

**Board of Governors
PENSION & BENEFITS COMMITTEE
Friday 7 October 2022
9:30 a.m. to 12:00 noon**

**This meeting will be held via Microsoft Teams
Non-members may arrange to join the open session of the electronic meeting
by contacting Melissa Benjamin at melissa.benjamin@uwaterloo.ca**

OPEN SESSION		ACTION
9:30	1. UPP presentation	Information
10:15	2. Approval of the 16 September 2022 Minutes (Open Session)* and Business Arising	Decision
10:20	3. Execution Against the Work Plan* [Weber-Kraljevski]	Information
10:25	4. Update on Government Pension Plan Initiatives [Shapira]	Information
10:35	5. Report from the Pension Investment Committee* [Kennedy]	Information
11:45	6. Funding Policy for the Registered Pension Plan* [Huber and Shapira]	Discussion
11:15	7. Update on Green Shield Canada Implementation* [Hornberger]	Decision
11:45	8. Update on Working Group to Review In-Vitro Fertilization Coverage [Saunders]	Information
	9. Other Business	
CONFIDENTIAL SESSION		
	10. Approval of the 16 September 2022 Minutes (Confidential Session)+ and Business Arising	Decision

Next Meeting: Friday 18 November 2022, 9:30 a.m. – 12:00 noon

*attached ** to be distributed + distributed separately

30 September 2022

Tim Weber-Kraljevski
Associate University Secretary

Please convey regrets to Melissa Benjamin at melissa.benjamin@uwaterloo.ca

Future Agenda Items

- a. Pension Contribution for Members on LTD
- b. Level of LTD coverage vs. practical requirements
- c. EFAP Report Data Requirements
- d. Communication Plan re: Handling of Member Questions/Feedback

University of Waterloo
Board of Governors
PENSION & BENEFITS COMMITTEE
Minutes of the 16 September 2022 Meeting
[in agenda order]

Present: Peter Barr (chair), Tony Giovinazzo, Melissa Graham, Michelle Hollis, Lily Hua, Dennis Huber, Ranjini Jha, William Povelfskie, James Rush, David Saunders, Mike Steinmann, David Taylor, Tim Weber-Kraljevski (secretary)

Resources: Anata Alphonso, Linda Byron, Sarah Hadley, Lee Hornberger, Joan Kennedy, Sue McGrath, Allan Shapira, Tyler Wendland

Guests: Spencer Smalls

Organization of Meeting: Peter Barr took the chair, and Tim Weber-Kraljevski acted as secretary. The secretary advised that a quorum was present. The agenda was accepted as distributed.

The chair welcomed new members.

OPEN SESSION

1. APPROVAL OF THE 24 JUNE 2022 MINUTES (OPEN SESSION) AND BUSINESS ARISING

There was a motion to approve the minutes as presented Saunders and Taylor. Carried. Item a was received for information.

2. EXECUTION AGAINST THE WORK PLAN

This item was received for information. Members were informed of the upcoming UPP Education Session scheduled for 30 September 2022.

3. UPDATE ON GOVERNMENT PENSION PLAN INITIATIVES

Shapira observed that the government has unveiled details for a national dental care plan. The plan is very limited and for those who do not have a dental plan so it should not affect Waterloo's benefits.

4. PENSION RISK MANAGEMENT DASHBOARD, Q2 2022

Byron provided an overview of the distributed material. Huber informed members that it is anticipated that a formal funding policy will be brought forward to the October 2022 meeting.

5. INVESTMENTS UPDATE, Q2 2022

Huber observed that plan suffered at the end of June but not past the point of worse outcome, and spoke to the importance of sticking to the plan and having a long view. Members discussed the volatility of current real estate investments and the work of the PIC Real Estate Investment Manager Search Working Group.

