

Plan Enhancements effective November 2006

Optional Employee Life Insurance (Convertible)

- Employee Life Insurance maximum has been increased from \$250,000 to \$500,000

Optional Spousal Life Insurance (Convertible) - New

- Spousal Life Insurance can now be purchased in units of \$10,000 to a maximum of \$500,000
- Unit rates will be the same as Employee Life Insurance unit rates. No change since November 2002

Optional Child Life (non convertible) - New

- Child Insurance can now be purchased in units of \$5,000 to a maximum of \$50,000
- Unit rates effective November 2006

Extended Health Care (all plans)

- Dietician and Occupational Therapist now added to the list of Paramedical Services as part of the Paramedical Services group with combined group maximums of \$400/yr (Basic) and \$500/yr (Enhanced)
- Private Duty Nursing now includes services of an RNA as well as an RN

Dental - Enhanced Option Only

- 50% Major restorative services added after the 36th month on the plan with a \$500 annual maximum as part of the overall annual Dental maximum of \$1,000.
- Major restorative services include:
 - dentures: standard dentures including complete, immediate, transitional and partial dentures.
 - crowns: standard onlays or crown restorations (paid to full metal on molar) to restore diseased or accidentally injured natural teeth
 - bridges: standard bridges, including pontics, abutment retainers/crowns (paid to full metal on molar) on natural teeth
 - standard repair or recementing of crowns, onlays and bridge work on natural teeth

TPA Administrative Services Ltd. Administration



IMPORTANT REMINDERS

- If you change or leave employers, please call TPA, they need to know.
- Once you are enrolled, monitor your hours periodically. If you are consistently working (ie: sustaining) an average number of hours that would change your eligibility from the Plan you enrolled in, please notify TPA.
- Once you have enrolled, if you have any changes to your banking information, marital status, address etc. and/or any questions about claims submitted please call TPA.
- Send Claims in promptly to prevent stale dating.

TPA's Address:

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In this newsletter every effort has been made to ensure accuracy. We are not liable for any errors and/or omissions.
The policy contract will govern.

www.healthcareproviders.ca

H Health Care Providers Group Insurance Plan™

HCP NEWS

NOVEMBER 2006

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GREAT GROWTH IN 2006

In 2006 we have seen exceptional growth in the number of hospitals now endorsing the Health Care Providers Group Insurance Plan. Since November 2005 there have been 40 new hospital sites join us. See list below

New Hospitals on board in 2006

Tillsonburg District Memorial Hospital
St Thomas Elgin General Hospital
Middlesex Hospital Alliance
- Strathroy Middlesex General
- Four Counties Health Services
Chatham Kent Health Alliance
- Chatham
- Wallaceberg
Alexandra Hospital
Woodstock General Hospital
St Joseph's Health Centre - Guelph
St Joseph's Villa - Dundas
Guelph General Hospital
Grey Bruce Health Services
- Lion's Head
- Markdale
- Owen Sound
- Meaford
- Southampton
- Tobermory
- Wiarton
Hanover & District Hospital
Grandview Children's Treatment Centre
Homewood Health Centre

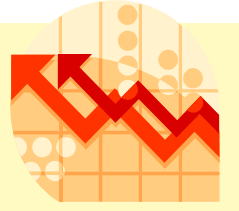
South Grey Bruce Health Centre
- Kincardine
- Chesley
- Walkerton
- Durham
Humber River Regional Hospital
- Church Street
- Finch Ave
- Keele Street
Runnymede Healthcare Centre
St Mary's General Hospital
Toronto Grace Hospital
Grand River Hospital
- Kitchener
- Freeport
Bloorview Kid's Rehab
- Kilgour Site
- Bloorview Site (moved to Kilgour Site)
Norfolk General Hospital
West Lincoln Memorial Hospital
Cambridge Memorial Hospital
Brant Community Healthcare System
- Brantford
- Willett

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Notes from the Editor

As we enter into our 10th year, it seems like a good time to reflect on how much we have changed and grown since this plan was started. From one hospital with a caring, persistent Human Resources Director and his determination and belief that benefits should be made available to part time and casual staff, we have grown to **88** hospitals endorsing the plan as of the date of this article. This coming year promises to show the same outstanding growth and will allow us to provide more plan enhancements. We continue to work diligently on our communications to you, the Health Care Provider, to ensure that we make important information available regarding plan benefits and opportunities for you and your family. This plan is the only plan of its kind in Canada; it is built for you, with you and your family's needs in mind. We look forward to your continued support and welcome your comments and ideas.



Making the most of your DRUG PLAN

To get a better understanding of how your drug plan works, you may find it helpful to review the following terms:

Co-insurance

You pay a portion of the cost of your prescriptions by paying a percentage of the total cost. If your co-insurance is say 90%, then Green Shield covers 90% and you pay 10%.

Benefit Year

If you joined the plan on April 1st, then your benefit year would be from April 1st until March 31st of the following year.

