



Benefit Bulletin - October 2026

World Mental Health Day, October 10, 2026

As we recognize Suicide Prevention Awareness Month and World Mental Health Day on Oct. 10, it's important to remember that some of the people around us may be carrying struggles we cannot see. A simple check-in, conversation or act of support can make a meaningful difference.

Whether you're seeking support for yourself or looking to better understand how to help someone you care about, GreenShield's Keeping Yourself Safe handout offers practical guidance on recognizing warning signs, creating a safety plan and accessing support when it's needed.

GreenShield Crisis Support is available 24/7/365 in English and French at 1-833-707-4747, and Canada's Suicide Crisis Helpline is available anytime by calling or texting 9-8-8.

[Click Here for GreenShield Mental Health Moments](#)

Reminder for Albertans Age 65 and Over – Bill 11

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On October 1, 2026, Alberta Blue Cross for Seniors will be second payor to your OpenCircle Benefit Plan coverage.

What does this mean for you? For most medications, you won't notice any difference when you go to the pharmacy to pick up your prescriptions, as the pharmacist will know how to apply your coverages. However, for some medications that require special authorization, if you have not applied for special authorization for that medication through OpenCircle Benefits, you may see interruption in that medication's coverage. Common medications that require special authorization include: GLP-1s (e.g., Ozempic, Wegovy), biologic medications and biosimilars (e.g., Humira, Remicade), and other high-cost medications.

If you're unsure whether any of your current medications require special authorization, you can confirm through the DrugFinder tool, or by contacting our team. If you need to apply for special authorization, you can access the forms to request coverage through your MyBenefitsConnect portal.



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Provider Eligibility and Ineligible Providers

To help protect plan members and maintain the integrity of benefit plans, insurers and benefit administrators may restrict or remove certain healthcare providers from their eligible provider lists. This is a standard industry practice and may occur for various reasons, including discrepancies in claim submission patterns, failure to respond to audit requests, or other concerns identified through routine monitoring processes.

How to Confirm Provider Eligibility:

Before receiving services, members are encouraged to confirm that their healthcare provider remains eligible for reimbursement under the OpenCircle Benefit Plan. Provider eligibility can change at any time.

Members can verify provider eligibility by:

- Signing in to their MyBenefitsConnect online account or mobile app and using provider search tools through MyBenefitsConnect (see the attached Guide for more details).
- Contacting OpenCircle Benefits directly for assistance.

If services have already been received and a claim is not payable because the provider is not eligible under the plan, members should contact OpenCircle Benefits to discuss the claim and understand their available options. Members are encouraged to verify provider eligibility before receiving treatment whenever possible to help avoid unexpected out-of-pocket expenses.

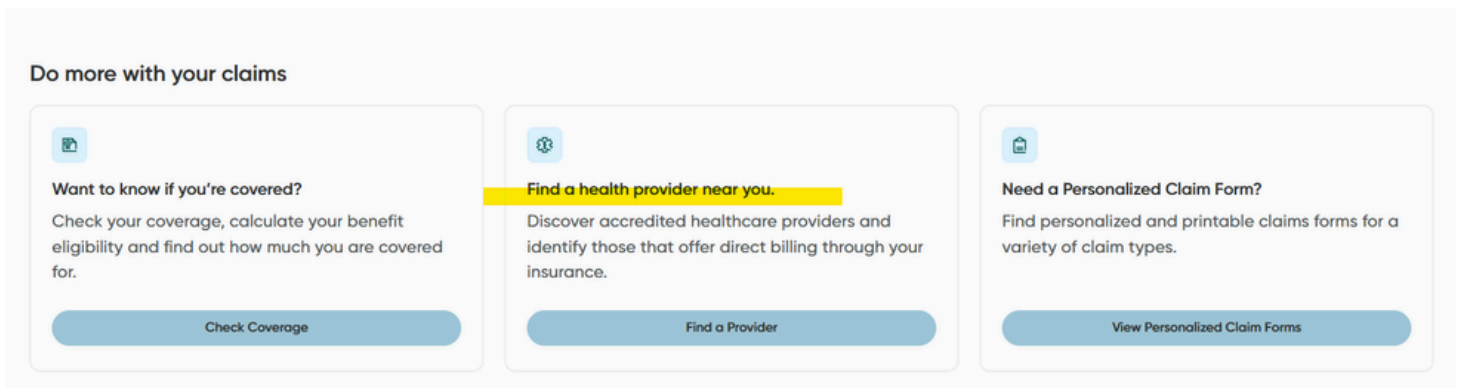
Important: A provider's removal from an eligible provider list does not necessarily indicate fraud or misconduct. Providers may be removed or restricted for a variety of administrative, audit, or claim review reasons.

