

EMPLOYEE Benefit news

inside

Benefit News	4
Reasonable and customary fees for health practitioners	4-5
The U.S. benefits challenge	6
Getting more from your out-of-country coverage	7
Legislative update	8



Keeping your workers in the game

Absence management success stories

During a sporting event, regardless of the game being played, it's easy to understand how individual performances on the field affect the end result. The anthems are played, athletes take to the field and the game unfolds. Sixty minutes later we have an outcome: win, loss, or tie. And devoted followers are only too aware of how an injury to a key player can damage their favorite team's ability to perform up to the standard faithful fans and coaching staff expect.

The workplace is no different. Sure, the game takes much longer to play and there's seldom a half-time show or intermission, but when workers are prevented from performing at the top of their game, or even worse – they're absent from the workplace altogether – a company's ability to succeed is hampered.

It's routine for today's professional sporting teams to act quickly to get their star athletes specialized care following an injury. Similarly, many plan sponsors recognize the value of dedicated programs that actively intervene in an employee's absence from work. Ideally, these programs identify workers at risk before an absence even happens, and when absences do happen, the programs provide the support, care, and treatment necessary to get the worker back on the job sooner, with fewer recurrences.

It's also not unusual for plan sponsors to look to their group benefits provider to play a lead role in helping to manage their organization's absenteeism. It's a role that insurers are perfectly positioned to play. Benefits providers have the knowledge and experience to build effective programs that address the health and wellness needs of plan members, as well as the productivity concerns of plan sponsors, while at the same time influencing disability and benefits costs for all parties involved.

The reasons behind an employee's absence from work can be complicated. Employees themselves may not even fully understand the causes, nor be aware of the supports available to help them to make a timely and successful return. But absence management programs can identify the employee's medical and functional capabilities, and uncover any non-medical or interpersonal issues that might present an obstacle to the employee's successful return.

Case study: the WellConnected® example

Manulife Financial's WellConnected® absence and disability management program is just one example of how benefits providers can respond to the needs of employees and business by promoting a healthy workplace, managing short-term disability costs, and helping address productivity challenges tied to absenteeism. The following example illustrates effective absence management in action:

Referral and Assessment

Employee: Sarah T.

Age: 43

Role: Technical support specialist in a software company's customer call centre.

Years of service: 8

Notes: Doctor's correspondence indicates Sarah will be "off work indefinitely for medical reasons".

The employer contacted its absence management provider and referred Sarah's case for assessment and return to work facilitation. On the day the referral was made, a Case Manager contacted Sarah to introduce the WellConnected program and conduct an initial interview, details of which included the following:

Reported causes of absence:

- Sarah is feeling overwhelmed with work and personal issues.
- "...no longer able to handle the stress".
- "...they expect us to know too much".

Current support:

- Sarah is seeing her physician every two weeks.
- Her doctor has prescribed a therapeutic dose of anti-depressant medication.
- Sarah has contacted her employer's Employee Assistance Plan (EAP).

The Case Manager faxed an Attending Physician's Statement to Sarah's doctor for completion and then called Sarah's manager. The supervisor confirmed that Sarah had been struggling at work recently during a very busy period and was normally a reliable and productive employee. On the fourth day of the absence the Attending Physician's Statement was returned, indicating a diagnosis of Acute Major Depression with workplace and personal stressors. Treatment included medication and counselling through the EAP.

By gaining an understanding of how Sarah's medical condition was limiting her ability at work, the Case Manager was able to determine that Sarah was temporarily unable to perform her job. The Case Manager also determined Sarah was receiving the proper treatment that should allow her to resume a normal level of function after a specified recovery period.

Intervention

The Case Manager contacted Sarah's employer to advise that her absence was supported for four weeks (this would allow the medication to have effect and allow Sarah to participate in counselling through her EAP).

During the next three weeks, the Case Manager was in regular contact with Sarah who said that she was not ready to return to work. After obtaining the necessary consent, the Case Manager contacted Sarah's EAP counsellor and her doctor to see how Sarah was responding to treatment and to identify any current barriers to work. The doctor indicated that Sarah could return to work if she didn't need to use computers. The counsellor indicated that Sarah was making progress using the coping skills she had learned and felt the main barrier preventing her return to work was her inability to cope with stress on the job. The counsellor was in support of a return to work facilitation meeting to discuss barriers in the workplace. This meeting was scheduled for the fourth week of absence and was mediated by a Return to Work specialist.

