

# OSSTF BENEFITS

## Definitions/Questions Related to the OSSTF ELHT Plan Summary for Provincial Council

### DEFINITIONS

<b>Claiming Period</b>	The claiming period is from September 1 to August 31 of each year. Yearly maximums will be refreshed each September 1.
<b>Overall Health</b>	Refers to the provisions that are applicable to all features of the health benefits in the plan.
<b>Life Sustaining Drug</b>	Refers to a drug that is prescribed by a doctor that may not be included in the regular formulary but would be approved by the plan.
<b>Basic Life</b>	Is the life insurance that is provided by the plan at no cost to the member. It is 2X the salary of the member up to a maximum of \$400,000. All members will be enrolled in the basic life insurance portion of the plan regardless if they opt out of the health and dental portion of the plan.
<b>Optional Life</b>	Is the life insurance that can be purchased by the members to augment the level of life insurance included in the basic life. The rates of the optional life insurance will be set based on age bands and gender etc.

- 1. The \$28/month approximation – does that cover a single or family benefit plan, and is this what the average member would pay based on salary, or is this the cost for all?**

*The \$28 is the average payment that would be made as the 1.0 FTE member participating in the 6% premium share regardless of salary. The single rate would be approximately \$19 per month and the full health and dental family rate would be approximately \$38 per month.*

- 2. Claiming Period identifies “school year,” please explain.**

*The benefits year in the provincial plan will be September 1 to August 31 each year. Yearly claim limits will refresh each September 1.*

- 3. Reasonable and Customary (R&C) is used often, making it difficult to compare to what we presently have. One particular interest is the dispensing fee for drugs.**

*The OSSTF plan in the master application has dispensing fees without a specific cap but subject to Manulife R&C limits, which is standard. Manulife R&C dispensing fees currently for Ontario are \$12.00, with a \$25.00 R&C fee for a compound preparation. Therefore, a normal dispensing fee under \$12.00 is fully covered by the plan. The pharmacist would have to notify you if they are charging beyond the R & C limit.*

*If the pharmacist is required to create your prescription using ingredients in the pharmacy, the plan would cover an additional charge of \$13.00 for the work required to prepare the*

*compound prescription.*

**4. Please explain more about Out of Canada Referral.**

*Few of the OSSTF/FEESO existing plans have this feature. Out of Canada referral is used if a local doctor refers you for a medical procedure that is performed outside of Canada. OHIP has changed the policy on out of country procedures in the past few years. Medically necessary procedures not available in Canada are now covered more often by OHIP. Emergency out of country procedures are covered by the travel benefit portion of the plan.*

**5. What is the criteria for a dependent to remain covered by the plan?**

*A dependent is covered to age 21 provided they are not married or covered by another benefit plan. The age is extended to 25 if the dependent is attending school full time. Disabled dependents are covered without age limits.*

**6. If, down the road, changes need to be made (benefit levels are enhanced, reduced, and/or premium share altered), who makes this ultimate decision? Who else is consulted on this decision?**

*The ELHT is the governance body that would be the ultimate decision maker. The OSSTF/FEESO Benefits Ad Hoc Advisory Work Group will advise the trust on the most appropriate action from the members' point of view.*

**7. If a person is eligible for coverage now, will they will be eligible for coverage in the new plan?**

*Eligibility factors that exist now will be retained. For occasional teachers the LOA prescribes their entitlement. For LTOs it is as it exists today in their local collective agreement. Daily occasional teachers are restricted in the LOA from being part of the larger group plan but we are working on the ability to buy into the benefit plan. There is more detailed eligibility information for both teachers and support staff in the pre-amble document that was sent in the Provincial Council on-time mailing for the June 3 meeting.*

**8. For those retirees who were in the Board plan at August 31, 2013, just how different will their plan look like if they continue in this new plan?**

*Article 3.1.2 in the LOA indicates that these retirees will be entitled "based on the prior arrangements with the board."  
Efforts are being made to consolidate the retiree benefit plans to a primary plan but we are investigating the LOA requirements. It may be identical to the provincial plan but there may be a requirement to provide certain existing features of an existing retiree plan*

**9. Is sleep apnea equipment such as CPAP and TENS machines covered in the provincial plan?**

*Yes, they are covered under the medical equipment category of the health plan.*

**10. I have a member that is being treated with a biologic specialty drug that was approved under my existing plan. Will it be covered under the provincial plan? Will my member have to go through another approval process?**

*The provincial plan will reach out to current carriers to verify approval to ensure that current coverage of specialty drugs is continued in the provincial plan. The approval from the current plan will be accepted in the new provincial plan.*

**11. The dental implant coverage says “covered, subject to Alternative Benefit Cost”. Can you elaborate on that coverage?**

*If a member chooses to go with a dental implant as an alternative to a bridge or other restorative procedure, the plan will pay for the implant up to the level that the more traditional procedure would have cost. If there is no alternative to the implant, the cost of the implant will be covered up to the limits of the Dental Co-insurance (80%) and yearly maximum (\$4,000).*