



CUPE Leader Webinars - Q&A sessions

ELIGIBILITY & ENROLMENT

Q: If an employee doesn't have computer access, how will they enrol for benefits?

A: They can call OTIP Benefits Services at 1-866-783-6847. A Benefits Services representative will assist the member in enrolling over the phone.

Q: What happens if a member makes a mistake while completing their enrolment?

A: Before you complete your enrolment, review your benefits confirmation carefully to make sure it reflects your selections. You can go back and make changes until you have completed your enrolment.

If you become aware of a problem after you have completed your enrolment, contact OTIP Benefits Services who can assist you. Getting the information correct prior to the end of the enrolment period is of utmost importance.

Q: Will members who are working 15 hours and have benefits be grand-parented for the lower premium share?

A: Premium share for all permanent members will be based on the CUPE EWBT rules. This means a member working 15 hours per week will be in the 50% premium share tier.

Q: Is it possible for a casual employee to join the plan?

A: Only casual members where the local's current collective agreement provides for benefits are eligible to join the plan.

Q: Did the Employers provide information on members who are currently active but not covered with a current benefits' provider?

A: Yes. The Employers provided data on all eligible CUPE employees whether the member is currently covered for benefits or not.

Q: Will employees who are working 10 months per year be covered for the other two months in the summer?

A: Yes. Members will be covered throughout the year (the full 12 months), even if they are 10-month employees.

Q: Will the monthly premium payments continue during the summer?

A: Yes

Q: What would get a member excluded from the benefits plan?

A: All permanent CUPE members are eligible to join the plan. Members must enrol to be included in the plan. If a member chooses not to join the plan by March 23, 2018, "late application" rules will apply.

Late application means you, and every dependant will need to provide evidence of insurability (EOI) satisfactory to the insurer to be covered for Health benefits. Please note: none of your dependants can be covered if you do not qualify. For Dental, coverage for late applicants will be limited to \$250 per person in the first year.

Members who are on certain leaves can join the plan but their coverage may be limited until they return to work. If a member discontinued coverage when they went on leave, he/she will not be eligible to enrol until returning to work. Members on leave can contact OTIP Benefit Services for clarification of any limits that may be applicable.

Q: If an employee with less than 10 hours refuses coverage now but becomes full-time a year from now, can they re-enrol at that time?

A: Yes. Members will have an opportunity to enrol when their eligibility status changes. Late application rules will not apply if the member enrolls within 31 days of being invited to do so.

Q: Will casual + permanent status add together for purposes of determining premium share?

A: Only Casual employees who have access to benefits now will continue to have access – this depends on your collective agreement. If you're working two permanent positions – whether between positions, bargaining units or boards – you can add the hours together for benefits eligibility purposes.

Q: What happens if you're eligible for benefits in more than one trust?

A: This is still being worked out and we will provide an update in a future communication. In the meantime, you are eligible to join the CUPE EWBT. However, only your CUPE role and hours will be considered in determining your eligibility.

Q: Do members choose single coverage if they're expecting?

A: Yes. A member should sign up for single coverage when they enroll. The new child can be added to your coverage within 31 days of giving birth – you can log in to the portal and adjust your coverage at that time. If you don't have access to a computer, OTIP can assist in making the adjustment by phone. You should report a life event, such as the birth of a child, within 31 days and complete the related enrolment event as soon as possible.

Q: Are common-law spouses eligible for coverage under the family plan?

A: Yes. They are considered spouses under the family plan.

Q: If a member's spouse already has GWL as a provider but the drug plan is different, what happens with joint coverage?

A: There will be coordination of benefits – the member's claims first go through the CUPE EWBT plan and is then coordinated with the spouse's claim; the process would be the reversed for the spouse.

Q: Under family information, how do you indicate a dependent with a disability, over age 25 and not a full-time student?

A: We asked your previous carrier to provide information on covered dependants. If the information was provided by the previous carrier, that information should display as you log in. If your disabled dependent child was not covered under the board plan, please contact OTIP Benefits Services as you will need to submit additional information at the time of enrolment.

Q: How do I register twins with same birth date? Are there any limitations on this?

A: Both children should be registered as dependents. They can have the same birth date – there is no constraint on OTIP's system in this regard.

Q: What is monthly withdrawal date and what if there aren't enough funds in my bank account?

A: The 15th of each month is the withdrawal date. If there are insufficient funds, OTIP will contact the member and explain that a double withdrawal will be taken the next month.

Q: Will the premium share be pro-rated as well as the benefits?

A: The premium share is monthly, so it will not be pro-rated.

LIFE INSURANCE & AD&D

Q: What happens with pre-existing life insurance coverage?

A: Basic life insurance under the CUPE EWBT benefits plan is 2 times your annual earnings. If you currently have more basic life insurance, you can maintain that extra coverage as Supplemental Life insurance without having to provide evidence of insurability (EOI). However, you will need to pay for the extra coverage yourself. If you do not want to pay the additional cost, when you enrol for your benefits, you can cancel or opt out of the Supplemental Life benefit. You will not be able to reinstate the Supplemental Life insurance after you have opted out. You are also able to maintain any amounts of member or spousal optional life that you currently have.

Q: How does 2 times life work again?

A: The CUPE EWBT plan design includes basic life coverage of 2 times your annual earnings. For example, if your annual earnings are \$40,000, the CUPE EWBT plan will provide \$80,000 of basic life coverage.

If you currently have more than \$80,000 of basic life coverage, the difference between what you currently have and \$80,000 will be provided as supplemental life.

