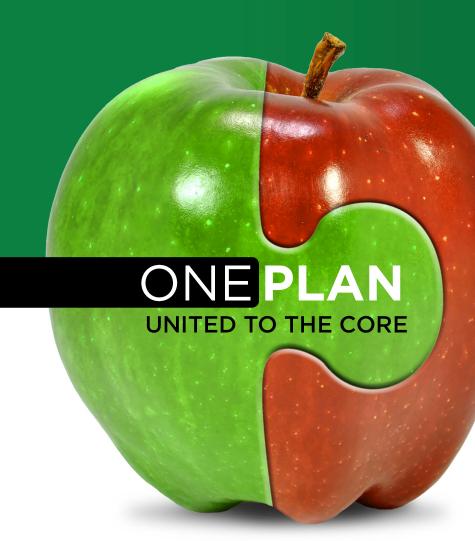
CUPE EWBT Update

January 29, 2019





Today's agenda

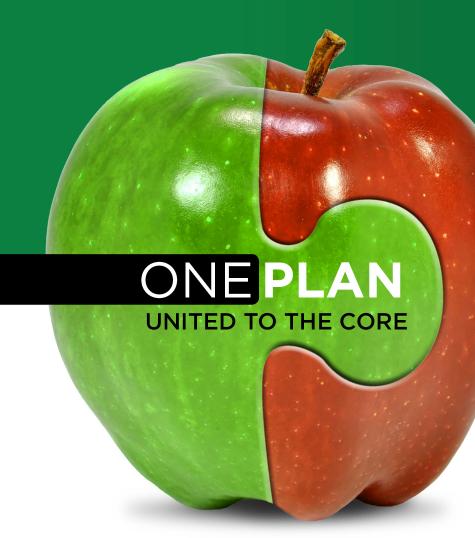


- Trust update (CUPE EWBT)
 - Reminder of roles & responsibilities
 - Claims review and appeal policy
 - Retiree benefits update
- Benefits plan review (Eckler)
- Administration processes (OTIP)
 - New hires
 - Leaves of absence
 - T4A slips
- Member support (OTIP & Great-West Life)
- Questions?



Trust update

An overview of recent developments





Roles and responsibilities

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Who	Role	Key responsibilities
CUPE EWBT	Plan Sponsor	All aspects of the operations of the trust
OTIP	Plan Administrator	 Maintains member information to support plan administration Calculates monthly premiums and sales tax for covered members Collects funding amounts from employers Tracks and reports taxable premiums, issues T4A forms
Great-West Life	Insurance Carrier	Reviews and pays life, health and dental claims
Chubb	Insurance Carrier	Reviews and pays AD&D claims
School Board	Employer	 Provides employee info to support benefits administration Remits monthly employer contributions
Plan Member	Employee/ CUPE Member	 Selects coverage level (single/family, optional life amounts) Appoints beneficiary(ies) Provides required information on covered dependants Provides banking information for payment of member's share of premiums and reimbursement of claims



CUPE EWBT Claims Review & Appeals Policy



CUPE EDUCATION WORKERS' BENEFITS TRUST

One plan - United to the core

80 Commerce Valley Drive East, Suite 1 Markham, Ontario L3T 0B2

CUPE EDUCATION WORKERS' BENEFITS TRUST Claims Review & Appeals Policy

Introduction

The CUPE Education Workers' Benefits Trust ("EWBT") is an employee life and health trust providing life, health and dental benefits to eligible CUPE members.

The CUPE Education Workers' Benefits Trust (EWBT) has worked closely with OTIP to design a made for CUPE members benefit plan. The plan provides comprehensive coverage provisions, however there may be occasions when a claim is partially or wholly denied and a Plan Member may be unclear, or may disagree with the reason for the claim denial. To address these situations, an appeal process is built into the CUPE EWBT plan where a Plan Member may appeal a claim denial by following the process outlined below. For the purposes of this policy, the term "Plan Member" includes any eligible dependent.

A 'claim settlement decision' is the Administrator's determination concerning eligibility for and the extent of coverage for any given benefit claimed by a Plan Member under the CUPE EWBT Plan. When a Plan Member does not understand or agree with the claim settlement decision, the Plan Member is encouraged to review the CUPE EWBT Plan material (booklets, claim history, etc.).

