

THE INSURANCE INSIDER



WHAT PLAN MEMBERS NEED TO KNOW ABOUT OUT OF COUNTRY COVERAGE

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"...Canadians are travelling abroad for other reasons, too, including the desire to work with physicians with better medical technologies and outcomes."

Many Canadians travel abroad for vacation, but what about for health reasons?

A March 2015 Fraser Institute report revealed that more than 52,000 Canadians travelled abroad in 2014 to seek medical treatment or diagnostic services. This stat shows a growing desire by Canadians to secure faster service and avoid deteriorating health given "longer than reasonable" wait times (9.8 weeks versus the 6.5 weeks standard of care preferred by physicians after seeing a specialist).

Canadians are travelling abroad for other reasons, too, including the desire to work with physicians with better medical technologies and outcomes. Many are even referred to these clinics by their provincial public health care systems when they acknowledge a person's particular situation is beyond local capabilities or capacities.

These health services are being performed in the United States, Mexico and overseas, sometimes in very inviting climates that have a much warmer, sunnier environment that might promote more relaxed recuperation. This is known as medical tourism.

Several insured options are now available through group benefits advisors and insurance agents that provide protection against the high costs of obtaining this non-emergency, out-of-country (OOC) medical services. These products are becoming more popular as Canadians are recognizing the need for something more and service beyond the scope of their

public healthcare system. These products have also become important tools for advisors who recognize the need to design a more comprehensive healthcare offering for their clients. But a new challenge is emerging.

We've got you covered...maybe

Canadians seeking medical treatment abroad are often accompanied by spouses or children who will help them recuperate, post-op. Group benefits advisors are now asking insurers to detail the levels of protection offered to members and their families when they travel abroad to obtain non-emergency treatment. Plan members must



OUT OF COUNTRY COVERAGE CONTINUED...

pay attention because not all OOC care is guaranteed.

Plan members must be made aware they need to consult their group OOC service providers to confirm their levels of coverage, if any. Many carriers will not cover an individual for emergency OOC care (even if the emergency is not related to the condition being treated) when traveling abroad for the purposes of seeking diagnostic or medical procedures and surgery of any

kind. This is the case even when the member's attending physician in his/her home province recommends travelling abroad.

Members will need to secure their own private emergency medical travel protection, be prepared to disclose the reasons for their travel and consider any possible coverage exclusion that might result from that necessary disclosure.

The news isn't all bad. Spouses and dependent children covered under the

member's group emergency OOC plan will more than likely be covered by the group policy—they are not the ones travelling for the purposes of seeking this treatment.

Plan member's need to ask the right questions before they leave Canada as medical tourists. Taking charge of your own medical outcomes is admirable. Doing so haphazardly and without all the facts is a potential disaster.

-BobCarter

CANADIANS UNAWARE OF FULL COST OF HEALTHCARE.

Nine out of 10 Canadians believe they are fully covered for all costs associated with hospital stays and psychiatric treatment, finds a Sun Life survey.

Additionally almost four out of five Canadians say that they do not expect to pay out of pocket to cover costs associated with: nursing home/long-term care residence (79%); hearing aids (78%); and home care (76%)

To help Canadians under-

stand what governments, employee benefit plans and personal insurance cover, Sun Life Financial has released a series of provincial healthcare funding guides. The guides outline and detail coverage options, personal costs and other key considerations for common health events or services, such as: disability; home care; long-term (nursing home) care; palliative (end-of-life) care; and prescription drugs.

"Canada's health insurance system was set up to respond to people's need for it, rather than for their ability to pay for it," says Brigitte Parent, senior vice-president, individual insurance and wealth with Sun Life Financial Canada. "However, our research revealed that a large majority of Canadians are not aware that not everything is covered by their provincial health insurance."

-BenefitsCanada



"...four out of five Canadians say that they do not expect to pay out of pocket to cover costs associated with: nursing home/long-term care residence (79%); hearing aids (78%); and home care (76%)."

THE DO'S AND DON'T'S OF DEALING WITH CANCER IN THE WORKPLACE

Did you know there are 600 lymph nodes in the human body—and 35 different lymphomas? “Lymphoma is one word but many diseases,” said Robin Markowitz, CEO of Lymphoma Canada, at this year’s GIPC event. “The patient’s experience will vary accordingly.”

Lymphoma is the fifth most common cancer in Canada. But because it mimics other diseases, it can be hard to diagnose, she explained. And although there are many treatment options, relapses are very common.

What to do—and not to do

So how should you react when your employee tells

you she has lymphoma? “A newly diagnosed patient, of course, is completely overwhelmed,” said Markowitz.

She suggests setting up a meeting with the patient, perhaps including a patient advocate, to discuss resources and support the patient can access. Also review issues such as caregiving responsibility, childcare, finances and insurance—and write everything down, she added.

What *shouldn't* you do? Don't tell her it's going to be okay—you don't know it will be—and resist the urge to share others' cancer success stories, “because not everyone will have a great outcome,”

Markowitz advised.

Privacy is also important: some patients want support from their colleagues, but others don't even tell their families, she said. And while patients may feel guilty about their diagnosis and wonder if they could have prevented it, “with lymphoma, it is completely random,” Markowitz added.

