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OPEN ENROLMENT PERIOD ENDING

The Open Enrolment Period for eligible employees to join the health and/or dental plans without restrictions will end on **March 31, 2016**. This will close the open enrolment period that was announced in July of 2014.

How does this change affect you?

If you and/or your eligible family members currently have health and or dental coverage, there is no change. If you previously opted not to participate in the health and/or dental plans, you may still choose to join without any restrictions until March 31, 2016.

If you choose to join after March 31, 2016, you will be treated as a Late Applicant unless you are applying within 31 days of becoming eligible or within 31 days of a change in your personal status (e.g. birth of a child, adoption, marriage/common-law, divorce, death of a spouse).

To apply for coverage as a **Late Applicant** for health benefits:

- You will be required to provide a statement of health for yourself and/or each of your eligible family members.
- Based upon the medical information provided, you and/or your family members may be accepted or declined for health coverage by the insurance company.

To apply for coverage as a **Late Applicant** for dental benefits:

- You may apply at any point throughout the year. A statement of health form will not be required.
- You and your eligible dependents will be subject to a maximum benefit of \$100 for the first 12 months of coverage.

If you are covered for health and/or dental benefits under a spousal plan, you do not need to join your employer health plan, unless you choose to do so.

If you lose coverage under a spousal plan, and meet the employee eligibility requirements, you may join your employer group health plan with no questions asked as long as you apply within 31 days of the loss of similar coverage.

NEW SMOKING CESSATION BENEFITS

SCIB is pleased to announce that smoking cessation products have been added to your benefit plan **effective April 1, 2016**. All such products must be prescribed by a Physician or Health Practitioner who is licensed to prescribe under applicable provincial legislation. Present your drug card with your prescription(s) to the pharmacist and you will pay 20% coinsurance up to a \$5.00 maximum per prescription.

Coverage includes nicotine replacement therapy patches, nicotine gums, lozenges and oral medications (drugs – i.e. Champix). The maximum allowable amount is **\$800 every five calendar years**.

If you are a smoker who is thinking about quitting, wanting to quit or have already quit, the inConfidence Stop Smoking Centre is also available to help. It is a **FREE** personalized online program and can be accessed by visiting the inConfidence website at:

www.myinconfidence.ca Username: GNB; Password: inConfidence.

DENTAL PLAN

Reimbursement of eligible services will continue to be based on the 2015 NB General Practitioner Fee Guide.



PRESCRIPTION DRUGS

Effective April 1, 2016, a Mandatory Generic Substitution (MGS) approach will be applied to your drug claims. Under this approach, your plan will only reimburse up to the lower cost of the generic drug – even if a brand name drug is dispensed, unless your doctor provides documentation supporting a medically-essential need to dispense the brand name drug.

What does this mean for you?

Employees affected by this change have already received a letter from Medavie Blue Cross with instructions. If you did not receive a letter, it means that your prescriptions have been dispensed by the pharmacist with the lower cost drug. Or, in exceptional circumstances you had been previously approved under the Special Authorization process. In these cases, you do not need to do anything.

Beginning April 1, 2016, if you have a new or renewed prescription and your doctor has written “NO SUBSTITUTION” for a specific drug, your pharmacist will advise you to contact your doctor so that you can discuss your options. “No Substitution” could mean that you have had an adverse reaction to a drug. In this case, your doctor would be required to submit documentation to Medavie that supports why you cannot take a drug. The Medavie Blue Cross Special Authorization Process Team will be responsible for approving applications.

What is an adverse reaction?

An adverse reaction is a harmful and unintended response to a health product. This would include any undesirable interactions such as a drug-drug and/or drug-food interactions.

A serious adverse reaction is one that requires in-patient hospitalization, results in persistent or significant disability or incapacity, is life-threatening or results in death. Adverse reactions that require significant medical intervention to prevent an undesirable outcome are also considered to be serious.

What other options do you have?

As a plan member you can choose to keep taking the brand name drug without going through the Special Authorization process. If you choose:

- 1) the brand name drug you will pay the 20% coinsurance (of the lower cost generic) up to a maximum of \$5.00 per prescription and you will be required to pay the difference in cost between the brand name drug and the lower cost generic drug.
- 2) the lower cost generic drug you will pay the 20% coinsurance up to a maximum of \$5.00 per prescription.

CHECK OUT THE NEW LOOK FOR THE MEDAVIE BLUE CROSS MEMBER SERVICES SITE

The secure Medavie Blue Cross Member Services site is one of many convenient ways for you to manage your benefits at any time!

Medavie Blue Cross recently introduced a new look for their Member Services site. The site functionality has not changed so you can still use it the same way as before.

Here are a few examples of what you can do:

- Submit a claim - upload a scan or photo of your receipt(s) to the secure site.
- Sign up for direct deposit.
- Update your contact/banking information.
- Check your coverage - you can even search for a particular prescription.
- View your claim statement history.

Log in to the secure Member Services site today by clicking “Log in” in the upper right corner of the medavie.bluecross.ca website.

For more information on your employee benefits contact Pensions and Employee Benefits and ask for a Benefits Counsellor at 1-800-561-4012 (toll free in Canada) or 506-453-2296 or you can visit our Web site at www.gnb.ca/employee_benefits.