



health matters inside

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Generic drugs and Health Canada's role

The issue

More and more, generic drugs are being used to fill prescriptions. Canadians want to be sure that generic drugs are as safe and effective as brand name drugs.

Generic drugs

A generic drug is a copy of a brand name product, known as the 'reference product'. Generic drugs contain the same medicinal ingredients as the brand name drug and are considered bioequivalent to the reference product. There may be many generic versions of the same reference product.

Nearly 45% of all prescriptions filled by pharmacies use generic drugs, and some hospitals use generic drugs almost exclusively. Chances are that you have received a generic drug at some time, whether you realized it or not.

Ensuring the quality of generic drugs

The quality standards for brand name drugs and generic drugs are the same. The ingredients, manufacturing processes and facilities for all drugs must meet the federal guidelines for Good Manufacturing Practices, www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/index-eng.php. As well, all drug manufacturers must perform a series of tests, both during and after production, to show that every drug batch made meets the requirements for that product.

The generic drug must contain the same amount of medicinal ingredient as the brand name reference product. However, non-medicinal ingredients, like fillers and ingredients that colour the drug, may be different from those of the brand name product. The generic manufacturer must provide studies showing that the different non-medicinal ingredients have not changed the quality, safety or effectiveness of the generic drug.

To prove that their products are safe and effective, generic drug manufacturers must demonstrate that the generic drug performs similarly to the brand name drug.

The studies that compare the generic drug with the brand name drug are called "comparative bioavailability" studies. In these studies, the level of a medicinal ingredient in the blood of healthy human volunteers is measured. During the studies, each volunteer gets the brand name drug and the new generic drug. The generic drug must show that it delivers the same amount of the medicinal ingredient at the same rate as the brand name drug.

Generally speaking, some drugs, like those injected directly into the blood stream, do not need comparative bioavailability testing. Other drugs, like ointments and creams applied on skin, may not be suitable for comparative bioavailability testing. In these cases, other methods may be used, like comparing the clinical effect of the generic drug with the brand name drug.

The Government of Canada's role

Health Canada is responsible for evaluating generic drugs, www.hc-sc.gc.ca/dhp-mps/prodpharma/index-eng.php, for their safety, effectiveness and quality. The process for evaluating drug products is constantly being improved and updated to keep up with international standards of regulatory approval. ●

Source: Health Canada

Important Notice – Eldercare Select

Your 2014 Insurance Plans booklet includes an incorrect phone number for Eldercare Select on page 40. Please note the correct number is

1-888-327-1500.

We apologize for any inconvenience.

Information contained in *Health Matters* is intended to be used for general information and should not replace consultation with health care professionals. Consult a qualified health care professional before making medical decisions or if you have questions about your individual medical situation. RTO/ERO makes every effort to ensure that the information in *Health Matters* is accurate and reliable, and cannot guarantee that it is error-free or complete. RTO/ERO does not endorse any product, treatment or therapy; neither does it evaluate the quality of services operated by other organizations mentioned or linked to *Health Matters*.



Scan this QR code with your smartphone to view *Health Matters* on the Members' Centre.

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 is a list of over 3,800 drug products covered as a general benefit on a limited use basis in Ontario. 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 an RTO/ERO member who is 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;
- 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 \$40,000 would have an annual Trillium deductible of \$1,389 (or approximately \$347 for each installment).

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 (Toronto), or visit www.health.gov.on.ca.

Exceptional Access Program (EAP)

The 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 EAP.

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 your financial status.

ELDERCARE SELECT

Helping you care for a loved one

Your RTO/ERO Extended Health Care plan now includes more than just traditional medical supplies and services. RTO/ERO is pleased to announce that as part of its commitment to always deliver the most comprehensive and competitive group health insurance plan, a **new benefit** has been added to the Extended Health Care Plan as of January 2014!

Participants of the RTO/ERO Extended Health Care plan and their spouses have access to **Eldercare Select** services. This program provides personalized nursing expertise for your caregiving challenge with a loved one such as a parent, grandparent, spouse or someone else for whom you have care responsibilities.

