CHANGES TO YOUR BENEFITS COVERAGE

Effective January 1, 2014, the following changes are being made to the drug plans with Manulife:

- **Introduction of the Dynamic Therapeutic Formulary (DTF) FOR ALL MEMBERS WHOSE EXTENDED HEALTH CARE PLAN INCLUDES A DRUG CARD**

Your drug coverage will now be based on a list of drugs (formulary) that are reimbursed at a higher level than other drugs available under your plan. The Dynamic Therapeutic Formulary (DTF) includes a list of clinically effective and affordable drugs used to treat most medical conditions. Drugs on this formulary are selected using the most up to date medical guidelines used by physicians and hospitals across North America. As new drugs are introduced to the market, they are reviewed and added to the formulary only if they are determined to be more clinically effective and at the same time, are a less expensive to existing drugs on the formulary. What make the formulary dynamic is new drugs may be added while existing drugs may be removed from the list if there is evidence to support that the drug is no longer the most clinically sound or cost-effective alternative.

DTF Reimbursement 100%, Base Plan Reimbursement 80%

Your drug plan will use two lists of eligible drugs – the DTF formulary along with another formulary of drugs covered under your plan. When a drug is prescribed from the DTF list, you will be reimbursed at 100%, less any per prescription deductible. If a drug is prescribed that is not from the DTF list, you will be reimbursed at 80%, less any per prescription deductible.

Make the DTF Work for You

Ultimately, the choice is up to you and your doctor to determine which drug will best suit your medical needs. Attached is a list of the top drugs most frequently prescribed by doctors that are covered under the DTF as of February 1, 2013. It also shows suggested alternatives for drugs not covered by the DTF. Also attached is an update that has come into effective November 1, 2013. You may provide your doctor with the attached information to include in your file, so it acts as a reminder that you are covered by the DTF when prescribing medication.

Keep this information handy. Bring it with you when you visit your doctor's office so it is available as a reference. This will help your doctor consider the drug's cost relative to the potential amount you can be reimbursed for, in addition to factoring lifestyle and other considerations into your treatment plan.

Effective January 1, 2014, to find out if your current medications are included on the DTF, visit the plan member secure site at www.manulife.ca/groupbenefits, go to Forms and click on Plan Member Brochures. If they are not, you can discuss alternative drug therapies for your condition that **are** covered by the DTF with your doctor, and therefore increase your reimbursement percentage.

Questions?

Please call the Pension Office or the Manulife Group Benefits Customer Service Centre at 1-800-268-6195.

- **Introduction of Mandatory Generic Substitution FOR ALL MEMBERS WITH EXTENDED HEALTH CARE COVERAGE**

Mandatory generic substitution helps manage plan costs by reimbursing the cost of your prescription drug up to the price of the lowest-priced alternative medication, which is typically a "generic" drug. If the drug you are prescribed is a "brand-name drug," and there is no alternative or interchangeable drug, your plan will continue to reimburse your prescription based on the level of the brand-name drug.

What are Generic Drugs?

"Generic" is the term used to describe a drug product that is equivalent to a brand-name drug. Pharmaceutical manufacturers are allowed to produce and sell generic drugs after the patent on the brand-name drug has expired. Even then, Health Canada must approve the generic drug before it can go to market.

When applying to sell a generic equivalent of a brand-name drug, manufacturers must prove their product equals the brand-name drug. The active ingredients must be as pure. It has to dissolve in the same manner and it must be absorbed at the same rate as the brand-name drug. According to Health Canada, generic drugs have the same active ingredients and are identical to brand-name drugs in dose, strength and how they are taken. They are equally safe and effective.

The only difference in make-up is the inactive ingredients; the binders, fillers and dyes used to give the drugs their shape and colour. These differences have no effect on the drug's active ingredients or how it works. Despite what you may think about some other generic products, **generic drugs are not lower quality than brand-name drugs.**

In fact, Health Canada requires drug manufacturers to perform tests, both during and after production, to show that every drug batch made meets their requirements for that product. Of course, one of the best things about generic drugs is the price – which is usually substantially lower than the brand-name drug.

When filling a prescription – speak up!

In many provinces, pharmacists will automatically dispense the generic alternative as part of their standard practice unless the prescribing doctor has indicated that "no substitutions" should be made.

If your physician has indicated "no substitution" you can ask your pharmacist to dispense the lowest cost alternative – or you can accept the brand-name drug, and pay the difference between the brand-name price and the lowest cost alternative.

Smart shopping

Mandatory generic substitution will work best if you are an informed consumer, just like shopping for anything. When your doctor prescribes a drug and your pharmacist fills the prescription, let them know that your plan will only reimburse the cost of the lowest priced

alternative. This will provide you the best value for your dollar, while helping to manage the overall cost of your organization's prescription drug benefit plan.

Manulife has provided the following information regarding new dental adjudication rules that are effective November 1, 2013:

- **Desensitization will no longer be eligible for benefit coverage when performed at a hygiene appointment.**

  Desensitization is a dental service that involves applying a medicinal coating onto the exposed root surface(s) of a tooth to help reduce sensitivity to things like cold air, cold food or tooth brushing.

  As desensitizing *ingredients* are often included in toothpastes, and in products used for polishing, fluoride and mouth rinses, this service will no longer routinely be eligible for coverage as part of regular hygiene visits.

- **Charges for haemorrhage control will not be considered covered expenses when oral surgery, periodontal surgery, basic restorative services or endodontic services (root canal) are billed on the same date.** (This is applicable in all provinces and territories except Quebec because the Quebec fee guide definitions already provide clear instructions on the use of these codes.)

  Haemorrhaging (bleeding) can occur with a number of dental services. Any bleeding should be controlled before a patient is dismissed from care as the treatment includes the management of normal bleeding. Unless there are exceptional circumstances such as excessive and/or reoccurring bleeding that require an additional visit and treatment beyond normal protocol, there should be no fee for haemorrhage control.

- **Only one periodontal appliance (upper or lower) will be eligible when both are submitted within 60 days of one another. In addition, claims for periodontal appliances for children aged 16 and under will generally be ineligible for coverage.**

  Periodontal appliances are used to treat bruxism (grinding habit). Where a patient exhibits evidence of wear on permanent teeth, a periodontal appliance is recommended to prevent further wear from bruxism.
  Two appliances are seldom needed for the treatment of bruxism. When a patient requires an upper and lower appliance to be worn at the same time, the condition being treated is usually something other than bruxism (e.g., facial and joint pain) and therefore the claim should be submitted as such.
  Bruxism in children is usually not treated because children's mouths are still constantly growing and changing.

We recognize that on occasion, there will be exceptions. Appeals will be considered when a comprehensive explanation and supporting information are provided. Additional supporting information may include pre-treatment x-rays and clinical notes.

We have communicated to dental providers with any history of billing for these services to let them know about the new administrative practices and to inform them of the requirement to provide more detailed information in exception situations.