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health matters

October / November 2010

VOLUME 7, ISSUE 4



Additional Avenues for Drug Coverage

Many RTO/ERO members are aware that the Ontario Drug Benefit (ODB) Program automatically provides drug coverage for Ontario residents age 65 and over.

The ODB Formulary lists over 3,200 drug products covered as a general benefit or limited use basis. The list is extensive, although there are many more drugs that are not covered by ODB. Drugs newly approved for sale in Canada must also be approved by the province for inclusion in the Formulary.

In addition to the RTO/ERO Extended Health Care Plan, what other avenues might a resident of Ontario – 65 and over, or under age 65 – have to help recoup some of their drug expenses?

Trillium Drug Program

The Trillium Drug Program (Trillium), run by the province of Ontario, is designed for residents under age 65 who have high prescription drug costs (approximately 4% of their net household income). The program covers the same drugs that are listed in the ODB Formulary.



To register for Trillium, the following conditions must be met:

- You must be an Ontario resident with a valid Ontario Health Card; and
- You are not eligible for drug coverage under the basic ODB Program; and
- Your private health insurance does not cover 100% of prescription drugs or you have no private coverage at all.

Trillium has an annual deductible that is based on your net household income. The deductible is paid in four installments in the benefit year which runs from August 1st to July 31st. For example, a single person with an annual net household income of \$35,000 would have an annual Trillium deductible of \$1,184 (or \$296

for each installment).

To satisfy your deductible and be eligible for coverage, your drug costs must meet the following criteria:

- The drug is listed in the ODB Formulary; or
- The drug is on the Facilitated Access List of HIV/AIDS drugs; or
- Your prescription has been approved for coverage through the Exceptional Access Program.

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This publication is intended to keep RTO/ERO Health Plans participants current with matters considered at Health Services & Insurance Committee (HS&IC) meetings and to share items of interest pertaining to Health and Wellness. Districts are encouraged to use any of this information in its communications with members at meetings or via local newsletters.

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health matters is published five times a year by The Retired Teachers of Ontario / Les enseignantes et enseignants retraités de l'Ontario.

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Chair's Message for October 2010 Health Matters

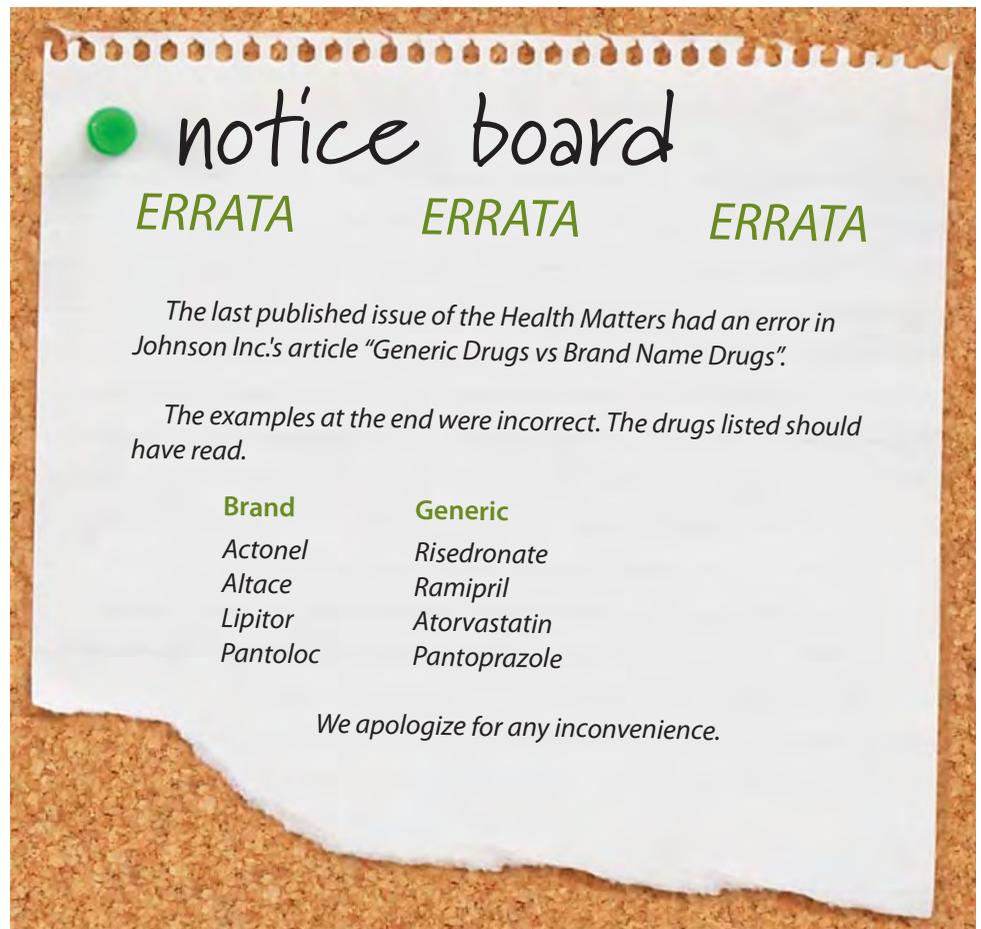
The HS&IC held a successful training session with Don Brooks and Lori MacDonald-Blundon on September 27. On Tuesday, the Committee held their meeting at Johnson Inc. office in Richmond Hill and was able to tour the offices.

