

Insights: *Making claims*

Frequently asked questions on
the claims submission process



This update provides answers to your questions on drug, dental and extended health claims, as well as your role as a member in using the plan responsibly.

Q: HOW DOES MY BENEFITS CARD WORK?

A: You would have received a benefits card from Cowan upon the transition to ONE-T or, if you're a new hire, when you first joined the plan. You can also get your eCard on Cowan's Member Access site. For greater convenience, you can use this card at the pharmacy when you fill a prescription. You can also provide it to any health practitioner – like your dentist or chiropractor – as they may have the ability to submit your claims electronically. For replacement cards or additional benefits cards, please contact Cowan.

Q: WHY IS MY DRUG REIMBURSEMENT DIFFERENT FROM THE CLAIM AMOUNT SUBMITTED?

A: While your plan covers 100% of eligible prescription drug costs, the CAEAS-ECAB plan uses several drug plan management strategies to ensure the plan remains affordable and sustainable, which may impact the actual reimbursement you receive. These include:

- Mandatory generic substitution;
- Therapeutic class pricing for drugs to treat five specific conditions;
- 8% markup limit on drug ingredient costs;
- \$6 maximum dispensing fee per prescription; and
- Limit of 5 dispensing fees per chronic medication, per year.

In addition, specialty drugs and certain medications for complex disease states must go through a prior

authorization (PA) process, including an independent clinical review by a licensed pharmacist with Cubic Health, before they can be approved for coverage. You'll find a list of drugs requiring prior authorization on the [CAEAS-ECAB FACET Program website](#). For more information on your drug coverage, please refer to the [Drug Plan Resources](#) on the ONE-T website.

Q: CAN I SUBMIT ALL MY CLAIMS ONLINE?

A: You can submit many extended health and dental claims – for example, for paramedical practitioners, vision care, and some medical services and supplies – in one of three ways:

- Online on GroupNet for Plan Members - also available on your mobile device (watch [this video](#) for more details on GroupNet);
- Through the Great-West Life app; or
- Using a hard-copy form.

GroupNet also has a provider lookup tool to help you find a service provider near you who can submit your claim electronically.

Some claims are subject to a higher level of adjudication and therefore require special handling. For example, Great-West Life requires paper claims for orthotics and orthopedic shoes, so they can review the prescription to determine that there is a corresponding medical condition that requires orthotics/orthopedic shoes, the prescribing was done by the appropriate licensed practitioner and that the correct modelling methodologies were completed.

To make the process faster and easier, later this year, members will be able to submit these claims online by



submitting pictures of the paperwork with their claims. If you are unsure of who should prescribe orthotics/orthopedic shoes and what is required, please call the Great-West Life call centre.

Q: WHAT ARE “REASONABLE AND CUSTOMARY LIMITS,” AND HOW DO THEY APPLY TO MY CLAIMS?

A: Unlike physicians and hospital services, paramedical practitioners and other medical service providers aren't bound by a provincial fee guide and can charge virtually whatever they want. However, higher fees will also drive up our benefits plan costs.

To ensure the fees charged are reasonable, extended health claims are subject to Reasonable and Customary (R&C) limits: the normal range of fees for services and supplies in a given geographical area. All services and supplies covered under the CAEAS-ECAB benefits plan must represent reasonable treatment – meaning they must be accepted by the Canadian medical profession, proven to be effective, and of a form, intensity, frequency and duration that is essential to diagnose or manage a disease or injury.

Since R&C limits may change over time, it's a good idea to contact Great-West Life for a predetermination of benefits before starting an extended course of treatment.

Using the plan responsibly

As you know, your benefits are provided through a trust, which essentially makes you an “owner” of the plan with an important role to play. Benefits abuse or fraud hurts both our plan and its members – and it's more common than you might think! Common examples include:

- Unlicensed providers performing services, or licensed providers providing services outside of their licensing/scope of practice;
- Billing for an ineligible service falsely disguised as an eligible service (personal training billed as physiotherapy);
- “Upcoding” (claiming a more expensive procedure than what was actually done) or providers billing for services not actually rendered; and
- Submitting a false claim for services not received, or increasing the number or dollar amount of those services.

Use the plan for the benefits you need: that's what it's there for. But remember that using our plan responsibly will help keep it sustainable for years to come.

Looking for more information?

- **For claims-related questions**, please contact Great-West Life at 1-866-800-8086 or visit [GroupNet for Plan Members](#).
- **For enrollment and eligibility questions**, please contact Cowan at 1-888-330-4010 or one-t@cowangroup.ca.
- And be sure to visit the ONE-T website: www.one-t.ca!



A FINAL WORD

This document has been prepared exclusively for non-unionized education workers in the province of Ontario who are members of the CAEAS-ECAB benefits plan. It is not intended to be comprehensive or to provide advice. If there are any differences between the information provided in this bulletin and any legal documents that govern the delivery of benefits, the legal documents will apply. The ONE-T Trustees have sole discretion to modify any or all plan terms, including benefits levels, eligibility conditions, premium share, limits and co-pay amounts.