

Approved Minutes

ADRP BOARD OF DIRECTORS MEETING 2:00 – 4:00 p.m., Tuesday, Sept. 22, 2020

ZOOM: https://us02web.zoom.us/rec/play/D-6NiHJC_FHrshFlzKRwHW1zo2OPSjJS5EgrQlr8Ln2gUwbFDn3kMU0H3RBGA-ARw4oIjSrwOdDsdvD_Q5gXsgI-kscHBtB0?continueMode=true&_x_zm_rtaid=L-HM_yrRRuqjC7w0K7Qp2A.1600965216916.5a45bf116be11c21bb6e0cdef825cfd3&_x_zm_rhtaid=587
Passcode: 91p&@kLD

Present: Phil O'Hara (Chair), Heather Schellinck, David McNeil, Oriel MacLennan, Grace Paterson, Randy Barkhouse, Marek Kujath, David Tindall, Ed Leach.
Regrets: Richard Apostle, Peter Wallace.

1. Adoption of the Agenda:
The agenda as circulated was adopted.
2. Minutes of Board Meeting of February 18, 2020
 - A. Approval.
MOVED (McNeil/Paterson) that the minutes be approved. **CARRIED**
 - B. Matters Arising
There were no matters arising.
3. President's Report

Phil O'Hara gave a brief description of his personal challenges over the last six months (e.g., recovery from surgery, ongoing treatments, moving to a new home, etc.). The difficulties were offset by some wonderful moments like the birth of his first grandchild. While the pandemic complicated matters, he remains positive. He had just begun chemotherapy and said that he wanted to see how he reacted to it before making any decision on continuing as ADRP President.

He planned to continue maintaining the ADRP website with the help of Stewart Cameron and David McNeil. He would contact the Treasurer about his expenses for **WordPress** and **Jetpack**. Randy Barkhouse asked about the details of the 2020 bursary, and Phil said that he would get these in the next few days. He also mentioned that Grace Paterson would be attending the CURAC AGM (virtual) on behalf of ADRP on September 30th.

4. Treasurer's Report

Ed Leach thanked Grace Paterson for her assistance in preparing the financial statements for 2019. He circulated a report by e-mail (see appendix 1) with the latest ADRP financial information a few days ago. He described his difficulties in getting physical access to the ADRP office since the Life Sciences Building was now locked.

There was a general discussion on the surplus and if a greater amount should be transferred to the bursary fund. It was generally decided that the ADRP membership should be invited to submit proposals on what could be done with the surplus to aid students and perhaps

staff/faculty. The ADRP Newsletter and website would be obvious places where such an invitation could be made. Randy Barkhouse agreed to draw up a brief text that could be used. Grace asked about the financial situation of SCANS (Seniors' College of Nova Scotia). Heather Schllinck responded that SCANS' finances were solid and an online fall semester was going ahead. Ed Leach **MOVED** (2nd Paterson) that the Financial Report be accepted. **CARRIED.**

Discussion followed on the appointment of an auditor (normally done at the annual AGM). Dick Sutherland had served as the last auditor. The appointment would probably be done at the December AGM. (It was noted that the University Club was no longer available as a venue, since it had been closed by the university.)

5. Committee Reports:

A. Benefits

Grace Paterson reviewed highlights from the April Report that had been drawn up by Peter Wallace (see appendix 2). Some discussion followed on the status of the trial for Continuous Glucose Monitoring (CGM) and Supplies. The more general subject of advances in medical technology was noted, perhaps another subject of interest for the *Newsletter*.

B. Communications

Phil O'Hara reiterated that he and David McNeil would meet to review the subject of maintaining the ADRP website. Marilyn Klein commented on deadlines for the; the next one was Oct. 28th with a projected publication date of Nov. 4th. She said that there were nine obituaries of ADRP members from the last few months and asked the Board for some input on how best to present these without alarming the membership.

A general discussion ensued on the negative effects of social isolation and how the pandemic was exacerbating the problem. Grace referred members to the "Aging Strategies" document on the CURAC website. When asked by Marilyn, Randy Barkhouse agreed to assist with *Newsletter* proofreading. Marilyn suggested that ADRP use its blog more to advertise various items that should be of interest to members. Ed Leach remarked that the Nova Scotia Living Lab (supporting aging in place) also had a blog that could be used to promote such information.

C. Membership

Heather reported that there are approximately 690 ADRP members, 660 of whom paid dues by payroll deduction and 30 by annual cheque. ADRP membership forms were routinely going out to all faculty/staff who expressed interest in retirement.

