



## Introducing the CAEAS-ECAB benefits plan

As announced in a recent CAEAS-ECAB update, we are now working toward a June 1, 2018 launch date for the benefits plan for CAEAS-ECAB members. We know you're probably wondering what your new plan will look like, so we've prepared this brief overview for you, as well as common questions and answers.

### Your new benefits plan

As you know, the CAEAS-ECAB Plan Design Committee, in conjunction with the CAEAS-ECAB Board, worked diligently over many months to develop and finalize our plan design – including “stress testing” our plan to ensure its future viability. The plan design was adopted and approved by the Board on March 19, 2018.

At a high level, your plan includes coverage options for:

- Life insurance (for member, spouse and child);
- Accidental death & dismemberment insurance (for member and spouse);
- Prescription drugs;
- Medical services and supplies;
- Vision care;
- Paramedical services (e.g., chiropractic, massage therapy, etc.);
- Emergency travel medical;
- Private duty nursing; and
- Semi-private hospital rooms.

Here is some more information on the benefits and options available to you.

#### **Q: Is there a cost-sharing component to the new plan?**

**A:** Health, Dental, Basic Life insurance (Member only) and AD&D costs are 95% paid by ONE-T. As a member receiving benefits under the CAEAS-ECAB plan, you are responsible for the remaining 5%. This coverage is mandatory; however, you can opt out of Health and Dental if you have comparable coverage elsewhere (e.g., under a spouse's plan).

#### **Q: How does Life insurance work under the new plan?**

**A:** Here are some important facts about Life insurance under the CAEAS-ECAB benefits plan:

- Basic Life insurance is 2 x your annual salary.
- Optional Life insurance is also available for you and/or your dependents (Member, Spouse and/or Child). Optional Life insurance is 100% member paid. Rates for Member and Spousal Optional Life will vary depending on you/your spouse's age, gender and smoking.
- There is no age limit on Member Life insurance as long as you are actively working (or on an approved leave). Your coverage under the plan ends when you retire.

**Q: What is my prescription drug coverage?**

**A:** We realize how important it is for you and your family to have comprehensive drug coverage. That’s why our plan includes some provisions to help keep the plan sustainable for all our members. Here are some of its key features:

- Your plan covers 100% of eligible prescription drug claims (including life-sustaining over-the-counter (OTC) drugs, diabetic supplies and prescription-requiring preventative vaccines), with no deductible.
- There will be a prior authorization process for high-cost specialty drugs and certain drugs with significant safety concerns – meaning members will need to meet specific clinical criteria to have them reimbursed by the plan. That said, we want to make sure you and your family continue to have uninterrupted access to the prescription drugs you need, so **we are carrying over existing prior authorization approvals from the current Board plans to the new one.**
- Our new plan includes mandatory generic substitution, meaning it will reimburse up to the cost of the lower-priced generic equivalent of a brand-name drug. Generic drugs are just as safe and effective as brand-name drugs, but they cost a lot less – often as little as 10% of the cost of the brand-name equivalent! The plan will also cap reimbursement at a fixed amount for certain drug classes where there are a range of medications that are all equally safe and effective. Of course, you can always choose to take a more expensive drug; however, you will need to cover the difference in costs.
- The dispensing fee – what you pay at the pharmacy to get your prescription filled – will be reimbursed at a maximum of \$6, limited to 5 dispensing fees per year for each maintenance medication (a drug you take regularly for an ongoing condition). In other words, if you fill your prescription at a pharmacy that charges more than \$6 – or if you fill your prescription for a maintenance medication more than 5 times in a plan year – you’ll have to pay the difference out of pocket. Pharmacies do have some flexibility in charging (or waiving) dispensing fees, so we encourage you to speak to your pharmacist about your options

Rest assured, our members’ health is a key priority. We will also be establishing an independent appeals process to ensure any legitimate requests for exemption are considered fairly (details to come).

**Q: What’s covered under my dental plan?**

**A:** Your dental plan covers Basic services, Major Restorative services, Periodontics/Endodontics and Orthodontics. As with drug prior authorizations, we will be carrying over dental predeterminations to the extent possible.

**Q: I regularly get massages and/or physiotherapy. What kind of paramedical coverage will I have?**

**A:** Here’s a breakdown of the paramedical services and your coverage under the CAEAS-ECAB benefits plan:

Chiropracist/Podiatrist	\$500/benefit year
Naturopath	\$500/benefit year
Chiropractor	\$500/benefit year
Osteopath	\$500/benefit year
Psychologist & Social Worker	\$750/benefit year
Registered Massage Therapist	\$500/benefit year
Speech Therapist/Speech Language Pathologist	\$500/year combined with Audiologist
Physiotherapist	\$1,500/year combined with Occupational Therapy and Athletic Therapist

Your plan does not cover dietitians/nutritionists, communicative disorders assistants or marriage & family therapists.

**Q: I still have questions about my plan and what is/isn’t covered. Where can I get more information?**

**A:** You will soon receive enrollment materials from Cowan (the plan administrator) with more plan details. As this is a significant transition, it’s important to understand there may be questions relating to your specific coverage that Cowan may not be able to answer until your personal information is on file. Once you have received your welcome email, you may contact Cowan with your inquiries. If you have questions in the meantime, please contact [info@one-t.ca](mailto:info@one-t.ca)

**Did you know?**

In Canada, 6 out of every 10 prescriptions filled within most employer-sponsored drug plans are for generic medications.

**A FINAL WORD**

This bulletin has been prepared exclusively for non-unionized education workers in the province of Ontario. 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.