Sarah was reluctant to attend the meeting, but agreed to participate. After reviewing the essential duties of her job with Sarah and her manager, the Return to Work specialist determined that there were no functional barriers preventing her return to work. Instead, her barriers were related to her feelings of being unable to handle customer questions about some of the company's new products. These calls required Sarah to do extra research, which led her to fall behind on other tasks. She then felt pressured to work overtime and increase her productivity.

The outcome

Sarah's manager had not been aware of her difficulties handling calls about the new products. With this new information, a work accommodation plan was developed that allowed Sarah to return to work half days in order to train on the new products. In the second week of the plan, Sarah returned full time, training in the morning and taking calls on older products in the afternoon. By the third week, Sarah was ready for full time, regular duties at work. Ongoing support was provided by the Case Manager through the accommodation and for a few weeks following her full-time return to work.

Experts in absence management

Absence management programs give employers access to a wealth of experience and knowledge. Case Managers can help employers resolve patterns of chronic short-term absences from the workplace by determining if the worker has an underlying medical condition that might need treatment, or if some other non-medical factor is contributing to the absences. Programs can also be used to help employers meet their duty to accommodate workers' special needs by validating an employee's individual requirements.

This actual example shows the benefits of the WellConnected program's early intervention and the value of a process that ensures appropriate treatment is being received and all non-medical barriers are identified. In this case, discovering the non-medical issues helped resolve the case by providing the training and support necessary to create a permanent solution for the employee and her manager. But there could be many more employees who are experiencing the problems Sarah did, so an absence management program can also help identify and address training or procedural problems within an organization.

Effective absence and disability management programs should be built around the following objectives.

- Early intervention for medical condition(s).
- The addressing of non-medical return to work barriers.
- Management of casual intermittent absenteeism.
- Reduced number of recurrences.
- Overall reduction in the length of absences.
- A managed transition for long-term disability cases.
- Lower overall employer costs to fund the sick leave program.

By implementing a formal absence and disability management program, employers gain access to proven expertise in the delivery of programs that intervene early and are focused on improving results. Costs are contained, and plan administrators and front-line managers say that the burden of case management is greatly eased because they don't need to become versed in health and medical conditions in addition to their own regular duties.

Most importantly, plan members comment that they find these programs to be "supportive, consistent and timely". This support helps employees concentrate on getting healthy again following an illness or injury, regain control over their health, and remain focused on getting back into the game just as soon as they are capable of doing so. And that's the best outcome for everyone.

eBenefit News

Build your own Food Guide

This quarter's edition of *Wellness Report* provides plan members with an overview of Health Canada's new updated *Eating Well with Canada's Food Guide* publication. It's the first time the *Guide* has been updated since 1992, and it not only provides Canadians with the latest recommendations on healthy eating and exercise, but it's now complemented by a variety of interactive web-based educational resources (http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/Index_e.html) that your plan members may find useful.

On the site, people can download *Canada's Food Guide* itself, or read its highlights by taking the interactive online guided tour. And, at the click of a mouse, visitors can link to topics of interest such as meal planning, shopping tips, reading food labels, smart snacking, eating out, serving sizes, and other related subjects.

By clicking on the site's interactive tool called 'Create My Food Guide,' your plan members can personalize the information found in *Canada's Food Guide* and find out just how well they are eating. Participants enter their age, sex, food preferences, and activities of choice and the interactive tool creates a personalized version of *Canada's Food Guide* that can be viewed and printed from the site. The exercise takes less than ten minutes to complete and plans are underway to expand the tool's food options to reflect Canada's ethnic diversity, as well as to create personalized food guides in the language of choice.

People who want to build on their options once they create their personalized *Guide* might consider linking to the Dietitians of Canada EATracker tool (www.dietitians.ca/eatracker), where they can enter their daily food intake to determine whether they're on par with the *Guide's* recommendations. You can also visit www.dietitians.ca/eatwell and click on "Let's Make a Meal!" to choose specific menus for meals and snacks, and then have your choices compared against *Canada's Food Guide's* recommended servings.

Eating well doesn't have to be expensive or difficult. In fact, with the convenience of the Internet plan members can find out what and how much they should be eating, and how different food choices can be easily integrated into a variety of menu possibilities. By encouraging your plan members to make use of tools such as these, from reliable sources, you can influence their health and wellness habits and help them put something tasty and nutritious on the dinner table tonight.

