



CLIENT PROFILE:

Actra Fraternal Benefit Society (AFBS) is a distinctive, not-for-profit fraternal society wholly-owned by its membership composed of Canadians working in the arts and entertainment industry. As a result of the non-traditional and varied health care, insurance and retirement needs of its membership, AFBS restructured the standard approach and delivery of products and services to focus on maximizing health thereby maximizing the opportunity for Members to work.



**Actra Fraternal
Benefit Society**



The Relationship

In 1997, AFBS began discussions with ClaimSecure with the goal of improving service levels to its membership. Both organizations agreed this objective could be achieved, in part, through the introduction of a pay-direct prescription drug card that provides instantaneous, electronic processing of prescription drugs at any Canadian pharmacy.

Borne out of that successful implementation, ClaimSecure will also provide point-of-service, electronic dental claims processing on behalf of eligible AFBS Members in the very near future.

The History

An unprecedented initiative took place within the Canadian arts and entertainment industry in 1975, AFBS, a Canadian, federally chartered, registered insurance company, was founded. The membership served by AFBS consists of members of the Association of Canadian Television and Radio Actors and The Writers Guild of Canada. In addition to providing RRSP and RRIF services on behalf of its Members, AFBS currently underwrites health, dental and other insurance for more than 15,000 Members and their families across Canada. AFBS is a member driven organization and provides day-to-day support and services through offices in both Toronto and Vancouver.

The two founding guilds and various producer groups such as The Canadian Film & Television Producers Association

(CFTPA) and the Association of Canadian Advertisers (ACA) provide funding for the insurance and retirement programs. Representatives from the producer organizations, the guilds, and elected Members are represented on the AFBS Board of Governors, which is Augmented by two external governors.

The Mission

The mission statement of AFBS, under the direction of its Board, is the commitment to support the general and economic welfare of artists in Canada. Paramount to the Board is the unabridged understanding that in order to work in the arts and entertainment community, a Member must be mentally and physically healthy. The Board dedicates great effort to developing programs that complement the available health care programs in Canada with a mandate to provide Members with access to timely and appropriate care. It is with diligence and prudence that the Board undertakes the task of fulfilling these responsibilities in the best interests of Members at all times.

In following these principles, AFBS has grown to be one of the top 200 financial institutions in Canada having insurance premiums reaching \$9.4 million in 2001 as well as over \$350 million in managed retirement fund assets.

In contrast to traditional insurance companies and financial institutions, AFBS also offers Fraternal benefits at no cost to qualifying Members which include premium subsidies for qualifying senior Members, a scholarship program, funeral benefits, and a Member Assistance Program (EAP).

More than \$1 million in Fraternal benefits is distributed to Members and their dependents each year.

Associate Members

Building on its success, the Board of Governors and AFBS Members voted in 1992 to broaden the scope of its membership to include others within the Canadian Artistic Community including approximately 1.2 - 2 million self-employed individuals within the industry. This expansion initiative began at the Banff Television Festival in June, 2002 with the introduction of the Arts & Entertainment Plan™ affinity program offered in conjunction with an insurance partner. This program offers health and dental coverage to individuals within the Arts and Entertainment community who currently do not have access to AFBS benefits.

Community/Industry Support

Beyond its role as an insurance company and financial institution, AFBS supports many organizations within the industry including:

- The Actors' Fund, which provides financial assistance to support those in crisis within the film industry.
- The Artists' Health Centre Foundation, (in connection with the University Health Network) which offers timely and appropriate health care for people with exceptional health needs within the arts and entertainment industry.

Actra Fraternal Benefit Society (continued)...

- PAL, (the Performing Arts Lodges) which provide support and expanding residential opportunities for seniors who, throughout their careers, have been a part of the Canadian arts and entertainment industry.

The Future

In 2002, the AFBS web site was developed and prepared for roll out early this year, which will provide Members with access

to benefit program details, personal profile and financial information.

