type: none"> – Eligible drugs – Co-payment – Out-of-pocket maximum – Generic substitution – Pharmacy partnership – Diabetic supplies – Glucose Monitoring Systems – Anti-obesity – Fertility – Sexual dysfunction – Smoking cessation – Vaccines – Allergy serums – Over the Counter Antihistamines (prescribed) ▪ Vision Care <ul style="list-style-type: none"> – Eye exams 	<p>100%</p> <p>Managed Formulary, based on provider-approved list of eligible drug expenses (Prior authorization required for some drugs)</p> <p>*NEW* Certain categories are subject to Step Therapy (see details below) requiring new patients to try cost effective first-line therapies first</p> <p>Supplements Government Health Care Coverage</p> <p>*NEW* Payment for a specialty high cost drug may be reduced by financial assistance available under a Patient Support Program</p> <p>You pay the dispensing fee</p> <p>\$492 / family / calendar year</p> <p>Limited to the cost of the least expensive interchangeable (usually generic) drug, unless medical basis for brand-name drug</p> <p>*NEW* Arrangement with Loblaws and Sobeys/Lawtons</p> <p>Prescription Drug Discounts will be automatic when using your Medavie pay-direct card at all participating pharmacies</p> <p>Covered under Drug card – including insulin pump supplies</p> <p>*NEW* Now covered under Drug card</p> <p>For insulin dependent: continuous glucose monitoring (CGM) receivers, transmitters or sensors</p> <p>*NEW* Now covered under Drug card</p> <p>\$1,600 / calendar year</p> <p>Not covered</p> <p>Not covered</p> <p>\$350 lifetime maximum, limited to one course of treatment</p> <p>Not covered</p> <p>100%</p> <p>Not Covered</p> <p>100%</p> <p>Covered to the provider's Reasonable & Customary Limit</p> <p>Once / 2 calendar years (Once / calendar year for dependent children under age 18)</p>	<p>100%</p> <p>Medavie Blue Cross *NEW* Policy Number</p> <p>100%</p> <p>Managed Formulary, based on provider-approved list of eligible drug expenses (Prior authorization required for some drugs)</p> <p>*NEW* Certain categories are subject to Step Therapy (see details below) requiring new patients to try cost effective first-line therapies first</p> <p>Supplements Government Health Care Coverage</p> <p>*NEW* Payment for a specialty high cost drug may be reduced by financial assistance available under a Patient Support Program</p> <p>You pay the dispensing fee</p> <p>\$492 / family / calendar year</p> <p>Limited to the cost of the least expensive interchangeable (usually generic) drug, unless medical basis for brand-name drug</p> <p>*NEW* Arrangement with Loblaws and Sobeys/Lawtons</p> <p>Prescription Drug Discounts will be automatic when using your Medavie pay-direct card at all participating pharmacies</p> <p>Covered under Drug card – including insulin pump supplies</p> <p>*NEW* Now covered under Drug card</p> <p>For insulin dependent: continuous glucose monitoring (CGM) receivers, transmitters or sensors</p> <p>*NEW* Now covered under Drug card</p> <p>\$5,000 / calendar year, subject to prior authorization and annual re-qualification</p> <p>\$15,000 lifetime maximum</p> <p>\$1,200 / calendar year</p> <p>\$500 / 24 months</p> <p>50%, \$500 lifetime maximum</p> <p>100%</p> <p>Not Covered</p> <p>100%</p> <p>Covered to the provider's Reasonable & Customary Limit</p> <p>Once / 2 calendar years (Once / calendar year for employees and dependents under age 21)</p>

