

THE GROUP SCOOP

CURRY GROUP BENEFIT SOLUTIONS

OCT 2026



Two Benefits Plans? Make the Most of Your Coverage

Ozempic : What Generic Options Mean for Your Coverage

FOR THE PLAN MEMBER

If you're covered under both your own and your spouse's benefits plans, coordinating claims may reduce your out-of-pocket health and dental costs.

Which plan pays first?

- **Your expenses:** Submit to your own plan first, then your spouse's.
- **Your spouse's expenses:** They submit to their own plan first, then yours.
- **Your children's expenses:** Submit to the plan of the parent whose birthday falls earlier in the calendar year.

Your plan paid \$0? Your claim may still matter!

Even if you've reached your annual limit, the second insurer may need the first plan's claim statement – called an Explanation of Benefits (EOB) before considering payment.

Have a Health Care Spending Account (HSA)?

Always submit claims through the traditionally insured plan first. HSA's are the second payers.

Health Canada has approved the generic version of Ozempic, called semaglutide. Insurers have introduced generic pricing. Timing varies by insurer and plan.

If your plan applies mandatory generic pricing, reimbursement is based on the lowest-priced eligible generic. If you choose brand-name Ozempic, you may need to pay the difference, in addition to your usual share of the prescription cost.

Prefer to stay with brand-name medication?

A savings card may help reduce your cost. Visit Novo Nordisk Care or innoviCares to learn more and obtain a savings card. Eligibility rules apply and some costs may remain.

Your pharmacist can help explain your options and confirm what you'll pay before filling your prescription.



Reminder: Keep Your Student's Coverage Up to Date

Once your child reaches your plan's dependent age limit—often age 21—they may remain eligible for benefits if they attend post-secondary school full-time and remain financially dependent on you.

Confirm their student status with your plan administrator each year so your insurer has current information. Provide proof of enrolment if requested, and report changes if your child graduates or stops attending full-time.

Coverage is subject to your plan's eligibility requirements and maximum student age.

Reminder: Is Your Beneficiary Information Current?

If your benefits plan includes life insurance, take a moment to review your beneficiary information – especially after a life change such as marriage, separation, divorce or birth of a child.

Depending on your insurance carrier, you may be able to review and update your beneficiary through your plan member portal. If this option isn't available, contact your plan administrator for assistance.

DO YOUR EMPLOYEES KNOW THE FULL VALUE OF THEIR COMPENSATION?

Your organization invests in more than wages. Do your employees understand the value of their benefits, retirement contributions and other workplace offerings?

A total compensation statement gives each employee a clear, personalized picture of their package. It can include:

- Salary, wages, bonuses
- The employer paid portion of group benefit premiums
- Employee pension or RRSP contributions
- Health care spending account funding
- Paid vacation, personal days and other workplace perks

Why Does This Matter?

Employees comparing job opportunities may focus heavily on salary. A total compensation statement helps them make a more informed comparison by showing the benefits and support that come with their role. For existing employees, it creates an opportunity to

explain what is available, answer questions and reinforce the value of their overall package. Clear and ongoing communication can also support employee appreciation and retention.

Keep it Simple, Accurate and Current

Consider sharing statements during annual reviews, following compensation changes or alongside a benefits renewal update. Keeping the conversation going helps employees understand the investment your organization makes in them throughout the year.

THE BENEFITS CHECK-IN

Quick reminders to keep your benefits plan running smoothly.

Waiving the Waiting Period? Timing Matters.

A new hire's waiting period can often be waived, allowing benefits to begin on their actual date of hire. To arrange this, submit their completed enrolment within 30 days of

the hire date. If this deadline is missed, the employee may need to complete the plan's standard waiting period—typically three months.

Single Coverage When an Employee Has a Family

An employee with a spouse and children may enrol in single health and dental coverage if their dependents have comparable coverage through the spouse's plan and your plan permits it. However, their spouse and children must still be listed as dependents on the enrolment form, with extended health care (EHC) and dental coverage marked as waived because they have coverage elsewhere. This ensures the family's information and reason for waiving coverage are properly documented.

What if they want to add their family later?

A qualifying life event, such as the loss of the spouse's benefits following a job loss, generally allows the employee to request family coverage. Submit the change within the insurer's deadline—within 31 days after the other coverage ends.

CONTACTING CURRY GROUP BENEFIT SOLUTIONS

The best way to contact us will continue to be our **dedicated client-only email address clients@CurryGBS.ca**. The inbox continues to be monitored by Joan and Shannon regularly throughout each business day.



705-749-1131



clients@CurryGBS.ca



223 Aylmer St. N, Unit A, Peterborough, Ontario, K9J 3K3