

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 NSH/IWK employees and other Health Association member organizations. **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
- + Your health and dental coverage will be provided by Medavie Blue Cross
- + Participation in the health plan will be mandatory for all eligible active employees, unless you have proof of coverage elsewhere (i.e., under a spouse or partner plan)
- + Your Basic Life, Basic Dependent Life, and Optional Life insurance, will be provided by Manulife

What is not changing?

- + Your benefits plan will provide you with comprehensive benefit coverage that supports your health and wellness
- + Your providers for Travel, Optional Accidental Death and Dismemberment (AD&D), and Optional Critical Illness will not change
- + 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 Member ID card, and enrolment materials if applicable. ▪ Continue to submit claims for services incurred/dated up to and including May 31 to your current benefits provider. <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.

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.

Why is participation in the health plan mandatory?

Most health plans have mandatory participation requirements for Health coverage and it is considered market best practice as it protects both members and the plan. Mandatory participation ensures that all employees (including employees who may have been declined coverage in the past) have adequate protection to support their health and wellness. Starting June 1, 2022 you will need to provide proof of coverage under a spouse/partner's plan to your employer to opt out; otherwise, you can choose between single or family coverage. If you do not specify your choice, you will receive single (employee only) coverage.

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

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

Important note: all 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 NSH/ IWK employees and 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 your current benefits provider. 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. Please see your member information package for details on submitting claims to Medavie Blue Cross and 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 information on Medavie Blue Cross and 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.

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 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 Life Insurance	For all: you reach age 70	For you: No age limit
Basic Dependent Life Insurance		For your spouse: you reach age 70
Optional Critical Illness		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: 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		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	Manulife	Medavie Blue Cross
Participation	Optional coverage	Mandatory single coverage, unless proof of coverage elsewhere  
Reimbursement		
▪ Drugs (pay-direct)		100%
– Eligible drugs	Managed Formulary, based on provider-approved list of eligible drug expenses (Prior authorization required for some drugs) Certain categories are subject to Step Therapy (see details below) requiring new patients to try cost effective first-line therapies first Supplements Government Health Care Coverage	*NEW* Payment for a specialty high cost drug may be reduced by financial assistance available under a Patient Support Program 
– Co-payment		You pay the dispensing fee
– Out-of-pocket maximum		\$492 / family / calendar year
– Generic substitution		Limited to the cost of the least expensive interchangeable (usually generic) drug, unless medical basis for brand-name drug
– Pharmacy partnership	Arrangement with Loblaws and Sobeys/Lawtons	*NEW* Prescription Drug Discounts will be automatic when using your Medavie pay-direct card at all participating pharmacies
– Diabetic supplies		Covered – including insulin pump supplies
– Glucose Monitoring Systems	Not Covered	*NEW* For insulin dependent: continuous glucose monitoring (CGM) receivers, transmitters or sensors 
– Anti-obesity	Covered	\$5,000 / calendar year, subject to prior authorization and annual re-qualification
– Fertility		\$15,000 lifetime maximum
– Sexual dysfunction		\$1,200 / calendar year
– Smoking cessation		\$500 / 24 months
– Vaccines		50%, \$500 lifetime maximum
– Allergy serums	\$50 deductible / person / calendar year (out of pocket maximum \$150 / family)	100% 
– Over the Counter Antihistamines (prescribed)	100% to a maximum of \$1,000 / person / calendar year	No coverage  
▪ Vision Care		100%
– Eye exams	Covered to the provider's Reasonable & Customary Limit	
	Once / 2 calendar years (Once / calendar year for dependent children)	Once / 2 calendar years (Once / calendar year for employees and dependents under age 21) 

