



www.rto-ero.org

health matters

June 2011

VOLUME 10, ISSUE 7



Independent Review

of the RTO/ERO Extended Health Plans

The Health Services and Insurance Committee contracted the services of Coughlin Employee Benefits Specialists to conduct a review of the plan design for the Extended Health Plans. The report was presented by Joe Zadzora and Jill Moulton at the April committee meeting and during the June committee meeting the committee reviewed the recommendations presented by the Coughlin representatives.

We can report at this time that the Independent Consultants rated the RTO/ERO plan as equal to or superior when looking at the components of the coverage to the other plans in most areas. Furthermore, when the reviewer assessed the overall coverage offered by all the assessed plans, the RTO/ERO plan was found to be superior to plans offered to the elementary and secondary employees and support staff, including our closest competitor.

The reviewer noted that the RTO/ERO plan design evolved over the years with input from various sources, which included the RTO/ERO membership. The RTO/ERO plan is more grounded to its membership's needs and feedback. This provides a distinct advantage and is an important value-added component compared to most of the other comparators used by the reviewer. The structure of the comparative plans tends to be more top down and slower to react to market pressures. There are very few retiree plans on the market



other than that of our closest competitor; therefore the reviewer considered only the highest level guaranteed acceptance, (no need for medical underwriting, if applied for in the required timeline) plan designs for Ontario residents. Most of the compatible plans are offered on an individual basis, versus the group basis under which the RTO/ERO plan is established. To be able to assess each plan against a level playing field, the reviewer considered all main benefit lines (Semi-Private Hospital, Extended Health Care, including Out-of-Province/Canada travel, and Dental Care), with the premium payment requirements for a couple, each aged 71, which is the average age of the RTO/ERO membership.

While the reviewer felt that the members are getting good value for their benefits dollar, a few recommendations were offered by the reviewer and the HS&IC will be looking at each of the 20 recommendations in detail in the near future.

We also requested that the Coughlin team compare the RTO/ERO plan to the benefits available through the Colleges of Applied Arts and Technology (CAAT) retiree programmes, of which there are three levels. The core advantage to the RTO/ERO over the CAAT is the travel insurance coverage offered.

The HS&IC are extremely pleased with the findings of the reviewer. We continue to lead the way for voluntary retiree insurance plans

inside

3
HS&IC MEETING
HIGHLIGHTS

3
SEMI-PRIVATE
HOSPITAL NOT
JUST A HOSPITAL
PLAN

4-5
HEALTH
HIGHLIGHT
DIABETES

6
HOW TO AVOID
ILLNESS FROM
HAMBURGERS

7
MEDIA CORNER

8
PROOF OF
MEDICAL
INSURANCE FOR
EUROPEAN TRAVEL

This publication is intended to keep RTO/ERO Health Plans participants current with matters considered at Health Services & Insurance Committee (HS&IC) meetings and to share items of interest pertaining to Health and Wellness. Districts are encouraged to use any of this information in its communications with members at meetings or via local newsletters.

EDITORIAL BOARD

Health Services & Insurance Committee (HS&IC)

EDITOR

Tony Sawinski

DESIGN

Clara Rodriguez

2011 HEALTH SERVICES & INSURANCE COMMITTEE

COMMITTEE CHAIR

Daisie M. Gregory

COMMITTEE MEMBERS

William Bird, Gérald Brochu, Gayle Manley, Gordon Near, Roger Pitt, Mark Tinkess

PROVINCIAL EXECUTIVE MEMBERS

Joan Murphy, President
James Sparrow, First VP
Leo Normandeau, Second VP

PROVINCIAL OFFICE

Harold Brathwaite, Executive Director
Clara Rodriguez, Assistant to the HS&IC
Tony Sawinski, Pension & Benefits Officer

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, but 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*.

health matters is published four times a year by The Retired Teachers of Ontario/
Les enseignantes et enseignants
retraités de l'Ontario.

À votre service...pour le soin de votre avenir. Depuis 1968.

 **THE RETIRED TEACHERS OF ONTARIO**
LES ENSEIGNANTES ET ENSEIGNANTS
RETRAITÉS DE L'ONTARIO

Here for you now ... Here for your future. Since 1968.