Principles and Assumptions

- At all steps of the process, Trustees are not provided with identifying member information. That information is held in confidence by the Managing Director.
- b) The CUPE EWBT plan interpretation process supports accurate, systematic and consistent interpretation of the plan documents and relevant legislation.
- c) Members have the right to appeal the interpretation of plan terms and adverse benefit determinations of Great-West Life (Great-West Life) and Chubb, the benefit adjudicators. An adverse benefit determination is any denial, reduction or termination of, or failure to provide, or make payment, in whole or in part, for a benefit under the Plan.
- d) Appeals are expected to typically be related to missed deadlines, plan interpretation, benefits not provided, eligibility for benefits, administrative errors and/or levels of coverage.
- e) An appeal of a benefit determination made by Great-West Life or Chubb must first be made through the appeal process of Great-West Life or Chubb.



Claims appeals



Claim decision:

 When the insurer denies a benefit claim and a plan member disagrees with the reason(s) for the denial

Eligibility decision:

- When the plan administrator (OTIP) determines eligibility and the extent of benefits coverage, and a plan member disagrees with the decision
- Members may appeal interpretation of plan terms and adverse benefit determinations to CUPE EWBT Appeals Committee



Appeal process



Criteria or preconditions:

- Amount must exceed \$150 (if applicable)
- Start appeal process within 90 days of decision
- Provide additional or supporting documentation

Steps:

- 1. Plan member must first appeal to insurer
- 2. If not satisfied with insurer decision, member may file a written appeal to the CUPE EWBT Appeals Committee
- 3. Committee reviews and makes recommendations to CUPE EWBT Board of Trustees
- 4. Board of Trustees decides; decision is final



CUPE EWBT Claim Appeal Form

- Available on CUPE EWBT website (www.cupe-ewbt.ca) or by request from Managing Director
- Plan member must appeal in writing and use appeal form
- Submit the appeal form by:
 - Email: appeals@cupe-ewbt
 - Mail: **CUPE EWBT** 80 Commerce Valley Drive East, Ste. 1 Markham ON L3T 0B2

CUPE EWBT Claim Appeal Form Please complete this form in full and return it to appeals@cupe-ewbt.ca

Please PRINT clearly. (Please attach additional explanation and documentation as necessary)

1	Appeal details		
I hereb	y appeal denial of the following claim:		
	Claimant First name, Middle initial, Last name		
	OTIP Identification Number	Claim number (assigned by office)	Type of appeal (health, dental, etc.)
	Reason for denial		
	Reason for appeal		
	Claim expenses being appealed (please provide dates of expense	es)	
	1		

Importanti YOU MUST SIGN AND DATE THIS FORM

Instructions

I request a review under the CUPE EWBT Claims Review and Appeals Process. I agree that the Trustees, OTIP, any independent physicians, evaluators agents and consultants acting on behalf of the CUPE EWBT may obtain or view, for the purposes of review only and from any source whatsoever, a copy of records respecting the matter under review. I also agree that the Trustees, OTIP, any independent physicians, evaluators, agents and consultants may disclose information related to this review to the other parties to this review for the express purposes of this review. I understand that it is a serious offence to knowingly provide false information in order to induce the Trustees to make a particular decision.

I hereby consent to and authorize any insurance company, licensed physician, health care practitioner, hospital, clinic, medical facility or organization that has records or information with regards to this appeal to release the information to the Trustees, OTIP., any independent physicians, evaluators, agents, and consultants acting on behalf of the CUPE EWBT, for its consideration of my claim appeal. A photocopy or scan of this signed appeal and authorization shall be as valid as the original and shall continue to have effect through the duration of this appeal.

I hereby also agree to provide any additional information that may be requested for my claim appeal

Member's Signature X				Date (dd-mm-yyyy)
Address (street num	ber and name)		Apartment or Suite	City
Province	Postal Code	Telephone	Email Address	

Please note that appeals for drugs not currently approved by Health Canada for the requested use will be declined. If you have any questions or are uncles about what information to provide, please contact appeals@cupe-ewbt.ca.

The Board of Trustees has the sole authority to apply and interpret the terms of the Plan. The decision of the Board of Trustees concerning this appear will be final and binding.