Over the past 25 years, AFBS has built a formidable reputation in providing insurance and financial products and services to an exceptional, diverse membership. As a result of forging strategic alliances with partners such as ClaimSecure, AFBS is strategically positioned to navigate through the challenges in Canadian health care and continue to provide quality, innovative and timely products and services to its Members.

For further information, AFBS can be reached via mail, e-mail or telephone:

1000 Yonge Street, Toronto, ON, M4W 2K2
(416) 967-6600, 1-800-387-8897,
Fax: (416) 967-4744 or 1-888-804-8929,
e-mail: benefits@actrafrat.com

856 Homer Street, Suite 301, Vancouver, B.C. V6B 2W5
(604) 801-6550 or 1-866-801-6550,
Fax : (604) 801-6580
e-mail: afbswest@actrafrat.com


THE SURVEYS HAVE LANDED!

A heartfelt thanks to those of you who participated in our annual Survey. This was the first year that the survey was offered on the Web. Our goal was to make the survey readily accessible and efficient from both a time and convenience perspective. Our Survey closed on January 31st and for those who did not have an opportunity to participate, we hope you will next year.

We are in the midst of compiling the results. So far, we can report that we had a 38% response rate -- not as high as we would have liked but certainly enough to provide our clients with some meaningful feedback which will be used to identify areas where we should be focusing our efforts.

And the winner is....Stanfield's Limited

A draw for a prize of ClaimSecure goodies was promised to those who included their name when responding. We are pleased to announce that **Stanfield's**, one of our valued Maritimes clients, has won a golf shirt, thermo mug, coasters, a note/picture holder and a pen -- all in a ClaimSecure canvas bag!! Congratulations, to Andrew Sears and Linda Mingo.

The results of the survey will be published in our next issue of ClientSide, scheduled for a Spring, 2003 release -- be sure to look for it. 

FROM THE PHARMACIST'S DISPENSARY



Linda Lin,
B.Sc.Pharm.,MBA
ClaimSecure

Botox – Is it Making You Frown?

Botox is becoming a household word, mostly because of the advertising touting this drug for cosmetic use. Recently, a number of our clients have questioned why Botox appears on their drug reports when drugs for cosmetic use are excluded.

Fact: There are currently two different formats of Botox available, original Botox[®] and Botox Cosmetic[®]. They both contain the exact same drug but have different clinical indications. Botox Cosmetic[®] has its own Drug Identification Number (DIN) and is primarily used to reduce fine facial wrinkles, frown lines and crow's feet. Most plans do not cover products for cosmetic use and naturally exclude the DIN for Botox Cosmetic[®].


Botox[®] products contain the toxin that causes botulism, a common yet deadly form of food poisoning. This nerve agent can

cause muscle paralysis, and it is this property that is capitalized upon in the many uses of the cosmetic version.

Health Canada approved original Botox[®] for the following indications:

- Treatment for involuntary movement of neck muscles
- Eyelid spasms
- Crossed eyes
- Spasticity in Cerebral Palsy
- Excessive Sweating

Although Botox Cosmetic[®] is excluded in general, original Botox[®] is still included in the majority of ClaimSecure's prescription drug plans. To ensure the appropriate use of Botox[®], a Special Authorization program is available where Botox[®] would only be approved for individuals who have one of the above conditions.

If you have any questions on ClaimSecure's Special Authorization program, please do not hesitate to contact your client service associate or Linda Lin, B.Sc.Pharm., MBA at 1-888-479-7587 ext. 3018. 

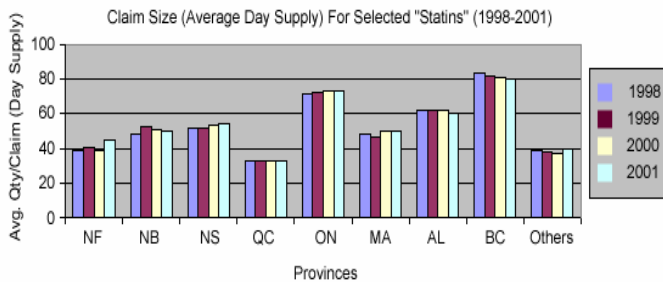
DOES AVERAGE DAY SUPPLY MATTER?