18 Spadina Road, Suite 300
Toronto, ON M5R 2S7

Phone: 1-800-361-9888 Fax: 416-962-1061
Email: healthcommittee@rto-ero.org

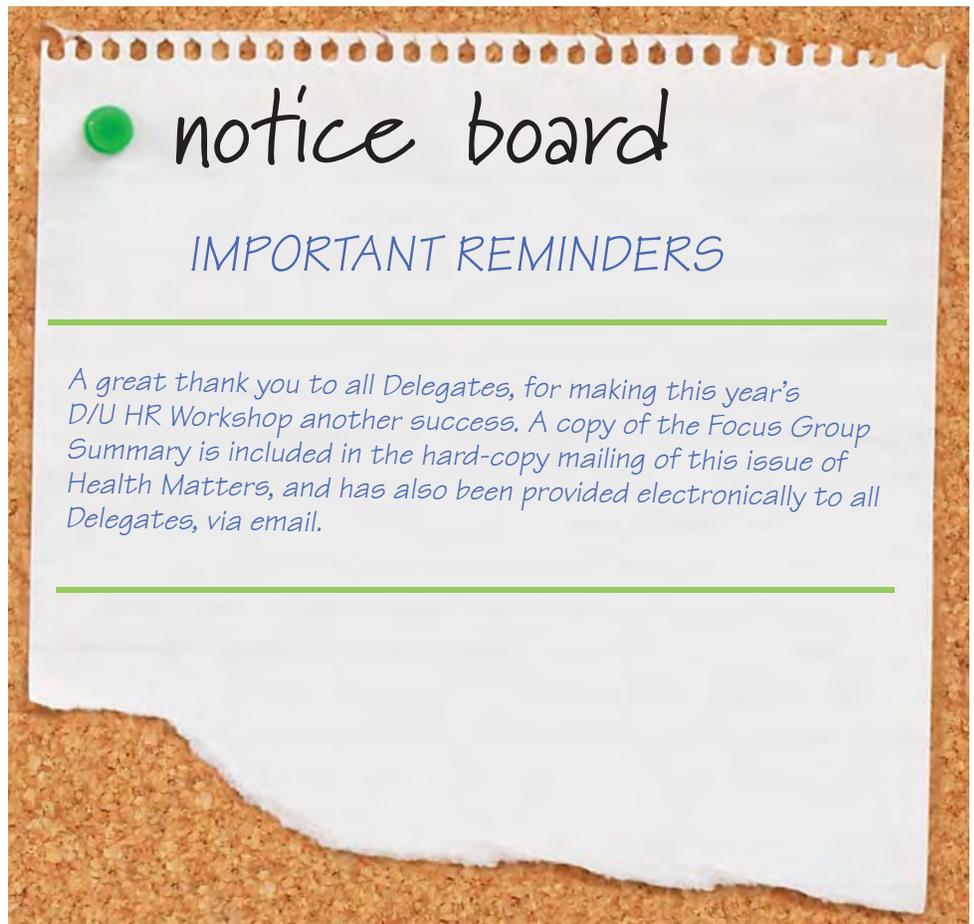
Message from the Committee Chair June 2011

A very successful and informative D/UHR Health Workshop was held June 12, 13, 2011. Many positive comments followed the workshop. A special thanks to Gayle Manley who chaired this sub-committee and to all committee members for their hard work for this session. Also thanks to Clara Rodriguez and Tony Sawinski who arranged the displays for the Wellness portion of the workshop.

Semi Private Hospital and Dental plans continue to show a surplus after four months of experience whereas the Extended Health continues to show a deficit as of April 30, 2011. All plans combined at the end of April, 2011 have an approximate 95.9% loss ratio, including expenses and incurred but not reported (IBNR).

For your information, Health Matters will be included with the Fall issue of *Renaissance*.