Services include access to 24/7 nurse-led guidance of our health care system, addressing your specific eldercare challenge with customized action plans. Eldercare Select nurses will provide coaching, support and planning for the care needs of you and your family on several key factors, such as:

- Current living situation and future wishes;
- Existing health condition; and
- Geographic location.

Check your 2014 RTO/ERO Group Benefits Program booklet, or 1-888-327-1500 or visit www.eldercareselect.ca to connect with an Eldercare Select Specialist or a Registered Nurse. ●

For more information speak to your physician, call the Ministry, 416-327-8109 or 1-866-811-9893 (toll-free) or visit www.health.gov.on.ca.

New Drug Funding Program (NDFP)

The 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. If approved, 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.

Case-by-Case Review Program (CBCRP)

The CBCRP considers funding requests for cancer drugs (both oral therapies and injectable drugs) for cancer patients who have a rare clinical circumstance that is immediately life threatening (i.e. death is likely within a matter of months) and who require treatment with an unfunded drug, because there is no other satisfactory and funded treatment.

For more information on these programs, 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. To learn more, 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. ●

Travel Q & A



PHOTO: JOSEPH MICHAEL HOWARTH

Q *How long does it take to pay a travel claim?*

A Travel claims are more complex than an Extended Health Care or Dental claim and as a result can take longer to process. They involve coordination with your provincial health care plan; often they involve translations and interpretation of other countries' billing practices. Medical records may also be requested, and these can take quite some time to receive.

Most forms are sent at the time your case is opened or quickly thereafter. These forms may include an authorization for release of medical records, authorization to submit claims on your behalf to your provincial health care plan as well as co-coordinating with other insurance coverage(s) where applicable. The arrival of these completed forms is required for Allianz Global Assistance to start the adjudication of your claim. If you have any questions contact Allianz Global Assistance: From Canada or the U.S.: toll-free **1-800-249-6556**; from other countries: **519-742-6683** (ask the

operator to reverse the charges) or visit www.allianz-assistance.ca.

Q *In the case of a medical emergency, when should I call Allianz Global Assistance?*

A In a non life-threatening medical emergency, Allianz Global Assistance asks members to call prior to seeking treatment as it allows them to assess the situation, open a medical case to monitor care, and to help the patient locate a suitable medical provider in their area. In the case of a life-threatening emergency, members should seek treatment immediately at the nearest health facility, and have a travelling companion or health facility employee contact Allianz on the patient's behalf within 48 hours.

Q *I've begun to receive bills from a medical facility in the United States. What should I do?*

A In a medical emergency, Allianz Global Assistance will locate appropriate medical care and coordinate eligible payments to hospitals and physicians on your behalf. Allianz

works with health care providers worldwide and can validate that your claims are based on charges that are reasonable and customary for the region. As well, they negotiate discounted prices with selected providers and make payments on your behalf.

On occasion, after a bill has been paid by Allianz, health care providers have attempted to bill the patient the difference between the lower price negotiated by Allianz and the higher pre-negotiated rates. This is called balance billing. **Do not pay these bills.** If you should receive a billing notice from a hospital, collection agency, etc., after Allianz has paid your bill, please contact Allianz immediately at the number located on your Benefits booklet. Allianz will take the appropriate steps to resolve the issue on your behalf.

Q *I booked my trip in September 2009 for travel in January 2010. In December 2009, I was admitted to hospital for kidney surgery. As my surgery is within the 90 days prior to my departure date, would I have coverage for any problems relating to my surgery while on my trip? Would I need to cancel my trip?*

A You would not have medical coverage for any illness relating to your surgery as you were admitted to hospital within 90 days prior to your departure date. You would however, have coverage for any medical emergency that was *unrelated* to your kidney surgery. If you chose to cancel this trip, your eligible expenses would be reimbursed to a maximum of \$6,000 per person, per trip under the trip cancellation benefit, so long as your condition was stable in the *90 days prior* to the date the trip was booked. ●



Generic drugs — something to consider

As mentioned, generic drugs have the same medicinal ingredients as their brand name counterparts. Where they differ is that generic drugs cost less and may only be produced after the Canadian patent protection on the brand name drug has expired. According to the Canadian Generic Pharmaceutical Association, more than 63% of prescriptions filled at pharmacies were filled by generic drugs and the use of lower cost generic prescription medicines saved governments, employers and consumers nearly \$11-billion in 2012.

