

FREQUENTLY ASKED QUESTIONS (FAQ)



Updated January 2022

Lumino Health Virtual Care Stress Management & Well-Being, powered by Dialogue

About Stress Management and Well-Being

Lumino Health Virtual Care's Stress Management and Well-Being program gives your plan members access to mental health treatment and support. It provides them access to resources and mental health specialists. Plan members get unlimited treatment until remission.

1. What services are covered under Stress Management and Well-Being and what are the benefits of this program?

Stress Management and Well-Being provides members with access to mental health specialists (i.e. psychologists, psychotherapists, therapists etc.). It offers unlimited sessions until remission of each concern identified by the member through their initial meeting with the mental health specialist. Each case includes an initial assessment by a mental health specialist, access to self-guided articles and wellness resources, prevention tools and pre-symptomatic support in addition to therapy services (where required).

Stress Management and Well-Being provides immediate, cost-effective, comprehensive support. From a prevention standpoint, it can stop many emerging mental health issues from becoming more serious.

Stress Management and Well-Being breaks down the barriers to mental health treatment - cost, access, and privacy concern - in several ways:

No cost to plan members: plan members don't pay for their therapy appointments. The monthly "per employee" fee covers all treatment costs. Plan members don't need to worry about running out of coverage or dealing with out-of-pocket costs.

Timely access to support: Plan members are quickly connected to a mental health specialist for assessment. The program then schedules follow up appointments in less than 24 hours with an appropriate mental health professional. All appointments are virtual, which saves time and enhances privacy.

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FREQUENTLY ASKED QUESTIONS (FAQ)



Comprehensive holistic treatment: Stress Management and Well-Being provides both mental health support and medical treatment. People receiving therapy only reach remission in less than 50% of cases. However, when we pair therapy with medical support, people reach remission in about 85% of cases.

Continuity of care: A Stress Management and Well-Being case manager tracks progress and provides follow-up appointments on every consultation. And the practitioner team will adapt the treatment plan as needed to ensure progress. This continuous care model can achieve higher levels of remission than other more fragmented approaches. This can lead to lower levels of disability and presenteeism.

Coordination with primary care provider: Dialogue can forward any medical information to an employee's primary care provider, as requested by if the employee would like them to. This ensures that the program can complement care provided by others.

Family coverage available: Plan members with family coverage under Extended Health Care (EHC) can add up to four additional email addresses for dependants over age 14.

2. How will we communicate access to Stress Management and Well-Being to plan members?

Within 3 days of the service being added, plan members will receive an email advising them that they have access to Stress Management and Well-Being and helping them navigate how to use the service.

3. What information will the plan member need to register to use Stress Management and Well-Being?

Similar to Lumino Health Virtual Care, a member will be required to download the Lumino Health Virtual Care app. To register for an account, members will need to provide first name, last name, date of birth, postal code and email. The [Registration Guide](#) can be found within the marketing materials. Lumino Health Virtual Care and Stress Management and Well-Being use the same integrated app and account, so only one login ID is required to use both services.

FREQUENTLY ASKED QUESTIONS (FAQ)



4. Can dependents use this coverage as well?

Yes, plan members with family coverage under EHC can add up to four additional email addresses. An email address to activate a standalone account is needed for anyone over the age of 14, based on privacy laws. Plan members with single coverage cannot add dependents. Sun Life will not share a list of dependents with Dialogue – it is up to the plan member to determine who to add to the service.

5. What hours can plan members access the service?

The service is always on – available 24/7.

6. What happens if the Client has an existing Stress Management and Well-Being contract directly with Dialogue? Can they move over to Lumino Health Virtual Care?

If your Client has expressed an interest in moving from Dialogue's Stress Management and Well-Being to Lumino Health Virtual Care's Stress Management and Well-Being services, please reach out to your Account Executive at Sun Life to discuss further.

7. How does plan member set-up work from the sponsor perspective?

Stress Management and Well-Being is added to a Client's EHC coverage and would apply to all members who have EHC as part of their EHC eligibility set-up. Sponsors with EHC don't need to provide any additional / separate plan member information for Stress Management and Well-Being set-up.

As a Client makes changes to their employee's coverage levels within the Sun Life system, these changes are relayed to Dialogue on their behalf. The data is shared with Dialogue through a daily file to monitor for plan member eligibility.

8. How does billing work?

The cost of Stress Management and Well-Being is included in the Sun Life EHC rate, as we do today for LHVC. On ASO accounts, there will be a cost for Stress Management and Well-Being added to the Client's ASO statement, as we do today for Lumino Health Virtual Care, which will be a combined charge with Lumino Health Virtual Care.

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FREQUENTLY ASKED QUESTIONS (FAQ)



9. What are advisors' tasks to onboard a client?

No application or additional contract needed to add this product. Please contact your Sun Life representative.