May you all enjoy a safe and relaxing summer. ●





HS&IC Meeting Highlights

June 14-15 committee meeting

- We are continuing to see an increase in single and couple plan participants in the Extended Health Plans. The family participation rate is showing a slight decrease as dependent children either finish their schooling or reach the age of 30 and are no longer eligible for coverage under the RTO/ERO Insurance Plans.
- We received the Johnson Inc.'s, 2011 first quarter consulting remuneration report.
- The Committee has agreed to contract the services of Don Brooks and Lori MacDonald-Blundon to lead the four days of training for 2011-2012. Suggestions will be given to Don and Lori to update the training sessions.
- We continued to review in detail the costing for possible plan enhancements to be implemented January, 2012. We saw through the eyes of Johnson Inc.'s actuary, John Crouse, how each anticipated plan enhancement could affect the plan in one, three, five and even 10 years. The Committee now has a chance to analyze all of this information prior to making a final decision at the September 2011 HS&IC meeting.
- The Committee received the Supplemental Travel Renewal Report; a rate increase in premium is anticipated, however, Johnson Inc. continues to negotiate the appropriate levels on behalf of RTO/ERO with Manulife Financial.
- We reviewed the recommendations by Coughlin & Associates on the RTO/ERO Insurance Plans design. Some information on this review has already been sent to the D/U HR representatives. Coughlin compared the group RTO/ERO plan to individual insurance plans as there is no other group insurance plan for retirees in the marketplace that is comparable.
- We prepared the 2012 Special Budget Requests for the HS&IC that needed to be submitted to Ewa Romanski by June 17, 2011. ●

A Message from Johnson Inc.

Semi-Private Hospital More than Hospital Coverage

The RTO/ERO Semi-Private Hospital Plan covers more than just hospital accommodation - it also covers convalescent care at home. Convalescent home care can be provided to you in your home, mainly for the purpose of assistance with activities of daily living (such as toileting, eating, bathing, dressing and transferring positions).

Benefits are eligible upon discharge from an acute, active hospital stay of a minimum 24 hour period. Reimbursement is 80% to a maximum of \$75 per day, for a maximum of 30 days.

Below are some details pertaining to the convalescent home care benefit:

- The 30 days of care do not have to be consecutive.
- Approved benefits begin on the discharge date, and care must be rendered within 90 days of discharge.
- Convalescent home care must be rendered by an individual working under the supervision of a licensed home care agency or home health care agency.
- The person rendering the service must not ordinarily reside with the patient or in the home of an extended family member and cannot be related by blood or marriage.
- Convalescent home care must be provided in a private residence – which is not necessarily always the patient's permanent residence. Care may take place in the home of a friend, family member, neighbour, etc.
- Accommodation charges in a rest home, nursing home, convalescent home and chronic care facility are excluded from the convalescent care benefit.
- There is a separate convalescent care benefit for care required post non-elective day surgery, where approved care is paid at 80% to a \$75 daily maximum for a limit of three days only – a doctor's note with diagnosis and recommendation for said care is all that is required in this situation.

It is important to note that written authorization of a physician and completion of a Johnson Inc. authorization form are required to ensure that you meet all eligibility requirements for the convalescent home care benefit.

For more information, please refer to the Semi-Private Hospital Plan section in your RTO/ERO Insurance Plans Booklet. Alternatively, you can contact the Johnson Inc. Plan Benefits Claims department at 905.764.4888 or 1.800.638.4753. ●

Health Highlight - Diabetes

More than three million Canadians (one million in Ontario) have diabetes

There are three main types:

- Approximately 10% of people with diabetes have Type 1 diabetes, which is usually diagnosed in children and teens. Type 1 occurs when the pancreas is unable to produce insulin, a hormone that controls the amount of glucose in the blood.
- The remaining 90% have Type 2 diabetes. This type is usually diagnosed in adults, although it is also seen in an increasing number of children in high-risk populations. Type 2 occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that it produces.
- A third type, gestational diabetes, is a temporary condition that occurs during pregnancy.

What are the symptoms of diabetes?

Signs and symptoms of diabetes include:

- Blurred vision
- Cuts and bruises that are slow to heal
- Dry and itchy skin
- Extreme fatigue or lack of energy
- Frequent or recurring infections
- Frequent urination
- Tingling or numbness in your hands or feet
- Trouble getting or maintaining an erection
- Unusual thirst
- Weight change without trying (gain or loss)

Many people who have type 2 diabetes may display no symptoms at all, so it's important to get tested regularly, especially if you have one of the risk factors noted below.

What are the risk factors?

If you are age 40 or older, you are at risk for type 2 diabetes and should be tested at least every three years. If any of the following additional risks factors apply to you, you should be tested earlier and/or more often.

