

BENEFITS CHEAT SHEET 2009

OSSTF D21 – Teachers' Unit

GREAT WEST LIFE - BENEFIT PAYMENTS

greatwestlife.com – 1-800-957-9777 Plan#: 136993-102
 HWDSB Benefits Officer: Paul Baldwin – 905-527-5092 X2666
 OSSTF TBU Benefits Officer: Anthony Marco – 905-574-8285

Health – Practitioners and Related

Deductible – Not Applicable

Payable At 100% Call GWL about coverage maximums: X-Rays by Chiropractors, Osteopaths, and Podiatrists

Benefits may be subject to **Reasonable & Customary** pricing.

Coverages	Plan Maximum & Frequency
Athletic Therapist	Reasonable and Customary
Chiropractor	20 occurrences per policy year
Chiropractor X-Rays	Reasonable and Customary
<i>X-rays are included in the per visit maximum.</i>	
Hearing Aid Repair or Adjustment and Hearing Aids	combine to \$1000 per 5 calendar year(s)
Massage Therapy	\$30 per occurrence to a maximum of \$225 per policy year
Naturopath	20 occurrence(s) per policy year
Orthopedic Shoes and Orthotic Appliances	combine to \$750 per 24 months
Osteopath	20 occurrences per policy year
Osteopath X-Rays	Reasonable and Customary
<i>X-rays are included in the per visit maximum.</i>	
Physiotherapy	Reasonable and Customary
Podiatrist & Podiatrist Surgery	combine to 20 occurrences per policy year
<i>X-rays are included in the per visit maximum</i>	
Podiatrist X-Rays	Reasonable and Customary
<i>X-rays are included in the per visit maximum.</i>	
Psychologist Office Visit and Psychologist Testing	combine \$200 per policy year
Speech Therapy	\$200 per policy year

Drugs

Deductible – Not Applicable

Payable At 100%

Dispense Fee Limit - \$8 per prescription drugs prescribed by a physician or dentist including oral contraceptives, injected medications and excluding weight loss or dietary supplement products

Dispense Fee Payable At 100%

Smoking Cessation \$200 lifetime
 Fertility Drugs & **Treatment \$6,000** lifetime
 Sexual Dysfunction \$1,000 per benefit year

Plan Variations - Deductible is \$10 for Individual & \$20 for Family each policy year.

Dental

Deductible - Not Applicable

Fee Guide

The Ontario General Practitioners Dental Association Fee Guide in effect on the date treatment is rendered

Benefit Type	Payable At
Routine	
Basic	100%
Endodontics	75%
Periodontics	75%
Preventative	100%
Major	
All Other Major	75%
Bridges and Dentures	75%
Crowns/Onlays	75%
Orthodontics	50%

Plan Maximum & Frequency

Routine Reasonable & Customary

Major, Bridges & Dentures \$2,000 per person per calendar year

Orthodontics \$2,000 per person lifetime
(age restrictions may apply)

Accidental Dental Covered

Basic Services Examinations: *x-rays, tests and laboratory reports, sealants, fillings, prefabricated crowns for primary teeth, caries trauma and pain control, extractions, anesthesia, Recall exams, bitewing x-rays, polishing, scaling, fluoride and oral hygiene instruction are limited to once every 9 months; full mouth exams and x-rays limited to once every 3 years.*

Endodontic & Periodontal Services: *Root canal therapy and treatment of the gum tissue*

Major Restorative Dentures: *Crowns Bridges, repairs and maintenance of dentures, crowns and bridges.*

Orthodontics: *Space Maintainers and straightening of the teeth*

Survivor Benefits Yes – Maximum of 2 years or age 65 if earlier

Termination Date At age 65

Coverage at Early Yes

Retirement

Vision

Deductible - Not Applicable

Payable At 100%

Coverages	Plan Maximum & Frequency
Eye Exam	1 occurrence per 24 months

The following: *Bifocal Lenses, Contact Lenses, Contact Lenses for Special Conditions, Frames, Laser Eye Surgery, Safety Glasses, Single Vision Lenses, Tints, Trifocal Lenses*

Combine to \$375 per 2 policy year(s)

Safety glasses option can be prescribed for Science, Technical, Art and Physical Education teachers.