Return to: CUPE EWBT Managing Director 80 Commerce Valley Drive East, Markham, Ontario L3T 0B2

Email: appeals@cupe-ewbt.ca





Decision considerations



- 1. Plan document
- 2. Previous interpretations of plan terms related to the issue
- 3. Comments or arguments from plan member
- 4. Financial impact on the CUPE EWBT
- 5. Potential precedents
- 6. Applicable law
- 7. Advice from CUPE EWBT advisors (legal, benefits consultant, actuary, medical experts)



Appeal statistics



- CUPE EWBT Board of Trustees has decided about 55 appeals since March 1, 2018
- Some appeal issues:
 - Private duty nursing
 - Over-the-counter medications
 - Prescriptions not covered
 - Physiotherapy
 - Enrolment errors / late applicants
 - Premiums while on LTD claim



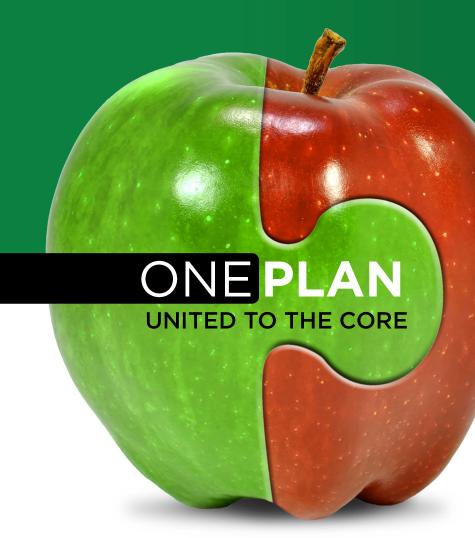
Retiree benefits update

- In 2016, an agreement was reached between CUPE, the Ontario government and the Council of Trustees' Associations to adopt a province-wide benefits plan for eligible CUPE members in the education sector, including retirees
- To be eligible, retiree must have been (and continue to be) a member of a Board retiree benefits plan as of February 28, 2018
- Anticipated May 1, 2018 transition for retirees was postponed due to implementation issues
- Plan design has been established; outstanding contract item is currently being resolved
- Firm transition date has not yet been set



Benefits plan review

Plan experience and other metrics





Membership at Dec 31, 2018

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- 64 school boards
- 52,830 members; 47,069 have elected benefits coverage

	Benefits coverage			coverage No benefits coverage				
Work Status	4%	50%	100%	4%	50%	100%	Tot	tal
Active	43,487	415	222	42	658	3,795	48,619	92%
LTD - Approved	978	6	226	185	6	106	1,507	3%
Other	1,457	13	265	322	35	612	2,704	5%
Total	45,922	434	713	549	699	4,513	52,830	100%



Funding



- Trust receives \$5,489 per FTE (FTE count established semi-annually)
- Total funding received from March to December 2018

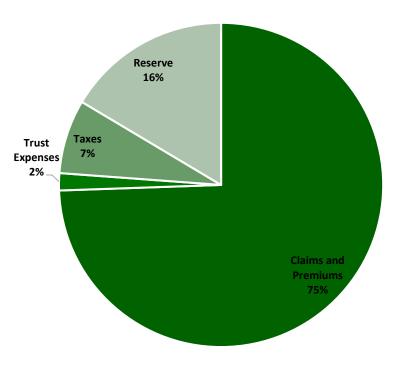
Funding	(\$ in millions)
FTE Funding	197.0
Member Contributions	11.1
Interest Earned	0.7
Total Funding	208.8



Funding and expenses (March 1 to December 31, 2018)



Assets	
Funding	\$208.8
Transition Allowance from GWL	\$1.0
Expenses	
Health and Dental Claims (GWL)	\$140.0
Life Insurance Premiums (GWL)	\$7.9
Global Assistance (GWL)	\$0.2
Other Charges and Premium Taxes (GWL)	\$7.6
AD&D Premiums (Chubb)	\$0.6
Other Trust Expenses	\$1.2
OTIP Fees	\$2.5
Taxes	\$15.5
Reserve	\$34.5