Source: Health Canada, Dietitians of Canada

Reasonable and customary fees for health practitioners

This chart provides an updated listing of Manulife Financial's reasonable and customary fee schedules for 2007. These fee schedules are used when adjudicating group benefits claims for health practitioners submitted under Manulife Financial's Extended Health Care/Major Medical contracts that contain reasonable and customary fee provisions.

Manulife Financial's reasonable and customary fee schedules for health practitioners are established by using:

- The published fee schedules from provincial/territorial associations.
- Typical reasonable and customary fees for provincial/territorial associations without published fee schedules.
- Surveyed responses from practitioners within specific provinces/territories when information from associations is not available.

We have marked "not available at this time" (n/a) on the chart if we have been unable to establish reasonable and customary fees for health practitioners using any of these three methods. If we receive a claim for services provided by any of these practitioners, Manulife Financial will work with the appropriate association to establish a reasonable and customary fee at that time.

Health practitioner associations revise their fee schedules at different times each year. Because of this, we continually update our reasonable and customary fee schedules with current information, and adjudicate claims using revised amounts. The 2006 fees remain valid unless a new 2007 fee is applicable.

Throughout the year, you can print the most recent reasonable and customary fee schedules from our website www.manulife.ca/groupbenefits.

2006-2007 Reasonable and Customary Fees for Health Practitioners

Fees listed per visit.

	British Columbia	Alberta	Sask.	Manitoba	Ontario	Quebec	New Brunswick	Nova Scotia	Prince Edward Island	Nfld. and Labrador	Yukon	N.W.T.
Acupuncturist												
Initial Assessment	110.00	110.00	130.00	130.00	130.00	65.00	110.00	110.00	110.00	110.00	130.00	110.00
Subsequent Treatment	77.00	77.00	130.00	130.00	130.00	65.00	77.00	77.00	77.00	77.00	130.00	77.00
Audiologist												
Initial Assessment	95.00	83.00	50.00	110.00	288.00	75.00	100.00	100.00	100.00	100.00	95.00	95.00
Subsequent Treatment	95.00	83.00	50.00	110.00	288.00	75.00	100.00	100.00	100.00	100.00	95.00	95.00
Chiropractor												
Initial Assessment	50.00	100.00	22.00	74.00	179.00	80.00	50.00	100.00	77.00	60.00	65.00	60.00
Subsequent Treatment	40.00	50.00	16.00	55.00	63.00	45.00	40.00	60.00	45.00	45.00	45.00	40.00
Dietician												
Initial Assessment	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
Subsequent Treatment	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00
Homeopath												
Initial Assessment	82.00	160.00	200.00	160.00	180.00	60.00	140.00	135.00	135.00	135.00	n/a	n/a
Subsequent Treatment	50.00	90.00	100.00	70.00	130.00	60.00	60.00	65.00	60.00	60.00	n/a	n/a
Massage Therapist												
Initial Assessment	75.00	85.00	55.00	66.00	83.00	80.00	88.00	80.00	65.00	80.00	75.00	75.00
Subsequent Treatment	72.00	85.00	55.00	66.00	83.00	80.00	88.00	80.00	65.00	72.00	75.00	75.00
Naturopath												
Initial Assessment	240.00	240.00	200.00	180.00	180.00	100.00	145.00	150.00	135.00	135.00	240.00	196.10
Subsequent Treatment	180.00	160.00	150.00	90.00	180.00	100.00	100.00	90.00	100.00	60.00	180.00	132.50
Occupational Therapist												
Initial Assessment	100.00	150.00	90.00	80.00	n/a	70.00	90.00	n/a	85.00	n/a	100.00	n/a
Subsequent Treatment	100.00	150.00	90.00	80.00	n/a	70.00	90.00	n/a	85.00	n/a	100.00	n/a
Optometrist												
Initial Assessment	119.00	90.00	130.00	83.00	131.25	75.00	80.00	97.65	80.00	66.00	119.00	119.00
Osteopath												
Initial Assessment	n/a	n/a	n/a	n/a	130.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Subsequent Treatment	n/a	n/a	n/a	n/a	130.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Physiotherapist												
Initial Assessment	65.00	136.00	125.00	65.00	134.00	80.00	60.00	55.00	40.00	58.00	75.00	65.00
Subsequent Treatment	65.00	95.00	55.00	59.00	84.00	75.00	45.00	55.00	40.00	45.00	75.00	55.00
Podiatrist												
Initial Assessment	94.00	63.00	65.00	53.00	95.00	80.00	61.00	65.00	55.00	75.00	55.00	55.00
Subsequent Treatment	72.00	47.00	60.00	48.00	75.00	80.00	55.00	65.00	55.00	75.00	55.00	55.00
Chiroprapist												
Initial Assessment	94.00	63.00	65.00	53.00	95.00	80.00	61.00	65.00	55.00	75.00	55.00	55.00
Subsequent Treatment	72.00	47.00	60.00	48.00	75.00	80.00	55.00	65.00	55.00	75.00	55.00	55.00
Psychologist												
Initial Assessment	150.00	160.00	110.00	136.00	204.00	125.00	130.00	140.00	130.00	150.00	143.00	150.00
Subsequent Treatment	150.00	160.00	110.00	136.00	204.00	125.00	130.00	140.00	130.00	150.00	143.00	150.00
Speech Therapist												
Initial Assessment	90.00	110.00	70.00	110.00	150.00	125.00	65.00	110.00	75.00	160.00	80.00	100.00
Subsequent Treatment	90.00	110.00	70.00	110.00	150.00	85.00	65.00	110.00	65.00	135.00	65.00	65.00