Over the past few years, pharmacy benefit managers and plan sponsors have been advocating for larger supply of maintenance drugs in an effort to reduce the number of dispensing fees paid to pharmacies once the patient has been stabilized on the medication(s).

To gain an understanding of the regional variation in the average day supply dispensed of maintenance drugs, this edition of

ClientSide examines the prescription size of selected cholesterol lowering agents, the "statins", as they are usually prescribed once daily for maintenance therapy.

Chart 1 compares the prescription size of selected "statins" from 1998 to 2001 in various provinces across Canada based on ClaimSecure's book of business:

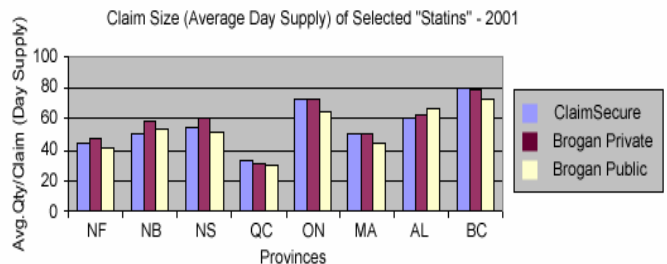


The first Chart compares the prescription size of selected "statins" from 1998 to 2001 in various provinces across Canada based on ClaimSecure's book of business:

This chart indicates the following:

1. The average quantity or day supply is the highest in Ontario and British Columbia, and the lowest in Quebec.
2. From 1998 to 2001, the average quantity per claim, has gradually increased in Newfoundland, Nova Scotia, and Ontario.

This Chart compares ClaimSecure's book of business with a study published by Brogan Inc., a company specializing in data research. In each of the provinces, according to Brogan Inc. the average quantity dispensed is larger in the private sector than in the public (senior and public assistance) sector, with the exception of Alberta. ClaimSecure's book of business is similar to Brogan's private sector data result.



In summary, it is inferred that the average day supply of maintenance therapy varies between provinces. Although, the average day supply may approach 90 days in Ontario and British Columbia, the average day supply is still low in Provinces such as Quebec and Newfoundland.

It stands to reason that "Maintenance Drug Programs" where pharmacists are requested or mandated to dispense a 90-day

supply once the patient has been stabilized on a maintenance therapy, would have better success in Ontario and British Columbia.

Note: The Maintenance Drug Program is not approved or supported by the Association Quebecois des Pharmaciens Proprietaires (AQPP); therefore, cannot be launched in the Province of Quebec.

FROM THE DOCTOR'S OFFICE



Dr. David Wong, MD
Medical Consultant

Employee Flu Vaccination Programs: Cost Effective or Not?

There are very few illnesses that have such a tremendous potential burden of school and workplace absenteeism, hospitalization, office and emergency department visits,

death, community disruption and economic loss as influenza. For an individual, a bout of the flu usually means an acute and generally debilitating illness characterized by fever and chills, a dry hacking cough, muscle and joint aches and a runny nose and eyes.

The Ontario government is currently advocating on-site vaccination clinics as "the flu has many symptoms including lost revenue, higher expenses and dissatisfied customers." How valid are these statements? Is it truly cost-effective for an employer to be vaccinating all their employees against the flu?

In addition to the well-recognized health effects, influenza has definite socio-economic effects: specifically, sickness absence and associated work disruption. It has been estimated that, in the seven influenza seasons from 1971 to 1978, influenza-related disease accounted for 15 million days of self-reported work loss each year in the United States. It may account for 10-12% of all sickness absence from work.

From the Doctor's Office (continued)...


Hence, the potential gains of an influenza vaccination program are attractive, as the cost of any such program is often only a small fraction of the potential cost of any absence or workplace slowdown attributable to the flu. However, clear evidence has so far been lacking to unequivocally support such programs.