See our Find a Provider Guide on the next page.

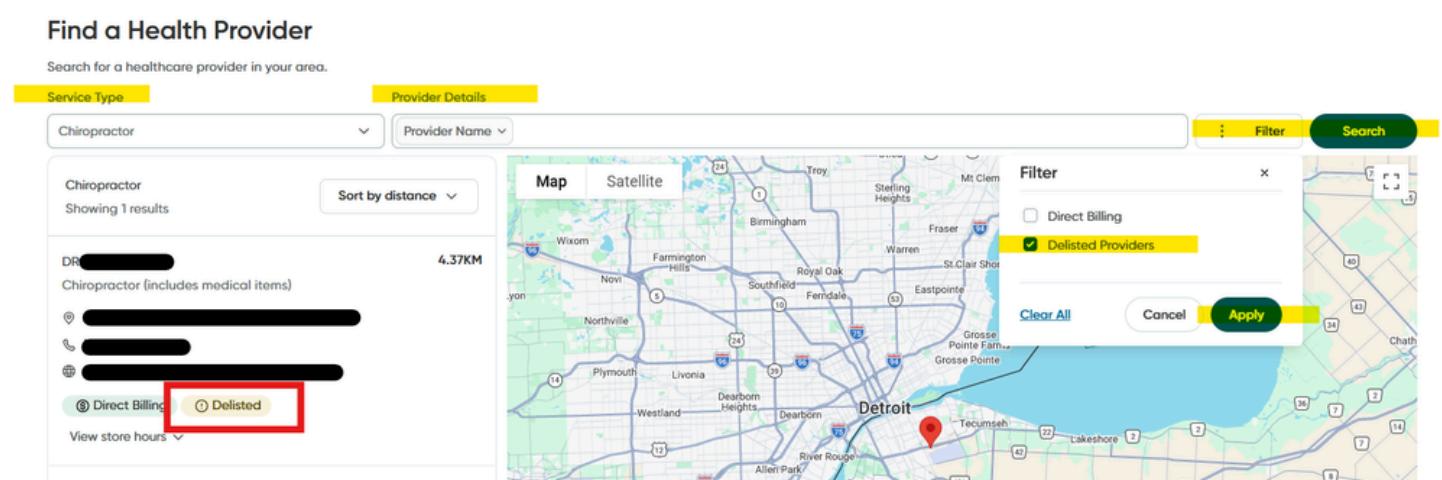


Find a Provider Guide

1. Login to MyBenefitsConnect
2. Scroll down midway on the landing page and click “Find a health provider near you”



3. Select Service Type
4. Select Provider Details (Options are Provider Name, Provider Number, Business Name)
5. Click “Filter” and check Box “Delisted Providers”) and “Search”
6. If the provider is listed as “Delisted,” it will appear as shown in the red box below.





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Brand Name Drugs & Generic Drugs

Brand name drugs are new medications developed by pharmaceutical companies, which are protected by a patent for up to their first 20 years on the market. Other competing companies can make generic versions of the drug when that patent expires, offering more cost-effective options for patients for drugs while providing the same quality of care as the brand name alternative.

Generic drugs contain the same active ingredient as the brand name drug, work the same way and are just as safe and effective, and usually cost far less than brand name drugs. Switching from a brand name drug to an available generic drug helps plan members lower their out-of-pocket costs.

The OpenCircle Benefit Plan has a mandatory generic substitution policy, meaning that when there is a generic equivalent on the market, and you choose to fill the brand name of your medication, the plan will only reimburse up to the cost of the generic. If you cannot take the generic medication for medical reasons, please contact OpenCircle Benefits at inquiries@opencircle.ca to request a form for completion so that you may be considered for a medical exception