- Are a member of a high-risk ethnic group (Aboriginal, African, Asian, Hispanic, or South Asian descent)
- Been diagnosed with polycystic ovary syndrome, acanthosis nigricans (darkened patches of skin), or schizophrenia
- Have a parent, brother or sister with diabetes
- Given birth to a baby that weighed more than 4 kg (9 lb)
- Had gestational diabetes (diabetes during pregnancy)
- Health complications that are associated with diabetes
- High blood pressure
- High cholesterol or other fats in the blood
- Impaired glucose tolerance or impaired fasting glucose
- Overweight (especially if you carry most of your weight around your middle)

Can you prevent diabetes?

Type 1 diabetes cannot be prevented. Scientists believe that lifestyle changes can help to prevent or delay the onset of type 2 diabetes. To do this, you can: reach and maintain a healthy body weight; be physically active every day; take your prescribed medications for other conditions; and make healthy food choices.





How is diabetes treated?

Diabetes can be treated in many ways, and people with diabetes become an active participant in their treatment. Treatment includes education, physical activity, nutrition changes, weight management, medication, lifestyle management, and blood pressure control.

What can you do?

- Meet with diabetes educators. Stay current on how to manage your diabetes so that you can engage in meaningful discussions with your health care team.
- Take your medications as directed.
- Be active a total of 30 minutes most days. Ask your doctor what activities are best for you.
- Follow the healthy eating plan that you and your doctor or dietitian have worked out.
- Use a blood glucose meter and have your A1C levels tested three to four times per year. Your A1C results will tell you what your overall blood glucose control is over the preceding several months.
- Have a yearly eye exam.
- Check your cholesterol levels yearly.
- Target a blood pressure of 130/80.
- Have a periodic EKG, and depending on your situation, an exercise stress test.
- Do a yearly urine albumin/creatinine ratio test and creatinine/eGFR test.
- Inspect your feet daily for cuts, blisters, sores, swelling, redness or sore toe nails. Have your toenails cut carefully. Ask your doctor to examine your feet yearly and check how well nerves in your feet sense feeling.
- Get an annual flu shot, and get a pneumococcal vaccine.
- Print a copy of the Ministry of Health and Long-Term Care's Diabetes Passport (http://www.health.gov.on.ca/en/ms/diabetes/en/passport_goal_card.html). Bring it with you to every appointment and use it with your health care team.



Where can I go for more information?

The Canadian Diabetes Association is a good start. You can visit their website at www.diabetes.ca. On this website look for the article entitled "Footcare: A Step Toward Good Health". You can also check your provincial government's website for additional resources. In Ontario, the Ministry of Health and Long-Term Care has developed a diabetes strategy, and designed their Stand Up To Diabetes website to help educate Ontarians, provide a credible source of information, and link to other sites that could prove useful to you.

The website is divided into three major categories:

Preventing Diabetes

Learn what diabetes is, the risk factors and the warning signs, and how you may be able to prevent it by staying active, and making healthy food choices. If you have questions about healthy eating or nutrition, Ontario is funding EatRight Ontario, toll-free telephone line where you can speak to a Registered Dietician – for free. There is also a website where you can find recipes, a menu planner, and practical tips. You can access these practical tools at www.eatrightontario.ca.

Managing Diabetes

For those newly diagnosed with diabetes, there are fact sheets and videos that show you how to modify certain ethnic diets to make them more diabetes-friendly, how to manage your medication, your stress levels, your lifestyle, and how to work with your healthcare team. For those already living with diabetes, this portion of the website provides information on government programs available to assist Ontarians. We would recommend reviewing both sections of the managing diabetes portion of the website. Both have valuable information to help manage diabetes.

Diabetes Education

At last count, there were over 200 diabetes education centres in Ontario. Each centre has a team of educators available to teach Ontarians the special skills they need to help them care for themselves as diabetics. You can search for the education centre nearest you by accessing the Stand Up To Diabetes website at www.health.gov.on.ca/en/ms/diabetes/en/ or you can go to www.health.gov.on.ca and click the diabetes link on the right-hand side.

Your health matters to RTO/ERO and Johnson Inc. For more information on the coverage available under the RTO/ERO Group Benefits Program, review your most recent RTO/ERO Insurance Plans booklet, or turn to the back page of the booklet for Johnson Inc.'s contact information. ● Sources: Canadian Diabetes Association, Ontario Ministry of Health and Long-Term Care, Dr. Ian Blumer

your wellness matters

How to Avoid Illness from Hamburgers

The Issue

If you eat undercooked ground beef, it may result in a type of food poisoning that is commonly called hamburger disease. You can minimize your risks by handling and cooking raw ground beef properly.

