

This Q&A has been prepared from the questions that were asked by P/VP Members during the three webinar sessions that ONE-T held in October 2024. Please note you can also watch a [recording of the webinar](#) on the ONE-T website.

Questions about benefits coverage and making benefits claims

Q1. When I access my benefits card through the Canada Life website, I don't see my Plan info on it. Is there somewhere else I can find it?

A1. Yes. You can access your Member ID Card on the [Cowan website](#) (you can view it electronically or print a copy). The card that's available on the Canada Life website is an emergency travel medical card only.

Q2. Now that dental coverage is 90%, can I use the money in my HCSA to cover the difference?

A2. Yes. You can use the money in your HCSA to cover any eligible expenses for you and your eligible dependents – including dental. You can find a complete list of eligible expenses on the [Canada Revenue Agency website](#).

Q3. I see the HCSA deposit this year is \$200. It was \$450 last year. Why the difference?

A3. The amount that gets deposited to your HCSA in any given year may change, based on the overall financial position of the Benefits Plan. For 2024-25, the amount was reduced to \$200 to help respond to the reality that funding for the Plan is not keeping pace with increased benefit costs and usage.

Q4. My parents live with me. Is there any way to cover them through the Benefits Plan?

A4. No. The Benefits Plan can only cover your dependents. There are individual health insurance programs that you could purchase to cover your parents. There are many options available, including Canada Life's [Freedom To Choose](#) program.

In addition, you may be able to use your \$200 HCSA amount to cover some health and dental expenses for your parents if they are financially dependent on you (i.e., if you can claim a medical expense tax credit for them). You can find HCSA rules and a list of eligible expenses on the [Canada Revenue Agency website](#).

Q5. How often am I covered for dental recall exams?

A5. You're covered for a recall exam once every nine months.

Q6. Will dental coverage return to 100% in March 2025 when premium contributions begin?

A6. No. The percentage of dental covered will remain at 90% when premium contributions begin in March 2025.

Q7. If I'm travelling out of country, what do I need to do in a medical emergency?

A7. If you experience a medical event or emergency, the best thing to do is contact the number on your Member ID Card (available through the [Cowan website](#)). An advisor will walk you through the process to pay for/submit a claim for the care you are receiving. You should always review your emergency travel medical coverage details **before you leave** to make sure you're aware of what's covered. Review the article "[Spotlight on your emergency travel medical coverage](#)" for more details.

Q8. I only have two people in my family. Does the Plan have an option to cover only two people?

A8. No. The two coverage levels in the Benefits Plan are Single and Family.

Q9. Why are we still only covering a "traditional" family model in the Benefits Plan? In today's world, family can mean different things.

A9. We agree that family can mean different things. However, to ensure we can maintain the non-taxable nature of the ONE-T Benefits Plan, the Canada Revenue Agency (CRA) defines which dependents are eligible for coverage. ONE-T can't extend this eligibility without putting the Plan at tax risk.

Q10. Does ONE-T have to work with Canada Life as our carrier?

A10. Yes. Canada Life is the contracted group insurance carrier for the Plan until 2028, and was selected through a competitive marketing exercise before the Trust was established. As with all Third Party Service Providers, this contract will be evaluated leading up to its expiry.

Q11. Between my massage and dental costs (and with dental now being covered at 90%), the \$200 in my HCSA will be fully utilized pretty quickly, right?

A11. It's up to each Member to determine how they would like to use the funds in their HCSA to support their benefits costs.

Q12. Does my "max coverage" for a benefit reset every year?

A12. It depends on the benefit. Some benefits – like paramedical – reset each Plan year on September 1. Other benefits – like orthodontics – have a lifetime maximum that doesn't reset, while others – like vision care – reset after a defined period of time. Review your [Plan booklet](#) on the ONE-T website to learn more.

Q13. If I don't agree with Canada Life on a claim they've denied, what can I do?

A13. You can make an appeal by following the [process outlined on the ONE-T website](#).

Q14. Can I use my HCSA to cover expenses for my dependents or just for me?

A14. You can use the money in your HCSA to cover eligible expenses for you and your eligible dependents.