If you are entitled to supplemental life and it is not displayed when you enrol, please contact OTIP Benefits Services.

Q: Is there a cost to choosing more than 2 times life?

A: Yes. Two times earnings is paid by the CUPE EWBT if you work more than 17.5 hours per week. Any supplemental or optional life amounts are member paid.

Q: If your board had a total life insurance amount as a base instead of a multiple, how do you figure out the cost of supplemental?

A: The same calculation as described above takes place. For example, if your annual earnings are \$40,000, the CUPE EWBT plan will provide \$80,000 of basic life coverage. If your board plan provided you with a flat \$90,000 benefit, you are entitled to maintain \$10,000 as supplemental life.

Q: How much does it cost to top up to 3x life insurance?

A: The cost per \$1,000 of supplemental life is the same for all members. The more supplemental life you have, the more it will cost. You will see the cost displayed for you as you complete your enrolment.

If you are buying optional life, the cost will depend on how much life insurance you are buying, your age, smoking status, and gender. You will see the cost when you go in to enroll.

Q: Can I purchase supplemental insurance if it's not available to me now?

A: No. Supplemental life is only available to replace coverage you may be losing as you transition into the CUPE EWBT. However, you can buy optional life up to \$300,000. Evidence of insurability will be required for the optional insurance.

Q: Is there an age limit to be eligible for life insurance?

A: For basic life, there is no age limit as long as the member is actively at work. When a member retires, coverage ceases under the active plan. For the spouse, coverage ends on the earlier of the date the member's coverage ends or the date the spouse turns age 65.

Q: What is the process re Life Insurance for over 65 if not active at work due to illness?

A: Members who are not at work on March 1st due to illness will have their life coverage limited to the amount of coverage they had in place on February 28, 2018 until the member returns to work. Once the member returns to work, the CUPE EWBT schedule of 2 times earnings will be available. This approach does not differ based on the age of the member.

We know that some boards did not provide life coverage to members beyond age 65. If the member has no life coverage on February 28th, due to coverage terminating at age 65, the member will not have life insurance under the CUPE EWBT until the member returns to work.

PLAN DESIGN

Q: What happens with drug pre-authorization?

A: After enrolment, members can call the Great-West Life toll-free line and confirm prior carrier information has been loaded on enrolment and that pre-authorized coverage is in place.

Q: Are there are particular drugs that won't be covered?

A: The CUPE EWBT benefits plan has an open formulary meaning -- if a drug legally requires a prescription, it will be covered. The plan has mandatory generic substitution, so if the member chooses the more expensive brand-name drug, he/she may have to pay the difference out of pocket.

Q: If the generic doesn't work and a member's doctor requests the brand-name drug, can they get it?

A: Yes, this could be covered as an exception providing the proper documentation has been provided.

Q: Will GWL history follow through OTIP?

A: We have requested previous carriers transfer prior authorizations of drugs and the orthodontics lifetime maximum. Otherwise, the claims history will not follow into the new plan.

Q: Some members are currently paying for braces for their children. How does this transition to our new benefit plan?

A: Coverage will continue under the new plan providing the member has not exceeded the lifetime limit for Orthodontics. Any claims reimbursed through the member's previous carrier will be deducted from the limit under the new plan.

Q: How does the pro-rating work?

A: Paramedical coverage only will be pro-rated for first plan year which is 6 months (March 1 to August 31, 2018). After September 1, 2018 the standard annual plan limits will be available.

Q: Should we use up our benefits under our current plan?

A: Yes. Once the transition happens, you will not have access to those benefits limits anymore.

Q: Does the member need to notify the provider if leaving the country for out of country eligibility?

A: A member does not need to notify Great-West Life if he or she is leaving the country for vacation purposes. Out of country coverage for up to 60 days per trip will continue as long as the member maintains their OHIP (provincial) coverage.

Q: Will the dispensing fee cover additional charges drug stores charge for a mixture to create medical creams?

A: Compounding fees are separate from the dispensing fee, and can be quite expensive. If a claim is submitted for a compound drug, the compounding fee is covered as long as the pharmacy does not enter the charge in the dispensing fee field. The pharmacist needs to include their compounding costs as part of the ingredient cost. This is the standard practice and generally works well. There are

occasions where the pharmacist includes the cost in the dispensing fee in which case it will be limited to the dispensing fee limit of \$11.

Q: Is medically prescribed marijuana covered?

A: No. Medically prescribed marijuana is not covered under the CUPE EWBT plan.

OTHER

Q: What coverage is there for retirees?

A: Retirees are remaining in their board plan at this time. We are still finalizing the details of the provincial retiree plan. Separate communications will be provide on the Retiree Benefits Plan as details are finalized.

Q: If a member is on LTD and is paying the full cost to keep their benefits, what happens when we move to the new plan? Will benefits be paid through employer or the trust?

A: Members on LTD will transition to the CUPE EWBT plan on March 1, 2018. Members will be entitled to the same level of coverage they currently have but they will not be able to add or increase coverage until they return to work. For example, if a member only has single health and no dental, they cannot increase to family coverage for health or add dental when they enrol.

If a member is paying the full cost for benefits at the time of transition, the member will continue to be responsible for the full cost.

Q: Will Unions be required to have forms signed by a member so they can be represented through the appeal process and/or to provide further assistance on behalf of the member?

A: The Appeal Process is currently being finalized by the Trustees and will be posted on the CUPE EWBT Website