Background

Hamburger disease is caused by a specific type of bacteria called E.coli 0157:H7. E.coli live in the intestines of cattle, and can be transferred to the outer surface of meat when an animal is butchered. The process of grinding can then spread the bacteria throughout the meat. You can not tell the difference between contaminated or non-contaminated ground beef by the way it looks, smells, or tastes.

Contact with E.coli 0157:H7

Two of the most common ways to come into contact with E. coli 0157:H7 are by directly handling raw ground beef without taking precautions, and by eating ground beef that is undercooked. People who get hamburger disease often report that they ate ground beef before they became ill. You can also be exposed to this type of E.coli through other sources, including fermented (culture added) meats, unpasteurized milk, unpasteurized apple cider, unchlorinated water, and contaminated vegetables. In addition, you can spread the bacteria just by touching an infected surface, such as a cutting board in your kitchen, and then touching another surface.

Symptoms of Hamburger Disease

People who become infected with E. coli 0157:H7 experience a wide range of health effects. Some do not get sick at all. Others feel as though they have a bad case of the flu, with symptoms ranging from severe stomach cramps, to vomiting, fever, and watery or bloody diarrhea. These symptoms usually appear within one to ten days after contact with the bacteria, and clear up within five to ten days.

Some people who get hamburger disease experience life-threatening symptoms, including kidney failure, seizures, and stroke. While most of these people will recover completely, others may suffer permanent health effects, such as kidney damage, and some may die.

Minimizing Your Risk

By following some common sense guidelines in the way you handle and cook food, you can Fight BAC!®, and drastically reduce your risk of contracting hamburger disease and other foodborne illnesses.

Chill

- Bacteria grow quickly at room temperature, so when you are running errands, make grocery shopping your last stop
- Buy perishable foods last, and refrigerate or freeze them as soon as you get home
- Never defrost food at room temperature; thaw food in the refrigerator, in cold water, or in the microwave if you are going to be cooking it immediately
- Marinate food in the refrigerator. Set your refrigerator to 4°C (40°F) and your freezer to -18°C (0°F)

Clean

- Always wash your hands for at least 20 seconds before handling food, and after handling raw meat, poultry, seafood or eggs
- Sanitize countertops, cutting boards and utensils with a mild bleach and water solution before and after preparing food
- Use paper towels to wipe kitchen surfaces, or change dishcloths daily to avoid the risk of cross-contamination and the spread of bacteria
- Avoid using sponges, as they are harder to keep bacteria-free

Separate

- Separate raw meat, poultry, and seafood from other foods in your grocery cart
- Store these raw foods in sealed containers or plastic bags on bottom shelves in your refrigerator to keep their juices from dripping onto other foods
- Use one cutting board for produce, and a separate one for raw meat, poultry and seafood



Cook

- To make sure you kill bacteria, cook hamburger and other ground meats thoroughly, as ground beef can turn brown before disease-causing bacteria are killed. Use a digital instant read food thermometer to ensure thorough cooking to an internal temperature of 71°C (160°F)
- Never place cooked food back on the same plate or cutting board that previously held raw food - people often make this mistake when cooking on the barbeque
- Never use left-over marinade for basting or as a sauce, unless you boil it first to kill bacteria



Health Canada's Role

Health Canada sets policies and standards governing the safety and nutritional quality of all food sold in Canada. The Canadian Food Inspection Agency (CFIA) enforces the policies and standards, ensuring that any foodborne illness is detected early, and that all necessary warnings go out to the public quickly.

As a founding member of the Canadian Partnership for Consumer Food Safety Education, Health Canada also participates in public awareness campaigns about safe food practices. One example is a program called Fight BAC!®, which encourages Canadian consumers to think of food safety at every step of the food handling process, from shopping for groceries, to re-heating leftovers.

Need More Info?