Q15. Where can I change my address on file with ONE-T?

A15. All address changes need to be submitted through your School Board, which will pass on your address change to Cowan.

Q16. Where can I view my coverage balance(s) for the year?

A16. Log in to [My Canada Life at Work](#) and navigate to the “Coverage and Balances” page.

Questions about the ONE-T Trustees

Q17. What steps are taken to ensure diverse representation on the Board?

A17. ONE-T Trustees are appointed by the Settlers of the Trust, which include: the Ministry of Education, the three P/VP Associations (CPC, OPC, ADFO), CAEAS-ECAB, and the Trustee Associations. If you have a question about the process for appointing Trustees, please reach out to your P/VP Association.

Q18. How are Trustees paid?

A18. This information is provided to the Settlers of the Trust. If you have a question about the Trustees’ remuneration, please reach out to your P/VP Association.

Q19. How can we communicate with the Trustees?

A19. Send an email to info@one-t.ca (our central email address) and it will be shared with the Trustee(s) for their information and input before ONE-T’s Executive Director responds to the email.

Questions about ONE-T Financials and Costs

Q20. Where can I get a copy of the Plan financials (e.g., contributions that came in, the Plan’s expenses)?

A20. Financials are provided to the Settlers of the Trust each quarter. The annual financial statements are audited. If you have a question about the Plan’s financial position, please reach out to your P/VP Association.

Q21. Has there been a forensic audit to see if there were other cuts that could have been made instead of the Plan changes made this year?

A21. The Trustees’ role includes working with expert advisors to review the costs of the Trust and potential ways to help manage and sustain the Plan.

Only a very small percentage of total costs are for the administration of the Plan and this percentage (less than 4% in 2023) has been declining.

Benefit costs have been rising, notwithstanding various cost-saving initiatives taken by Trustees such as biosimilar switching and prior authorization for all weight management drugs. After thorough review and analysis, and discussion with the P/VP Associations, this year's Plan changes were deemed necessary and effective to help address the gap in funding vs. the rising Plan benefit costs.

Q22. Could we amalgamate with the Teachers' plan to help since there's strength in numbers?

A22. If you have a question about the benefits of or process to amalgamate, please reach out to your P/VP Association.

Q23. Does the funding coming from the government take into account cost increases and inflation?

A23. ONE-T Trustees do not participate in funding negotiations or discussions. If you have a question about government funding, please reach out to your P/VP Association.

Q24. Does the Minister know we're losing benefits?

A24. ONE-T communicates all Plan design decisions with the Settlers, including the Ministry of Education.

Q25. Why are our costs consistently going up, but coverage keeps going down?

A25. Each year Trustees review the Plan design. In 2022, Plan benefits were improved and in 2023, Plan benefits were unchanged. The current level of funding that's provided to ONE-T is not keeping up with the rising benefits costs and increasing usage of the Plan by P/VP Members. However, given the magnitude of benefit costs and usage increases, Trustees needed to reduce benefits this year to help address Plan sustainability. Given known funding for the next few years, it is likely that additional cost-saving initiatives, cost-sharing initiatives and/or reductions in coverage will be required.

Q26. Are the Trustees taking any measures to slow down or reduce the increase in benefits costs?

A26. Yes. In 2023, ONE-T implemented two prescription drug initiatives to help manage increasing drug costs: **biosimilar switching** (switching from more expensive biologic/specialty drugs to similar ones) and expanding **prior authorization** (the process to ensure certain specialty drugs are medically required and the best course of treatment for a condition). In 2024, ONE-T moved all weight management drugs to prior authorization.

Plan Members can also help manage costs. See the article "[What you can do to help](#)" on ONE-T.ca.

Q27. How is it that we have the highest funding and yet our benefits are less than what other employee groups have?

A27. As a group, P/VP has a higher average age than teacher employee groups, along with more family coverage (i.e., more dependents claiming against the Plan), which can mean greater use of benefits and more costs.

