



# GIPC Spring Virtual Event 2023

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# In 2021, Canada's life and health insurers...

Provided coverage for over **29 million** – or 76% of Canadians

Paid a record **\$30.4 billion** in claims for health, drugs and dental care – up 14% from 2020

Paid out **\$113 billion** in total claims, up 17% from 2020 and nearly **\$10 billion** above pre-pandemic levels

Employed over **166,000 Canadians** - up more than 5,000

Provided insurance products to nearly **100 million** people worldwide

Paid out **\$580 million** for mental health support - up 45% from 2020, and 75% since 2019

Paid a record **\$58 billion** in annuity claims - up 26%



## CLHIA Policy Initiatives 2023

- Prescription drug
- Dentalcare and Dental fees
- Healthcare administration burden reduction task force
- QPP Disability benefit changes

- Pharmacare
- Patented Medicine Prices Review Board (PMPRB)
- Drugs for rare disease

- Requirement for Employers to report dental benefit on T4
- Interim program to end June 2024
- Service Canada will be handling intake for the new program

## Dental fees

- For the second year in a row we saw dental fee increases as high as 9.84% in some provinces
- CLHIA working group – plan to meet with each province/territory before discussions begin for 2024 in the fall

- Senior representatives from insurance companies recently met and identified potential opportunities:
  - Paramedical claim referrals
  - Pre-authorizations for drugs
  - Disability medical



## QPP Disability benefit change

- Effective January 1, 2024
- Change to the disability pension for those age 60-65

Prior to January 1, 2024:

Fixed Disability amount + Variable Disability amount (based on contributions)

After January 1, 2024:

Fixed Disability amount + Optional Retirement amount





## CLHIA Frequently Asked Questions

- Coordination of Benefits
- Paramedical providers
- Family Planning Benefits



# Coordination of Benefits

- Consumer questions relating to second payer requirements
- CLHIA Guideline – Coordination of Benefits

The Group Plan that determines benefits first will calculate its benefits as though duplicate coverage does not exist.

The Group Plan that determines benefits second limits its benefits for each individual item of expense listed on the claim, to the lesser of

1. The amount that would have been payable had it been the Group Plan that determines benefits first, or
2. 100% of the Eligible Expense reduced by all other benefits payable by the Group Plan that determines benefits first for the same expense.

The combined payment from all Group Plans for a particular item cannot exceed 100% of the Eligible Medical or Dental Expense.

In some cases the combined payment from all Group Plans on a particular item may be less than the actual expense incurred.

- Questions from individual providers as well as associations about inclusion in benefit plans
- Guest speakers at CLHIA working group meetings and exhibitors at conference to share information about their provider type with member companies (behaviour analysts, psychotherapists and clinical counsellors, reflexologists, pedorthists)
- Coverage for a provider type depends on insurer and policyowner

# Family Planning Benefits

- Extended health benefits don't cover claims for someone who is not a dependant (e.g. surrogate)
- Family planning benefits could include money and/or time off for adoption, surrogacy, fertility treatments
- Benefits could be paid by employer or through an insurer



Questions?