

IMPORTANT: changes to the P/VP Benefits Plan take effect September 1, 2020

In May 2020, we advised that the P/VP benefits plan for active members has experienced more claims than expected since its inception.

And, 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. To ensure these requirements are maintained, ONE-T is implementing necessary plan changes.

ONE-T will be working with the plan providers (Cowan and Canada Life) to implement the changes outlined below, with a focus on ensuring a smooth transition and outstanding member experience.

SUMMARY OF PLAN CHANGES

The plan changes are summarized below; all other plan provisions remain unchanged.

HEALTHCARE SPENDING ACCOUNT (HCSA) AMOUNTS: GOOD NEWS!

The HCSA allocation is currently \$500 / benefit year. Your current HCSA balance can be used to help pay for eligible expenses incurred up to August 31, 2020. In May 2020, we communicated that the HCSA would no longer be available at the end of the benefit year.

Since then, we have explored alternatives to having to discontinue the HCSA. Instead of extending the deadline for spending remaining HCSA credits, we are pleased to announce that on September 1, 2020, a one-time HCSA allocation of \$300 will be provided for the 2020/21 benefit year. This special allocation is being provided to help ensure that you, and your family, have additional security during these unusual times.

Benefit Area	Current Plan	September 1, 2020 Changes
Dispensing Fee Cap	• \$12	• \$6
Paramedical Services	<ul style="list-style-type: none"> • Combined maximum of \$1,500 / benefit year for: <ul style="list-style-type: none"> • Chiroprapist / Podiatrist • Dietitian • Naturopath • Chiropractor • Osteopath • Psychologist • Social Worker • Registered Massage Therapist • Speech Therapist (includes Communicative Disorders 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"> • Chiroprapist / 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	• 6 pairs / benefit year	<ul style="list-style-type: none"> • 2 pairs / benefit year • \$250 maximum
Laser Eye Surgery	• \$2,000 lifetime maximum	• Covered under vision benefit and maximum (\$500 / 2 benefit years)
Hearing Aids	• \$5,000 / 5 benefit years	• \$2,000 / 5 benefit years
Healthcare Spending Account (HCSA)	• \$500 / benefit year	<ul style="list-style-type: none"> • Current HCSA amounts can be used for expenses incurred up to August 31, 2020 • A new HCSA allocation of \$300 will be provided on September 1, 2020 for the 2020/2021 plan year



PREDETERMINATION INFORMATION

A predetermination is basically an estimate of Healthcare or Dental work needed, and the costs involved to perform that work. It's a useful tool to help you make more informed decisions about your care, particularly since you are aware of the expected costs and what may or may not be covered under the benefits plan.

If you received a pre-determination for a service / supply that is changing as of September 1, 2020, and you have not yet incurred the service prior to September 1, 2020, you must submit another estimate as your coverage has since changed. Predeterminations for a service / supply are valid based on the plan members coverage as of the date the service is incurred.

For orthotic claims specifically, the orthotic benefit is not changing as of September 1, 2020, however you will be required to provide a prescription. If you have received a pre-determination for orthotics prior to September 1, 2020, Canada Life will grandparent that pre-determination on file for a period of 6 months, which means no prescription is required in this case.

IF YOU RETIRED AT THE END OF THE SCHOOL YEAR

We know that the pandemic has affected all members, including some members who were set to retire.

In March, April and May, many healthcare and paramedical practitioners were closed, and the ability to get service before retiring was possibly interrupted.

However, under the terms of our Trust Agreement, we are unable to extend benefits once a member retires. The Trust Agreement is complex, and as a result very clearly stipulates that funding for Active plan members and Retirees must be kept separate. Under the terms of the Trust Agreement, once you retire you no longer meet the definition of an 'Active' member, and are therefore not permitted to continue coverage.

EXPENSES RELATED TO PPE AND COVID-19

Our plan does not currently cover expenses specifically related to personal protective equipment (PPE) and COVID-19. The Trust is currently working with our insurance provider, Canada Life, to look at the feasibility of future coverage under the plan.

However, we can confirm that PPE surcharges you incur when specifically related to a service you receive from any eligible provider (for example, a charge for masks that the practitioner who was providing the service to you was required to wear – such as your dentist), are eligible for reimbursement under the HCSA.

Additional information related to plan coverage will be communicated as it becomes available.

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.