In 2007, the HS&IC on the recommendation of the OTPP were advised that if they implemented plan changes January 1 of each year and premium changes on February 1, there would be a savings of approximately \$50,000 in mailing costs as this notification could be coordinated with the OTPP mailings. However, after review, the committee has found that the plans were not benefiting from this change as the plans were losing approximately \$350,000 in premium, therefore, beginning January 1, 2011, plan changes or premium changes, if any, will be effective January 1.

Any plan changes or premium changes for the upcoming year will be communicated in the November renewal letter to plan members. New plan benefits booklets will be distributed early in 2011 with the Winter Renaissance.

Farewell, thanks and best wishes were extended to Joe Santone and Margaret Couture for their contribution and hard work on the HS&IC.

The HS&IC would like to extend a Merry Christmas and Happy New Year to you and may you all have a safe holiday season as you celebrate with family and friends. ●



notice board

ERRATA ERRATA ERRATA

The last published issue of the Health Matters had an error in Johnson Inc.'s article "Generic Drugs vs Brand Name Drugs".

The examples at the end were incorrect. The drugs listed should have read.

| Brand | Generic |
|--------------|----------------|
| Actonel | Risedronate |
| Altace | Ramipril |
| Lipitor | Atorvastatin |
| Pantoloc | Pantoprazole |

We apologize for any inconvenience.



HSIC Meeting Highlights

September 27-28, 2010 committee meeting

At its committee meeting the following issues were discussed:

- A very successful and informative training session with Don Brooks and Lori MacDonald-Blundon was held on Monday, September 27.
- Meeting and tour at Johnson Inc. office in Richmond Hill on Tuesday, September 28.
- Benefit Entitlement Review process was revised.
- Financial statement to end of June, 2010 was received and discussed. At this time, it appears we may have a small surplus at year end.
- Plan changes or premium rates, if any, will be communicated to plan members with the November renewal letter.
- Priorities and objectives for 2011 were discussed.
- October, 2010 Senate report, including catastrophic drug report was reviewed and revised.
- Drafts of the Group Benefits Program Booklet and the Travel Booklet were reviewed. Final layout will be presented at the December meeting. Booklets will be distributed with the Winter Renaissance.
- Passport covers are being reprinted; any members who did not receive one will receive theirs with their renewal letter in November.
- Medical stability clause for Trip Cancellation is currently being revised wording will be provided to D/UHR as soon as possible.
- A sub-committee was formed for the planning of the 2011 D/UHR workshop.
- Long Term Care report was received and there will be no rate changes for 2011.
- Thanks and farewells were said to committee members Joe Santone and Margaret Couture.

Coverage for Medical Devices

A Message from Johnson Inc.

Today we see a myriad of personal medical equipment designed to improve the quality of life of those with physical limitations. These medical devices can be expensive because they are often customized to the user. As an RTO/ERO member residing in Ontario, you have two main sources of coverage: the RTO/ERO Extended Health Care Plan; and the Ontario government's Assistive Devices Program.

The purpose of the Assistive Devices Program (ADP) is to provide Ontario residents who have long-term physical disabilities with medical equipment that will address their personal needs and increase their independence.

ADP covers over 8,000 pieces of equipment and supplies such as prostheses, wheelchairs, hearing aids, respiratory equipment, visual and communication aids, and much more. To be eligible for the program you must be an Ontario resident with a valid Health Card and have a physical disability lasting for six months or longer. The program doesn't apply to those with WSIB or Group "A" veteran pension benefits. Equipment required exclusively for sports, work, or school is not covered by ADP.