Required trust reserve

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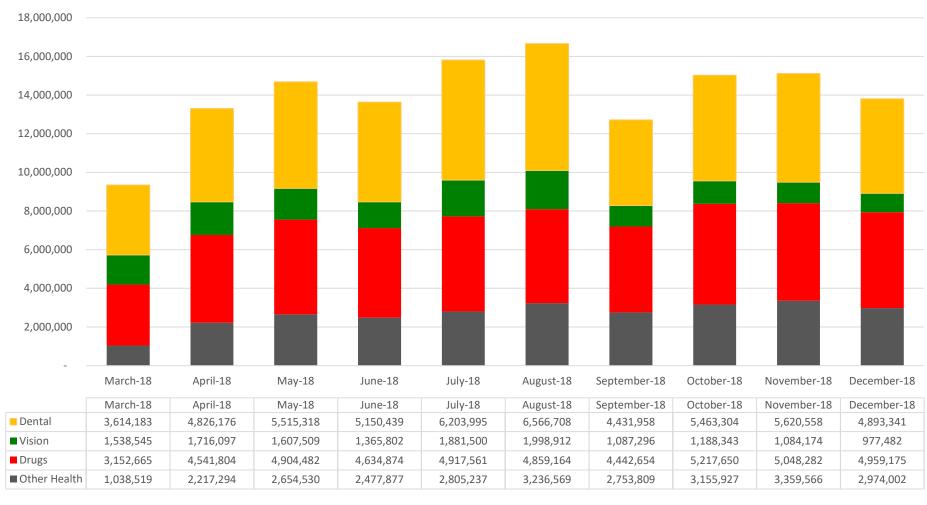
- The terms of the Trust require a minimum reserve of 8.3% of total costs
- Anything lower, and the Trustees are required to cut plan costs or increase member funding
- If it gets too high, the government may try to reduce the FTE amount or not increase it



