

Group Benefits **Administrative Update**

Alberta legislation updates

PLEASE READ – If you amended your plan to reflect changes to chiropractic and podiatry services.

In July, Manulife mailed a *Benefits Bulletin* updating plan administrators and sponsors in Alberta on legislative changes affecting chiropractic and podiatry services. Mailed along with the bulletin was an amendment request form providing sponsors with the option to update their plan and neutralize costs depending on their plan design.

Certain plans may have offered ‘first dollar coverage’ which paid the portion of chiropractic or podiatry claim not covered by the Alberta government. In this instance sponsors were given the opportunity to change their plan accordingly.

If your plan provides coverage from first dollar and you’re amending your plan – to either modify the annual paramedical services maximum or provide coverage after the provincial maximum has been exhausted – it’s important your members are aware of the changes.

Please advise your members that after their maximum has been reached they’ll need to request an itemized receipt from their chiropractor or podiatrist, listing the dates of the visits and confirming that payment was made. That itemized list should be attached to a claim form and submitted to Manulife Financial. We do not require plan members to submit individual receipts for all visits.

If you have plan members in Alberta and didn’t receive this bulletin, check our plan administrator website www.manulife.com/groupbenefits or contact your Manulife representative.



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New Life Claims Beneficiary and Long Term Disability Guides

The new *Life Claims Beneficiary guide* (GC2173 E/F) is now available for order by all plan administrators.

The brochure is designed to help beneficiaries through the process of making a Life claim. It includes information on the documentation necessary to support the claim as well as answers to a number of related questions that members might have.

This guide replaces the former *Maritime Life Beneficiary Guides* (GS483E & GC484F), which are no longer in production.

There's also a new guide available to plan members to help steer them through the process of completing a long term disability claim. GC2179 E/F is designed to give plan members an understanding of the paperwork and information they'll need to submit a long term disability claim.

Both guides are currently available for order and can be found on the plan administrator secure site. Contact your Manulife representative for details.

New Fraud Prevention Brochure

Also available for order is a new guide aimed at informing plan sponsors and administrators on group benefits fraud prevention and awareness.

GC2180 E/F is a comprehensive brochure detailing how Manulife detects and combats benefits fraud and abuse, as well as what plan sponsors can do to help prevent fraud in their workplace. If you're interested in ordering this piece, simply contact your Manulife Financial representative.

Reminder: updating student status

If your plan submits employee changes via paper please remind your plan members that claims for over-age student dependants will be declined if we have not received information confirming the student's status for the new school year.

If a plan member's over-age student dependant graduates, leaves school, or no longer qualifies as an eligible dependant, please advise Manulife Financial by completing sections 1, 4 and 5 of the form.



Background:

Every year we update our records to ensure over-age student dependants continue to receive uninterrupted health and dental coverage for the duration of their formal education, or until they reach the maximum age. Plan members who need to extend benefits for over-age student dependants must complete and return a *Request for Over-Age Dependant Coverage form* (GL0514 E/F). The form is available online for administrators who have registered for the plan administrator secure site. Log-in to the secure site and click on 'Forms and Brochures.' Submit by fax or by mail to Manulife Financial.

An over-age student dependant is defined as a natural or adopted child, or stepchild, who is unmarried, not employed on a full time basis and not eligible for insurance as an employee under this or any other group policy. The student must fall within the age category defined in your group benefits booklet and be enrolled as a full time student at an accredited post secondary school, college or university. Annual confirmation is especially important if plan members and their dependant children use ManuScript managed drug cards at the pharmacy, or submit dental claims electronically from their dentist's office.

Please note: The need to confirm over-age student dependants does not apply to groups that are plan administrator validated and don't use the ManuScript drug plan, or groups that provide us with member information updates on tape or diskette – these groups continue to submit over-age student dependant information through their regular processes.

RAMQ updates

Effective July 1, 2005 residents of Quebec saw a few changes to the Régie de l'assurance maladie du Québec (RAMQ), Quebec's provincial health plan.

This legislation requires private insurance plans in Quebec to provide minimum drug coverage as determined by RAMQ.

The minimum co-insurance percentage and out-of-pocket maximums required for private drug plans did not change. For Quebec residents covered by the Government's drug program, there were increases in premium and deductibles

Premium costs went from \$494 to \$521 and deductibles went up from \$10.25 to \$11.90. These changes however, have no effect on Manulife plans.

Physician referrals for massage therapy

Let your plan members know that starting October 1, 2005, if your plan includes massage therapy, they will no longer be required to submit physician referrals when claiming eligible massage therapy services – unless it is otherwise stated in your group benefits contract policy.

This administrative change brings massage therapy in line with all other paramedical services that currently do not require the plan member to provide a physician's referral.

Manitoba Pharmacare

Effective back on April 1, 2005 the government of Manitoba announced a 5% increase to deductible amounts for its provincial Pharmacare program. Manulife has reviewed the new Manitoba Pharmacare deductible rates and determined that there is no affect to drug plan pricing or our existing Pharmacare thresholds for drug plans in Manitoba.

Deductibles

Pharmacare deductibles are calculated based on the individual's or family's income and the number of dependants. This means rates vary from person to person. In most cases if a Manitoba resident has private drug plan coverage, his or her private plan will pick up the majority of the cost of the Pharmacare deductible.