	Current Plan	NEW PLAN (June 1, 2022)
<ul style="list-style-type: none"> – Frames – Lenses – Laser-eye surgery 	<p>\$150 / 2 calendar years for frames and lenses (every calendar year for dependent children under age 18)</p> <p>Includes Laser-eye surgery</p>	<p>\$225 / 2 calendar years for frames and lenses (every calendar year for employees and dependents under age 21)</p> <p>Includes Laser-eye surgery</p>  
<ul style="list-style-type: none"> ▪ Ambulance – Maximum 	Covered	100% \$1,000 / calendar year 
<ul style="list-style-type: none"> ▪ Hospital – Accommodations 	Semi-private room	100% Private/semi-private room
<ul style="list-style-type: none"> ▪ Paramedical practitioners – Mental health practitioners 	<p>Combined maximum of \$1,000 / calendar year</p> <p>Includes: Counselling therapist, psychologist and social worker</p>	<p>Combined maximum of \$1,800 / calendar year</p> <p>NEW: Psychotherapist</p>  
<ul style="list-style-type: none"> – Naturopath, Homeopath, Osteopath – Massage Therapist and Chiropractor – All other practitioners 	<p>\$300 / calendar year / practitioner (not subject to combined maximum)</p> <p>\$500 / calendar year / practitioner (subject to combined maximum)</p> <p>Combined maximum of \$1,500 / calendar year</p> <p>Includes: Acupuncturist, chiropractor, chiropodist or podiatrist, homeopath, massage therapist, naturopath, occupational therapist, osteopath, physiotherapist, speech therapist</p>	<p>Combined maximum of \$1,500 / calendar year</p> <p>*NEW* no prescription required for physiotherapy</p> <p>NEW: Dietician</p> 
<ul style="list-style-type: none"> ▪ Extended Health Benefits – Nursing and personal care services – Accidental dental – Other diabetic equipment – Hearing aids – Orthopedic shoes and supplies – Orthotics 	<p>\$5,000 / 12 consecutive months</p> <p>Covered</p> <p>Covered, including insulin pumps</p> <p>\$750 / ear / 5 consecutive years, includes repairs, does not include batteries</p> <p>\$100 / 12 months</p> <p>\$200 / calendar year (\$300 for dependents under age 21)</p>	<p>100%</p> <p>\$10,000 / calendar year</p> <p>Covered</p> <p>\$1,000 / ear / 3 calendar years, includes repairs and batteries</p> <p>\$200 / calendar year (\$300 for employees/dependents under age 21)</p> <p>\$300 / 3 calendar years (\$400 / calendar year for employees/dependents under age 21)</p> 

Note: most expenses are reimbursed based on the insurer's assessment of reasonable and customary fees.

What is Step Therapy?




For many conditions, such as high blood pressure, diabetes, gout, high cholesterol and depression, there are a number of equally safe and effective treatment options to choose from.

Under Step Therapy, the plan will reimburse the cost of a therapeutic substitution by your pharmacist, making it easier for you to get proven, safe and effective treatments in a way that can save money for you and the drug plan.



Travel

	Current Plan	NEW PLAN (June 1, 2022)
Provider	Medavie Blue Cross	SSQ
Participation	Participation will align with Health. If you select single or family coverage for Health, coverage will be the same for Travel. If you opt out of Health (with proof of coverage elsewhere) you will not have Travel coverage.	
Reimbursement	100%	
<ul style="list-style-type: none"> Emergency out-of-province/ country health care 	\$5,000,000 / incident / person	
	Matches provincial coverage	Up to 60 days per trip
<ul style="list-style-type: none"> Travel assistance 	24/7 services	
<ul style="list-style-type: none"> Referrals 	\$500,000 lifetime maximum / person (medical services must be unavailable in Canada and approved by provincial health plan)	
Pre-existing condition limitations	Exclusions for pre-existing conditions / medical stability	No exclusions for pre-existing conditions; however, claim must be an emergency


Dental

	Current Plan	NEW PLAN (June 1, 2022)
Provider	Medavie Blue Cross	Medavie Blue Cross *NEW* Policy Number
Participation	Mandatory single coverage unless proof of coverage elsewhere. Participation will align with Health. If you select single or family coverage for Health, coverage will be the same for Dental.	
Reimbursement		
<ul style="list-style-type: none"> Basic services (e.g., oral exams, cleaning, fillings and x-rays) 	100%	
<ul style="list-style-type: none"> Recall exams 	1 / Calendar Year	
	2 / calendar year for dependents under age 18	2 / calendar year for employees and dependents under age 21 
<ul style="list-style-type: none"> Scaling maximum 	4 units / calendar year	2 units / calendar year 
<ul style="list-style-type: none"> Endodontic/Periodontic services (e.g. root canals) 	80%	
<ul style="list-style-type: none"> Scaling maximum 	12 units / calendar year (combined with Basic)	10 units / calendar year (combined with Basic) 
<ul style="list-style-type: none"> Major services (e.g., dentures, crowns and bridges) 	80%	
<ul style="list-style-type: none"> Maximum for Basic, Endodontic/ Periodontic and Major services 	\$1,000 per calendar year	\$1,500 per calendar year
<ul style="list-style-type: none"> Orthodontics (braces) 	50% \$2,000 lifetime maximum Adults and children	
Dental fee guide	Current General Practitioner Fee Guide	