6. UPDATE - WORKING GROUP TO REVIEW IN-VITRO FERTILIZATION COVERAGE

Saunders reported that the working group has now met and is looking at existing products, what comparators currently offer, Waterloo's Policies, and the limits of Bill 124. The next meeting will have presentation Alana Cattapan who is the Canada Research Chair in the Politics of Reproduction (Tier II) and an Assistant Professor in the Department of Political Science at the University of Waterloo.

7. UPDATE ON GREEN SHIELD CANADA IMPLEMENTATION

Hornberger and Kennedy provided an overview of the Green Shield Canada (GRC) implementation and presented several items of administration differences between Canada Life and GRC that require awareness and understanding and/or decisions by the Pension & Benefits Committee to move forward that were provided in the distributed material. Members discussed item 1. prior authorization. A motion was heard to approve option 1: All participants with previously paid prior authorization drugs will be "grandparented" to ensure no interruption of treatment. Taylor and Hua. Carried. Members discussed item 2. Oxycodone. A motion was heard to approve option

1: GSC to send a letter any with a previously paid claim for Oxycodone advising that should they have a need for ongoing pain treatment with a long-acting formulation of oxycodone, they need to switch to OxyNEO®. Giovinazzo and Huber. Carried with 1 abstention. Members discussed item 3. Over the Counter (OTC) Drugs. A motion was heard to defer the decision until more information could be provided. Hue and Saunders. Following further discussion the motion was withdrawn. A motion was heard to approve option 3: Do not allow an exception. GSC to send a letter to the member to inform them that OTC drugs are not covered under the benefit plan design. Taylor and Graham. Carried. Members requested that more information still be provided for due diligence proposes. Members discussed item 4. Natural Health Products (NHPs). A motion was heard to approve option 3: Do not allow an exception. GSC to send a letter to the member to inform them that NHPs are not covered under the benefit plan design. Giovinazzo and Huber. Carried. Members discussed item 5. Finasteride (Proscar). A motion was heard to approve the recommendation, and if the member does not have BPH option 3: Do not allow an exception. GSC to send letter to member advising this medication is no longer covered by the extended health benefit. Huber and Giovinazzo. Carried. Member discussed item 6. Flonase (and its generic equivalent). A motion was heard to approve option 3: Do not allow an exception. GSC to send letter to member advising this medication is no longer covered by the extended health benefit. Taylor and Hua. Carried. Members discussed item 7 Gardasil. A motion was heard to approve the recommendation to allow these specific members to continue coverage for their remaining doses (maximum of 3 doses). GSC will proactively apply a participant exception to allow continuation of coverage. New claimants must fall within the Health Canada guideline in order to be eligible for reimbursement. Graham and Taylor. Carried. Items 8. Compounds, 9. Viscosupplementation, 10. Provincially Covered Medication (Herceptin and Keytruda), 11. Migraine Policy, and 12. Narcotic Policy were received for information. Following a question members heard the GSC implementation communication strategy and that more items will be brought forward at the October, November and December 2022 meetings.

8. OTHER BUSINESS

Jha raised that that PIC has two vacancies and the secretary confirmed that the vacancies will be filled by the next PIC meeting.

NEXT MEETING

The next regular meeting is scheduled for Friday 18 November 2022, 9:30 a.m. – 12:00 noon.

30 September 2022

Tim Weber-Kraljevski
Associate University Secretary

Execution against Work Plan

Pension & Benefits Committee, Board of Governors, University of Waterloo

The below represents the annual responsibilities of the P&B Committee and has been prepared as an aid to planning only. The committee's activities are much broader, however, and include: legislative changes, plan changes and improvements; selection of managers and service providers; and requests from the UW community regarding pension and benefits plans.

