My Benefits Update



February 2021

2021 Benefits Update for Retirees

Your benefits coverage from the Public Sector Group Insurance Plan (PSGIP) plays a key role in your healthcare throughout your retirement years. That's why the PSGIP Trustees carefully manage health benefits coverage for you and your eligible family members.

The Trustees recently completed the annual review and renewal of your retiree benefits program. While the Retiree Advisory Committee was unable to attend the meeting in person this year due to COVID-19 restrictions, they did receive a copy of the material and had an opportunity to ask questions and provide feedback.

This notice summarizes the outcomes of the renewal analysis, including the rate changes effective April 1, 2021.

This is your once-a-year opportunity to change your Health or Dental plan option for the next year. Review your choices carefully and make sure you're enrolled in the right coverage option for you and your family. If you plan to make a change, complete the *Coverage Change Request Form* included with this notice and return it to Johnson Inc. no later than **Monday, March 8, 2021**. Your new coverage takes effect starting **April 1, 2021**.

Important dates

Thursday, February 25, 2021

Renewal Information posted to <u>mybenefitplan.ca/groupRetirees/home.aspx</u> [TBC]

Monday, March 8, 2021

Coverage Change Request Form due to Johnson Inc. if you want to change your Health or Dental Plan option

Thursday, April 1, 2021

Your new coverage takes effect

2021 rates

Each year the PSGIP Trustees review the benefits program to ensure that contribution rates are adequate to pay expected claims and expenses in the coming benefit year. This past year was challenging due to COVID-19. As a result of restrictions implemented to curb the spread of COVID-19, we recognize that you did not have regular access to many services such as vision care, dental care and paramedical practitioners. Although the PEI Pharmacy Association limited prescription drug refills to a 30-day supply, members were still able to obtain access to prescription drugs.

With prescription drugs accounting for the majority of claims under the health program, the reduction in claims because of COVID-19 restrictions was minimal. The dental program experienced the largest reduction in claims due to office closures.

The rate adjustments described in this notice take into account the changes in claims last year due to COVID-19, With the uncertainty surrounding the timeline for vaccines and continued effects of the pandemic, the PSGIP Trustees are taking a conservative approach in planning for 2021, to ensure the Plan will continue to be strong and sustainable.

The following charts summarize the Health, Dental, and Travel rates effective April 1, 2021.

	Under age 65		Over age 65			
	Your current monthly cost	Your new monthly cost	Change	Your current monthly cost	Your new monthly cost	Change
Health						
Option 1 - Single - Family	\$179.72 \$382.74	\$197.69 \$421.01	+\$17.97 +\$38.27	\$169.62 \$361.17	\$188.28 \$400.90	+\$18.66 +\$39.73
Option 2 - Single - Family	\$154.07 \$331.69	\$169.48 \$364.86	+\$15.41 +\$33.17	\$132.10 \$281.42	\$146.63 \$312.38	+\$14.53 +\$30.96
Option 3 - Single - Family	\$108.70 \$231.46	\$119.57 \$254.61	+\$10.87 +\$23.15	\$101.97 \$217.20	\$113.19 \$241.09	+\$11.22 +\$23.89
Option 4 - Single - Family	\$24.82 \$52.89	\$27.30 \$58.18	+\$2.48 +\$5.29	\$24.82 \$52.89	\$27.30 \$58.18	+\$2.48 +\$5.29

	Under/ Over age 65		
	Your current monthly cost	Your new monthly cost	Change
Dental			
Basic Services - Single - Family	\$28.34	\$26.92	-\$1.42
	\$64.12	\$60.91	-\$3.21
Basic & Major - Single - Family Travel	\$33.13	\$31.47	-\$1.66
	\$74.95	\$71.20	-\$3.75
– Single	\$10.31	\$10.31	\$0.00
– Family	\$20.49	\$20.49	\$0.00

Life Rates Effective April 1, 2021

- Basic and Dependent Life rates increase 4.9%
- Optional Life rates will remain unchanged

Health and Dental premium rates are based on the claims actually paid for the group. The premium rates must be adequate to cover the claims made, as well as the administration costs required to keep the Plan running. The increases in Health rates and the differences in the rate changes between the Under 65 and Over 65 groups are primarily related to prescription drug costs, and are influenced by several factors, including:

- More participants. Since 2017, there has been a 23% increase in the number of participants in the Over 65 plan and a 1% decrease in the number of participants in the Under 65 plan;
- Rising health care costs, particularly for high-cost specialty drugs to treat conditions such as rheumatoid arthritis
 and cancer, along with significant increases in claims for diabetes.

