



The following Frequently Asked Questions (FAQs) are based on questions received from District leaders and members, as well as other questions anticipated to be asked as Districts transition into the new OSSTF Benefits Plan. Updated FAQs will be provided to District leaders and members on an on-going basis.

Eligibility

1. Who is eligible for the OSSTF Benefits Plan?

- Contract teachers and support staff (refer to #2)
- Long term occasional teachers (refer to #4, 5)
- Retirees (refer to #6, 7, 8)

2. Is the new plan mandatory for permanent Teachers, Support Staff and eligible Long Term Occasional Teachers (LTO)?

Base Life and AD&D are mandatory for eligible members regardless of FTE status, but participation in health, dental and optional life benefits is voluntary. For example, members with comparable health and dental coverage or who do not require coverage may choose to not participate in the health and dental benefits.

3. Will members have to pay for the new benefits plan?

- i. Basic Life and AD&D benefits are 100% funded by the OSSTF ELHT and mandatory for all eligible members regardless of their FTE level. All eligible members, regardless of their FTE level, who voluntarily choose optional benefits, such as Optional Life and Optional AD&D will be required to pay 100% of the premiums.
- ii. Extended health and dental benefits for a 1.0 FTE includes a 6% premium share. There is an additional pro-rating of member contributions for members with a less than 1.0 FTE. The charts below provide a summary of estimated costs for full and part-time members based on the rates at inception of the plan.

Monthly Member Share		1.0 FTE
Health	Single	\$7.61
	Family	\$19.03
Dental	Single	\$4.01
	Family	\$10.02



Monthly Member Share		0.667 FTE	0.5 FTE	0.333 FTE
Health	Single	\$47.32	\$67.24	\$87.16
	Family	\$118.31	\$168.10	\$217.89
Dental	Single	\$24.91	\$35.39	\$45.87
	Family	\$62.27	\$88.48	\$114.68

iii. Eligible members on a non-statutory approved leave may elect to continue to participate in the benefits plan on a 100% member-paid basis.

The chart below provides a summary:

Benefits	Participation of Eligible Active Members and Eligible Members on Statutory Leave	Participation of Eligible Members on Non-statutory Unpaid Leave
Basic Life and AD&D	Mandatory for all No premium share	Voluntary 100% member paid premium share
Optional Member and Spousal Life and AD&D, Optional Child Life	Voluntary 100% member paid premium share	Voluntary 100% member paid premium share
Health and Dental	Voluntary for all 6% premium share for 1.0 FTE Additional pro-rating for less than 1.0 FTE	Voluntary 100% member paid premium share

4. Are LTOs eligible for the OSSTF Benefits Plan?

LTO members who are currently eligible for coverage under their collective agreement will continue to have eligibility under the new OSSTF Benefits Plan.

5. Does coverage for LTOs continue over the summer?

The general rule is that coverage will continue over the summer only where an LTO assignment continues over the summer period.

6. Will retirees be eligible to participate in the OSSTF Benefits Plan?

Retirees are eligible to participate in the OSSTF Benefits Plan if they are:

- Enrolled in a board-owned retiree plan prior to August 31, 2013 and still hold those benefits on the date that their local transitions into the new ELHT;



- Enrolled in a board-owned retiree plan after August 31, 2013 and still hold those benefits on the date that their local transitions into the new ELHT; 100% of the premium will be paid by the retirees.

7. When will retirees be transferred into the OSSTF Benefits Plan?

Retirees will not transition with active members. Based on the central agreement, eligible retirees are expected to transition into the ELHT no later than August 31, 2017.

8. When will retirees learn more information?

All involved parties are evaluating current arrangements in board plans and further details will be shared once retiree eligibility and enrolment are determined.

9. Are Daily Occasional Teachers eligible for benefits in the OSSTF Benefits Plan?

Daily Occasional Teachers and temporary support staff will not be eligible to participate in the OSSTF ELHT Benefits Plan. OTIP currently provides an optional benefits plan that Daily Occasional Teachers can elect to pay and participate in if they wish. OTIP is working on a restructuring of the Occasional Education Employee Plan that will provide all OSSTF members working on an occasional/temporary basis options for individually elected benefit coverage. The details of the new plan are scheduled to be completed for implementation in the 2016/2017 school year.

10. Until what age can children be covered under the OSSTF Benefits Plan?

Children must meet the following criteria to be covered under the OSSTF Benefits Plan:

- a) be unmarried;
- b) be not employed on a full-time basis;
- c) be not eligible for insurance as a member under this or any other group policy; and
- d) be either under 21 years of age, or, if a full-time student at an accredited school, college or university, under 25 years of age.

Enrolment and Communication

11. When will members be transitioned into the new benefits plan and how will they know?

All eligible OSSTF Benefits Plan members will be transitioned into the plan on a staggered basis over the 2016-2017 school year and there will be no break in coverage for members as a result of the transition. All eligible members will receive email and/or mail communication from OTIP, including enrolment instructions, approximately three weeks prior to their District's transition into the plan.

There are five transition waves planned over the 2016-2017 school year. The chart below provides a summary.