	Current Plan	NEW PLAN (June 1, 2022)
– Frames	\$150 / 4 calendar years (every 2 calendar years for dependent children)	\$225 / 2 calendar years for frames and lenses (every calendar year for employees and dependents under age 21) Includes Laser-eye surgery *NEW* Provider direct claims submission  
– Lenses	Covered with diopter change	
– Laser-eye surgery	\$200 lifetime maximum	
▪ Ambulance		100% \$1,000 / calendar year
▪ Hospital		100%
– Accommodations		Private/semi-private room
▪ Paramedical practitioners		100%
– Mental health practitioners	Combined maximum of \$1,500 / calendar year Includes: Counselling therapist, psychologist and social worker *NEW* Psychotherapist	Combined maximum of \$1,800 / calendar year  
– All other practitioners	Combined maximum of \$1,800 / calendar year Includes: Acupuncturist, chiropractor, chiropodist or podiatrist, dietician, homeopath, massage therapist, naturopath, occupational therapist, osteopath, physiotherapist, speech therapist	Combined maximum of \$1,500 / calendar year 
▪ Extended Health Benefits		100%
– Nursing and personal care services		\$10,000 / calendar year
– Accidental dental		Covered
– Other diabetic equipment		Covered, including insulin pumps
– Hearing aids		\$1,000 / ear / 3 calendar years includes batteries and repairs
– Orthopedic shoes and supplies	\$200 / calendar year (\$300 for dependents under age 21)	\$200 / calendar year (\$300 for employees/dependents under age 21)
– Orthotics	\$300 / calendar year (\$400 for dependents under age 21)	\$300 / 3 calendar years (\$400 per calendar year for employees/dependents under age 21) 


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	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 	\$2,000,000 / incident / person	\$5,000,000 / incident / person 
	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	No exclusions for pre-existing conditions; however, claim must be an emergency	

Dental

	Current Plan	NEW PLAN (June 1, 2022)
Provider	Manulife	Medavie Blue Cross
Participation	Mandatory single coverage, unless proof of coverage elsewhere	
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 21	2 / 12 calendar year for employees and dependents under age 21
<ul style="list-style-type: none"> Scaling maximum 	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 	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 	\$1,500 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 and your family	
Coverage		
▪ You	2 X annual earnings \$1,000,000 maximum	2 X annual earnings \$1,500,000 maximum  
▪ Spouse	\$10,000	\$5,000
▪ Dependent children	\$5,000	\$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 and spouse	\$500,000 maximum (in units of \$10,000)	
▪ Dependent children	\$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	SSQ	
Participation	Optional	
Insured persons	You and your family	
Coverage		
▪ You	\$300,000 maximum (in units of \$10,000)	\$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		Manulife
Participation		Optional
Insured persons		You and your family
Coverage		
▪ You and spouse		\$150,000 maximum (in units of \$5,000 starting at \$10,000)
▪ 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. The Health Plan is the same as the employee plan with the exception of drugs, which terminates at age 65 for the member/spouse. 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.*

You will see savings in several benefits, except in Health and Dental. The reasons for this are:

- Rates are based on current plan use and expected trends for the future. Since the last renewal, health and dental plan use across the province has been higher than anticipated.
- Health and dental premiums were discounted for the 2021 plan year due to a plan surplus incurred in the previous year. This discount has been removed for the 2022 plan year as the surplus has been drawn down.

For coverage details, please see your **Benefits Summary**.

HEALTH, TRAVEL & DENTAL

- Premium costs are shared, your employer pays 65% and you pay 35%.

Monthly Premium Rate	Current Monthly	New Monthly	Total amount you pay per pay period (24 periods/year)
HEALTH & TRAVEL COVERAGE			
Under Age 70			
Single	\$118.40 + \$1.32	\$129.88 + \$1.00	\$22.73 + \$0.18
Over/Under Age 70	\$170.00 + \$2.56	\$186.86 + \$2.00	\$32.70 + \$0.35
Family	\$273.60 + 2.56	\$308.00 + \$2.00	\$53.90 + \$0.35
Over Age 70			
Single	\$56.80 + \$1.32	\$64.80 + \$1.00	\$11.34 + \$0.18
Family	\$114.40 + \$2.56	\$160.40 + \$2.00	\$28.07 + \$0.35
DENTAL COVERAGE			
Single	\$36.80	\$44.36	\$7.76
Family	\$84.80	\$98.96	\$17.32

Note: Typically, your monthly premium payment is split over your first two pays of each month.