Benefits – Health and Dental



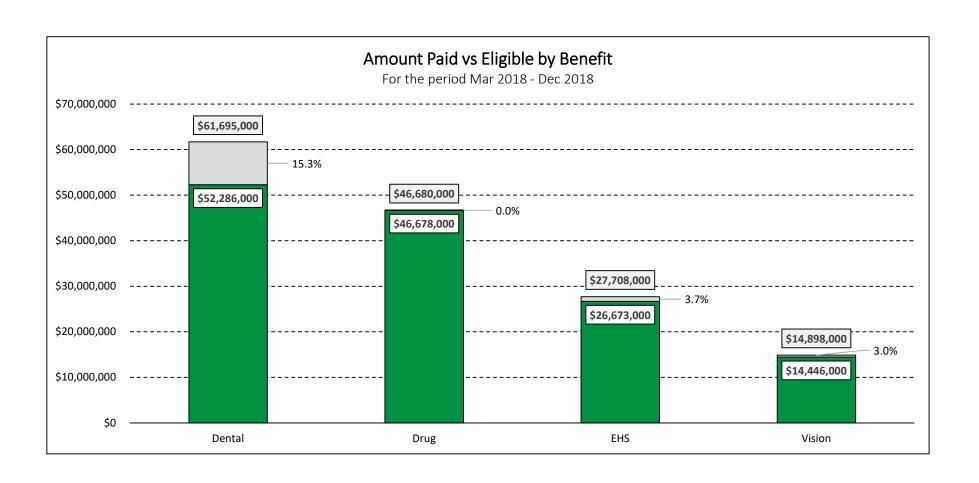
Monthly Claims





Benefits – Health and Dental

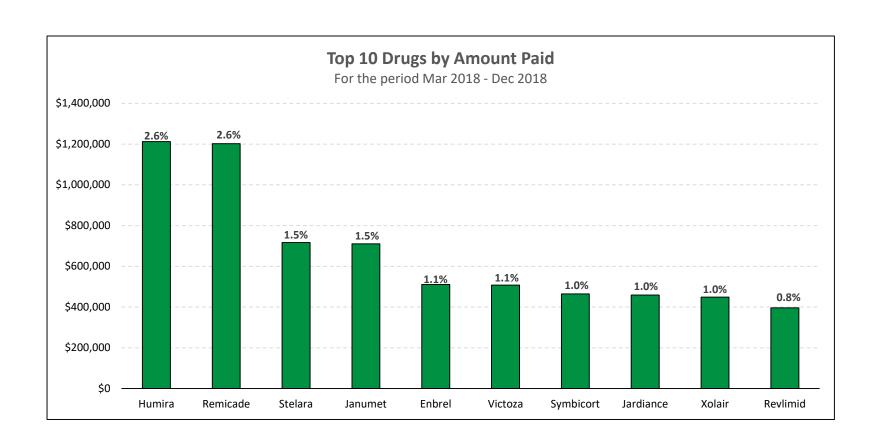






Benefits - Health and Dental



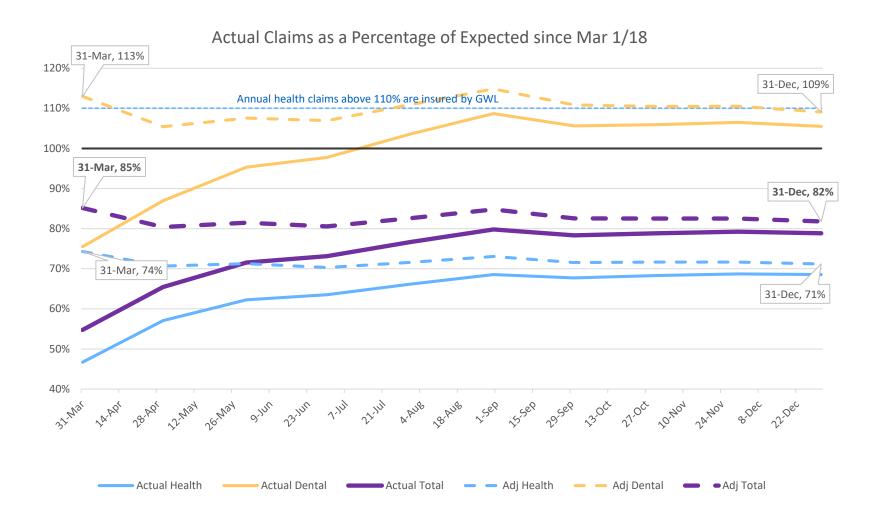


The percentages labeled represent the percentage of total drug claims paid.



Benefits - Health and Dental







Benefits – Life and AD&D



Life and AD&D	Volume of Coverage (in millions)
Basic	\$4,003.3
Supplementary	\$495.3
Member Optional	\$289.3
Spousal Optional	\$161.6
Child Optional	\$79.4



Your plan, your role

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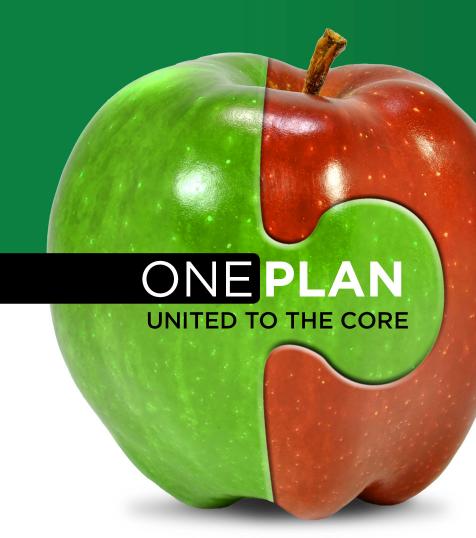
How you can help manage benefits costs....

- Take a generic drug instead of the brand-name drug
- Shop around for a lower dispensing fee (they can range from less than \$5 to more than \$12)
- Save on pharmacy fees by getting ongoing or "maintenance" medications in a 90-day supply, rather than filling prescriptions every month



Administration processes

Procedures for new hires, leaves and T4A slips





Benefits for new hires

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- New hires should be provided with a "new hire letter" by your board
- This notice lets new members know their benefits will be provided by the CUPE EWBT and directs them to the www.cupe-ewbt.ca site for more information
- It asks them to watch their board email for an invitation to login and enroll for benefits
- For those working 17.5 hours or more, Basic Life and AD&D are mandatory and paid by the Trust





Your CUPE Education Workers' Benefits Trust (EWBT) benefits plan

As a School Board employee, you may be eligible to enrol in the CUPE EWBT benefits plan. This benefits plan includes:

- Basic Life, Optional Life and Accidental Death and Dismemberment (AD&D) benefits for yourself and your spouse, as well as an Optional Child Life benefit.
- · Health (out-of-country travel included) for yourself and your eligible family members.
- Dental for yourself and eligible family members.

The benefits plan is sponsored and managed by the CUPE Education Workers' Benefits Trust (EWBT), which consists of trustees appointed by your union, the school boards, and the provincial government. The trustees will manage the CUPE EWBT in the best interests of the members, and will make a range of plan design, funding, administrative and investment decisions on their behalf.

What you can expect to receive over the next few weeks

1. An enrolment email from OTIP will be sent to your board email address, inviting you to enrol in your new benefits plan. Simply follow the steps outlined in the email to complete your enrolment for yourself and if applicable, your dependants. You will have the opportunity to select Single or Family coverage. As part of the enrolment process, any premium costs that you will be required to pay will be displayed. You will have 31 days from the date of the enrolment email to complete your enrolment.

Important - If you do not complete the enrolment process by the date outlined in the enrolment email, you will not have coverage.

- If you have selected health coverage, a new benefits card will be mailed to you within 10 business days after you have enrolled
- Your benefits booklet can be found on the CUPE EWBT Website at www.cupe-ewbt.ca currently, and on GroupNet (part of the Great-West Life website) after you have completed your enrolment.
- You can also view a summary Benefits Guide on the CUPE EWBT website www.cupe-ewbt.ca that provides an overview of the plan and related costs.