	School Boards
Wave 1 November 1, 2016	<ul style="list-style-type: none"> ▪ Grand Erie District School Board ▪ Halton District School Board ▪ Kawartha Pine Ridge District School Board ▪ Ottawa Carleton District School Board ▪ Peel District School Board ▪ Rainbow District School Board ▪ Renfrew County District School Board ▪ Simcoe County District School Board ▪ Thames Valley District School Board ▪ Thunder Bay Catholic District School Board ▪ Waterloo Region District School Board
Wave 2 February 1, 2017	<ul style="list-style-type: none"> ▪ Algoma District School Board ▪ Avon Maitland District School Board ▪ Bluewater District School Board ▪ Brant Haldimand Norfolk Catholic District School Board ▪ District School Board of Niagara ▪ District School Board Ontario North East ▪ Durham District School Board ▪ Greater Essex County District School Board ▪ Hamilton-Wentworth District School Board ▪ Keewatin-Patricia District School Board ▪ Lakehead District School Board ▪ Lambton Kent District School Board ▪ Near North District School Board
Wave 3 February 1, 2017	<ul style="list-style-type: none"> ▪ Conseil des écoles catholiques de langue française du Centre-Est ▪ Conseil des écoles publiques de l'Est de l'Ontario (CÉPEO) ▪ Conseil scolaire catholique de district des Grandes Rivières ▪ Conseil scolaire catholique du Nouvel-Ontario ▪ Conseil scolaire de district catholique Centre-Sud ▪ Conseil scolaire de district catholique de l'Est Ontarien ▪ Conseil scolaire public du Nord-Est de l'Ontario ▪ Conseil scolaire Viamonde
Wave 4 April 1, 2017	To be determined.
Wave 5 June 2017	To be determined.



12. How does OTIP know when a member is eligible to enrol or if their employment status changes?

The boards will be responsible for providing Human Resources Information Systems (HRIS) data to OTIP on a weekly basis that will identify when a member is eligible to enrol in the plan or if their eligibility changes. As the plan administrator, OTIP will then contact the member to ensure necessary changes are processed.

13. How will a member know when they are eligible to enrol in the OSSTF Benefits Plan if they become eligible after the transition date?

Once the board provides this information to OTIP, eligible members will be notified by OTIP when they are eligible to enrol for benefits coverage in the OSSTF Benefits Plan. OTIP will send an email to the member's board email address and the member will be required to log in to OTIP's secure website to complete their enrolment online within 31 days of the date they first became eligible.

14. If the board doesn't have a member's email address, how will OTIP and the OSSTF ELHT communicate with them?

If a member's email information is not on file, OTIP will mail communications to the member's home address on file. All members will be encouraged to provide and update their email address when they are transitioned into the plan to ensure efficient ongoing plan communications.

15. What about members who are on leave and unreachable during transition into the OSSTF Benefits Plan?

OTIP and OSSTF will be making every effort to ensure that all eligible members receive sufficient notice to enrol in the OSSTF Benefits Plan, including providing enrolment information via multiple communication channels such as mail and email.

16. Will members' personal information be carried over to the new plan (e.g. banking information, coordination of benefits, dependant information, claims history, etc.)?

To make the transition as smooth as possible, OTIP is making every effort to obtain as much information from prior carriers as possible. However, not all information will be readily available. As OSSTF members transition into the provincial benefits plan, members will be required to review, validate and provide updated personal information including:

- Beneficiary designations for life insurance – it will be very important that all members complete this step to ensure life claim proceeds will be directed as a member would have wished
- Coordination of benefits information – this includes details on whether or not the member or any eligible dependants are also covered under another health or dental plan
- Coverage details including dependants requiring coverage under the new plan (e.g. child, spouse)
- Pre-authorized debit information for direct billing, if required
- Banking information for online claims submission (voluntary)

If OTIP is not provided with complete information from the previous carrier, there may be some processing delays (e.g. an eligible dependant or pre-determination approval of upcoming



expenses may not have been included in the transition data). Please be assured, however, that OTIP will be working with the OSSTF ELHT to ensure that eligible members receive the coverage they are eligible for. All members are encouraged to keep copies of any previous documentation (e.g. pre-determination approvals) related to their benefits.

17. When will members know the cost of monthly pro-rated premiums?

As members log in to OTIP's secure website to review and validate their coverage information prior to their District's transition, any required member contributions will also be displayed.

18. Will members need to provide evidence of insurability to be eligible for the new OSSTF Benefits Plan?

All eligible OSSTF members and their eligible dependants will be invited to enrol in the OSSTF Benefits Plan without medical evidence of insurability provided the enrolment process is completed within 31 days from their transition start date. Members who apply for optional benefits may need to provide medical evidence of insurability that is subject for approval by the insurer.

19. Is optional life available without medical evidence?

Members will be transitioned into the new plan with the same level of life insurance coverage they currently have, with no medical evidence required. Eligible members may apply for new optional life coverage and evidence of insurability may be required.

20. Are life benefits available to eligible dependant children?

Eligible OSSTF Benefits Plan members will have the option to participate in one of five levels of child life insurance during the 31 day enrolment period.