This chart shows the updated deductible rates for the 2005-2006 year.

Adjusted Total Family Income	Pharmacare Deductible Rate
less than or equal to \$15,000.00	2.44%
greater than \$15,000.00 and less than or equal to \$40,000.00	3.65%
greater than \$40,000.00 and less than or equal to \$75,000.00	4.20%
greater than \$75,000.00	5.25%

Thresholds

Thresholds are a way for Manulife to ensure your members are enrolled in the provincial Pharmacare program and that private plans aren't covering expenses that are eligible for government funding.

If plan members are already enrolled and Manulife has received proof, then thresholds don't apply. If they haven't, then Manulife will cover a plan member's eligible drug claims up to the determined threshold amount (thresholds are calculated based on the average individual's or family's deductible). At this point we'll ask for the member to enroll in the Pharmacare program – or, if they already have – to provide proof.

Once proof is received Manulife will continue to cover eligible drug claims not covered by Manitoba Pharmacare.

These thresholds ensure accurate claims adjudication between Manulife and the province of Manitoba. The chart below is an example of how the thresholds breakdown.

If the plan member living in Manitoba is	And the total accumulated drug expenses are	Then...
Under 65 years of age	Below \$1,200	Eligible drug claims submitted for reimbursement will be paid
	Above \$1,200	A copy of the plan member's confirmation for the current benefit year will be required before further drug claims can be processed
65 years of age or older	Below \$800	Eligible drug claims submitted for reimbursement will be paid
	Above \$800	A copy of the plan member's confirmation for the current benefit year will be required before further drug claims can be processed

To find application forms and more details on Manitoba Pharmacare direct your members to the following web address – <http://www.gov.mb.ca/health/pharmacare/>

More Pharmacare Changes

Effective May 7, 2005 the following drugs were moved from Part 2 to Part 3 in the Manitoba Pharmacare formulary.

Actonel	Apo-alendronate
Co Etidronate	Didronel
Fosamax	Gen-etidronate
Novo-alendronate	Wellbutrin SR

Moving to Part 3 of the formulary makes these drugs only available with a special letter from a patient's physician (known as the Exception Drug Status or EDS). Patients who do not qualify will need to rely on private drug plans, out-of-pocket payment or will have to seek alternative therapy.

Because this move will essentially restrict government access to these medications, Manulife has calculated this impact to a 1% increase in drug costs and a 0.7% increase to health premium rates. Manitoba plans can expect to see the effects of this change at renewal time.



Quebec budget

In April of 2005, the Quebec government tabled their annual budget and proposed changes to the Provincial Income Tax Medical Expense Tax Credit. Having reviewed the proposed changes, Manulife has determined that the changes do not affect the list of eligible expenses for Extended Health Care or Health Care Spending Accounts (HCSA) administered in Quebec.

Time to update your Dynamic Therapeutic Formulary (DTF) Plan Member material!

The list of drugs covered on the DTF undergo a continuous review by a team of health care professionals at ESI Canada, the country's largest pharmacy benefit manager. Drugs covered on the DTF may periodically change to ensure the most effective and affordable drugs used to treat most medical conditions are included. When a drug is scheduled for removal, you will be given advance notice in this publication in order to communicate this to your plan members. The chart below identifies an upcoming change effective March 15, 2006.

Therapy Class reviewed	Drug(s) removed	Drug(s) remaining/ added	Reason for Recommendation
Stimulants for Attention Deficit Hyperactivity Disorder (ADHD).	Concerta DIN numbers 02247732, 02247733, 02247734, and 02250241 will be removed from the DTF effective March 15, 2006.	Ritalin and Dexedrine (as well as any available generics of these drugs).	- Concerta is significantly more expensive than Ritalin and Dexedrine and its only main advantage is convenient dosing. - Ritalin and Dexedrine have been studied extensively for use in the treatment of ADHD and their use and efficacy is well documented.

Please note: Concerta may be covered, as appropriate, on the second tier of your plan.

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Manulife has now updated the DTF plan member materials to reflect any changes that have been made over the last six months.

To help you communicate this change to plan members whom may be affected, a letter outlining the details is available for you to print and distribute as needed at www.manulife.ca/groupbenefits/DTFupdate.

DTF Pocket Guide

The *DTF Pocket Guide* (GC2158E/F) has been updated effective September 1, 2005.

This handy guide provides plan members with a list of drug coverage for the most commonly prescribed drugs and therapeutic alternatives for drugs not covered by the DTF.

Please ensure that your existing plan members have the most recent version of the *DTF Pocket Guide*.

Plan Member Feature Sheet

The complete *Plan Member Feature Sheet* (GC2162E/F) provides plan members with an overview of the DTF and includes the *DTF Pocket Guide* (GC2158E/F) as well as DTF stickers for their doctor's files.

Please order these for your new plan members.

Steps to order a new supply:

1. Go to www.manulife.com/groupbenefits and login to your group benefits public website.
2. Select the Forms hyperlink and/or button to open the *Materials Re-order Form* GL0006E/F
3. Print, complete and fax back GL0006E/F to Manulife Financial c/o Relizon Canada at 1-800-230-2520.

If you have any questions regarding the DTF or the updates involved, please contact your Manulife Financial Account Executive.