6. Other reports:

A. Pension Advisory Committee

Randy Barkhouse said that there had not been a meeting of the Pension Advisory Committee for months. He had been getting information from DFA members about the state of their negotiations with the university. While the subject of a combined fund (retirees and employees) was not receiving much attention anymore, the idea of "unstacking" or "unbundling" pensions

(e.g., Dalhousie & CPP) was. With the CPP perhaps rising to as high as \$16,000 per year, this change would seriously affect many future ADRP members.

B. Seniors' College (SCANS) - <https://www.thescans.org/>

Heather referred members to the brief report that had been passed on to her about the fall semester (see appendix 3). There will be five classes offered this fall, all online (ZOOM). The information session could be accessed at:

<https://www.youtube.com/watch?v=icfZhAx-YEA&feature=youtu.be>

7. CURAC

Grace Paterson said that she would be replacing Phil O'Hara at the AGM on Sept. 30th, which will be held virtually. The annual AGM was cancelled for 2020 and also for 2021 (McGill).

8. Any Other Business

Randy Barkhouse raised the subject of having the next ADRP general meeting by ZOOM, to which everyone agreed. A suitable program would be selected (possibly a premium version of ZOOM) for the AGM in December or November.

9. The next ADRP Board meeting is scheduled for October 20th

10. Adjournment

MOVED (Tindall) that the meeting be adjourned. **CARRIED.**

Submitted: David McNeil

Appendices:

1) Treasurer's Report – September 2020

Below you will find my treasurer's report for the meeting on Tuesday. Expect that we will be able to take another \$10,000 term deposit in November or December and there is a \$20,000 term deposit that matures on December 19th. Have also pasted below the financial statements for the year ended December 19th. They still need to be audited/reviewed.

AS OF AUGUST 31ST CUA Chequing Account

The balance in the CUA Chequing Account as of August 31st is \$7,821.20

Savings Account

Balance is \$81.44.

Term Deposits

76364-40-3 TERM 02/03/2020 08/03/2022 2.250 10,441.95 135.17 10,577.12
 76364-41-3 TERM 02/03/2020 08/03/2022 2.250 11,590.56 150.04 11,740.60
 76364-42-3 TERM 06/19/2018 12/19/2020 1.950 20,237.12 78.92 20,316.04
 76364-43-3 TERM 12/02/2019 06/02/2022 1.950 10,000.00 145.85 10,145.85

Total Overall Value: 52,269.63 Principal 509.99 Accrued Interest 52,779.62 Closing Value

Dalhousie Account: Balance unchanged at \$2,999.16

**ADRP STATEMENT OF REVENUE & EXPENSE- JANUARY 1 2019 TO
 DECEMBER 31 2019**

Revenue	Budget	Actual
Dues	\$12,585.00	\$12,139.92
Interest	\$714.07	\$682.71
Travel Grant	\$1,200.00	\$1,200.00
	\$14,499.07	\$14,022.63
Expenses		
Telephone	\$174.12	\$174.12
Postage	\$310.50	\$0.00
Administrative Costs - Office Costs	\$100.00	\$300.00
CURAC DUES	\$300.00	\$300.00
Travel CURAC	\$2,400.00	\$1,123.93
Communications Committee	\$250.00	\$0.00
Social Committee	\$2,000.00	\$2,565.64
SCANS Memorial Lecture	\$150.00	\$300.00
Registrar of Joint Stock	\$31.15	\$31.15
Other Donation	\$100.00	\$0.00
Donation to Bursary Fund	\$3,000.00	\$4,400.00
TOTAL	\$8,815.77	\$9,194.84
SURPLUS	\$5,683.30	\$4,827.79
To Contingency Fund	\$2,950.00	\$3,240.00
To Accumulated Surplus	\$2,733.30	\$1,587.79

BALANCE SHEET AS OF DECEMBER 31 2019

ASSETS	Dec 31 2019
CUA Chequing Account	\$1,406.70
CUA Savings Account	\$81.40
GIC's with CUA	\$51,710.69
Dalhousie Account	\$2,999.16
SCANS Account	\$1.00
TOTAL	\$56,198.95

LIABILITIES

Contingency Fund	\$31,098.71
Accumulated Surplus	\$25,100.24
TOTAL	\$56,198.95

NOTES

Contingency Fund money is based on \$5.00 per paid member per year (648 members).
Contingency Fund amount for 2019 was added to the 2018 Contingency Fund amount
Surplus for 2019 was added to the 2018 Accumulated Surplus amount