Annual Maximum

This amount is the maximum you can get covered to for each benefit year that you are on the plan. If your drug maximum is \$10,000 per benefit year and your co-insurance is 90% then you can get covered up to \$11,111.11 of drugs, as 90% of \$11,111.11 is \$10,000.

D.U.R.

D.U.R. stands for Drug Utilization Review. Each drug claim submitted to Green Shield by your pharmacy is instantly reviewed. Within 5 secs, valuable messages are sent back to the pharmacy before the drug is even dispensed to you.

This:

- ensures that medication is taken as prescribed
- alerts the pharmacist if the prescription is refilled too soon or too late; is written by more than one doctor; has been filled recently at another pharmacy; has potentially adverse interactions with other medications being taken
- improves health awareness by promoting consumer education
- increases patient safety

Green Shield Canada tells your pharmacy, usually online, if a particular medication is covered by your drug plan. Try to remember that there are many types of drug plans, and your pharmacist may not know all the details about your particular plan. Here are some tips to make your visit to the pharmacy as smooth as possible.

- Show your card

Show your Green Shield Canada ID card right at the beginning when you hand in your prescription. (New card shown above). This is especially important when visiting a pharmacy for the first time.

- Know your drug plan

If there's a problem at the pharmacy or you don't understand how your plan works, there are a few things to do

- Take a copy of your benefit booklet to your pharmacist
- Talk to TPA your plan administrator
- Contact the Green Shield Customer Service Centre at 1-888-711-1119

- keep up to date

If you change any of your personal information (eg: change your last name), have a baby or add a dependent, please be sure to inform TPA your plan administrator at 1-800-263-1941



Vision Care Discounts (33% off)

The Bay, Zellers and Sears Optical Centres.

Through Green Shield, Health Care Providers subscribers are eligible to receive a visioncare discount of **33%** off regular prices

Claiming Information

1. Present your Green Shield Identification Card as proof of being a Health Care Providers subscriber.
2. The vision provider will apply the appropriate discount(s) to your claim and submit the claim directly to Green Shield for payment. You pay your vision provider any balance not covered under your vision benefit

STAY IN TOUCH - STAY INFORMED

We know that, as healthcare professionals, you are constantly striving to improve the quality of care and service you provide to patients. We applaud that effort and take pride in our own efforts to mirror that attitude.

As the members of the HCP team, responsible for plan design and communication, we are always interested in learning from you. Naturally, it is wonderful to get emails and letters of support and appreciation. It is also, believe it or not, good to get a heads up about something we could do better.

Our web site has proven to be an extremely effective tool in meeting that goal. Our on-line surveys help us to serve you better – by responding to your needs and the needs of your colleagues whether they are current plan members or future ones.

We encourage you to visit our web site at www.healthcareproviders.ca whether you fill out a survey (and possibly win a great prize!), learn about the latest trends in healthcare, drop us a line, or just find a reminder about our guaranteed coverage open windows, we think you will enjoy the experience. And, you will be helping build a better plan for yourself and your colleagues.

Stay in touch and stay informed! We'll see you online!



www.health.gov.on.ca

Make sure you check out this web site. It will answer many of your questions about:

- Ontario Drug Benefit (ODB)
- OHIP
- Trillium Drug Program (TDP)

Ontario Drug Benefit (ODB)

Through the Ontario Drug Benefit Program, the Ministry of Health and Long-Term Care covers most of the cost of prescription drug products listed in the Ontario Drug Benefit (ODB) Formulary. If you belong to one of the stated groups of Ontario residents and you have valid [Ontario Health Insurance](http://www.health.gov.on.ca) (OHIP), you are eligible for drug coverage under the ODB Program.

Trillium Drug Program (TDP)

The Trillium Drug Program (TDP) is intended for Ontario residents who have a valid Ontario Health Card and who have high prescription drug costs in relation to their net household income.

If you are or become eligible for the Trillium Drug Plan, a portion of your HCP insurance premium will count towards your deductible on The Trillium Plan.

Ontario Health Insurance Plan (OHIP)

To receive public health care services, you must first have an Ontario Health Insurance Plan (OHIP) card (Health Card). If you are a Resident of Ontario, you can obtain free basic health care services by showing the doctor, nurse, or other health care worker a valid OHIP card. The Ontario Health Insurance Plan (OHIP) pays for services that are medically necessary. These services include visits to your family doctor and specialists.

OHIP pays for a wide range of health care services. Most basic and emergency health care services are covered. You should check with your doctor or hospital to find out whether a particular procedure or treatment is covered by OHIP.

Life & Disability for less than \$1/day

Every eligible Part Time and Casual hospital employee who has Health & Drug coverage through their spouse needs to be on the HCP Plan. Why?

- You need to protect your income in case of sickness or injury, as your spouse will not be able to provide you with any disability coverage through their Group Plan
- If you lose your coverage through your spouse for whatever reason, you can, within 31 days, get guaranteed basic coverage through your HCP plan for yourself and all eligible dependents.

Call 1-800-361-6996 for more details

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