Task	Frequency (Target month)	22 Oct 2021	19 Nov 2021	10 Dec 2021	14 Jan 2022	18 Feb 2022	11 Mar 2022	20 May 2022	24 June 2022	16 Sept 2022	07 Oct 2022
Approval of Actuarial Valuation Assumptions	Annual (Jan)				✓						
Investment Status of PPP	Annual (Feb)					✓					
Cost-of-living Increase for Pensioners	Annual (Feb)					✓					
Pensions for Deferred Members	Annual (Feb)					✓					
Salaries for Pension Purposes for Individuals on Long-term Disability	Annual (Feb)					✓					
Actuarial Valuations (RPP and PPP), with posting to website once approved	Annual (Mar)						✓				
Review of Contribution and Protocol Caps (RPP and PPP)	Annual (Mar)						✓				
Monitor sharing of current service cost between employee and university contributions	Annual (Mar)										
Benefits Plan Premium Renewals	Annual (Mar)						✓				
Indexing of Long-term Disability Plan Benefits and Maxima	Annual (Mar)						✓				
Annual Committee Self-Assessment	Annual (Mar)						✓				
Budget Overview	Annual (May)							✓			
Previous Years' Fees and Expenses	Annual (May)							✓			
Annual Audit of the Pension Plan Fund Financial Statements	Annual (May)							✓			

Task	Frequency	22 Oct 2021	19 Nov 2021	10 Dec 2021	14 Jan 2022	18 Feb 2022	11 Mar 2022	20 May 2022	24 June 2022	16 Sept 2022	07 Oct 2022
Benefits Utilization Report	Annual (June)								✓		
Annual review re: benefits added/removed from insured plans in the market	Annual (June)								D	D	✓
Review of Committee Terms of Reference	Annual (June)								✓		
Review of Administrative Staffing Support for the Plan (first iteration to occur in 2023)	Annual (Oct)										
Indexing of Plan Maxima – Health, Dental, Retiree Life Insurance	Annual (Nov)		✓								
Employee and Family Assistance Program – report on utilization	Annual (Nov)		✓								
Maximum pension limits and caps adjustments, based on average industrial wage increase (AIW)	Annual (Dec)			✓							
Total Fund Overview	Quarterly			✓						✓	
Investment Manager Review	Semi-annually			✓							
Approval of the Statement of Investment Policies and Procedures (SIPP)	Annual			✓							
Annual Report to the Community	Annual					✓					
Actuarial Filing - Minimum every three years Secretariat to advise Aon and HR upon approval by BOG, to commence filing Most recent filings: 2017, 2018, 2020, 2021, 2022											

Report to the Pension & Benefits Committee
Pension Investment Committee
7 October 2022

The Pension Investment Committee (PIC) met on 27 September 2022 and agreed to forward the following items to the Committee for information or approval as noted below.

FOR INFORMATION

Investment Reporting

PIC reviewed the total fund and investment manager performance for the second quarter of 2022. The fund returned -9.77% (gross of fees) for the quarter, which was behind of the benchmark by -13.34% and lower than expectations. The market has been very volatile, the RPP market value was at \$2.037b on 30 June 2022, \$2.077b on 23 September 2002 (\$40m increase since 30 June 2022), and then \$2.062b on 26 September 2022 (\$25m increase since 30 June 2022). PIC heard that current YTD looks negative across the markets but that there are no alarm bells at this time. The importance of the strength of the long-term strategy and funding policy was discussed, along with the possibility of increasing the diversity of investment style. PIC will be meeting with investment managers over the next two meetings.

Two-year Work Forward Plan

PIC reviewed a draft of a two-year work forward plan and discussed topics to be undertaken in the coming two years including a review of fixed income allocation within pension plan, review of all benchmarks, review of the hedging strategy, investigating investing in clean-tech, and the required ESG action items, including an education session(s) on what other pension funds are doing in respect of ESG and climate risk. A finalized plan will be presented at the November 2022 PIC meeting.