- You should register at www.greatwestlife.com for a personalized history of usage and forms.
- If you have a question or concern about a **Long-Term Disability (LTD)** claim, you can contact the **D21 office at 905-574-8285**.
- For **Out of Country** coverage you will need your employee ID# (check your pay stub), your Division Number (102), and your Policy Number (136993). Canada & US: **1-800-957-9777**. Anywhere else: **1-204-946-1190**.
- The **HWDSB Employee Assistance Program** (largely family and individual counseling services) are private and free for board employees through **Hurst Place**. Board Employees have "preferred" status for appointment scheduling. **(1-888-521-8300)**
- For any new medical test or procedure your doctor prescribes, it's always a good idea to check your coverage in advance.**

Basic Life Insurance *(mandatory for all teachers)*

Schedule of Coverage	\$70,000
Waiver of Premium when Disabled	Yes - to age 65
Coverage Ceases	1) at age 65, 2) at retirement if you do not elect Retiree Life Insurance within 31 days, 3) on employment termination
Coverage at Early Retirement	Yes – must be elected within 31 days.

Employee Optional Life Insurance

Schedule of Coverage	You may purchase Units of \$25,000 up to a maximum of 6 units (\$150,000)
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases	At retirement

Dependant Optional Life Insurance

Schedule of Coverage	Spouse - \$25,000 Each Child - \$10,000
Waiver of Premium when Disabled	Yes – to age 65
Coverage Ceases	At retirement

Hospital Benefit

Semi-Private Hospital	100% reimbursement - unlimited
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Extended Health Care

Coverages	Plan Maximum & Frequency
Deductible	Only for Drug Expenses
Reimbursement	Single \$10 Benefit Year Family \$20 Benefit Year 100% for all expenses
Overall Maximums	Per Benefit Year Unlimited Lifetime Unlimited
Private Hospital	Unlimited, 100% reimbursement
Convalescent Care	Limited to \$3 per day; max. 120 days.
Ambulance	Covered including air ambulance to nearest hospital
Private Duty Nursing <i>(for acute conditions only)</i>	\$10,000 in any 36 consecutive months.
Orthopedic Equipment	Braces, cervical collars, casts, splints, external electrospinal stimulators, non-union bone stimulators, prone standers
Orthotics/orthopedic shoes	Effective July 1, 2005 \$750 max every 24 months

Note: the complete Group Benefits Plan can be found on First Class (HWDSB Conferences/ HWDSB Info from Departments/ Human Resources/ Health Benefit Booklets/ Secondary Teachers 102.doc)

Extended Health Care *(continued)*

Breathing Equipment	Oxygen and its administrative equipment, intermittent pressure breathing machines, apnea monitors, mist tents, nebulizers, chest percussors, drainage boards and sputum pumps, suction pumps, tracheostoma tubes, etc.
Mobility Aids	Canes, walkers, crutches, parapodiums; mechanical or hydraulic patient lifters; wheelchair batteries; outdoor wheelchair ramps
Prosthetic Equipment	Artificial eyes; limbs including repairs, stump socks, and shoulder harness; cleft palate obturators, myoelectric arms, including repairs, external breast prosthesis/1 per year; surgical brassieres/2 per year
Out of Province Emergency	Reasonable and customary expenses above OHIP to a maximum of \$500,000
Out of Province Referral	If approved by OHIP, includes hospital accommodation of \$75 per day, max. 60 days per year.
Survivor Benefits	Maximum 2 years or age 65 if earlier

EXCLUSIONS & LIMITATIONS

No claims will be paid if they are older than 15 months

No Benefit will be paid for charges incurred:

- for accommodation in a mental hospital or nursing home
- for services or supplies for cosmetic purposes unless required as a result of an accident or injury
- as a result of war, declared or not, participation in civil commotion, riot or insurrection or while serving in the armed forces
- for care, services or supplies which are not medically necessary
- for experimental treatment or supplies
- for non-prescription sun glasses or safety glasses
- as a result of temporomandibular joint (TMJ) related problems

SOME DEFINITIONS

Reasonable and Customary (R&C): Most benefit plans include coverage for Reasonable and Customary charges for dental and medical services. Generally this is the lowest of the following:

- 1) Representative pricing in the area where the treatment is provided.
- 2) Prices shown in the applicable professional association fee guide and the maximum prices established by law.

Policy Year: The time period defined by the plan sponsor for the accumulation of benefits. For HWDSB Teachers this is a 12 month period. (September 1 – August 31)

Occurrence: Specifies how often a service will be considered for coverage and may be described as a visit, treatment, day, hour, half hour, or a pair. *Example: Orthotics Appliance: 1 occurrence = 1 pair*

Co-ordination of Benefits: When two or more plans are involved, one plan is considered to be the primary plan and the carrier of that plan is the primary carrier (or insurer). The primary carrier pays its eligible amount first. The secondary carrier then reduces its payment by the amount by which total payments would exceed eligible expenses available through both plans. Eligible expenses are as defined in each carrier's contract before limitations like deductibles, co-insurance, fee guides, and maximums are applied.

DISCLAIMER

This document was produced as an information tool only. If there are any discrepancies between this and the policy, the policy applies.