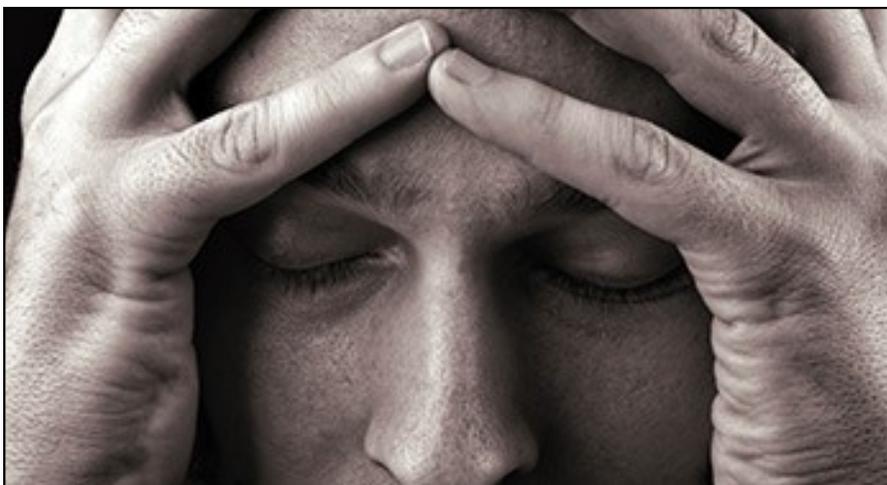
Support from the employer plays a critical role in a patient's recovery. “We strongly encourage accommodation,” she said. “It is a short-term accommodation, in many instances, for a long-term gain.”

James's story

Markowitz cited James, a 22-year-old engineer, as an example. He went from doctor



“...some patients want support from their colleagues, but others don't even tell their families...”



DO'S AND DON'TS CONTINUED...

to doctor before he was correctly diagnosed and was then hospitalized for two weeks. His employer visited him during his hospitalization. "He told us that was a turning point for him because he was so concerned about his career," said Markowitz.

Although James had to have six weeks of radiation therapy—and often had to come in late as a result—he was able to work through it. "Psychologically, it was a

great step up," added Markowitz.

After nine months, James came back to work full time. "When patients do come back, recognize it is a milestone," Markowitz encouraged.

Her recommendations: have a return-to-work meeting to ensure the patient is ready, and share access to post-treatment resources and support. Manage colleagues' expectations about how quickly

the employee will be able to get up to speed, and explain the importance of getting the flu vaccine and not coming to work sick.

Finally, don't underestimate your role in the process. "Your contributions as an employer are invaluable," she added.

Alyssa Hodder

WHY YOU NEED A GOOD COMMUNICATION POLICY

If you're a pension or benefits plan sponsor, you need a documented communication policy. Why? Not because it's a legal requirement. And not just to check off another item on your best practices to-do list—although having a formal communication policy is a broadly accepted industry best practice.

You need a communication policy because creating one will make you stop and consider what you're actually trying to achieve with your communication

program—which really means understanding *why* you offer pensions and benefits in the first place—including how they support broader business objectives and employee engagement. These are the big questions that should drive both your plan design and your communication with members.

First, a word of caution. Communication "policy" and communication "strategy" are often used interchangeably, but they play very different roles.

You need both. And if you think compliance with legislated disclosure requirements and/or Canadian Association of Pension Supervisory Authorities (CAPSA) Guidelines will suffice as your policy, you're selling your plan short.

Your policy provides guideposts

A communication policy provides high-level guideposts that define the role of

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"have a return-to-work meeting to ensure the patient is ready, and share access to post-treatment resources and support..."

FEW WOMEN FEEL THEY'VE ACHIEVED WORK LIFE BALANCE

communication within a broader governance framework. A communication strategy, on the other hand, is tied to specific events or objectives, such as ensuring a smooth transition to a new provider or improving plan members' understanding of certain plan provisions.

A communication policy is not something you can buy off the shelf. The content of your communication policy will depend on what type of plan you have, your organizational structure, and the extent to which plan communication is covered off in your other governance documents. Developing a meaningful and appropriate policy takes time—and requires buy-in from both leadership and those who will be responsible for implementing it.

Components of a robust policy

Although no two communication policies are the same, here are a few things that a robust policy would typically address:

- overall objectives (such as transparency around governance and decision-making, and equipping members to make informed choices);
- roles and responsibilities (such as who develops and approves ongoing strategies, internal vs. external resourcing, and quality assurance);
- protocols for who receives what information and when;
- how communication effectiveness will be monitored and measured;
- web, email and social media guidelines; and
- crisis communication.

Worth the effort!

Investing the time to develop a communication policy will pay huge dividends. A policy will help

you manage communication risk and avoid potential missteps. It will facilitate the speedy development and deployment of strategies to deal with emerging issues. And, at the end of the day, it will ensure better use of your communication dollars. But your communication policy will be effective only to the extent that people know it exists, and only if it remains relevant to your plan. So, make sure you revisit your communication policy regularly, and make a point of sharing it with others.



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