IFM Global Infrastructure Fund Agreement

PIC approved the \$82 million IMF commitment is to be funded through the use of cash reserves, currently being invested monthly in Bankers Acceptances, and any necessary rebalancing of the BIP.UN and BEP.UN investments to realign with the approved target asset mix (3% of Pension Assets to each BIP.UN and BEP.UN), with the remaining amount being funded through partial liquidation of the TD Emerald US Pooled and International Equity Index Funds at a 60:40 split. The current IFM estimate for the call of capital funds is 6 – 12 months and as part of the limited partnership agreement, investors agree to a minimum notification period of 10 business days for a capital call. To facilitate the potential short notification period, PIC also approved that the Chair would be consulted on actual funding decisions and would update PIC if there is any change in the funding plan at the time of the funding call.

Real Estate Investment Manager Search Working Group

This working group has been formed and began its work in Spring 2022, and is chaired by Julie Cays. The membership includes representatives from the among the Board, external and employee members of PIC, along with support from Aon, Finance and the Secretariat. The group has reviewed the Real Estate sector, along with different strategies and fund-types, and has created and then narrowed down their long-list of Investment Managers. In September 2022 the group interviewed the Manager of the preferred fund, CBRE Global Alpha, which is a diversified core open-end fund. The working group will now deliberate and create a recommendation that will provided to PIC, PB, and FI, for approval by the Board of Governors.

Sheryl Kennedy
Chair, Pension Investment Committee

University of Waterloo Pension Plan for Faculty and Staff (the “Plan”)
Funding Policy
September 2022

Purpose:

The purpose of this funding policy is to establish a formal framework to achieve the Plan’s funding requirements subject to the provisions of the Plan Text and Applicable Laws.

Plan Overview:

The Plan is a contributory defined benefit plan based upon an individual’s final average salary and years of participation in the Plan prior to retirement. Pensions paid under the Plan are escalated annually by the cost-of-living factor as described in the Governing Documents. The University is the sponsor and legal administrator of the Plan for the purposes of Applicable Law. The University through its Board is ultimately responsible for all aspects of managing the Plan, including the prudent investment and administration of the assets of the Plan. In accordance with the Governing Documents, the Board has created committees and subcommittees, delegated to University staff, and appointed external agents, to carry out certain of its responsibilities. The University will comply with the Governing Documents and will exercise the care, diligence and skill in the administration and investment of the Plan’s assets (the “Fund”) that a person of ordinary prudence would exercise in dealing with the property of another person. The individuals acting on behalf of the Plan in furtherance of its duty will use all knowledge and skill that they possess or ought to possess in the administration and investment of the Plan.

The Pension & Benefits Committee has adopted four protocols; one directly addresses the University’s contributions and three which indirectly impact contributions through the Plan’s liabilities.

1. Pension Contribution Protocol 2005
 - establishes a base level of University current service costs; when University contributions exceed the base level, those amounts can be applied to reducing the University’s annual contributions when the plan has a funding excess
2. Protocol Regarding the Adjustment of the Pension Cap 2008
 - tracks the funding required to meet the defined benefit formula without the maximum benefit caps (“Pension Cap”) recognizing the first priority is to annually review if the current Pension Cap would limit near-term benefit accruals
3. Protocol for Tracking Over-Contributions to the Pension Plan 2008
 - tests if any member made pension contributions on salary which is not included in determining their pension benefit
4. Indexation Protocol for Pensions in Payment 2013

- given the Plan's limits on indexation in pay, if the plan has a going concern funding excess (notionally > 110% after funding additional indexation); the Committee will review the long-term affordability of an indexation top-up for the pensions in payment

This funding policy takes precedence over the existing protocols while supporting their original principles.

Funding Objectives:

The core objectives of this funding policy are to ensure both the stability of contributions and benefit security

The highest priority is to fund the benefits prescribed in the Plan Text

The next highest priority is to fund benefits up to the limits established by the Income Tax Act irrespective of the Pension Cap as defined in the Plan Text

The next highest priority is the provision of post-retirement cost-of-living adjustments for those years when the value exceeds:

- 5% (related to pre-2014 service) and/or 3.75% (related to post-2013 service)

Followed by

- Increasing the cost-of-living adjustment from 75% to 100% for post-2013 service

Benefit improvements beyond these priorities are not planned.