Questions?

You can view a tutorial video and find answers to the most commonly asked questions about the enrolment process and benefits plan at www.otip.com/enrolmenthelp.

If you have any questions after receiving your enrolment information, please contact OTIP Benefits Services at 1-866-783-6847.



New hire enrolment process

- Invitation to enrol sent to member's Board email address (mailed to home, if no board email available)
- To complete their enrolment, members must:
 - Review and update their personal and coverage information
 - Add dependent information coordination of benefits and student status
 - Make any optional life coverage selections
 - Designate a beneficiary
 - Provide banking information

Subject: Action Required: Enrolment in your benefits plan

Plan: 205001 OTIP ID: 123456

Dear Plan Member,

Welcome! You are now eligible to enrol in the PHDL Employee Life and Health Trust Benefits Plan, administered by OTIP (Ontario Teachers Insurance Plan).

Simply follow the steps outlined below to complete your enrolment for yourself and/or your dependants by December 1, 2016.

While we have transferred as much information as possible from your previous benefits plan, it is possible that some of your information could be incorrect or missing. As a result, it is critical that you complete your enrolment in order to review and update your benefits coverage. Please be aware if you do not complete your enrolment by December 1, 2016, you and/or your dependants may not have the coverage you require.

If you would like to enrol yourself and/or your dependants after the date noted above, medical evidence of insurability will be required and subject to approval by the insurance carrier.

You can view a video tutorial and find more information about enrolling in your benefits plan at www.otip.com/loginhelp.

How to enrol in your benefits plan:

- 1. Visit www.otip.com/enrol
- Enter the following information:
 - Your OTIP ID number: 123456
 - Your date of birth
 - Default password (see below)

Your default password is made up of your date of birth followed by the last three digits of your OTIP ID number using the format: YYYYMMDD###

For example, if your date of birth is December 7, 1965 and your identification number is 123456, then your default password is: 19651207456.





Designating a beneficiary

- Allows for tax-free insurance proceeds to be paid to your beneficiary(ies) and ensures your estate won't be reduced by additional probate fees
- To review, add or change your beneficiary log into <u>www.otip.com</u> and select "My Benefits"
- Two-step process:
 - Pre-fill the designation form online
 - Print, sign and mail the hard copy form to OTIP
- Your beneficiary has only been added or changed when OTIP receives the completed form

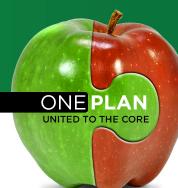
IF OTIP DOES NOT RECEIVE A SIGNED FORM, PROCEEDS WILL BE PAID TO YOUR ESTATE



Outstanding beneficiary designations

- Members with Basic Life must designate a beneficiary
- Only 64.7% of Active members have completed their beneficiary designation
- 1,834 pending beneficiary designations for active members (awaiting signed forms)
- 15,529 outstanding beneficiary designations for active members
- Protect your family and designate a beneficiary!





Trust funding for those not actively at work



Non-active category	Premium Share = active?	Duration	100% member paid option?	How long?
1 Paid Sick Leave (11 days)	Yes	End of sick leave	n/a	n/a
2 Short Term Disability (120 days)	Yes	End of STD	n/a	n/a
3 Long Term Disability	Yes	24 months	yes	Termination of LTD claim
4 WSIB	Yes	24 months	yes	Termination of WSIB claim
5 Personal Leave	Yes	60 days	yes	24 months
6 Unpaid sick leave or medical leave	Yes	60 days	yes	24 months
7 School breaks Lay offs (10 month members)	Yes	Period of regular lay off	n/a	n/a
8 Other lay offs	Yes	60 days	yes	Up to 24 months from day of lay off
9 Maternity or Parental Leave *coded as active if return over the summer	Yes	Up to 18 months*	no	n/a
Other statutory leaves (eg compassionate care)	Yes	Duration of leave	no	n/a
11 Secondments or "exchanges"	Yes	Indefinite	n/a	n/a
12 Deferred leaves	Yes	12 months	n/a	n/a



When you go on leave

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- Board notifies OTIP of leave via file submission
- Those going on maternity or other statutory leaves continue to be funded as an active member by the Trust
- For non-statutory leaves without pay,
 60-day grace period of benefits funding
- OTIP sends a pending event notice to your designated email address (board email, unless you have added a personal email address and made it your primary address)
- For leaves without pay (LTD or sick leave), hard copy of leave event notice is also sent to your home address on file



Subject: Action required to continue your benefits

Plan: 60210 OTIP ID:

Dear Member

We identified that the benefits premiums you are responsible for have changed.