Making changes to your benefits coverage

Each benefit year, you are eligible to change your level of Health and Dental coverage without having to provide medical evidence. If you would like to change your current Health or Dental Plan option effective **April 1, 2021**, complete the enclosed *Coverage Change Request Form* and return it to Johnson Inc. by **Monday, March 8, 2021**.

To help you decide which Health option is best for you, follow the steps below to estimate your total annual cost under each option and consider your tolerance for risk.

Step 0	Estimate your annual health expenses for you and your family.		
Step 2	Determine the annual premiums for each option.		
Step 3	Calculate the amount you will pay (co-pay/deductible) for your estimated health expenses under each option. Add this amount to your annual premiums.		
Step 4	Think about how much risk you are comfortable taking for unforeseen health events and expenses. Option 1 provides the most protection against unforeseen health risk.		

When determining your level of coverage, don't forget to take into account the different coverages and limitations of the Health Plan options. You also need to consider your level of comfort with expenses that cannot be foreseen. See *Your Retiree Benefits Options At-a-Glance* on page 4 of this notice for a brief summary of coverage under each Health and Dental option.

Manage your health

Canada Life has a wealth of information and tools ready to help you manage your health. Login to GroupNet for Plan Members at www.canadalife.com/sign-in — Click the Health & Wellness on the right tab and follow the instructions to launch the Health & Wellness website.

A Personal Health Risk Assessment is an easy first step to take stock of your current health and set a course to improve it. In the Health and Wellness website, under How healthy is your life, click Start Now to begin your Personal Health Risk Assessment.

More information

For more information about your benefits, visit the PSGIP website at <u>www.mybenefitplan.ca</u> or consult the Benefits Summary for Retirees. You can also contact Johnson Inc. for benefits information at **902-628-3537** (or toll-free at **1-800-371-9516**) and Canada Life for questions about claims at **1-800-957-9777**.

Benefits information meeting – a change for 2021

Due to restrictions related to COVID-19 and the Trustees' concern for the safety of retirees, there will not be an in-person information session for the 2021 renewal. Instead, the Trustees will post a recorded video about the renewal and rate changes on the retiree website at the following link *mybenefitplan.ca/groupRetirees/home.aspx*. The video will be available on **February 25**th, **2021**

Your Retiree Advisory Committee representatives

Bill Harper, Miriam Lank, Aubrey MacDonald, Lane MacLaren, Chander Sahajpal, and Don Scott

Are you interested in joining the Committee and providing input to the PSGIP Trustees? See the enclosed *Expression of Interest* notice for more information.

Your retiree benefit options at-a-glance



Health and Dental Plans

Health Plan	Option 1	Option 2	Option 3	Option 4
Prescription drugs	80% reimbursement of the first \$150 per eligible drug expense, and 100% reimbursement thereafter	You pay an annual* deductible before drug coverage begins: \$300 single \$600 family	You pay the first \$50 per eligible drug expense, and 100% reimbursement thereafter (\$500 lifetime	Coverage for vaccines only: 80% reimbursement, to a \$500 lifetime maximum per person
	(\$500 lifetime maximum per person for vaccines)	80% reimbursement of the first \$150 per eligible drug expense, and 100% reimbursement thereafter (\$500 lifetime maximum per person for vaccines)	maximum per person for vaccines)	
Hospitalization		No coverage (Options 1, 2 & 3)		100% reimbursement of the difference between a ward and semi-private room
				80% reimbursement of the difference between a semi-private and private room
Eye exams	80% reimbursement, for one eye exam once every two calendar years (every calendar year for children under age 18)			
Eye glasses or contact lenses	80% reimbursement, to \$80 once every two calendar years (every calendar year for children under age 18)			
Medical services and supplies	80% reimbursement, to specified annual maximums (includes paramedical services and private nursing care)			
Ambulance services	100% reimbursement of the first \$50 of eligible expenses per calendar year, and 80% reimbursement thereafter			

^{*} Annual deductible runs April 1 to March 31.

Dental Plan	Plan A	Plan B
Coverage	Basic services only	Basic and Major services
	80% recall exam once every 5 months	80% recall exam once every 5 months
	80% maintenance services (e.g., fillings, oral surgery and periodontic and endodontic care)	80% maintenance services (e.g., fillings, oral surgery and periodontic and endodontic care)
		50% Major restorative services (e.g., dentures, crowns and bridges) to a maximum of \$500 per year