Life Insurance

	Current Plan	NEW PLAN (June 1, 2022)
Provider	Sun Life	Manulife
Participation	Mandatory coverage	
Insured persons	You	You and your family
Coverage		
▪ You	2 X annual earnings, rounded down to the nearest \$1,000, maximum is \$1,000,000	2 X annual earnings, rounded up to the nearest \$1,000, \$1,500,000 maximum  
▪ Spouse	Not covered	\$5,000
▪ Dependent children		\$2,500
Evidence of insurability	Not required	


Optional Life Insurance

	Current Plan	NEW PLAN (June 1, 2022)
Provider	Sun Life	Manulife
Participation	Optional	
Insured persons	You and your family	
Coverage		
▪ You	1 to 2 X annual earnings, rounded down to the nearest \$1,000	\$500,000 maximum (in units of \$10,000) 
▪ Your spouse	\$250,000 maximum (in units of \$10,000)	
▪ Dependent children	\$50,000 maximum (in units of \$5,000)	\$2,500, \$5,000, or \$10,000
Evidence of insurability	Not required for first \$50,000 within 60 days of becoming eligible	

Optional AD&D Insurance

	Current Plan	NEW PLAN (June 1, 2022)	
Provider	Not covered	SSQ  	
Participation		Optional	
Insured persons		You and your family	
Coverage			
▪ You			\$500,000 maximum (in units of \$10,000)
▪ Spouse			50% of employee amount, or 60% if no children
▪ Dependent children		10% of employee amount, or 20% if no spouse	
Evidence of insurability		Not required	

Optional Critical Illness Insurance

	Current Plan	NEW PLAN (June 1, 2022)
Provider	Not covered	Manulife 
Participation		Optional
Insured persons		You and your family
Coverage		
<ul style="list-style-type: none"> You and spouse 		\$150,000 maximum (in units of \$5,000 starting at \$10,000)
<ul style="list-style-type: none"> Dependent children 		\$10,000
Evidence of insurability		Not required for first \$25,000, pre-existing condition limitation applies

Post-Retirement Benefits

For Retirements on or after June 1, 2022

Eligibility for post-retirement benefits and cost-sharing is not changing. Coverage for retirees differs from the active employee plan. You will receive your Retiree Benefits Coverage summary upon your retirement. See the [HANS site](#) for more information on retiree benefits. Travel coverage terminates at retirement.

Questions?

If you have questions about your benefits, please talk to your Benefits Administrator. You can also call Health Association Nova Scotia at 1-866-886-7246.

For more information on benefits, please visit www.healthassociation.ns.ca and select the **Benefits Plan Member Information** button.

This benefits summary replaces any previous versions. Health Association Nova Scotia reserves the right to review the employee benefits program and to modify, amend, discontinue, and/or make exceptions to the program. All information is subject to change. This document provides a snapshot of the key benefits available to you under the proposed Health Association Nova Scotia Single Group Benefits Plan. In the case of a discrepancy, the contracts will prevail. More details on the plan will follow closer to the implementation date.

Your Group Benefit Rate Sheet

For the 2022-2023 plan year

Health Association Nova Scotia and the Provincial Group Benefits Transition Committee worked together to ensure our benefits plans meet the needs of Nova Scotia Healthcare Workers and remains financially sustainable into the future. Together, we completed the annual financial review of our plans to determine premium rates.

The rates for the new Plan are included below. These will be effective **June 1, 2022**. *Between April 1, 2022 and May 31, 2022 the current plan rates will remain in place.*

- Rates are based on current plan use and expected trends for the future.
- For coverage details, please see your **Benefits Summary**.

HEALTH, TRAVEL & DENTAL

- Premium costs are shared, your employer pays 65% and you pay 35%. Premiums are deducted over 24 pay periods per year.