Key Risks Impacting the Financial Position of the Plan:

The Plan's financial position is driven by many factors beyond the monthly contributions made by the University and the Plan Members

When actual Plan experience differs from professionally developed assumptions (such as investment returns, inflation, salary increases, longevity, terminations, and retirement ages), surpluses or deficits may occur.

The maturity stage of the Plan (number of active members vs retirees/beneficiaries) impacts cashflows and investment risk.

Risk Management Approach:

In the first instance, the frequent measurement of the Plan's financial position provides a high level of transparency and awareness for the University and the Plan Members. Each calendar quarter, a Pension Risk Management Dashboard is provided by the Plan's Actuary reporting on current asset values and current liabilities. In addition, at the beginning of each calendar year, an updated valuation is provided by the Plan's Actuary which is used to inform the University's required pension contributions for the fiscal year as part of its operating budget development. Plan assets are measured on a "marked to market basis" without smoothing over market cycles.

At the same time as the updated valuation is prepared, the potential impact of the Pension Cap is calculated to determine when the Income Tax Act limit could exceed the Pension Cap.

Other risk management activities include the annual review of the Statement of Investment Policies and Procedures, the quarterly review of investment returns and investment manager performance, and the completion of Asset Liability Studies.

Funding Approach:

The focus on ensuring the long-term financial sustainability of the Plan informs how the Plan is funded through (i) contributions and (ii) investment returns. The University has a long history of contributing beyond the statutory minimums and ensures the Plan is appropriately funded on a going concern basis while maintaining compliance with solvency and wind-up provisions.

Contributions come from two sources: the University and the Plan Members. The current service costs (cost of pensions earned in the current year) are shared approximately equally between the University and Plan Members

The Provision for Adverse Deviation will be fully funded on both a current service cost basis and a total liability basis.

The total annual contributions and estimated investment returns will be designed to ensure that any Plan deficits will be funded over a period shorter to or equal to the statutory requirements for both the going concern and solvency measures.

Each time the annual valuation is filed with the regulators, the University will commit to a contribution rate which may be in excess of the statutory minimum in order to achieve funding sustainability and lower contribution volatility. In the 2021 filed valuation, the University's minimum funding commitment was 12.45% of pensionable earnings until the next filed valuation.

A range of measures may be implemented (such as the Pension Contribution Protocol 2005) to reduce any impediments to contributing beyond the statutory minimums.

Monitoring:

This funding policy shall be reviewed at least every three (3) years, and typically in a year when the actuarial valuation will be filed. The review will be undertaken through the appropriate Board Committees and sub-committees.

Green Shield Canada (GSC) – Implementation Project – Update #2

New Provider for Extended Health and Dental Benefits effective January 1, 2023

GSC Claims Adjudication – Transition Analysis (cont.)

At the September 2022 Pension & Benefits Committee meeting, several items required awareness and decisions in order to progress with the implementation project and there were a few that required further information. The following table provides available updates:

Initial Transition Analysis Items Identified	
<i>(based on analysis of July 2021 to June 2022 claims data from Canada Life through GSC’s claims adjudication system)</i>	
<i>Prescription Drugs (numbering aligns with September 2022 exhibit)</i>	<i>Action</i>
<p>8. Compounds</p> <p>GSC has advised that many pharmacy-compounded prescriptions have not been thoroughly tested/studied and have not received approval from Health Canada; as such, their effectiveness and safety is not confirmed. GSC’s Compound Policy provides coverage for those that have been proven to be effective and safe for plan members, based on the following characteristics:</p> <ul style="list-style-type: none"> • Contains an active ingredient in a therapeutic concentration that is considered an eligible benefit • Is not a duplication of a formulation of a manufactured pharmaceutical product • Not experimental or cosmetic <p>An independent study comparing compound claims submitted to GSC versus other providers found that the expense associated with compounds is approximately half of that paid by other providers.</p> <p>GSC’s initial analysis indicates that Canada Life provided payment to 339 members for compounds in the amount of \$63,000; however, Canada Life provided GSC with only one DIN per claim and as such, it is not possible to determine whether the compound would be considered eligible through GSC. GSC is unable to grandparent the current compound claims proactively due to this limited information.</p>	<p>Decision Required</p> <p>Option 1: Implement GSC’s Compound Policy and letters will be sent to plan members referring them to speak to their physician to determine whether their compound will be an eligible expense</p> <p>Option 2: Implement GSC’s Compound Policy and allow a one-time claims exception process. Letters will be sent to plan members referring them to speak to their physician to determine whether their compound will be an eligible expense and if declined, the plan member would contact GSC’s call centre and the claim could be pushed through as a one-time exception, but no subsequent claims would be processed. Members would be notified by GSC of the one-time exception at the time of reprocessing.</p> <p>Option 3: Do not implement GSC’s Compound Policy (expenses would be covered as they are through Canada Life) and issue no communication to members identified</p>

<p>12. Narcotic Policy <i>**Updated Information**</i></p> <p>GSC’s Narcotic Policy helps manage the use of narcotic drugs, with a goal to reduce potential risk to plan member health. This feature includes limits on narcotics using a “morphine equivalent” threshold which refers to the overall opioid dose. When a plan member’s claims for narcotic pain medication (or a high-risk combination) in a 90-day period reach the established threshold, a letter is sent to them automatically, requesting that they submit to GSC written documentation from their physician to continue to receive coverage for narcotic pain medication.</p> <p>Additional features include covering the abuse-deterrent formulation of oxycodone ensuring the incidence of abuse and diversion is reduced, using prior authorization for long-acting narcotics to ensure plan members have first attempted short-acting narcotics, and adding a 30-day supply limit of opioid prescriptions to minimize the risk of long-term use, addiction, or potential for diversion.</p> <p>The initial transition analysis indicates that there are no members who will be affected by this narcotic policy through the transition.</p>	<p>None required – information only</p>
<p><i>Reasonable & Customary (R&C) Charges</i></p>	<p><i>Action</i></p>
<p>GSC independently determines reasonable reimbursement levels for all covered health services and major medical equipment based on their annual review of rendered amounts, manufacturers’ pricing, and provincial and association pricing. GSC reimburses the lesser of either the submitted or the allowed unit cost per service or device.</p> <p>GSC’s initial analysis was performed on 53,362 claims that correspond with R&C charges. Out of these 84% were either at or under GSC’s R&C amounts.</p>	<p>Decision Required</p> <p>Option 1: Implement GSC R&C amounts and provide general information within Welcome Kits.</p> <p>Option 2: Place a percentage buffer on GSC R&C amounts to be removed at a future date as GSC’s R&C limits increase.</p>

GSC's initial transition analysis indicated that Canada Life has provided reimbursement for the certain expenses that are not considered eligible through the EHD plan design (i.e. OTC drugs, NHPs, Flonase for adults, Gardasil outside the age 9-45 parameter, and some provincially covered cancer medication). Canada Life has been asked to provide an explanation and rationale. Information is not yet available from Canada Life but will be brought to a subsequent Pension & Benefits Committee meeting.

In November 2022, GSC will conduct a second transition analysis with updated Extended Health and Dental (EHD) claims data from Canada Life. If any additional items are identified through this second analysis, further information will be brought to a subsequent Pension & Benefits Committee meeting.

Administration Processes

Coordination of Benefits

GSC's standard practice is obtaining coordination of benefits (COB) information from members at time of claim submission which means that if GSC's system identifies an alternate first payer on a claim, their system will automatically update COB to reflect GSC as secondary coverage. Adopting this approach (as opposed to the previous method of storing this information within Workday and sending it to Canada Life at a different cadence than claims submissions) will result in a better experience for plan members and ensures that Workday is not housing personal data that is not required to be shared with the University.