By choosing a lower-cost generic drug over the brand name drug, you will see savings in your 15% ingredient cost co-pay of the RTO/ERO prescription drug benefit. Also, you will use less of your plan maximum per purchase, allowing your prescription drug maximum to last longer, with the ripple effect of saving your RTO/ERO Extended Health Care Plan money. Some common examples of brand name drugs and their generic equivalents are:

Brand Name	Generic Name
Nexium	Esomeprazole
Crestor	Rozuvastatin
Lipitor	Atorvastatin
Imovane	Zopiclone

There are so many drugs on the market and it is impossible to know all of them, so be sure to speak with your physician or pharmacist and ask whether there is a generic equivalent that may suit your needs. ●

New claims process

Commencing in early 2014, any insured person under the RTO/ERO Group Benefits Program will be able to sign claim forms. This replaces the process whereby the claim form required the member's signature.

Please note that a claim form containing a change of address still requires the signature of the member or their Power of Attorney. ●

How to reach us

Your comments are important to us. If you have a claim or service experience that you would like to share, please contact Johnson Inc. or RTO/ERO.

Johnson Inc.

Plan Benefits Service

18 Spadina Road, Suite 100
Toronto ON M5R 2S7
416-920-7248 (Toronto area)
1-877-406-9007 (toll-free)
416-920-0939 (fax)

Plan Benefits Claims

1595 16th Avenue, Suite 700
Richmond Hill ON L4B 3S5
905-764-4888 (Toronto area)
1-800-638-4753 (toll-free)
905-764-4041 (fax)

Allianz Global Assistance

From Canada or the U.S.:
1-800-249-6556 (toll-free)
From other countries:
519-742-6683 (ask the operator
to reverse the charges)
519-742-2256 (fax)

Mailing address:

Allianz Global Assistance
P.O. Box 277
Waterloo ON N2J 4A4

Eldercare Select

7030 Woodbine Avenue, Suite 102
Markham ON L3R 6G2
1-888-327-1500 (toll-free)
www.eldercareselect.ca

RTO/ERO Health Services and Insurance Committee (HSIC)

Attn: HSIC Chair
18 Spadina Road, Suite 300
Toronto ON M5R 2S7
416-962-9463 (Toronto area)
1-800-361-9888 (toll-free)
416-962-1061 (fax)
healthcommittee@rto-ero.org
www.rto-ero.org ●

Spousal Authorization vs. Power of Attorney



PHOTO : WAVEBREAKMEDIA, SHUTTERSTOCK

What is the difference?

There is often confusion surrounding the issue of who is allowed to make inquiries regarding your RTO/ERO Group Benefits Program when you are unable to do so due to mental or physical incapacitation. There are a couple of different avenues whereby someone can act on your behalf: Spousal Authorization and/or Power of Attorney. There is an important distinction between these two documents; one gives a spouse the right to *inquire* into a member's Health Plans, the other gives an assigned person the right to act on the member's behalf.

Spousal Authorization

When a spouse is granted Spousal Authorization, the member has given Johnson Inc. Plan Benefits Service and Claims permission to disclose specific details about the member's RTO/ERO Group Benefits Program and to answer specific questions in relation to those plans. A spouse with

this type of authorization does not have the power to make decisions regarding the member's benefit plan. Inquiries may be made regarding issues such as plan maximums and specific coverage details. This type of authorization is intended to be given to a spouse (your legal or common-law spouse, including same sex) only.