For a demonstration on how to handle hamburger safely:
<http://www.hc-sc.gc.ca/fn-an/securit/kitchen-cuisine/index-eng.php>
 For more Fight BAC!® tips: <http://www.canfightbac.org/cpcfse/en/>
 For more information about Health Canada's Food Program:
<http://www.hc-sc.gc.ca/fn-an/securit/kitchen-cuisine/barbecue-eng.php>
 You can also learn more about foodborne illnesses by visiting the Canadian Food Inspection Agency: <http://www.inspection.gc.ca/english/toce.shtml>

Source: Health Canada

<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/food-aliment/meat-viande-eng.php>
 * Fight BAC! is copyrighted by the Canadian Partnership for Consumer Food

media corner @

Your RTO/ERO Health Services and Insurance Committee shares as part of five meetings per annum, general health and wellness information items in the form of articles, PDFs, podcasts and websites.

ONTARIANS CONNECT TO MORE HEALTH CARE OPTIONS – MAKING IT EASIER TO FIND THE HEALTH CARE YOU NEED!

For the first time, information about local health services is available in a single place: www.ontario.ca/healthcareoptions
 Using this site, people can find the nearest walk-in and after-hours clinics, urgent care centres, family health teams, general practitioners and emergency rooms by typing in their postal codes.

STAND UP TO DIABETES

What is Diabetes? http://www.health.gov.on.ca/en/ms/diabetes/en/preventing_diabetes.html

Diabetes Dictionary <http://www.diabetes.ca/diabetes-and-you/what/dictionary/>

Managing Diabetes http://www.health.gov.on.ca/en/ms/diabetes/en/newly_diagnosed.html

Living with Diabetes http://www.health.gov.on.ca/en/ms/diabetes/en/living_with_diabetes.html

Find Your Nearest Diabetes Education Program

http://www.health.gov.on.ca/en/ms/diabetes/en/diabetes_ed_programs.html

Where can I learn more? http://www.health.gov.on.ca/en/ms/diabetes/en/learn_more.html

Health Care Professionals http://www.health.gov.on.ca/en/ms/diabetes/en/diabetes_ed_programs.html



Proof of Medical Insurance for Eastern European Travel

Canadians travelling to Europe this summer are urged to carry proof of supplemental health insurance as various governments now require visitors to have adequate medical coverage while in their respective countries. According to the Department of Foreign Affairs and International Trade (DFAIT), it is essential to obtain supplementary travel insurance (health, life, disability, driving, vehicle, and trip cancellation) before leaving Canada. Travel Health Insurance Association of Canada (THIA) states that, in addition to Cuba, which last year announced it would require visitors to show proof of medical insurance when entering the country, more nations, particularly in Europe, are also requiring such proof.

The DFAIT website lists Belarus, Bulgaria, the Czech Republic, Estonia, Latvia, Lithuania, Poland, Slovakia and Ukraine as specifically requiring Canadian citizens to be prepared to show proof of medical coverage while visiting. It notes further that in Bulgaria, the Czech Republic, and Estonia, the minimum medical coverage required is 30,000 euros (approximately \$42,500 Canadian). Lithuania stipulates that health insurance is mandatory for all non-European Union citizens, and visitors unable to demonstrate sufficient proof of medical coverage must purchase short term insurance at the border. Similarly, DFAIT notes that the government of the Ukraine requires all visitors to obtain mandatory health insurance from a state-supported company at their point of entry.

The small amounts provinces pay for out-of-country health services would not meet these coverage requirements, although supplemental, private travel insurance plans available in Canada cover, at minimum, \$1 million of medical emergency and repatriation expenses.

All Canadians travelling abroad are advised to check the DFAIT website at http://www.voyage.gc.ca/countries_pays/menu-eng.asp and click on the countries they are planning to visit to determine their medical insurance requirements, if any. They will be found in the Entry Exit Requirements section. ●

Source: *The Travel Health Insurance Association of Canada, May 2011*



Mondial Assistance

P.O. Box 277; Waterloo ON N2J 4A4
1.800.249.6556 from Canada and the U.S.
00.1.800.514.3702 toll free from Mexico
1.888.751.4403 toll free from Dominican Republic
800.9221.9221 toll free from other countries that
participate in Universal International Toll Free*
519.742.6683 collect from anywhere else
519.742.8553 fax
www.mondial-assistance.ca

* Argentina, Australia, Austria, Belgium, China, Columbia, Costa Rica, Denmark, Finland, France, Germany, Hungary, Ireland, Israel, Italy, Japan, Korea (South), Luxembourg, Macao, Malaysia, Netherlands, New Zealand, Norway, Portugal, Singapore, South Africa, Spain, Sweden, Switzerland, Taiwan, United Kingdom.