Monthly Premium Rate	Current Monthly		New Monthly	Total amount you pay per pay period (24 periods/year)
HEALTH & TRAVEL & DENTAL COVERAGE		HEALTH & TRAVEL COVERAGE		
Under Age 65		Under Age 70		
Single	\$140.25	Single	\$129.88 + \$1.00	\$22.73 + \$0.18
-	-	Over/Under Age 70	\$186.86 + \$2.00	\$32.70 + \$0.35
Family	\$346.21	Family	\$308.00 + \$2.00	\$53.90 + \$0.35
Over Age 65		Over Age 70		
Single	\$81.75	Single	\$64.80 + \$1.00	\$11.34 + \$0.18
Family	\$218.47	Family	\$160.40 + \$2.00	\$28.07 + \$0.35
		DENTAL COVERAGE		
		Single	\$44.36	\$7.76
		Family	\$98.96	\$17.32

OTHER INSURANCE

- Basic Life & Dependent Life: Typically, premium rates are shared equally.
- Optional coverage is 100% paid by you.

Monthly Premium Rate	Current Monthly	New Monthly
Basic Life Insurance (per \$1,000)	\$0.156	\$0.15
Basic Dependent Life Insurance (per family)	-	\$2.00
Long-term Disability	Employees remain in current plan	Not in HANS (NSAHO) Plan
Optional AD&D Insurance (rates per \$10,000 of Principal Sum)	-	- You Only: \$0.12 - You & Family: \$0.22

OPTIONAL CRITICAL ILLNESS INSURANCE MONTHLY RATES

(per \$5,000 of coverage Employee and Spouse)

- Optional coverage is 100% paid by you.
- This is not available under your current plan, it will become available in your new plan.

Age	Smoker Male		Non-smoker Male		Smoker Female		Non-smoker Female	
	Current	New	Current	New	Current	New	Current	New
Under 20	-	\$0.18	-	\$0.20	-	\$0.18	-	\$0.20
20-24	-	\$0.34	-	\$0.30	-	\$0.34	-	\$0.34
25-29	-	\$0.58	-	\$0.44	-	\$0.68	-	\$0.58
30-34	-	\$0.78	-	\$0.52	-	\$1.08	-	\$0.78
35-39	-	\$1.16	-	\$0.64	-	\$1.52	-	\$0.96
40-44	-	\$2.42	-	\$1.00	-	\$2.72	-	\$1.36
45-49	-	\$4.76	-	\$1.66	-	\$4.34	-	\$1.76
50-54	-	\$7.96	-	\$2.62	-	\$6.70	-	\$2.44
55-59	-	\$12.36	-	\$3.98	-	\$8.54	-	\$2.92
60-64	-	\$18.82	-	\$6.18	-	\$13.42	-	\$4.66
65-69	-	\$25.28	-	\$8.30	-	\$18.04	-	\$6.26

Optional Dependent Critical Illness

\$10,000 per Dependent	Current	New
Flat rate per family	-	\$3.20

OPTIONAL LIFE INSURANCE MONTHLY RATES

(per \$10,000 of coverage for Employee and Spouse)

- Optional coverage is 100% paid by you.
- The gender and age band structure of your Optional Life Plan will change.

Age	Smoker Male		Non-smoker Male		Smoker Female		Non-smoker Female	
	Current	New	Current	New	Current	New	Current	New
Under 34	-	\$0.92	-	\$0.44	-	\$0.44	-	\$0.28
35-39	-	\$1.12	-	\$0.56	-	\$0.64	-	\$0.38
40-44	-	\$1.82	-	\$0.92	-	\$1.08	-	\$0.64
45-49	-	\$3.40	-	\$1.70	-	\$1.80	-	\$1.12
50-54	-	\$6.02	-	\$3.00	-	\$3.14	-	\$1.86
55-59	-	\$9.88	-	\$5.30	-	\$5.26	-	\$3.14
60-64	-	\$14.24	-	\$7.20	-	\$7.38	-	\$4.40
65-69	-	\$23.32	-	\$11.70	-	\$11.50	-	\$6.88

Optional Dependent Life by coverage amount

Flat rate	\$2,500		\$5,000		\$10,000	
	Current	New	Current	New	Current	New
	-	\$0.42	--	\$0.84	-	\$1.66

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