The U.S. benefits challenge

Looking south

The United States is Canada's largest and most important trading partner, and so thousands of Canadian companies already do business in the U.S., while many others are constantly seeking to expand that way. The challenge of bringing a product or service to market in the competitive U.S. environment can be intimidating for any business, large or small. And it can also be a surprisingly complex undertaking for a Canadian organization to provide a benefits plan to its employees who live and work in America.

The global employee

Plan sponsors are well aware of how different the American private health care system is compared to Canada's universal health care approach, but many are surprised to learn the intricacies involved in offering a benefits program to their employees who reside and work in the U.S. And yet the lack of public health care in the U.S. make those same benefits programs even more critical in terms of finding and keeping the best, most talented employees. And just to keep things interesting, don't forget that the legislative environment south of the border is also very different than in Canada, and a variety of rules and laws can be encountered from one state to the next.

Where to begin

When venturing to offer a benefits program to their U.S. resident employees, Canadian plan sponsors should consider the value that comes from dealing with people and organizations that have demonstrated knowledge and expertise on the subject and have obtained a license in U.S. benefits. For example, in order to assist Canadian plan sponsors who want to provide benefits programs to their U.S. resident employees, Manulife is able to introduce clients to American insurance and benefits administration companies who are licensed to provide these services in all 50 American states. This program is called ClearSource™.

Doing business in another country is an exciting prospect for a Canadian company, but navigating the U.S. group insurance market and interpreting the laws that must be followed when offering a plan to protect your employees who reside and work in the United States is a surprisingly complicated process. However, it's also an important consideration when planning for the long-term success of a company's southern ventures. Speak to your Canadian benefits provider to see what assistance it can offer in terms of products or introductions to specialists who are licensed and qualified in U.S. group benefits.

North and South: some important differences

Medical and dental benefits in the U.S. are handled differently than in Canada. A significant portion of U.S. benefits involves the concept of 'managed care' in which benefits and other health care services are often provided by a network of medical providers. In this model, physicians, dentists, and other health care professionals belong to a network in which they provide services to plan members and are reimbursed by the insurance company. When plan members go to providers who are part of the network, they are often charged less and receive greater reimbursement under the benefits plan. When plan members purchase services from providers who are not part of the network, they often pay more and receive less financial reimbursement from their plan. For example, plan members can expect to pay a coinsurance of 20 percent for services performed by a provider who is part of their plan's network, compared to 30 percent when obtaining services from a provider who is not part of the network.

(Source: Kaiser Study, 2005)

Getting more from your out-of-country coverage

Dreams of distant shores

Often, when plan members think of out-of-country medical insurance, they think of boarding a plane and waving farewell as they're whisked off to an exotic vacation destination. Their imaginations stir up images of beachfront golf courses, lush gardens, cool blue pools, and the temptations of the all inclusive in-room mini-bar.

Not just for travellers

It's true that the best known feature of your group's out-of-country travel insurance is its ability to help plan members deal with unexpected medical emergencies when travelling abroad for business or pleasure. But in truth, many out-of-country plans offer other, less well known – but equally valuable – benefits. That includes some that can be used right from the comfort of plan members' own homes.