Submitted by Ed Leach

2) Report of the ADRP Benefits Committee, April 2020

As this is written the CoVID-19 pandemic is still raging across Canada and so we are practicing physical distancing and individual quarantines after travelling. Before these measures were enacted members of the ADRP Benefits Committee attended meetings of the Advisory Committees that review the Benefits Plans and set premium rates for the under age 65 and age 65 and over retiree groups. Some of the highlights from these meetings were posted earlier in a BLOG to the ADRP webpage as well as noted in the Dal Benefits Newsletter sent to all; here these are further explained along with details on other issues. I apologize right off for the length of this report for a lot has happened and so there is a lot to digest. However the overall report is positive in that the Dalhousie retirees are a healthy group, premium rates have decreased and some enhancements have been added.

EHB and Travel Insurance premium rates

Of immediate concern are premium rates and here the news is excellent, for both age groups the Extended Health Benefits (EHB) and Travel Insurance rates have decreased. You should already have received notice of these rate reductions from the Dalhousie University Benefits Group.

For the early retirees under age 65 the rates are:

Dental – no change

Health – reduced by 4% to \$54.29 single and \$156.28 family

Travel – reduced by 5% to \$8.24 single and \$15.09 family

And for the retirees age 65 and over the rates are:

Health – reduced 10% to \$23.76 single and \$47.57 family

Travel – reduced 5% to \$16.71 single and \$33.59 family

Travel Insurance rates are set outside our influence since the plan covers many of the post-secondary institutions in Atlantic Canada and in our case, all Dalhousie University employees as well as subscribed retirees. The consultants for SSQ determine the rates and recommended a 5% reduction based on current and projected costs.

Early Retirees EHB Plan for under age 65

The early retirees under age 65 are covered by the Employee EHB plan and so the general well being of Dal's employees plays into their premium rates. The overall health claims decreased 3% last year, per capita cost went down to \$1,242 per person from \$1,332, and there was only a slight increase in specialty drugs. Mental health and drugs are the main areas where claims are made against the plan. Claims for long term disability (LTD) and survivor income benefits (SIB) are within the contract rate with Medavie-Blue Cross but are up ~25%. However this increase should have no effect on the premiums in the short term.

Setting premium rates involves factoring in the past history (10 years worth) and members may remember a major jump in claims against all drugs between 2014 and 2016 resulting in a major jump in premium rates. Luckily since then drug claims have not increased appreciably. Arthritic drugs are the main prescribed drugs along with others dealing with gastrointestinal, cancer, blood disorder, MS and asthma and combined make up the top 10 drugs prescribed, totalling about 30% of all drugs prescribed. Anti-depressant drugs are the most costly and seem to be increasing yearly in both administering and dispensing. Mental Health is an area that has been red flagged for watching because future projections show an increase in these claims but not necessarily in the short term.

For next year there is projected to be more people in the plan, younger employees overall (-1.2% from 5-year average), lower hospital costs, and plateauing prescription drugs. These combined project a 4% decrease in costs.

Because time ran out for the meeting the discussion on the Abbott Glucose Monitoring system was moved to the next meeting.

You will also note there was no discussion on the changes to the drug formulary and how it might result in a net amount of savings to the Benefits plan and where those savings would be placed. At the last meeting it was decided to do the changes but to wait a year to see how much saving were actually made and at that time recommend changes. So we wait for that.

EHB Plan for aged 65 and over retirees

The older cohort of retirees plan has similar a experience. Total premiums paid into the EHB plan has increased due to more members which has cancelled the small increase in claims. The number of claims has remained steady over the past 2 years, Physio claims has increased +14% from last year along with nursing (+ 18%) and chiro (+29%), whereas medical equip dropped - 20% along with drops in diabetic claims (-67%). This has resulted in a carryover surplus and combined with a small projected 5% increase in claims for next year the committee felt a reduction in premium rate warranted.

Regarding the premium holiday for the longer term retirees there is a large surplus of \$157k and with all pre-1935 retirees receiving the premium holiday the cost will only be \$33k. This will result in a surplus beyond what the committee determined 3 years ago when we decided to close out the fund in 5 years time. At that time it was projected that paying the premiums for all retirees born prior to 1935 would exhaust the fund quickly. Seems the projection was too conservative and will last longer.

In that case we decided that we will continue to pay the premiums to those born in 1934 and before up to the ultimate disposal of the surplus. This is easy to administer and will ultimately benefit those most in need for the longest time.

