

Changes coming soon to your P/VP benefits plan

As shared in the [2019 Annual Report](#), the P/VP benefits plan for active members has experienced more claims than expected since its inception. Per the terms of the Trust Agreement, ONE-T must ensure the Trust is sufficiently funded to cover claims and administration costs, while also maintaining a reserve for financial protection.

The funded status of the P/VP plan, along with the other plans within the Trust, is reviewed annually by an actuary and projected over a three-year period (including an assumed increase based on recent negotiated agreements). If the plan is not sufficiently funded, then the Trustees

are required to make changes to help ensure the plan remains sustainable.

Actuarial modelling shows that, without any changes, the P/VP benefits plan for active members will fall into deficit within the next 3 years and will be unable to pay claims. To prevent this from occurring, there will be some changes to the plan, effective September 1, 2020.

The table below provides an overview of the benefits changes you'll see as of September 1, 2020. All other plan provisions will remain the same.

Benefit Area	Current Plan	September 1, 2020 Changes
Dispensing Fee Cap	<ul style="list-style-type: none"> • \$12 	<ul style="list-style-type: none"> • \$6
Paramedical Services	<ul style="list-style-type: none"> • Combined maximum of \$1,500 / benefit year for: <ul style="list-style-type: none"> • Chiropractor / Podiatrist • Dietitian • Naturopath • Chiropractor • Osteopath • Psychologist • Social Worker • Registered Massage Therapist • Speech Therapist • Marriage & Family Therapist • Separate \$1,500 / benefit year for Physiotherapist 	<ul style="list-style-type: none"> • 90% coinsurance, up to maximum of \$1,200 / benefit year for Physiotherapist • 90% coinsurance, up to a maximum of \$1,200/ benefit year for all other practitioners combined, including: <ul style="list-style-type: none"> • Chiropractor / Podiatrist • Naturopath • Chiropractor • Osteopath • Psychologist • Social Worker • Registered Massage Therapist • Speech Therapist • Marriage & Family Therapist • Dietitian not covered
Orthotics	<ul style="list-style-type: none"> • \$500 / benefit year • No prescription required 	<ul style="list-style-type: none"> • \$500 / benefit year maximum remains • Standard CLHIA adjudication • Prescription from a medical professional is now required
Custom Hose / Surgical Stockings	<ul style="list-style-type: none"> • 6 pairs / benefit year 	<ul style="list-style-type: none"> • 2 pairs / benefit year • \$250 maximum
Laser Eye Surgery	<ul style="list-style-type: none"> • \$2,000 lifetime maximum 	<ul style="list-style-type: none"> • Covered under vision benefit and maximum (\$500 / 2 benefit years)
Hearing Aids	<ul style="list-style-type: none"> • \$5,000 / 5 benefit years 	<ul style="list-style-type: none"> • \$2,000 / 5 benefit years
Healthcare Spending Account (HCSA)	<ul style="list-style-type: none"> • \$500 / benefit year 	<ul style="list-style-type: none"> • Current HCSA amounts can be used for expenses incurred up to August 31, 2020 • No new HCSA amounts will be provided thereafter



Q. HOW DID THE TRUSTEES CHOOSE THESE CHANGES?

A: These decisions were not taken lightly. In determining how best to proceed, the Trustees carefully considered the options and were guided by the following principles:

- **Provisions of the Trust Agreement;**
- **Anticipated increases in plan funding;**
- **Plan sustainability;**
- **Maximum impact on the plan's financial position, while minimizing the impact on plan members; and**
- **Equity across the plan membership.**

The Trustees also reviewed other plans in the education sector and looked at feedback from the plan design survey conducted among P/VP members a few years ago. The goal was to find a sustainable solution while upholding the overall plan value as much as possible.

Q. WHAT IS COINSURANCE, AND HOW WILL IT APPLY TO MY PARAMEDICAL CLAIMS?

A: Coinsurance (or copay) means you will pay a certain percentage of each claim when you receive a paramedical service. For example, if you have a chiropractic claim that costs \$100, your plan will cover 90% of the cost (or \$90), and you will be responsible for covering the remaining 10% (or \$10).

In consultation with the P/VP Executive, and in line with the results of the previous member survey, the Trustees agreed it was important to maintain a degree of flexibility in the P/VP plan design. While the Trustees originally contemplated a more restrictive approach to paramedical coverage, introducing coinsurance will maintain some flexibility by allowing members to continue to access the paramedical practitioners of their choice.

Q. WHAT HAPPENS TO OUR EXISTING HEALTHCARE SPENDING ACCOUNT (HCSA) AMOUNTS?

A: If you have unclaimed HCSA amounts from prior allocations (i.e., for the September 1, 2018 to August 31, 2019 and September 1, 2019 to August 31, 2020 periods), you can still use these amounts toward expenses incurred

before September 1, 2020. You will have 90 days after the end of the benefit year in which the expenses were incurred to submit any outstanding claims.

Q. WITH COVID-19, MEMBERS ARE CURRENTLY UNABLE TO ACCESS CERTAIN HEALTHCARE SERVICES. WHAT IS THE IMPACT ON OUR BENEFITS PLAN?

A: We expect to see short-term decreases in certain types of claims due to COVID-19 (for example, dental, vision care and paramedical); however, other claims, such as drug claims, are expected to remain steady. It is also likely that we will see a spike in claims once members have access to all services again. Of course, it is challenging to project decreases in costs during COVID-19, as well as any surge in claiming post-COVID 19, so there is no guarantee of any net savings.

Should there be any reduction in claims due to COVID-19, this would temporarily put the Trust in a slightly better financial position, acting as additional margin for the plan. However, **please remember that as long as plan claims outpace the funding increases, the plan's long-term sustainability will continue to be challenged.**

Recent events have brought to light how important it is to have benefits coverage, and we want to make sure your plan is there for you when you need it. We encourage you to continue to use the plan for the services you need, but also to use it responsibly. For tips on how to do that, have a look at the drug plan resources on the [ONE-T website](#).

Keep in mind that if plan experience continues to deteriorate over time, further changes may be required.

Q. WHAT HAPPENS NEXT?

A: Over the coming months, ONE-T will be working with the plan providers (Cowan and Canada Life) to implement these changes, with a focus on ensuring a smooth transition and member experience.

Remember, **these changes will come into effect on September 1, 2020.** We will continue to update you as we approach the implementation date, and we thank you in advance for your support.

A FINAL WORD

This document has been prepared exclusively for non-unionized education workers in the province of Ontario who are members of the P/VP benefits plan for active members. 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.