For information on out-of-country medical emergencies and coverage, see the second quarter 2004 edition of *Employee Benefit News*. Go to www.manulife.ca and click-on "Newsletters" under the heading "Group Benefits," then choose the tab "Past Issues".

Valuable at home and on the road

World Access is Manulife Financial's emergency travel assistance provider. One of the services World Access offers to plans with enhanced coverage – and one that many plan members may not

be aware of – is a medical emergency helpline that can be called 24 hours a day, 7 days a week from anywhere in the world (plan members should check their benefits booklet to confirm details of their group's individual plan design). Whether they're travelling abroad, or sitting at home, plan members and their dependants have toll-free access to reliable advice from practising, registered nurses who have experience working in emergency room settings.

For questions about a sick child in the middle of the night, an injury during an evening sporting event, or an inquiry about a medication, the World Access health advice and assistance helpline could be a time saver, if not a lifesaver, anytime plan members are unable to immediately contact and speak to their own doctors, pharmacists, or any other medical professionals. Plan members simply need to call the number that's found on their emergency travel assistance or benefit plan wallet card to speak with a registered nurse who can offer advice and provide answers.

Right country, wrong province

In the event of an accident, illness, or other medical emergency that happens while a plan member is in Canada, but outside of his or her province of residence, emergency travel assistance providers can step in and offer real help to a plan member in distress. Typically, health coverage in this situation would be paid for first through the provincial health plan* for expenses such as hospital and physician services. Then the group benefits plan's extended health care coverage would pay any other eligible expenses, and the emergency

travel assistance provider would coordinate the payments on the plan member's behalf. Similar to an out-of-country emergency, travel assistance providers can answer questions, direct plan members to the nearest hospital or care facility, make the necessary arrangements to get claims paid (and coordinate the appropriate payments), and arrange medical transportation home, if required.

Call before you leave

Pre-trip planning is another helpful service that is provided through many emergency travel assistance plans. Plan members should be encouraged to call their provider before they even leave home for expert advice on topics like passports, travel advisories, vaccinations and inoculations, and other information that can help make sure their next trip is memorable for all the right reasons.

The services available through out-of-country and out-of-province emergency travel assistance plans will vary based on plan design, insurer, and third-party provider. Plan members should review the specific details of their coverage before departure. Travellers are also reminded to carry details of their coverage with them – including toll-free phone numbers – when travelling outside of their home province.

**An inter-provincial health agreement governs health care payments between provincial health plans.*

For further benefit information, please call your usual Manulife Financial contacts.

Employee Benefit News is published by:

Manulife Financial
Group Benefits
380 Weber Street North
Waterloo, Ontario N2J 4V7

Please send your comments and suggestions to the EBN editor by fax: (519) 883-0406.



Please Note:

Employee Benefit News is published to provide information about current issues and assist in the decision-making process. Our articles however, are not intended to provide medical, financial or legal advice and any queries you may have should be directed to an appropriate professional advisor.

Extra! Extra?

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Ce bulletin est également publié en français.

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Canadian Publications
Mail Agreement 40062686

GCCQ207E (06/2007)

Legislative update

Federal budget

The March 19, 2007 federal budget contained almost \$1.5 billion in additional funding for health care. The budget didn't contain anything that will directly affect group benefits plans, but some of the new funding and initiatives will be of interest to plan sponsors.

Vaccinations against human papillomavirus

In the budget, Ottawa has allocated \$300 million over three years to be used by the provinces and territories to vaccinate girls and young women against human papillomavirus (HPV). HPV causes cervical cancer, the tenth most common form of cancer for women of all ages, and the third most common for women between the ages of 20 and 49. Approximately 1,450 Canadian women are diagnosed with cervical cancer each year.

Electronic health records

Canada Health Infoway, the organization whose mission is to foster the development of a Canada-wide electronic health records system, will receive \$400 million in funding.

Working Income Tax Benefit

The budget introduced some financial support for working individuals with incomes below \$14,500 per year and couples with incomes below \$22,834 per year, plus additional support for people with a disability.

The budget also included funding to establish a Canadian Mental Health Commission to develop a national strategy on mental health. The Commission will be chaired by Senator Michael Kirby. Over \$600 million dollars in new funding was also announced to support the 10-year plan to reduce patient wait times and bring in wait time guarantees for some health services.

Source: *Health Edition*, March 23, 2007; Health Canada.

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