None of the teacher plans cover weight management drugs which, despite the requirement for prior authorization to ensure specific criteria are met, has grown to be one of the highest-cost therapies of the P/VP Plan. Since we don't have access to information on other employee group benefit plans, there may be other reasons that we are not aware of that also help explain the greater usage by P/VPs of their Benefits Plan.

Questions about Plan Changes on September 1, 2024

Q28. Will these changes be reversed if the Plan gets more funding?

A28. Changes to Plan design in the future will depend on future funding; at the current level of funding, any reversal of changes is highly unlikely.

Q29. With the HCSA amount getting lower, is the intention to eventually eliminate the HCSA?

A29. The Plan will continue to be reviewed by Trustees each year and, based on the available funding and projected plan costs, Plan design decisions will be made at that time. In reviewing Plan design, the Trustees consider industry trends, input from service providers and benefits specialists, benchmarking with other education sector benefit plans, and input from representatives of the P/VP Associations. Education sector benefit plans are all different, but none of the teacher plans have an HCSA.

Q30. It seems like teachers have better benefits than us. Who accepted these cuts?

A30. The Trustees are appointed by the Settlers of the Trust to make decisions in the best interest of the Members of the Plan. The changes effective September 1, 2024, were put in place to help Plan sustainability in light of Plan benefit costs outpacing the level of funding that is provided.

Q31. The changes are making it more difficult to attract Principals and Vice-Principals. Don't you see this?

A31. Trustees are aware of and empathize with current P/VP recruiting challenges. Trustees do not have control over how the Plan is funded. Current funding is not keeping pace with benefit costs and Plan usage. The Trustees must make decisions centered on the best interest of the Members and Plan sustainability. Trustees must make decisions that ensure there are always sufficient funds to pay valid claims.

Q32. With these changes, I'm wondering if we could just dissolve the Trust and start again with another employee group or join with Teachers?

A32. If you have a question about the feasibility of membership with another plan/Trust, please reach out to your P/VP Association.

Q33. How will these cuts support a better Plan moving forward?

A33. The Trustees made these Plan changes to help address the Plan's sustainability (with costs being higher than available funding, this was an important step to take).

Each year, the Trustees will continue to review the Plan's financial position to determine what measures need to be taken to ensure the continued health of the Plan.

Q34. What happens if these changes lead to a surplus in the Trust? Will we benefit from that?

A34. At the current level of funding, rising benefits costs, and increasing Plan usage, having a surplus available for benefits improvements is highly unlikely.

Q35. How much will my premium contribution be starting March 1, 2025?

A35. You can find this amount, along with more details about this cost-sharing change in the [Learning Centre](#) on ONE-T.ca.

Q36. P/VPs are getting older and require Plan stability. What is planned to address this?

A36. To ensure Plan sustainability for current and future Members, there are two ways to address this: increasing funding (ONE-T does not have any control over this) or managing benefits costs (via cost savings initiatives and Plan design changes).

Q37. If we are now paying premiums, why is there no change to our coverage?

A37. The new Member premium contribution is a measure that helped avoid more drastic coverage reductions this year. It is possible – dependent on future funding and benefits costs and usage – that more coverage reductions or increased premium contributions could be required starting September 1, 2025.

Q38. Could we not have introduced a higher deductible rather than premium cost-sharing so that a person who doesn't use the Benefits Plan often does not get penalized?

A38. The ONE-T Board, with the support of its service providers, engages in an annual Plan design review process, with multiple plan design options considered. A lot of consideration is given to which Plan design options are chosen, based on the projected financial impact on the Trust and its Members. Several other benefit plans in the education sector have premium contributions. Commencing March 1, 2025, the P/VP Plan will have a mix of premium contribution and co-pay (e.g., 90% cover for paramedical services).

All benefit plans have an element of insurance whereby those members who are healthiest receive fewer benefits than those that, for example, need expensive and perhaps lifesaving drugs. Trustees must ensure a balanced Plan that considers the needs of all Members.

Q39. The other non-union Plan under ONE-T has increased its coverage this year; why is ours getting worse?

A39. ONE-T is responsible for managing two distinct Plans: P/VP and CAEAS-ECAB. Each group's Plan design is determined based on separate funding levels and benefits costs and usage.