

A white, torn-edge paper tag with the word "INSURANCE" printed in a serif font. It is placed on a shelf with other similar tags in the background, which are out of focus.

Insured group benefits for partial-load employees

The academic members of the Joint Insurance Committee would like to remind partial-load employees that you and your dependents are entitled to Extended Health Coverage under the benefit plan section of the collective agreement (Article 26.06 A). This benefit is paid for entirely by the College (the employer). While it is possible for you to opt out of this benefit if you or your spouse has coverage elsewhere, we would strongly advise against doing so. The reason we recommend you maintain this coverage is that a “coordination of benefits” will occur with this plan and the other plans to complement payments and potentially cover up to 100% of your health care costs. There are situations where some plans have better coverage in certain areas or will

top up the benefit where appropriate. The “coordination of benefits” allows for this combination to maximize the coverage to your advantage.

Access to other insured benefits such as vision, hearing, dental and life insurance are also available if premiums are paid by the partial-load employee. Please see Section 26.06 of the collective agreement for details on eligibility, waiting periods, and benefit levels. Please note that if you choose not to enroll in the additional benefits when you first become eligible for them, you will have to have a break of six months or more in service, or have specific life changes happen, to obtain this coverage at a later date.

Upon hire, Human Resources are required to provide partial-load faculty with an enrolment form for completion. It is important that the form is completed, signed and returned as soon as possible in order to ensure timely coverage. If you are a partial-load employee and have not received your benefit enrolment form, you should contact your Human Resources department. Please note, that in a fairly recent arbitration decision, the arbitrator has indicated that the College need not enroll a partial-load employee into the benefit plan if they have not returned a completed and signed enrollment form, despite the fact that the collective agreement obligates them to provide the coverage.

Partial-load faculty may continue to receive benefits between contracts with the proviso that they pay 100% of their premiums during this period. Please see Article 26.06 D of the collective agreement for details regarding bridging group benefits.

A partial-load employee is defined as a teacher who teaches more than six and up to and including twelve hours per week on a regular basis.

Further details on coverage amounts are available from your College's Human Resources department or your benefit booklet. A copy of the benefit booklet for partial-load employees can also be found at www.opseu.org/caat/caat_ac/jic.htm.

Accidental Death and Dismemberment premiums become a taxable benefit

As per the Federal Budget released in March 2012, employer contributions to group accident and sickness insurance plans will be a taxable benefit to employees beginning January 1, 2013.

Contributions paid by employers for group accident and sickness insurance coverage in place on or after January 1, 2013 will become a taxable benefit to employees. Employer contributions paid towards wage loss replacement plans, such as short-term and long-term disability plans are not impacted by this proposed legislation change. However,

employer contributions paid towards coverage like accidental death and dismemberment as well as critical illness insurance are affected.

We anticipate that the impact on our members will be relatively small.

We have been advised that further information should be available from your Human Resources administrator.

Donna Mese retires

We bid a fond farewell to Donna Mese, from Local 655 (Cambrian College) who will be retiring at the end of this academic year.

Donna has been a long-standing member of the Academic Joint Insurance Committee (JIC), and her contributions have been many, including excellent and valuable record-keeping for cases that sometimes became protracted and complicated.

Donna always conducted herself professionally while doggedly pursuing justice for our members. Her sensitive treatment of issues; even-handedness; thorough knowledge of member's rights and her articulate presentation skills made her a leader at the JIC drawing unqualified appreciation and respect from all parties at the table. Donna is a true humanitarian.

Keeping things honest

How Sun Life attacks benefits fraud

Has this ever happened to you?

- Your physiotherapist asks you to pre-sign blank claim forms for future treatment to “save you time and effort” on future visits.
- In hospital overnight for some minor surgery, you stayed in a room with three other patients, but the hospital charged the group plan for a semi-private room, which is covered under Extended Health benefits.
- Your dentist offers you an opportunity to “pre-bill” a credit for services or products to use at a later time.
- At a health clinic you received some spa treatments (not covered) but they offered to give you a receipt for “acupuncture” which is covered under the plan.

All of these activities constitute fraud.

Insurance benefits fraud is intentional deception or misrepresentation resulting in the payment of an ineligible benefit. It is a costly problem affecting all benefit types. When a few unscrupulous people cheat the plan, it results in increased plan costs and increased premiums. It may also cause the reduction or elimination of coverage in areas where abuse is rampant.

