



## OSSTF DISTRICT 19

### Benefits at a Glance

October 2007

To view complete booklet details go to [www.otipservices.com](http://www.otipservices.com)



### General Information

<b>Benefits</b>	<b>Note</b>
Employee eligibility	<p>Health and dental – all eligible under age 70 and their dependents.</p> <p>Your written application for coverage should be submitted to your employer within 31 days of the date you are eligible for coverage.</p> <p>Request for dependent coverage should also be indicated on the application.</p>
Dependent eligibility	<p>Spouse or child who is a permanent resident of Canada.</p> <p>If you want to add a new dependent to your coverage after your initial enrolment period (1<sup>st</sup> 31 days), a written application for dependent coverage should be submitted to your employer within 31 days of the date that your dependent is eligible for coverage.</p> <p>If the application for dependent coverage is after the 31 days of when your dependent is eligible to enroll, the late application provisions outlined below will apply.</p>
Spouse definition	<p>Person to whom you are legally married or a person of the opposite or same sex who has continuously lived with you for a period of at least one year in a conjugal relationship outside marriage.</p>
Child definition	<p>You or your spouse's natural, legally adopted, step or foster child, unmarried, not working full time, who is dependent on you or your spouse for financial support and under the age of 21.</p> <p>A dependent who meets all other requirements of this definition will continue to be eligible for coverage if the child is either enrolled and in full-time attendance at an accredited educational institution which provides a recognized certificate of accreditation or incapable of self support due to a mental or physical infirmity which began while the child was covered as your dependent. Satisfactory proof of continued infirmity must be provided from time to time, as required by Manulife.</p>



### General Continued

<b>Benefits</b>	<b>Note</b>
Late Application	<p>Proof of good health is required if you apply more than 31 days after your date of eligibility (except for dental coverage) or you apply for an amount of coverage which is only available with Proof of Good Health as outlined in the benefit summary below.</p> <p>Your completed written application for dependent coverage should be submitted to your employer within 31 days of the date you are eligible for dependent coverage.</p> <p>Proof of good health is also required for your dependents if you apply for coverage more than 31 days after the date you become eligible for dependent coverage.</p> <p>If you apply for dental care coverage more than 31 days after your date of eligibility, your coverage will be limited to \$150 during the first 12 months of coverage.</p> <p>If you are not actively at work on the date coverage would otherwise be effective, it will take effect only when you return to work and satisfy the “Actively Employed” definition.</p> <p>If you decline to enroll when first eligible because you are covered for comparable benefits under your spouse’s group plan, you will be eligible for coverage under this plan from the date immediately following the termination date of coverage under your spouse’s plan. An enrolment form is to be completed at the time of the change.</p>
Waiting Period	None
Agreement Year	Agreement year means September 1 to August 31.
Coverage Terminates	Employment termination, resignation, retirement or age 70



### Basic Life and AD&D

Benefits	Note
Amount of insurance	\$100,000

### Optional Life

Benefits	Note
Benefit level	If you have basic life insurance, you may purchase employee optional life coverage in units of \$25,000, up to a maximum of \$200,000.
Proof of good health	Required for any amount of coverage exceeding \$25,000.

### Prescription Drugs

Benefits	Note
Reimbursement percentage	100%
Pay direct drug card	Yes
Prescription drug deductible	\$25 per agreement year per single covered member \$50 per agreement year per covered family
Prescription drug dispensing fee cap	\$10.00 per prescription
Definition of drugs	Drugs legally requiring a prescription when prescribed by a physician or dentist and dispensed by a pharmacist. Non-prescription life sustaining drugs are also eligible when ordered by a physician.
Generic drugs	Where generic drugs exist, reimbursement is based on the cost of the generic. Brand name drugs covered in special circumstances e.g. when directed by the physician as not to be interchanged or substituted, and provided for specific medical reason.
Fertility drugs	\$2,500 per agreement year, \$6,000 lifetime
Erectile dysfunctional treatments	\$500 per Agreement Year



### Category A Paramedicals

<b>Benefits</b>	<b>Note</b>
Reimbursement percentage	100% (up to defined maximums)
Category A combined maximum	\$1,500 per agreement year for Category A paramedicals
Deductible	None
Physiotherapist or certified athletic therapist	Combined maximum of \$1,000 per covered person per agreement year
Speech pathologist	\$500 per covered person per agreement year
Nutritional counseling by a registered dietician	\$500 per covered person per agreement year (subject to \$80 per visit)
Chiropractor*, podiatrist*, chiropodist naturopath, osteopath* * after OHIP maximums are satisfied	\$500 per covered person per agreement year per practitioner

### Category B Paramedicals

<b>Benefits</b>	<b>Note</b>
Reimbursement percentage	100% (up to defined maximums)
Deductible	None
Massage Therapist (when prescribed by a physician)	\$500 per covered person per agreement year including a maximum of one x-ray per covered person per agreement year
Psychologist, Marriage and family therapist, or another similarly qualified therapist whose services are provided through an Employee Assistance Program arranged by your employer	\$1,000 per covered person per agreement year