Benefit Cards

Benefit cards include the Policy Number and Plan Member ID Number for plan members to enable expense reimbursement. The ID number effective January 1, 2023 for plan members will include the 3-letter prefix "WTL" in front of their employee ID (Canada Life has used the employee ID without any prefix).

All current benefit eligible employees will receive a cardstock benefit card with this pertinent information within their Welcome Kit in December 2022. In addition, digital benefit cards (which can be printed) will be available through GSC's website/mobile app and members can request additional printed cardstock benefit cards from GSC directly. As new members join the plan, they will receive a printed cardstock benefit card from GSC directly and have access to the digital card online.

Other Processes

Information about other administration processes that may differ from existing arrangements with Canada (e.g. disabled dependents) are still being explored and will be brought to a subsequent Pension & Benefits Committee meeting.

Comparison of UW and GSC Standard Plan Designs

A standard annual workplan item is a comparison of the University's plan design for extended health and dental benefits relative to the standard offering by the provider. GSC will match the University's plan design; however, they have indicated some differences relative to their standard offerings as identified in the following sections.

Extended Health

Provision	UW Plan Design	Standard at GSC
Chiropractor	80% of \$12.00 per visit for the first 15 visits; thereafter 80% per person, per calendar year	Reimbursement applies to all visits up to the calendar year maximum
Glucose Monitoring System/Supplies	CGM's/FGM's and related supplies combined \$4000 annual maximum	Annual category maximum of \$4,000 with R&C limits within as follows: -GMS Receiver (reader) \$120 for Free Style (\$499 for Dexcom) -GMS Sensors \$115 -GMS Transmitter \$340 Moving to GSC standard would mean future changes to the reasonable and customary amounts would automatically apply
Compression Stockings	12 pairs per calendar year	2 pairs every 4 months
Glasses, Contacts and Medically Necessary Contacts	Excluded	Typically included for comparable sized plans
Convalescent/Rehabilitation	Excluded	Included
Mental Health: Counsellor/Social Worker that are not a Registered Psychologist, Registered Social Worker holding a Master's degree in Social Work or a Registered Psychotherapist	Excluded	Becoming standard
Erectile Dysfunction	No R&C limits	R&C limits apply

Dental

Provision	UW Plan Design	Standard at GSC
Scaling	16 units every calendar year Combined with Perio Scaling & Root Planing	8 units of scaling per year

In addition to the above comparison of provisions and coverages, GSC has identified a number of additional programs and services that are available, presented in three sections that follow.

A. Standard at GSC with no additional cost:

Standard Programs and Services with No Additional Cost		
Name	Description	Action
Digital Pharmacy (Health Depot)	Health Depot is a preferred digital pharmacy network available in Ontario only. It corresponds with a dispensing fee of \$7.99 for members. Services include free delivery, pharmacy check-in between refills to confirm no changes, traditional bottle or daily dose packs, caregiver dashboard to manage other profiles (i.e. children, parents).	Decision required
Specialty Care Program	The Specialty Care Program is a Preferred Pharmacy Network (PPN) for high-cost specialty drugs. This program limits the financial impact on the plan and ensure the plan members taking these medications receive the treatment support required.	Decision required
Virtual Physiotherapy (Phyzio Canada)	Phyzio Canada provides an easy and cost-effective way to receive physiotherapy treatment virtually. Participation is entirely voluntary and brings discounted service for qualifying medical conditions. A virtual Phyzio visit costs \$49 (less than a typical physiotherapist visit of \$70).	Decision required
Virtual Orthodontics (SmileDirectClub SDC)	SDC allows patients to receive orthodontic treatment virtually. An independent review was conducted and concluded there is no corresponding risk to patient safety. Plan member participation is entirely voluntary. Coverage would be extended under existing the orthodontic maximums and could result in a more cost-effective solution given that the cost is \$2,470 for the entire treatment versus \$6,000 which corresponds to the more standard treatment delivery. Claims are submitted from provider to GSC; member pays only out-of-pocket costs.	Decision required