If your physician or another health care provider diagnoses you as needing an assistive device, they should refer you to an authorizer in most cases. These authorizers are registered with ADP and work in hospitals, home care agencies, or private practice. They will assess your needs based on certain eligibility criteria. Each item has its own specific eligibility requirements. If approved, you will be referred to a vendor registered with ADP.

ADP covers up to 75% of the cost of most medical equipment, or depending on the device, a fixed dollar amount up to a maximum contribution. As with the eligibility, the coverage level varies. Any remaining amount after ADP has paid its portion will be your responsibility. If you are enrolled in the RTO/ERO Extended Health Care Plan, you may be eligible for further reimbursement under the Aids & Appliances benefit. To obtain specific information regarding RTO/ERO's coverage for your medical device, contact Johnson Inc.'s Claims department at 1.800.638.4753 (toll-free) or 905.764.4888 if in the Toronto area.

For more information on ADP, call 1.800.268.6021 (toll-free); or 416.327.8804 if in the Toronto area; or TTY 1.800.387.5559. You can also search on the government website at www.health.gov.on.ca.

This information is specific to Ontario. Each provincial/territorial government has similar programs in place. ●



Additional Avenues for Drug Coverage

FEATURE CONTINUED FROM PAGE 1

Trillium Program - Exceptional Access Program (EAP) - New Drug Funding Program

For more information or to obtain an application kit for Trillium speak to your pharmacist, or call the Ministry of Health and Long-Term Care at 1.800.575.5386 (toll-free) or 416.642.3038 if in Toronto, or access the government website at www.health.gov.on.ca.

Exceptional Access Program

The Exceptional Access Program (EAP) is generally for Ontario residents covered under ODB or Trillium who have an uncommon medical condition that requires prescription medications not listed in the ODB Formulary. Your physician must submit a request for coverage to the Ministry of Health and Long-Term Care. Each request is considered on a case-by-case basis using internal and/or external experts and a specific list of criteria.

If you are an Ontario resident, have a valid Ontario Health Card, and are covered under the ODB or Trillium Programs, you may be considered eligible for the Exceptional Access Program.

Your physician must submit the application for funding consideration. Medical documentation explaining why ODB Formulary drugs aren't suitable for your situation and the expected duration of the treatment should be included. Once the application has been reviewed, your physician will receive written notice of the decision. For certain drugs, physicians can contact EAP by telephone for quick approval for patients. If approved, a specific coverage period will be indicated. Any extensions to this coverage period will require another application from your physician.

You may be required to pay an annual deductible depending on their financial status. For more information speak to your physician or call the Ministry at 1.866.532.3161 (toll-free in Ontario only) or TTY 1.800.387.5559, or by accessing the government website at www.health.gov.on.ca.

New Drug Funding Program

New Drug Funding Program (NDFP) was established to provide a central source of funding for new, and often expensive, hospital administered intravenous (IV) drugs. The program is administered by Cancer Care Ontario. The NDFP covers 75% of the total cost of hospital-administered IV drugs in Ontario. The hospitals cover the remaining 25% drugs that existed prior to the NDFP. To be covered by this program your physician must submit a treatment



eligibility form along with supporting documentation to Cancer Care Ontario prior to the beginning of your treatment. The NDFP does not reimburse you; rather payment goes directly to the regional cancer centre or hospital where your treatment was provided. Treatments given in private clinics are not covered.

For more information on this program, talk to your physician. You can also call Cancer Care Ontario at 416.971.9800, or visit their website at www.cancercare.on.ca.

Assistance from Pharmaceutical

Companies

Many of the new drug treatments are very expensive. In addition to the avenues previously noted, you may want to determine whether there is an assistance program through the drug companies. Many drug manufacturers offer their own assistance program, often in exchange for your participation in longer term studies. There are too many manufacturers, programs, and criteria to address in this article. You or your physician should contact the manufacturer directly.

Other Sources

Although the information presented in this article is specific to Ontario residents, every provincial/territorial government has resources that you can access. If you're comfortable with the internet, start with the government websites. If you'd rather speak to someone directly, try your provincial government's health information line. Your pharmacist is also an excellent resource, along with your physician. It can also be helpful to seek out organizations that may be dedicated to your specific medical condition. Don't forget to review federal government initiatives too. The Canadian government programs include those for veterans, First Nations, and special access to medications not available in Canada.

