



# Connection

Issue 1 – 2015

Group Benefits News and Views for Clients of The Co-operators

## Faster access to information with *Connection* online

Coming in 2015, *Connection* will be conveniently delivered online and will also be accessible on Benefits Now™ for Plan Sponsors. With *Connection* online, you will get updates faster and will also be able to easily view current and past issues. Stayed tuned for updates.

If we don't already have your email address, update us today so we can continue to keep you in the loop. Call our Group Client Service Centre at 1-800-667-8164 or email [group\\_marketing@cooperators.ca](mailto:group_marketing@cooperators.ca).



## Paying the price for high-cost specialty drugs

Private drug plans are seeing more and more claims for high cost specialty drugs. While the treatments provide great benefits for your plan members, they can stress the sustainability of your drug plan.

There are two main reasons drug plans are impacted with high drug claim costs:

- > Many new drugs are being added.
- > More Canadians are being diagnosed with chronic conditions.

Ten years ago, an annual cost of \$20,000 was considered unsustainable; today some drug claims can exceed \$500,000 per year.

Insured drug plans are protected in part by participation in the Canadian Drug Insurance Pooling Corporation (CDIPC). The Co-operators and other insurers pay a pooling charge to CDIPC and then pool claims in excess of a threshold, spreading the risk over the pool.

If you have an insured plan, you may have noticed a pooling charge for those claims that fall above the individual stop loss level (ISL) for your group. This charge in addition to The Co-operators participation in CDIPC helps to protect your plan from these high costs.

You can choose to redesign or reduce your prescription drug coverage to mitigate the impact. One measure is to implement a drug maximum. Drug maximums contain the risk without compromising the health of the plan members. This helps you maintain a sustainable plan and your plan members can access provincial catastrophic drug plans for high cost drugs.

Contact your Group Benefits Advisor today for any questions or any changes to your plan.

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## In this issue

- > Smile your way to better health
- > Keep salaries and NEMs updated for maximum coverage
- > How you can help prevent insurance fraud
- > Faster payments and better service through Benefits Now™ for Plan Members
- > Why disability claims may be denied
- > Congratulations to our contest winners
- > The not-so-hidden value of your Group Benefits Plan



## Smile your way to better health

Dental care is more than just having a pretty smile; it also has an important effect on your overall health. With our Dental plans, you can give your plan members the option of regular checkups to help keep them healthy.

To promote and maintain good health, remind your plan members to follow these six steps:

1. Brush and floss every day, and replace your toothbrush every four months. Did you know if you don't floss, you're missing about a third of your tooth?
2. Visit your dentist regularly to check for signs of gum disease, which can signal a serious health problem in other parts of the body. Implants and dentures also require care by a dentist.
3. Eat a well-balanced diet that's low in sugar. Keep your teeth whiter by also limiting coffee, tea and red wine.
4. Check for warning signs of gum disease or oral cancer, including sore gums, bleeding gums, bad breath, red or white patches, numbness or lumps on or around your tongue.
5. Don't smoke or chew tobacco.
6. Wear a mouth guard when playing both contact and non-contact sports.

Your plan members' dental health can affect their overall health. In addition to warning signs of heart disease, early detection by a dentist can prevent cancer from spreading to other parts of the body.

Don't currently have a Dental plan? We offer a competitive plan that will help your plan members maintain their dental health. Call your Group Benefits Advisor today.

Source: Ceridian Corporation

## Keep salaries and NEMs updated for maximum coverage

Remember to process salary updates in Benefits Now™ for Plan Sponsors or by sending us a spreadsheet with all of your changes. You'll ensure correct coverage for your plan members and avoid delays in claims paid.

It's also a great time to review your non-evidence maximums (NEMs) to be sure your plan meets your members' needs. Some of your plan members may now be over the NEM and eligible for excess coverage. To find out, look on Benefits Now™ for Plan Sponsors under the Report section and choose the Non Evidence Maximum Report.

Have a question? Connect with us through the Ask a Question feature or call our Group Client Service Centre at 1-800-667-8164 .



## How you can help prevent insurance fraud

We're doing everything we can to stop fraudulent claims. Our controls and prevention measures are updated regularly, and our staff is trained to spot fraud and prevent future losses to keep your plan costs down. It's our goal to ensure your plan continues to support the health and well-being of your plan members and their families.