Virtual Mental Health (Tranquility)	Tranquility by Inkblot provides internet-based Cognitive Behavioural Therapy (CBT) which targets to address mild to moderate anxiety and/or depression. Flexible options allow plan members to select either a self-guided, or coach-assisted program. Coverage could be extended through the existing paramedical practitioner maximum for Counselling.	Decision required
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B. Standard at GSC but additional unquantified cost (this information is being shared for awareness and discussion only)

Standard Programs and Services with Additional Cost	
<i>Name</i>	<i>Description</i>
Pharmacist Health Coaching (Cardiovascular)	Offers support and coaching provided to pharmacists to help manage blood pressure and cholesterol, and to improve overall cardiovascular health Available to plan member and dependents who are under 65 years of age with hypertension and elevated cholesterol, and are taking at least one drug to treat hypertension and cholesterol Program focuses on nutrition, exercise, smoking cessation, medication adherence, and personal health monitoring over 4 sessions
Pharmacogenetics Testing (Mental Health)	Specific to mental health conditions (anxiety, depression) Used to inform which medications may be best suited to that individual person Subject to prior authorization Coverage will be under “diagnostic tests” category on EHC coverage Not subject to coinsurance (no out-of-pocket cost)
Dietician Health Coaching	This program is a service provided by registered dietitians that focuses on improving health by making better choices when it comes to food. Program includes initial consultation followed by 3 follow-up sessions by a registered Dietician at either a Loblaws grocery store or Sobey's pharmacy.
Smoking Cessation Program	Program offers both smoking cessation drugs and/or support in the form of counselling provided by a specially trained pharmacist. Consultation with seven follow-up sessions with a pharmacist-can be in persons, over the phone or virtual.
Gender Affirmation Benefit	Two procedure codes are available and either one or both can be added to a plan. Reimbursement subject to a medical diagnosis of “gender dysphoria” from an MD – GSC standard overall lifetime maximum of \$10,000 (can be client defined) <ul style="list-style-type: none"> • Foundation: Includes reimbursement for core surgeries not covered by the province and includes services to assist in the physical alignment of the individual’s transitioned gender. • Examples include: vocal surgery, tracheal shave, chest contouring/breast construction, vaginal dilators, facial feminization, and laser hair removal.

	<ul style="list-style-type: none"> • Focused: Includes reimbursement for surgical enhancement procedures of the individual's features that follows their accepted gender ideal. Examples include: Nose surgery, liposuction/lipofilling, face/eyelid lift, lip/cheek fillers, hair transplant/implants and gluteal life/implants.
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C. Optional at GSC (beyond extended health and dental benefit plan design provisions) and with additional unquantified cost (this information is being shared for awareness only)

Optional Programs and Services with Additional Cost	
<i>Name</i>	<i>Description</i>
Virtual Physician (Maple)	Via Maple, plan members can connect with a Canadian-licensed doctor within minutes for medical care from their phone, tablet or computer (24/7/365).
Mental Health (Inkblot EAP & Access)	Live, personalized mental health support provided virtually by qualified therapists who deliver convenient, affordable, confidential mental health support, including live video sessions. Technologies drive intelligent matching between patients and therapists, monitor effectiveness of care and eliminate geographical barriers.
Substance Management Support (Alavida)	Personalized, evidence-based support for unaddressed substance abuse. A connected model of virtual care that links physicians, therapists, and a virtual companion to meet individual needs and goals. Virtual management for substance use for those seeking to cut back or quit all together.

Due to the implementation of GSC effective January 1, 2023, this workplan item had been deferred from June 2022 to enable the collection of information from the new provider. Based on the timing of this information, it is not anticipated to be required for the June 2023 meeting unless new or revised standard offerings become available through GSC between now and then.