

DATE May 29, 2017

TO Unit Presidents
OTBU Presidents

COPY Provincial Executive
OTF Governors
Provincial Office

FROM Tom Doyle, Executive Assistant
Benefits Transition Officer

SUBJECT Common Issues and Questions from Members

Dear Teacher:

We continue to enrol thousands of teachers into the new OECTA Provincial Benefit Plan and to address issues or concerns that arise as part of the implementation of the new plan. Please carefully review all of the information below as some of it may impact benefit coverage for you and your family.

1. TEETH SCALING FOR DEPENDENT CHILDREN

The new benefit plan provides teeth scaling coverage for all eligible family members. However, coverage under the new plan may have created some confusion when members have brought their children to the dentist for teeth cleaning. Although many children do not require teeth scaling, some do. A teen would be expected to have a higher scaling requirement than a 4 year old and the threshold limits set by the carrier take these variances into account.

Please ensure that your dentist is aware of your plan's limits before proceeding with any procedure. This will ensure that you are not unexpectedly out of pocket when seeking reimbursement. For members who have submitted claims for scaling services beyond the coverage levels identified above, you can now resubmit those claims for reimbursement.

Please do so before July 1st. Going forward, only the amount of coverage provided by the plan will be eligible for reimbursement.

2. COVERAGE FOR VISCOSUPPLEMENTS

Viscosupplementation is a treatment for people with osteoarthritis of the knee (or other synovial joints) in which a clear gel-like substance (hyaluronic acid) is injected into the knee that helps the joint fluid regain its natural properties. This treatment may reduce pain and stiffness in the treated joints for easier, more comfortable movement. Durolane, Synvisc, Orthovisc are common examples. Viscosupplements are not an approved drug by Health Canada and do not have Drug Identification Numbers required to be covered by our benefit plan. However, unbeknownst to the Association, many board plans had provided coverage to their members, and as a result, coverage was erroneously not included. **In recognizing this error, coverage has been updated to include this service up to a maximum of \$900 per benefit year. If you have been denied coverage for this treatment, you may now resubmit your claim to receive eligible reimbursement.**

3. DRUG COVERAGE

The benefit plan provides for the coverage of generic drugs unless the prescribing doctor writes "No substitutions" on the prescription. In such a case, the brand name drug would be covered. However, we ask members to consider the fact that generic drugs are required to have the same medicinal ingredients as the brand name. Only the non-medicinal ingredients (fillers) are different. **In supporting generic coverage, members are helping to control the cost of the drug plan, and allowing valuable benefit dollars to be used to provide other benefits to members whenever possible.**

Benefit plan drug coverage also allows pharmacists to charge for the cost of the drug (at the best price available) and provides for a reasonable mark-up. Should you discover that you are not receiving full drug coverage, please address this with your pharmacist to determine why.

4. ORTHOTICS

Orthotics is perhaps the one benefit which is most susceptible to fraudulent claims. As a result, scrutiny for such claims is necessary.

To be eligible for coverage, orthopedic footwear must be used to accommodate, control, or support the therapeutic needs of a foot deformity or abnormality in the leg, knee, or ankle. Proof of 'gait' analysis may be required. The footwear must be manufactured by recognized and reputable orthopedic footwear manufacturers and may be modified or adjusted to fit your feet.

The shoe manufacturers are contacted to confirm that they have manufactured the shoe as an orthopedic shoe. If they advise that the shoe is not manufactured as an orthopedic shoe, the shoe is not eligible.

To determine the eligibility of your orthotic purchase for reimbursement, please have the provider seek a pre-authorization before proceeding with the purchase.

5. DEFERRED SALARY LEAVES

Teachers who are planning to take a deferred salary leave next school year should know that they are responsible for paying the benefit premium for their benefits should they wish to continue receiving benefits during the leave.

As part of the deferred salary leave program, school boards typically take payroll deductions from the teacher in the years leading up to the leave, to pay for the teacher's salary during the leave. In some cases, those deductions may have included funds to cover the benefit premium while on the leave. School boards have been advised that if monies have been deducted from a teacher's pay to provide for coverage of the benefit premium during a future leave year, the monies are to be returned to the teacher.

6. COORDINATION OF BENEFITS

Normally, when the Co-ordination of Benefits involves two plans from two different carriers, claims are required to be submitted manually. However, in the situation when a single carrier is involved, such as spouses who are members of the OECTA ELHT, claims can be submitted electronically. This can be done by contacting OTIP's Benefits Services team via the "Send a Note" feature in the portal, or by phone. As part of the process, the member will need to provide the plan and identification number of both policies involved.