10. What will cancellations look like from the plan member perspective?

If a member's coverage is terminated, they'll have 3 months to complete any open consults. However, they will be unable to initiate calls for new concerns. Plan members will retain access to their data ongoing and can reference notes as needed with or without an active subscription.

11. What reporting will plan sponsors receive?

Patient confidentiality around use of the service is paramount, and therefore reporting for the services focuses on overall ROI, not on any patient's situation. Reporting is provided for Clients over 100 lives, and over 10 registrants to protect anonymity of users.

For the above reasons, monthly reporting will be available for groups over 100 lives with 10 registrants. Sponsors who have multiple Dialogue services will receive a report for each service individually. Dialogue is working on enhancing their reporting capabilities to integrate multiple services into one report as a future enhancement.

12. Can we offer different products to different groups within a policy?

Stress Management and Well-Being is available at the class level. All members within the policy must have the same product bundle (cannot offer Lumino Health Virtual Care to class A and Lumino Health Virtual Care+Stress Management Well-Being to class B)

13. Which Clients are eligible?

Clients must have Lumino Health Virtual Care or add Lumino Health Virtual Care in order to add Stress Management and Well-Being. Stress Management and Well-Being is available to all sponsors.

FREQUENTLY ASKED QUESTIONS (FAQ)



14. Is advisor commission paid for Stress Management and Well-Being?

Yes, the Advisor commission structure is the same as that of [Lumino Health Virtual Care](#):

Client / Advisor has...	Advisor will receive commissions as follows...
Insured EHC with Sun Life	LHVC & SM&WB commissions would use the Advisor's existing EHC commission schedule.
ASO EHC with Sun Life	LHVC & SM&WB commissions are payable based on the # of lives with LHVC & SM&WB under the plan**, using the following graded scale: <ul style="list-style-type: none">• Under 399 lives: 5% on LHVC & SM&WB annual premiums• 400-999 lives: 8% on LHVC & SM&WB annual premiums• 1000 and over: 9% on LHVC & SM&WB annual premiums

18. Why your client should add Stress Management and Well-Being?

Barriers to entry for mental health treatment continue to impede members ability to [access care](#).

- 25% of those who reported not receiving support indicate it is because they **cannot afford treatment**.
- 23% indicate that **embarrassment** on reaching out continues to hold them back from getting support.

Stress Management and Well-Being **addresses several barriers to care** as plan members are not required to provide payment at their appointment (as all treatment is covered under the per member, per month cost). Plan members are quickly referred to a provider with appointments in less than 24 hours with a Mental Health Specialist to begin intervention, and coordinate a next step appointment with an appropriate mental health professional that suits the patient's situation.

Major Barriers:

- Plan members inability to cover out of pocket costs, or front costs for Psychology coverage (even when repayment is provided quickly post appointment).
- Members inability to locate a provider in a timely manner.
- Members lack of knowledge around clinician availability and expertise (i.e. Psychologist)

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FREQUENTLY ASKED QUESTIONS (FAQ)



vs. Psychotherapist vs. Social worker etc.).

- Members lack of knowledge around navigation/access to mental health treatments through OHIP, Private plan coverages, and any wellness programs in place.
- Stress Management and Well-Being services provide both mental health support and medical treatment.
- Patients receiving therapy only reach remission in less than 50% of cases however when therapy is paired with medical support patients reach remission in appr. 85% of cases¹.
- Stress Management and Well-Being provides follow up appointments on each and every call made through to the service, this ensures continuity of care and that outcomes are meeting patient expectations.
- Stress Management and Well-Being can forward any medical information to a patients practicing GP upon request to ensure that Dialogue services compliment care already being provided elsewhere.
- Dialogue's care team offers an integrated approach to medicine – when speaking with any of the Dialogue care team staff your information and past appointment data is shared with the provider whom you're speaking to in order to ensure patients do not need to restart with each practitioner over and over again. This is a differentiator vs. other care options both in person, and virtually.

19. What Clients should be targeted for Stress Management and Well-Being products?

- Clients who have expressed an interest in mental health support.
- Clients who have annual psychology maximums of less than \$4K.
- Clients who have Lumino Health Virtual Care.
- Clients experiencing high disability incidence (especially when related to mental health claims).
- Clients with members who are located in rural, isolated communities, or who frequently travel within Canada. (i.e. local trucking, mining etc.)
- Clients looking for additional digital solutions to supplement their program.

20. Should my Client add Stress Management and Well-Being or increase their paramedical coverage?

Plan Design decisions are largely personal to each Client –There are several items that should be considered including:

- The plan sponsors benefits philosophy and overall talent attraction/retention philosophy
- The plan members ability and willingness to adopt digital solutions

¹ Source: DeRubeis et al. Nat Rev Neurosci. 2008 Oct; 9(10): 788-796/ Dunlop et al. Am J Psychiatry. 2019 176:4, 275-286.