Within the recent available literature, there have been five randomized controlled studies in the workplace that have attempted to assess the effectiveness of influenza immunization as an intervention. Two of these studies have been in the general working population, with the remaining three in the health care field. The results so far have only suggested a modest decrease, if any, in sickness absence. Immunization in the health care sector may however have additional benefits, such as prevention of spread of disease to patients.

Cost-effectiveness does seem to increase if the incidence of influenza is increased in the community. There is a definite

possibility of an impending pandemic. There were pandemics last century (1918, 1957, 1968, and 1977), and it has now been 25 years since the last.

How to make a decision whether to vaccinate or not then? Employers may need to base their decision on several variables: the ease and cost of organizing and administering a vaccination program, the ease of transmission in a specific workplace, and the potential impact of an epidemic on the business. For those organizations where it is relatively easy to immunize their workforce and for which a sudden rise in employee absences would seriously hamper the organization, the cost-benefit equation may favor vaccination.

Unfortunately, there is of yet no simple formula to determine whether to vaccinate or not, other than using standard risk assessment principles. 

FROM THE DENTIST'S CHAIR



Dr. Mark Donnelly, DDS
Dental Consultant

Implants vs Three-Unit Bridge - Single Tooth Replacement

There are many ways to replace a single missing tooth. These options include removable partial dentures, bonded Maryland bridges, fixed porcelain to gold bridges and single crowns supported by an implant.

This article will compare the advantages, disadvantages and approximate costs of three-unit porcelain to gold bridges to the implant retained single crowns.

The three-unit bridge involves preparing (drilling) two teeth, one of either side of the space. If these teeth have large fillings and need crowns anyway, this is a good option. However, often these two teeth have no fillings at all and they have to be "drilled down" to accommodate the two crowns (abutments) that will support the pontic (crown replacing the missing tooth).


Occasionally, additional abutments are needed to support the pontic. These abutment teeth must be stable in the jawbone to work well. A certain percentage of the abutment teeth may need root canal therapies after they have been prepared if the pulp of the tooth becomes sensitive. Life expectancy of a bridge can be five to fifteen years.

The cost of a three-unit bridge would be in the ballpark of \$2,500 (this includes a lab bill of about \$900). Cost will vary with different locales and specialists.

The implant-supported crown presents a different situation. Since it is not attached to the adjacent teeth, no preparation of these teeth is necessary. This eliminates the risk for future root canal therapies due to tooth preparation. When implants are feasible, two stages are involved. In the first surgical stage, a titanium implant is placed in the jawbone. Six to nine months is needed during the healing phase. A provisional replacement tooth may be needed during this time. The second phase involves placement of a crown of the implant.

Lab fees are more substantial as additional hardware and impression analogs are needed to place the crown. Total costs involved would be approximately \$1,800 for the surgery and another \$1,800 for the implant crown (includes lab bill of approximately \$1,000). Life expectancy of this option is similar to the three-unit bridge. Both options give a pleasing result. Provisional restoration may be needed in both situations.

From an insurance standpoint, at this time, the implant option may appear to be more expensive than the three-unit bridge unless root canal therapies have to be done. Many plans do not cover implant expenses but may provide coverage for a portion of the bridge.

As implants offer certain advantages, should the costs of a bridge be applied to the cost of an implant? Hmmm - An interesting question! 

Your feedback is important to us. If there is anything you would like to see in this newsletter, or you have any suggestions, please contact:

Editor:
Ellen Trotman, Senior Manager, Client Services
1-888-479-7587 ext. 3014
Fax: 905-949-3029
e.trotman@claimsecure.com

Associate Editor:
Rita Moxam, Client Services Representative
1-888-513-4464 ext. 2585
Fax: 705-673 5968
csr@claimsecure.com



Suite 620
1 City Centre Drive
Mississauga, Ontario
L5B 1M2

905-949-2322
1-888-479-7587
www.claimsecure.com

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