Your benefits premiums may have changed due to one or more of the following reasons:

- Your regularly scheduled hours have changed.
- · Your leave of absence was approved or extended
- · You have been on long term disability for two years.
- You are on a recall list or indefinite layoff.

To ensure your benefits coverage continues, please review your benefits options and the premiums required on OTIP's secure member site. Please complete the steps below by KEXPIRY DATES.

What you need to do

- Go to www.otip.oom and click Log In.
- 2. Select Health and Dental from the drop-down menu and log in.
- After you have logged in, click My Benefits.
- Under Pending Activities on the My Benefits home page, select Leave Selection FTE Reduction. If premiums are required to maintain your benefits coverage, your monthly cost will appear beside each benefit selected, to assist you in making your coverage choices.

If you do not wish to continue your benefits or you do not complete the above steps, your benefits will be suspended effective <END DATE>.

IMPORTANT NOTES:

- Premium payments will deduct from your chequing/savings account on the 15th day of each month (or next business day).
- Premiums are subject to change due to employment/hours worked, salary changes, plan renewais and amendments. Your monthly deduction amount will update automatically if this occurs.

PO Box 218, Waterloo ON N2J 329 www.otip.com | 1.800.267.6847



When you go on leave

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- Notice informs you of need to log in and make benefits selections while on leave
 - During 60-day grace period, members will see contributions required during grace period
 - Second notice is sent when your 60-day grace period expires
- Benefits are suspended until you log in and confirm which benefits you wish to continue
 - Currently occurs even if you are going on a maternity or other statutory leave;
 however, this is being reviewed
- Those on WSIB or LTD who have benefit funding changes (on claim for 24 months) also receive an event notice asking them to log in and confirm continuation of benefits at their own cost



T4A distribution - Basic Life & AD&D premiums

- Basic Life and AD&D premiums previously paid by your board and now paid by the CUPE EWBT are taxable income
- The board reported this on your T4 (January and February 2018 premiums will be on your 2018 T4)
- OTIP, on behalf of the CUPE EWBT, will be issuing T4As to report this taxable benefit for the balance of 2018

Go green! Access your CUPE EWBT T4A slip securely online

To help you with your 2018 tax return, you can now access your CUPE EWBT T4A slip online, through OTIP's secure member site.



Member OTIP ID number for T4A login

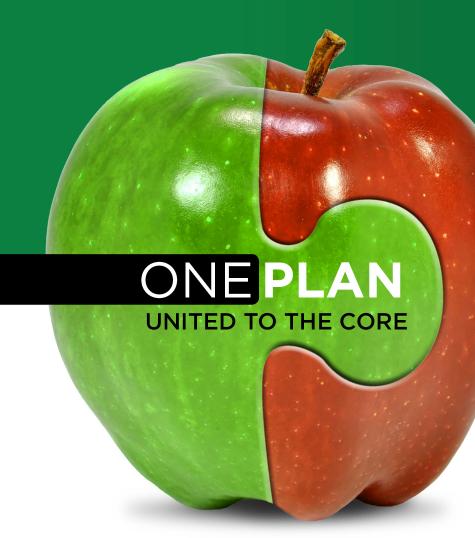


	716		
	OTIP RAI	EO.	Français
Products Way	s to Save Why OTIP Help Centre Retiring soon?		
	OTIP Member Login		
	Attention CUPE members: Your OTIP ID# can be found on your benefits	s card.	
	OTIP ID Number		
	11 122456 0004567900 04		
	11 123456 0001567890 01		
	11 123430 000 1307 090 01		
ı	OTIP Identification Number:	iir one sage.	
i			
	OTIP Identification Number:	sweet feeling	
	OTIP Identification Number:		



Member support

Overview of OTIP, Great-West Life and CUPE EWBT resources





Member support – OTIP

- ONE PLAN UNITED TO THE CORE
- Call centre hours to assist members during benefits enrolment process including leaves
- Monday to Friday: 8 a.m. 7 p.m. EST
 - **1-866-783-6847**
- www.otip.com/enrolmenthelp
 - Includes video tutorials and Frequently Asked Questions







Dedicated Call Centre Line: 1-866-800-8058 (toll-free)