The Advisory Committee agreed to add at 80% reimbursement Continuous Glucose Monitoring (CGM) and supplies to a total of \$200 per calendar year for the monitors/transmitters and \$3,000 per calendar year for the sensors. This is a system where a 14-day sensor about the size of a quarter is attached to the diabetic person and provides continuous glucose readouts to an app on the patient's phone. This allows constant monitoring resulting in more accurate insulin dosage and so is of great benefit to the diabetic person. No more finger pricking and more accurate readings. The downside is that the system is not subsidized by Senior's Pharmacare. A change over to this system is not automatic, the subscriber to the plan must be insulin dependent and the change must be approved in writing by a physician.

This is projected by Blue Cross to increase the plan's costs around 0.9%. But there is a **caveat to this benefit in that is on a trial basis** for one year because of several unknowns. Diabetic costs charged against the plan last year were only ~\$4000 and if some costs were charged against Medical Equipment we have no way of knowing how much if any at all. Regardless the total payout for medical equipment last year was around \$27,000. Secondly we have no idea of how many retirees are diabetic or how many would be using this system. The finger pricking system test strips are subsidized by Pharmacare and MSI and so the costs are minimal to the EHB Plan which may be an important aspect of the low cost to the plan. On the plus side, our Health Plan even with the reduction in the above premium rate has a healthy cushion over and above the normal 5%. In light of this **we will review the claims on this item on the next renewal in the New Year 2021 and decide if to continue the benefit or end the trial.**

We discussed the issue of increasing reimbursements for hearing aids, and vision. Because we have a good idea on the charges to the plan in those areas we have a good idea on what the claim increases would be. If we doubled re-imburement amounts this would result in around a 20% increase in premiums which we know would be difficult to get members to agree to so that matter is a no go.

We had a discussion of the overall plan and how our plan compares to others and to what the consultant considers the "industry norm". Many of the plan's re-imburements are essentially premium increases equal to the re-imburement increases so any changes will affect premiums immediately. Vision and hearing aids are good examples of this. Our re-imburements on these and similar items are at the low end of plans and para-medicals are in the middle. Drugs are a major item in plans that contain under age 65 people and so those plans are not comparable. Overall the consultant thought our plan's premium rates and benefits are about mid-level compared to others and so warranted no changes. Discussion rose about what is an insurance plan for; unexpected costs versus yearly or bi-yearly expected expenses. – i.e. any changes will likely result in an increase in premiums. This is an area where the entire retiree group may have to be engaged if changes are wanted.

We discussed changing the review date from early in the year and ultimately the premium renewal date (April 1st) to a time in the fall. This would allow plenty of time for members of ADRP to discuss changes wanted after the AGM which is held in April (after the current renewal date). Ultimately this should bring about changes faster than current. However this would be difficult to implement because the SSQ plan (Travel) involves more than us and so most likely it will not change and so would be an administrative nightmare. It would also put us out of timing with the early retiree plan which also will be administratively a problem. So any benefits changes that the membership wishes to be quickly implemented will have to be brought to the Advisory Committee's attention early in the new year to be enacted by April 1st.

The ADRP Benefits Committee members are:

Peter Wallace (Chair), Randy Barkhouse, Michael Bradfield, David Tindall, Christine Matheson-Studley, Cathy Thibodeau and Phil O'Hara (ADRP Chair)

The ADRP nominees to the Retiree Board Advisory Committee (RBAC) are:

Peter Wallace (Chair), Christine-Matheson-Studley (under age 65 rep), David Tindal and Randy Barkhouse

The non-voting members of the Dalhousie Benefits Committee are:

Peter Wallace, Christine Matheson-Studley and Cathy Thibodeau (substitute/proxy)

Please contact any of the above for comments and suggestions.

Circulated by Peter Wallace

3) Seniors' College of Nova Scotia Update

This has been a challenging and interesting year for the Senior's College. The last week of the winter term and all the spring term were cancelled due to Covid-19 and the decision was made to offer a limited fall term online via Zoom.

It has been a learning experience. After several stops and starts a broadcast studio has been established at Hope United Church. We offered a public lecture in July and a very successful information session earlier this month. For more information on how to register for our fall courses see www.thescans.org

Five courses, covering a wide range of interests and learning experiences, are being offered for the fall, one each day:

1. The Science of Mindfulness
2. Satire: from Juvenal to Stephen Colbert
3. Seeing is Believing: How the Telescope Changed Who We Are and What We Know
4. The Devil That Will Not Die: The History of Anti-Semitism
5. Choosing the Future: American Presidential Election 2020

Plans are now proceeding to also present the winter 2021 term online.