Collusion fraud occurs when a plan member makes a claim for services that were not rendered. An example recently in the news was a service provider at a spa who provided a false receipt, allowing the member to make a claim while not having received covered services.

Tips for preventing unintended fraud

1. Understand the treatments, products, medications and services that are covered by your plan and the limits that apply. See your Benefits booklet for this information, or call Sun Life for clarification.
2. Don't substitute products or services – if a service provider suggests substituting a covered item for something that isn't covered, decline the offer. Common substitutions include:
 - receiving a facial or spa treatment instead of a therapeutic massage
 - receiving running shoes for orthotics
 - receiving designer sunglasses instead of prescription eyewear to correct vision impairment
 - receiving teeth whitening instead of regular dental care

Long Term Disability is worth protecting

The CAAT-A Long Term Disability (LTD) plan provides a financial safety net that is worth hanging on to.

Our LTD plan is fully funded by the full time members of the CAAT A bargaining unit. While LTD contributions have a financial impact for all, the benefit to those who need it is substantial. At 60 percent of salary, periodically adjusted for the cost of living, members who cannot work due to illness or injury can count on an income during periods when they are unable to work. Because premiums are 100% member paid, recipients of LTD pay no tax on this income.

A debilitating injury or illness can happen without warning. This Plan is there as a safety net for those

unfortunate occasions.

The financial state of the Plan is reviewed annually by the Academic JIC assisted by our benefits consultant, Anne Stevenson. We have worked with Anne Stevenson for many years and find that the advice given is consistently seen to be in the interest of the Plan's long-term viability. While we do not necessarily follow 100% of Anne's advice, we do put a lot of weight on it. This year the advice to increase the LTD rate by twenty percent from \$1.18 to \$1.48 per \$100 of coverage was accepted. The increase will take place effective February 1, 2013.

By way of background, the plan accumulated a large surplus after addressing funding shortfalls in the

past decade. Since 2006, rates have gradually been lowered from a high of \$4.96 per \$100 of coverage. In recent years, the LTD Plan surplus has been used to subsidize the rate. As the surplus in the Plan approaches a prudent amount, the subsidization is slowly being lifted. If current claiming

trends continue, the JIC expects that premiums will be increased again next year, ending the subsidization altogether. This gradual increase of the LTD rate was preferred over a sudden dramatic one.

The following is ten-year rate history for the Academic LTD Plan:

Year	Feb 03	Jul 03	Feb 04	Feb 05	Feb 06	Aug 06	Feb 07	Aug 07	Feb 09	Feb 10	Oct 10	Feb 11	Feb 12	Feb 13
Rate per \$100 of benefit	3.45	4.45	4.72	4.96	3.72	2.79	2.50	2.00	1.50	1.50	0.75	0.94	1.18	1.48

Know that the Plan's holdings are secure and that the LTD "promise" is not threatened at all. This increase can be

seen as a prudent measure to ensure the Plan's long-term viability.

About the CAAT Academic JIC

The CAAT Academic Joint Insurance Committee (JIC) gets its mandate from the CAAT Academic Collective Agreement, Appendix IV.

The committee consists of eight members. Four are representatives of the College's Employer Council and four are CAAT Academic OPSEU members. The Academic members are elected at the CAAT (A) Divisional meetings held once every two years. The term is four years, on a rotation basis (two members elected at each biannual Divisional meeting). The union members are assisted by Kim Macpherson, OPSEU Benefits Counsellor.

The JIC was negotiated into the Collective Agreement to facilitate communications between the Council and OPSEU on benefit issues. The parties agreed that a joint committee was the best way to assist members who have benefit claim disputes that cannot be resolved through other processes. The JIC also provides oversight for the insurance plan.

If you have a benefit claim dispute you are invited to submit that dispute to the JIC. Contact your Local Union office for details, or contact any member of the JIC:

Travelling?

As winter approaches, you may be considering a trip to a warmer climate. We would like to remind you that your extended health care plan with Sun Life only picks up 85% of “reasonable and customary” out-of-country emergency medical costs. This means that you are responsible for the remaining 15% of the cost. Without travel insurance, this could easily become cost prohibitive.

We strongly recommend that members travelling outside of the province purchase individual travel insurance.

Travel insurance is offered through travel agents, banks, and many associations. There are also many on-line services that can help you find affordable insurance at the click of your mouse.



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