- 8am to 7pm, Monday to Friday
- Inform callers on plan health, drug, and dental coverage
- Confirm out of country coverage
- Clarify claims assessment and handing
- Contact for first claims appeal
- Support inquiries for special handling (i.e., PA drugs)
- Self-service options such as eClaims and GroupNet



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- Members can access Great-West Life GroupNet for
 Plan Members through the OTIP site: www.otip.com/enrol
- Other access points:
 - GroupNet Mobile App (all mobile devices)
 - Two-way texting
 - Drug Hub (all Apple mobile devices)
 - Paper claims submission







Updated GroupNet for Plan Members

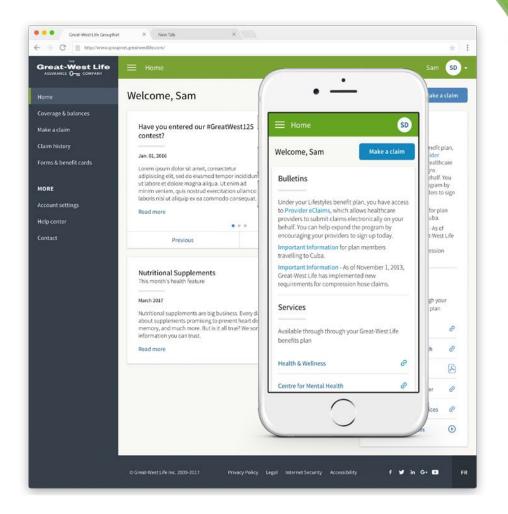
- Faster Users can quickly find information about their benefits, coverage, balance and claims history, thanks to improved navigations
- User Friendly New site is easy to use, visually appealing, making claim submission process more streamlined





Updated GroupNet for Plan Members

- Mobile-friendly Can access the site on any device
- Device optimized Switching from laptop to tablet, website automatically accommodates new resolution, image size and scripting abilities

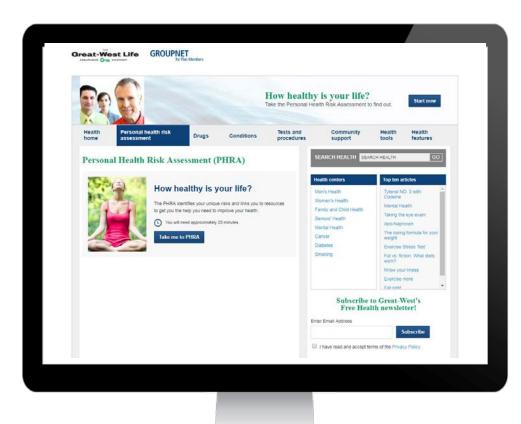








Health and wellness resources



Plan members can access credible health and wellness information!





Apps and support

Drug Coverage Search Tool





DrugHub



Ongoing CUPE EWBT communications

- Quarterly member updates on topical issues
- CUPE EWBT website: www.cupe-ewbt.ca



Spotlight on paramedicals and AD&D

Learn more about your coverage for these important benefits

What you need to know about paramedical services

The CUPE EWBT benefits plan offers comprehensive coverage for paramedical services to support your physical and mental well-being - think massage therapy, chiropractic and psychotherapy, for example. Eligible claims for paramedical services are reimbursed at 100%, up to either an individual maximum or a combined maximum (depending on the type of service).

Here is an overview of your paramedical coverage under the CUPE EWBT benefits plan for the benefit year (September 1, 2018 to August 31, 2019):

REIMBURSEMENT: 100%	MAXIMUM
Chiropractor	\$500/benefit year
Massage Therapist	\$500/benefit year
Naturopath	\$500/benefit year
Osteopath	\$500/benefit year
Physiotherapist Occupational Therapist Athletic Therapist	\$1,500/benefit year combined
Podiatrist/Chiropodist	\$500/benefit year combined
Psychologist Psychotherapist Registered Marriage and Family Therapist Registered Social Worker	\$750/benefit year combined
Speech-Language Pathologist Audiologist	\$500/benefit year combined

You don't need a referral from your doctor to claim these services. Most paramedical claims can be submitted to Great-West Life online or using the mobile app; you can also find claim forms on Great-West Life's GroupNet for Plan Members or by logging into OTIP's secure plan member website at www.otip.com and selecting "My Claims."

Remember, claims for paramedical services are subject to Reasonable and Customary (R&C) limits - the normal range of fees for services in a given geographical area. If you use a paramedical practitioner who charges more than the R&C limit, you'll need to pay the remainder out of pocket. To find out the R&C limits for a particular service in your area, contact Great-West Life.





Questions?