## Medical Equipment, Appliances and Supplies

(expenses should be pre-authorized by the insurance carrier to ensure eligibility)

<b>Benefits</b>	<b>Note</b>
Reimbursement percentage	100% (up to defined maximums)
Deductible	None
Hearings Aids (including repairs and initial batteries)	\$400 every 60 consecutive months per covered person
Artificial limbs and eyes (including repairs)	Yes (when myoelectric prosthesis are required, only the amount that would be paid for standard artificial limbs would be covered)
Braces, splints, trusses and cervical collars	One brace per body part every 24 consecutive months
Urinary catheters and urinary kits	Yes
External breast prosthesis	6 surgical brassieres per covered person per agreement year needed as a result of a mastectomy
Urostomy, ileostomy, colostomy, traechostomy supplies (excluding gloves)	Yes
Custom-moulded orthopaedic boots or shoes or the actual cost of modifications and adjustments to stock item footwear when prescribed by a physician, podiatrist or chiropodist	\$550 per covered person per 2 agreement years
Custom-moulded orthotics fabricated using raw material, when prescribed by a physician, podiatrist or chiropodist	\$550 per covered person per 2 agreement years
Crutches, canes walkers	Yes
Infant apnea monitor, blood pressure monitors, aerochambers	Yes
Oxygen and Oxygen Equipment	Yes
Positive expiratory pressure mask (PEP) mask for cystic fibrosis	1 every 48 months per covered person
Ventilator, surgical bandages or dressings	Yes
Lymphedema sleeve and pump (result of mastectomy)	Yes
Insulin Pumps	\$2,500 every five years
Diabetic appliances	\$500 per covered person per agreement year
Rental hospital bed including repairs and excluding batteries (insurance carrier's option)	Yes – pre-authorization required
Rental wheelchair including repairs and excluding batteries (insurance carrier's option)	Yes
Radiotherapy or coagulotherapy	Yes



<b>Benefits</b>	<b>Note</b>
Transcutaneous Electrical Nerve Stimulation (TENS) Unit	Yes
Stump socks, sheaths and shrinker	9 socks and 6 sheaths per covered person per agreement year
Surgical Elastic Stockings (compression 25mmHg or higher)	10 pairs per covered person per agreement year
Wigs (after radiation or chemotherapy)	Lifetime maximum of \$500 per covered person
Intra-ocular lens implants, contact lenses or cataract eyeglasses following cataract surgery	1 paid in a covered person's lifetime
Compressor and equipment necessary for its use	Yes
Dental accident coverage (pre-authorization required)	Treatment must begin within 90 days of the accident and be completed within 1 year of the accident

### **Hospital**

<b>Benefits</b>	<b>Note</b>
Reimbursement percentage	100%
Deductible	None
Benefit	Difference between ward and semi-private charges
Private duty nursing (RN)	\$25,000 per agreement year
Ambulance	Charges of a licensed ambulance service to the nearest hospital facility as a result of a medical emergency

### **Vision Care**

<b>Benefits</b>	<b>Note</b>
Reimbursement percentage	100% up to defined maximum
Deductible	None
Vision care	\$350 every 24 consecutive months per covered person age 18 and over, every 12 months under age 18
Eye Examinations	One eye exam by ophthalmologist or optometrist every 2 agreement years up to a maximum of \$75
Laser Eye Surgery	\$2,000 lifetime maximum



### Travel

<b>Benefits</b>	<b>Note</b>
Maximum per trip	\$1,000,000 per person
Maximum duration	60 days
Deductible	nil
Reimbursement	100% of all eligible expenses



## Dental

### Coverage Options

Benefits	Note
Deductible	None
Co-insurance	See below
Basic services	100% coinsurance
Major services	80% coinsurance
Orthodontics (adult and children)	50% coinsurance

ODA Fee Guide	Current
Basic services	Unlimited
Major services	\$2,000 per agreement year per covered person
Orthodontics (adult and children)	\$3,500 lifetime per covered person

Predetermination Requirement	For charges exceeding \$500
Late applicant maximum	\$150 for first 12 months of coverage
Recall exams	Once every 9 months, once every 6 months for a child
Complete series of x-rays	Once every 24 months
Bitewing	Once every 9 months, once every 6 months for a child
Scaling	Limited to 10 units per 12 months
Occlusal equilibration/adjustment	Limited to 4 units per 12 months
Topical application of fluoride	Once every 9 months, once every 6 months for a child
Oral hygiene instruction	Once every three years
Exclusions	Cosmetic surgery or treatment

**This document is intended to provide summary information related to the important features of your health and dental plan. It has been prepared for information purposes only and does not constitute a contract. The exact terms and conditions of your health and dental program are described in the health and dental contract that applies to your group. Only the terms and conditions contained in the health and dental contract are binding. The information contained in this summary is important and may be printed for your use.**