You can help us safeguard your plan in many ways:

- > Educate your plan members about suspicious activities regarding claims and how to avoid and report them.
- > Learn more about claims audits and why they're important.
- > Tell us if you suspect fraud.
- > Choose plan options designed to help prevent fraud.

For more information on fraud and how to prevent it, speak to your Group Benefits Advisor.

## Faster payments and better service through Benefits Now™ for Plan Members

Encourage your plan members to use e-claims submission on Benefits Now™ for Plan Members. Many claims such as certain paramedical claims, most Vision Care claims and most Dental claims can now be auto-adjudicated. This means that plan members will receive an instant response regarding their submission and in many cases, an instant payment.

Your plan members will get their money faster and notice an improved client experience. They'll also find detailed information to help them as they go through the claims submission process.



## Why disability claims may be denied

There are rules and regulations that both the insured and the insurance company must follow during the processing of a disability claim. An insured's failure to satisfy the terms of a policy could result in a claim denial.

For a better understanding of the application process, here are some reasons why a claim may be denied:

- > **Timeliness:** All documentation required for the claim must be sent to us within the required time frame.
- > **Pre-existing medical conditions:** If the claimant has a medical condition prior to being insured, they may be excluded from disability benefits related to that condition.
- > **Eligibility requirements:** A claimant may not qualify if they fail to meet the plan's contractual requirements; for example, if they do not meet the defined time period as an employee, or minimum hours of work.
- > **Policy exclusions:** Disability benefits may be declined in certain situations, including claimants who engage in activity that led to their disability, such as intentional self-inflicted injury.
- > **Treatment and assessment compliance:** Claimants must comply with treatment and recognized medical care for their condition.
- > **Substantiating evidence or insufficient information:** It is important for a claimant's treatment provider to describe precisely how their injury or illness impacts their functioning and provide all relevant medical evidence.
- > **Failure to meet disability definition:** The most common reason why insurance companies deny a claim is because of failure to meet the definition of disability.

Encourage your plan members to review their plan for more information on disability benefits and the defined eligibility requirements.

The Co-operators is committed to ensuring that all parties have an avenue to dispute a denied claim. Through our structured reconsideration and appeal process, claimants can submit additional information for review.

If you have any questions, call our Group Contact Centre at 1-800-667-8164.



## Congratulations to our contest winners

Plan members who signed up for Electronic Funds Transfer (EFT) during the contest period were entered into a draw to win one of five \$100 VISA gift cards. Congratulations to our winners:

**C. Currins: Mariposa Electric, P. Sebastian: FCL, V. Penner: Access Credit Union, V. Kozak: Westoba Credit Union, D. Driedger: OFA.**

Although the contest is over, please encourage your plan members to sign up. EFT is a fast and easy way to cut down on paperwork, which also makes it a more environmentally friendly choice. Plan members can log into Benefits Now™ for Plan Members and use the Ask a Question feature or they can call our Group Client Service Centre at 1-800-667-8164.

## The not-so-hidden value of your Group Benefits Plan

Businesses large and small succeed by attracting and retaining the right people. Providing the compensation perks they're looking for helps you win the talented people you need. Offering financial protection from the expenses that come with illness, injury, hospitalization, dental and medical care or death helps reduce turnover and enhance employee satisfaction by showing that you are committed to their well-being.

As a plan sponsor, knowing that your employees will be taken care of if illness or injuries occur leaves you free to concentrate on running your business, while they focus on getting well. There are also financial benefits: dollar for dollar, a benefit plan is a cost effective way to compensate employees as you can deduct employer contributions as a business expense, and you don't pay CPP/QPP or EI on Group Benefit plan premiums.

### Let's build the plan that works best for you

Every business is different, so we help you create a custom plan that makes the most of your budget. Your plan can have everything your plan members need, including:

- > Life insurance
- > Accidental Death and Dismemberment
- > Dependent Life insurance, including pre-natal coverage
- > Short Term Disability
- > Long Term Disability
- > Critical Illness insurance
- > Extended health care
- > Vision care
- > Dental care
- > Health Spending Accounts
- > Second Opinion Consult
- > Employee Assistance Program

If you need more from your current plan, talk to us today.

Contact your Group Benefits Advisor if you would like to make any changes or have any questions.

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## Co-operators Life Insurance Company

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\*Auto insurance not underwritten by The Co-operators in BC and MB. Extension policy offered in SK.