21. When will members receive more information about the plan?

An OSSTF benefits summary will be shared with all members in September and members will be able to access the benefits booklet on OTIP's secure member site once they receive an email invitation to enrol in the new plan.

22. Will members get a new pay-direct benefits card?

Yes, all eligible OSSTF Benefits Plan members will receive a new pay-direct benefits card before their coverage begins under the new plan. Cards will be valid beginning on the date plan coverage begins. If a member updates their coverage from single to family during the enrolment process, a new card for their dependants will be sent to them in the mail. Additional benefits cards can also be printed online.

23. Will premiums be deducted from payroll where premium deductions are required? What about when members are on an unpaid leave?

Yes, OTIP will calculate any premium contributions required by active members and provide this information to boards for payroll deduction. Members who are working a 0.3 or less and members on a full-time unpaid leave who elect to continue participation in the benefits plan will be required to provide pre-authorized debit information and will be billed directly.



24. Does the OSSTF Benefits Plan include an employee assistance program?

The plan does not include employee assistance programs (EAP). Boards will be expected to continue any programs they have in place.

25. Will claims activity under a member's previous plan have an impact on eligibility for claims under the new OSSTF Benefits Plan?

Some details of past claims history will be carried into the new plan; for example orthodontics (braces), pre-authorized drugs, and DIN exceptions. It is our goal to ensure this information is as accurate as possible for all members, regardless of which carrier they are coming from. The claims history, however, will not go as far as to identify medical aids and appliances such as Tens or CPAP machines. This will be the same for all members transitioning into the plan, regardless of who their previous carrier was.

That said it is important to remember that the OSSTF Benefits is an Employee Life and Health Trust (ELHT) established for the sole purpose of managing and delivering benefits to our members. In order to ensure long term success and sustainability of this plan for everyone at OSSTF, it has never been more important to promote responsible plan usage. This provincial plan will give OSSTF members many advantages; purchasing power, control over plan design and cost management. If we all do our part, this plan will be able to provide optimal benefit coverage to all OSSTF members for many years to come.

26. Will members have to provide a doctor's note for massage therapy?

The OSSTF Benefits Plan does require a doctor's referral for massage therapy however this requirement will be waived until September 1, 2017.

27. Will pre-approved expenses for members with ongoing treatments be recognized under the OSSTF Benefits Plan once a member has been transitioned into the new plan?

Expenses incurred after the implementation of the OSSTF Benefits Plan will be paid but subject to the terms of the new contract for the provincial plan. For example, if an ongoing orthodontic treatment was previously approved, the approval will continue under the new plan but be subject to the new Orthodontic lifetime maximum, less any amounts paid for the procedure under the prior plan.

Prior Authorizations and Appeal Process

28. Will prior approved exceptions for a specialized prescription drug be transitioned into the new plan?

We are aware that there will be many different situations across the OSSTF membership that will need to be addressed during the transition period, including previously approved specialized prescriptions or those with previously approved dental treatments. OTIP will obtain as much information as possible from the previous carriers. In addition, OTIP will also accept previous proof of approval if member is able to provide it, in an attempt to minimize any impact to members.



29. Will there be an appeal process for the new plan?

Yes, we are currently developing an appeal process for OSSTF's new plan which will include OTIP, the insurer and the ELHT. The goal of the appeal process will be to ensure that both during transition, as well as after, denied or limited claims can be escalated and reviewed in a timely manner to ensure that the member claim is handled in a timely manner. More information on this process will be shared prior to plan implementation.

Leaves of Absence

30. Will members who are approved for an unpaid leave of absence be eligible to continue in the plan?

Members in a permanent position may continue coverage for an approved unpaid leave of absence on a 100% member paid basis. During a statutory leave such as maternity/parental leave, members will continue to be eligible for benefits and required to pay for health and dental benefits on an FTE pro-rated basis. Refer to #3 for more information on estimated member contribution levels.

During a non-statutory leave (e.g. unpaid medical leave), members who are eligible coverage under the provincial plan, will continue to be eligible, however they will be required to pay 100% of the premium.

31. If a member does not participate during a leave of absence will they be automatically enrolled when they return to active duties?

The board will notify OTIP when a member is returning to work from a leave of absence and OTIP will send an email to the member's board email address. The member will be required to log in to OTIP's secure website to complete their enrolment online within 31 days of the date they first became eligible to reinstate their coverage.

32. Will members on an approved LTD Claim be able to continue benefits plan coverage?

Yes, an eligible permanent member on any approved leave is eligible to continue in the plan as long as they have benefits prior to the beginning of the leave. For eligible permanent members on an approved LTD leave, the ELHT will cover the cost of benefits premiums at the same level of premium that the member was paying as an active member for up to 24 months from the LTD claim benefit start date. Following the 24 months, members may remain eligible for health and dental benefits on a 100% member-paid basis.

Questions?

- Members who have been contacted by OTIP to enrol in the benefits plan will be able to contact OTIP directly to confirm enrolment eligibility, coverage details and be assisted through the enrolment process
- Members with general questions about the plan may also continue to contact Dale Leckie at dale.leckie@osstfbenefits.ca.