The list we have provided to you highlights only some of the avenues you have, in addition to the RTO/ERO Extended Health Care Plan, to help cover your prescription drug expenses. There are many other assistance programs out there. We want you to be aware of some of the sources of assistance and to help start you on your search. ●

Article courtesy of Johnson Inc.

Editor's note: you may want to review an article in Renaissance (Winter 2009) titled "Access to Medications and Drug Benefits"

FAREWELL FROM THE PRESIDENT



Being on the Health Committee (HS&IC) for the past three years has been an energizing and somewhat challenging experience. When you come on board, you have to hit the ground ready to study and learn. There is so much about the insurance business that you need to know before you are truly ready to make wise decisions on behalf of the membership and to represent properly the Provincial Executive on the Health Committee.

The art of decision-making is ever-present: what programs and benefits best suit the needs of our members. In those three years, I never stopped learning. Working with the Johnson team was a true pleasure. They provide us with such a high standard of excellence. And the RTO/ERO members on HS&IC, as well as the RTO staff are such diligent and hard-working people. The symbol of leadership in that group is Daisy Gregory who continues to impress us all with her knowledge and guidance in health matters.

As I finish my term as President, I know in my heart that I will miss working in such a challenging and motivating environment with such good people.

Margaret Couture, President RTO/ERO



Travel Proof of Departure

In the event of a claim, Mondial Assistance will require proof of the day prior to, or day of your departure from your province of residence. For coverage verification purposes, the proof must confirm that you were in your province of residence, and not when you arrived at your destination. Each person travelling must retain his/her own proof.

Proof of departure can take any form as long as it meets the following criteria:

- Identifies you (that is, your name is shown or it bears your signature);
- Indicates that the transaction took place in your province of residence before your trip (or prior to your original return date in the case of early return); and
- specifies the date.

Examples of acceptable proof include, but are not limited to:

- a border crossing receipt;
- duty free receipt;
- airline ticket or boarding pass;
- credit card receipt;
- signed and dated bank or financial institution documents that proves you were in your province of residence the day before your scheduled day of departure.

Proof of departure may present a challenge only in the event that you drive to your destination. In all other instances, a boarding pass from a common carrier is readily available, and is sufficient proof.

YOU MUST contact Mondial Assistance within 48 hours of the emergency, or payments will be limited to \$2,000 per insured person

Continuous Chest Compression CPR

Continuous Chest Compression CPR is a hands only form of CPR developed by the Resuscitation Research Group at the University of Arizona Sarver Heart Center. It is intended to be used if the person is unwilling, unable, or untrained in the full CPR method. There is no mouth-to-mouth resuscitation involved, which means that people are more likely to help someone in distress. An instructional video is on the University's website which provides instructions on how to perform Continuous Chest Compression CPR. The link can be found at: www.heart.arizona.edu/publiced/lifesaver.htm.

If you see someone collapse who isn't responsive and is having trouble breathing, the first thing you should do is call 911 immediately. Mouth-to-mouth CPR is still recommended for near drowning and young children.

Source: *The University of Arizona* ●

Four Years on HS&IC Committee-What it has meant



Four years ago, I joined the HS&IC provincial committee. I quickly learned to listen carefully to the concerns of various districts.

How does one sign off as one leaves the committee? A polite thank you seemed right yet there is more. Sharing ideas and thoughts was very important. The dedicated time and commitment of

members was not only important but one of the many strengths of the committee.

The last four years have been very busy ones discussing major items such as the Coughlin Report and Catastrophic coverage for members. In addition to this, we worked on balancing the wants and needs of members and keeping comprehensive coverage in the plan that was competitive in the marketplace and affordable for all participating members.

There were tough times losing a friend in David Ross who comprised a list to help make it easier for us to understand the jargon of the plan. There was the joy of welcoming new members and listening to other points of view; the camaraderie of the committee the joking, the teasing, the lunches, the dinners etc.

The fact that we were able to share our thoughts and listen to others' opinions and still come to resolutions helped to make this one of the better committees I have served on.

The intense training of the online course that greeted new committee members was at first intimidating. Don Brooks simplified the comprehensive training in his own manual in a very palatable way that made it enjoyable as well as educational. This helped to improve our skills and knowledge of the Health Plan.