FREQUENTLY ASKED QUESTIONS (FAQ)



- Cost constraints
- The plan sponsors risk tolerance around costs increases year over year in the event of high claims
- The plan sponsors willingness and ability to communicate with plan members – any plan change requires
- Clients with psychology maximums of less than \$4K would benefit from this program the most. The Canadian Psychological Association indicates that 15 to 20 sessions are required for the person to achieve a therapeutic outcome from Psychology treatment. In order for this to be at no cost to the employee, benefit maximums on psychology should be at minimum between \$3,500 to \$4,000.
- Continue to encourage Clients to enhance their psychological maximum coverage to address the plan member affordability issue in addition to innovate the mental health support offering to help member living healthier lives.

To drive conversations around whether a plan sponsor should look into increasing paramedical options vs. electing for Stress Management & Well-Being the following benefits and costs of both offerings has been prepared to shape your conversation with Clients.

What are the benefits of SM&WB vs. Changing Paramedical Maximum?

		Adding SM&WB only	Adding or Increasing the EHC Psych Maximum	Adding/Increasing EHC Psych Maximum & adding SM&WB
Benefits	Members	<p>Unlimited access to mental health specialists / therapists until remission for identified concerns.</p> <p>Connect with a provider within 24 hours.</p> <p>First Appointment in 24 hours or less.</p>	<p>Increased access to care, in a face to face setting.</p> <p>Timelines for care are dependent on external providers.</p> <p>Members can use Lumino Health Provider Search to Locate providers.</p> <p>Members can continue with the same provider over multiple plan years (ongoing).</p>	<p>Provides members with CHOICE of either virtual access, or in person care.</p> <p>Access to care for below 14 year old and face to face care for all ages.</p> <p>Unlimited until remission access via SM&WB.</p>

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	Sponsors	Ability to receive distinct reporting on therapeutic outcomes, utilization and satisfaction with the service.	Benefits are available for all ages.	Full spectrum of benefits and coverage options available. Can keep costs lower by promoting SM&WB.
Costs	Members	It's all virtual – no in person access available. Dependents 14 < are not able to receive mental health care virtually. Coverage is problem focused, and available only until remission (no long term care)	Benefits maximum caps paramedical coverage to a specific \$ value. (where applicable)	Benefits maximum caps paramedical coverage to a specific \$ value. (where applicable)
	Sponsors	Plan member per month (per member, per month). Fixed cost for usage with no cap. cost is charged regardless of member use ongoing.	For insured plans, increasing paramedical maximums can result in an increase in Extended Health Care rates. For ASO plans, cost of increasing coverage limits is dependent on usage which becomes a liability for the employer	Could cost more to both increase paramedical coverage and add Stress Management and Well-Being coverage.

What are the key highlights of the Stress Management and Well-Being offering I can use as an elevator pitch?

- Unlimited sessions until remission mental health treatment solution at a low/fixed per member per month rate.
- Preventative mental health support tool.
- Access to reporting on registrations, utilization, level of improvement and etc..
- Adding Stress Management and Well-Being offers plan members access to therapy

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sessions from assessment through to diagnoses and treatment to remission - all in one app.

- Access to a care team that includes psychologists, psychotherapists, social workers and doctors, nurses and medical specialists 24/7.
- Industry's lowest wait times to consult with a therapist (within 24 hours instead of days or weeks)
- Virtual consultations conducted at the time and location most convenient for members (no commute time!)
- Option of switching to other therapists if member wishes through the app.
- Option for unlimited sessions until remission for continuity of care. (average #sessions "15" / maximum sessions used to date "26" – provided by Dialogue)

How Stress Management and Well-Being fit in all Sun Life product shelf?

- This program is effective in helping plan members with acute mental health issues that require more than what the standard EAP can provide which helps PM get additional support to ensure remission of the issue.
- Stress Management and Well-Being addresses several barriers to care in comparison to other mental health support offerings:
- Plan members are not required to provide payment at their appointment (as all treatment is covered under the per member, per month cost). They're quickly referred to a provider with appointments in less than 24 hours with a Mental Health Specialist to begin intervention, and coordinate a next step appointment with an appropriate mental health professional that suits the patient's situation.

Major Barriers:

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- Plan members inability to locate a provider in a timely manner.
- Plan members lack of knowledge around clinician availability and expertise (i.e. Psychologist vs. Psychotherapist vs. Social worker etc.).
- Plan members lack of knowledge around navigation/access to mental health treatments through OHIP, Private plan coverages, and any wellness programs in place (EAP or otherwise).