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)	\$0.18	\$0.15
Basic Dependent Life Insurance (per family)	N/A (included in basic rate)	\$2.00
Long-term Disability	3.90% of payroll (insured earnings)	
Optional AD&D Insurance (rates per \$10,000 of Principal Sum)	- You Only: \$0.20 - You & Family: \$0.38	- 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.

Age	Smoker Male		Non-smoker Male		Smoker Female		Non-smoker Female	
	Current	New	Current	New	Current	New	Current	New
Under 20	\$0.19	\$0.18	\$0.19	\$0.20	\$0.22	\$0.18	\$0.22	\$0.20
20-24	\$0.34	\$0.34	\$0.31	\$0.30	\$0.34	\$0.34	\$0.34	\$0.34
25-29	\$0.59	\$0.58	\$0.46	\$0.44	\$0.71	\$0.68	\$0.59	\$0.58
30-34	\$0.80	\$0.78	\$0.53	\$0.52	\$1.11	\$1.08	\$0.80	\$0.78
35-39	\$1.20	\$1.16	\$0.65	\$0.64	\$1.57	\$1.52	\$0.99	\$0.96
40-44	\$2.49	\$2.42	\$1.02	\$1.00	\$2.80	\$2.72	\$1.39	\$1.36
45-49	\$4.90	\$4.76	\$1.73	\$1.66	\$4.47	\$4.34	\$1.81	\$1.76
50-54	\$8.22	\$7.96	\$2.71	\$2.62	\$6.92	\$6.70	\$2.52	\$2.44
55-59	\$12.75	\$12.36	\$4.10	\$3.98	\$8.81	\$8.54	\$3.01	\$2.92
60-64	\$19.43	\$18.82	\$6.38	\$6.18	\$13.86	\$13.42	\$4.81	\$4.66
65	\$21.37	\$25.28	\$7.01	\$8.30	\$15.25	\$18.04	\$5.29	\$6.26
66	\$23.51	\$25.28	\$7.72	\$8.30	\$16.77	\$18.04	\$5.82	\$6.26
67	\$25.86	\$25.28	\$8.49	\$8.30	\$18.45	\$18.04	\$6.40	\$6.26
68	\$28.44	\$25.28	\$9.33	\$8.30	\$20.29	\$18.04	\$7.04	\$6.26
69	\$31.29	\$25.28	\$10.27	\$8.30	\$22.32	\$18.04	\$7.74	\$6.26

Optional Dependent Critical Illness

\$10,000 per Dependent	Current	New
Flat rate per family	\$5.20	\$3.20

OPTIONAL LIFE INSURANCE MONTHLY RATES

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

- Optional coverage is 100% paid by you.

Age	Smoker Male		Non-smoker Male		Smoker Female		Non-smoker Female	
	Current	New	Current	New	Current	New	Current	New
Under 34	\$1.08	\$0.92	\$0.52	\$0.44	\$0.50	\$0.44	\$0.31	\$0.28
35-39	\$1.32	\$1.12	\$0.66	\$0.56	\$0.75	\$0.64	\$0.44	\$0.38
40-44	\$2.13	\$1.82	\$1.08	\$0.92	\$1.26	\$1.08	\$0.75	\$0.64
45-49	\$4.00	\$3.40	\$2.01	\$1.70	\$2.20	\$1.80	\$1.31	\$1.12
50-54	\$7.07	\$6.02	\$3.56	\$3.00	\$3.68	\$3.14	\$2.18	\$1.86
55-59	\$11.56	\$9.88	\$6.18	\$5.30	\$6.17	\$5.26	\$3.68	\$3.14
60-64	\$16.72	\$14.24	\$8.43	\$7.20	\$8.66	\$7.38	\$5.17	\$4.40
65-69	\$27.36	\$23.32	\$13.77	\$11.70	\$13.52	\$11.50	\$8.07	\$6.88

Optional Dependent Life by coverage amount

Flat rate	\$2,500		\$5,000		\$10,000	
	Current	New	Current	New	Current	New
	\$0.44	\$0.42	\$0.86	\$0.84	\$1.70	\$1.66

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