I have approached each meeting with empathy for the concerns expressed and have used honesty and integrity in voicing my opinions. I respected your trust and cherished your friendship and have enjoyed working with each of you. I hope this isn't the last I see of you. Thank you members of the HS&IC. ●

Joe Santone



British Columbia Cuts Costs of Generic Drugs

On July 9, 2010, the B.C. Ministry of Health Services announced that it would be joining Ontario in the crackdown on the cost of generic drugs. British Columbia currently spends more than \$900 million a year on prescription drugs through its PharmaCare program. An agreement between the Province and the B.C. Pharmacy Association and the Canadian Association of Chain Drug Stores (CACDS), has been reached, that will save the Province up to \$380 million a year in drug cost savings. This agreement is effective July 28, 2010 and runs to March 31, 2013.

Currently the price of generic drugs is 65% of the brand name cost and from 50 to 70% for "new" generic drugs (launched after November 2008). The changes will be phased in over the next two years as follows:

- July 28, 2010 - generic drugs added to PharmaCare program since January 1, 2009 will have the cost dropped to 42% of the equivalent brand name drug
- October 15, 2010 - new generics will drop to 42% of brand name cost and generic drugs on PharmaCare program prior to January 1, 2009 will drop to 50% of cost
- July 4, 2011 - all generics drop to 40% of cost
- April 2, 2012 - all generics drop to 35% of cost.

The Ministry also announced that dispensing fees would be increased over this same time frame.

The dispensing fee paid by PharmaCare was \$8.60 and it has increased to \$9.10 as of July 28 and will eventually be increased to \$10.50 as of April 2, 2012. These reduced generic drug prices will also be applied to private market which means that residents of B.C. will have access to more affordable medications. The impact of these changes will continue to be monitored by the insurance industry to see what, if any, impact this will have on private health plans. ●





media corner

Your RTO/ERO Health Services and Insurance Committee shares as part of five meetings per annum, general health and wellness information items in the form of articles, PDFs, podcasts and websites.

Seniors resist help at home

More than half of seniors resist asking for help, even from their adult children, fearing it signals a neediness that could land them in a nursing home, a new study shows.

September 03, 2010; Susan Pigg; Living Reporter;
[HTTP://WWW.HEALTHZONE.CA/HEALTH/YOURHEALTH/AGINGWELL/ARTICLE/856361--SENIORS-RESIST-HELP-AT-HOME](http://www.healthzone.ca/health/yourhealth/agingwell/article/856361--seniors-resist-help-at-home)

Ontario's Special drug program mired in backlog

October 12, 2010, Theresa Boyle, Health Reporter
[HTTP://WWW.HEALTHZONE.CA/HEALTH/NEWSFEATURES/ARTICLE/874405--ONTARIO-S-SPECIAL-DRUG-PROGRAM-MIRED-IN-BACKLOG](http://www.healthzone.ca/health/newsfeatures/article/874405--ontario-s-special-drug-program-mired-in-backlog)

Obesity may be to blame for more adults suffering from arthritis

STUDY OCTOBER 12, 2010; MIKE STOBBE - ASSOCIATED PRESS;
[HTTP://WWW.HEALTHZONE.CA/HEALTH/ARTICLEPRINT/872997](http://www.healthzone.ca/health/articleprint/872997)

Who Needs Alzheimer's Testing?

Some experts think all older people should be tested for Alzheimer's. Would you be better off if the disease could be diagnosed early, and if you and your relatives were tested?
[HTTP://WWW.BERKELEYWELLNESSALERTS.COM/ALERTS/LIFELONG_WELLNESS/SCREENING_FOR_DEMENTIA130-1.HTML](http://www.berkeleywellnessalerts.com/alerts/lifelong_wellness/screening_for_dementia130-1.html)

Wellness Reports; Women's Health

An authoritative and up-to-date resource -- from one of the world's most respected public health institutions -- you can turn to for evidence-based guidance on how women can live longer, more active, and healthier lives.
[HTTP://WWW.BERKELEYWELLNESSALERTS.COM/TOPICS/WOMENS_HEALTH.HTML](http://www.berkeleywellnessalerts.com/topics/womens_health.html)

Drug Coverage a guide to reimbursement for prescription medications in Canada.