Should you wish to grant Spousal Authorization, you must send a letter to Johnson Inc. Plan Benefits Service and ensure that the following member information is included: full name, address, certificate number, and signature. An ideal example of a Spousal Authorization reads as follows: *"I, Mary Doe, authorize my spouse, John Doe, to speak with Johnson Inc. on my behalf regarding my RTO/ERO Health Plans."*

Power of Attorney

A Power of Attorney is a legal document in which you appoint a person of your choice to act as your representative in the event that you are

unable to do so. Powers of Attorney fall into several categories including property and personal care. A **Power of Attorney for personal care** covers any decisions surrounding issues such as shelter, clothing, nutrition, medical care, and safety. A **general or continuing Power of Attorney for property** covers all of the financial decisions that may need to be made on your behalf, such as banking, paying bills, buying or selling a home, and making changes to insurance coverage. In the case where you have assigned a Power of Attorney, Johnson Inc. Plan Benefits Service will require **an original or notarized copy** of the general or continuing Power of Attorney for property. The basic standard for authenticating documents for legal purposes is a lawyer (barrister/solicitor), commissioner of oaths or notary public. Please mail the original Power of Attorney document, a fax copy will not be accepted. The original will be returned to you. ●

RTO/ERO Long Term Care Plan

Reimbursement: 80%

Maximum:

Plan A: \$50 per day and
\$50,000 lifetime

Plan B: \$75 per day and
\$100,000 lifetime

Plan C: \$100 per day and
\$200,000 lifetime

Long term care is more than just medical care or nursing care. It includes a wide range of services to assist you if you ever develop a chronic illness or disability that leaves you unable to care for yourself for an extended period of time. The Long Term Care Plan is designed to bridge the gap between the services provided by the government and your actual needs.

Long term care may be provided in your own home or in a nursing home, in the form of help with activities of daily living such as bathing and dressing.

Long term care is not just for the elderly. A person of any age might require long term care if he or she has been in an accident or has suffered a debilitating illness. Also, if you suffer from a severe cognitive impairment such as Alzheimer's disease, you will likely need long term care.

What will the RTO/ERO Long Term Care Plan do for you? If you require substantial assistance with two or more activities of daily living (eating, dressing, toileting, bathing, continence and transferring positions) or suffer from a severe cognitive impairment, the Long Term Care Plan will provide you with an assessment of your needs and a Plan of Care, as well as referrals to appropriate caregivers.

Once you have received services in accordance with your Plan of Care for 30 days, the Long Term Care Plan will reimburse 80% of your in-home care, adult day care or nursing home care expenses (including government co-payments) up to your selected maximum daily benefit. All payments for in-home care and nursing home care are subject to a combined lifetime maximum benefit amount.

When you apply for the Long Term Care Plan, you choose the plan with the maximum daily benefit and lifetime maximum, based on what you think you will need and what monthly premium is most affordable.

When considering which lifetime maximum to purchase, keep in mind your present circumstances, your support structure, your family history and the monthly premium level.

Some added benefits include:

- Caregiver training;
- Durable medical equipment;
- Emergency response system; and
- Inflation protection.

Who can apply for the RTO/ERO Long Term Care Plan? The Long Term Care Plan is available to RTO/ERO members, spouses, parents and children, ages 18 to 89.

If you, your spouse, child and/or parent apply and are approved for coverage, you will each be entitled

to a 10% reduction in your monthly premium rates if you are residing together.

Eligible (teaching) educational staff may also apply for this important coverage by becoming an associate member of RTO/ERO.

If you apply for the Long Term Care Plan and you are currently an actively at work teacher and under age 65 you may automatically qualify without completing a medical questionnaire.

How do you apply for the RTO/ERO Long Term Care Plan?

Please contact Johnson Inc. Long Term Care Service, at [905-764-4959](tel:905-764-4959) (Toronto area) or [1-800-461-4155](tel:1-800-461-4155) (toll-free), for a Long Term Care Plan information kit. Complete the application for the Long Term Care Plan as well as the medical questionnaire. Separate applications and medical questionnaires are required for you, your spouse, your children and your parents. No medical exam is required. However you will receive a telephone call from an underwriter for a telephone interview. Depending on your medical history and your age, your medical records may be requested before your application is considered. Medical records will be requested for all applicants 75 years of age and older. ●

NOTE: The RTO/ERO Semi-Private Hospital and Convalescent Care Plan provides coverage for up to 30 days of care in a calendar year in a facility, following a 24 hour acute hospital stay. Eligible facilities include: long term care home; retirement home; home for the aged; convalescent care facility. To ensure that your facility would be eligible for coverage, please contact Johnson Inc. Claims at [905-764-4888](tel:905-764-4888) or toll free [1-800-638-4753](tel:1-800-638-4753). ●