Access to medications and drug benefits
[HTTP://WWW.DRUGCOVERAGE.CA](http://www.drugcoverage.ca)

Canadians Don't Get Enough Vitamin D

According to Statistics Canada, two thirds of Canadians do not get enough Vitamin D for their overall health. Their study determined that 10% of Canadians (more than 3 million people) have inadequate or deficient concentrations of Vitamin D and of those, 1.1 million were considered Vitamin D deficient. Men are more likely than women to have inadequate levels of Vitamin D in their blood. Statistics Canada was very surprised to find that 65% of Canadians are below the suggested "cut-off" amount that has been indicated for overall health and disease prevention.

Their study also indicated that people with darker skin tones are more likely to have lower Vitamin D levels, as it is more difficult for them to absorb this nutrient through their skin.

Osteoporosis Canada recommends that adults over age 50 should be taking at least 800 International Units (IU) to 2,000 IU daily. Those under age 50 do not require as much, but should still be taking 400 to 1,000 IU daily. Health Canada recommends 200 IU to 600 IU a day, depending on a person's age. Health Canada and Osteoporosis Canada agree that 2,000 IU is the maximum daily amount that is safe to take without medical supervision.

Vitamin D is known as the sunshine vitamin. During the spring and summer, most of the required levels can be absorbed by the skin through sun exposure. Generally, doctors recommend that 10 to 15 minutes outdoors without sunscreen at least twice a week is adequate.

During the fall and winter months the taking of a Vitamin D supplement is recommended.

Vitamin D helps the body to absorb calcium, which makes bones stronger. Certain foods such as milk, rice and margarine are fortified with Vitamin D. Fish, liver and egg-yolks are the only foods that naturally contain this vitamin. Low levels of Vitamin D in adults can cause osteoporosis, a disease that decreases bone mass and tissue, which would put persons at risk for bone fractures.

Vitamin D counteracts this condition by improving bone mineralization, calcium absorption and muscle strength.

The Canada Food Guide says that men and women over age 50 should consume three servings of milk and alternatives along with a supplement equal to 400 IU of Vitamin D every day. All other age groups are encouraged to have two cups of milk per day to ensure adequate Vitamin D levels.

The ranges in this article are very broad. If you are considering a Vitamin D supplement, speak with your health care practitioner to determine the level that is right for you.



Source: Statistics Canada; CBC Canada; The Globe and Mail

your wellness matters

A Good Night's Sleep

According to a report by the Canadian Community Health Survey in 2002, an estimated 3.3 million Canadians age 15 or older have problems getting enough sleep. The survey also found that 18% of these persons receive an average of less than five hours of sleep a night. In general, adults need about seven hours of sleep per night while children and adolescents need around nine or 10 hours per night.

Sleep helps our bodies "repair" itself. When we don't get enough sleep, we start to notice both physical and mental side effects. These include fatigue, irritability, increased stress, trouble concentrating and slower reaction times. These are all classified as "short term" effects and can interfere with our daily activities. Long term sleep deprivation can lead to more serious health problems such as cardiovascular disease, diabetes, obesity, depression and neurology conditions. How do you know if you are getting the right amount of sleep? The right amount of sleep enables you to wake up feeling well and refreshed.

There are ways that you can tell and they include:

- You need an alarm clock to wake up
- You sleep longer and better on weekends
- You have trouble getting out of bed in the morning
- You feel tired during the day
- You have bags or dark circles under your eyes
- You doze off while sitting in a public place
- You doze off while driving
- You have trouble concentrating
- You have early morning headaches

What can we do to get a good night's sleep? If you do not want to take medication, there are many things you can do to try and help you get a good night's sleep.

They include:

- Keeping a regular schedule of going to bed and getting up at the same time every day, including weekends.
- Develop a sleep routine and your body will learn to relax if you do the same things every night before you go to bed.
- Take time to relax and unwind before you go to sleep.
- Avoid caffeine, alcohol and nicotine as these are stimulants and will keep you awake.

- Check with your doctor or pharmacist to see if the medications you are taking could keep you up at night. If you take a diuretic, take it in the morning as these increase urination and this may keep you up in the night.
- Your bedroom should be dark, cool, and quiet. If you are bothered by the noises around you, try using earplugs.
- Make sure your stomach isn't too empty or full before going to bed.
- Avoid watching TV or reading in the bedroom.
- If you are having difficulty sleeping, get out of bed and go into another room and read a book or watch TV until you are relaxed and feel sleepy.

If you've tried all of these and you still cannot get a good night's sleep, talk to your doctor.

Source: CBC Canada

