

# OPSEU STRIKE PLAN

## ELIGIBILITY

Participation in the plan is compulsory and eligible employees are required to participate in all coverage.

To be eligible for insurance, individuals must be an active member of **Community Living London – OPSEU/SEFPO Local 166** while on strike.

## DEPENDENT

Insurance coverage is provided to eligible dependents on the same date that the member becomes eligible, or at a subsequent date on which they may later become your dependents.

- Eligible dependents are a spouse; or an unmarried child under age 21, or age 21 or over but under age 25 and a full-time student in an accredited educational institution, subject to proof deemed satisfactory by Beneva; a Canadian resident and insured under a Provincial Health Insurance Plan.

## SCHEDULE

### LIFE INSURANCE

COVERAGE	DETAILS
Eligible	Member
Amount of Insurance	\$100,000
Termination of Coverage	Age 65 or retirement, whichever is earliest

### BENEFIT DESCRIPTION

In the event of a member’s death, Beneva will pay the amount of life insurance coverage to their beneficiary, in accordance with the provisions of this policy. The member must be covered under this policy’s benefit at the time of their death.

#### Exclusions

The life insurance is not payable in the event of death in any of the following situations:

- As a result of a criminal act the insured commits or attempt to commit;
- As a result of active participation in a riot or insurrection;
- Directly or indirectly due to war or civil war, where declared or undeclared;
- While an active member of the armed forces of a country.

#### How to claim

The form required to make a Life Insurance claim is available from your OJTBF plan administrator or from Beneva Customer Service. Claims must be submitted, along with written proof of death which has occurred, within 6 months of death. Beneva reserves the right to request additional information when processing the claim. If the claim, proof and additional information, if applicable, are not submitted within the specified time, benefits will still be payable, provided the required documents are submitted to Beneva as soon as is reasonably possible. However, no benefits will be payable if claims, proof or additional information are submitted more than 3 years after the date of death.

## SCHEDULE

### HEALTH INSURANCE

Eligible: Member under age 70 and their dependent(s)  
 Deductible per calendar year: \$0 single and \$0 family  
 Drug Maximum: \$5,000 per calendar year

COVERAGE	DETAILS	REIMBURSEMENT (COINSURANCE)
<b>Basic Health</b>		
Hospital in Canada	Semi-private or private room and board accommodation, up to a maximum of \$75 per day over and above the cost of standard ward care	100%
<b>Drugs</b>		
Definition	Generic substitution (prescription by law)	90%
Diabetic testing, needles, syringes	included	90%
<b>Health Care Professionals*</b>		
Chiropractor, Physiotherapy	\$400 / calendar year, combined*	100%
<b>Other Medical Expenses</b>		
Accident to natural teeth	within 12 months of accident	100%
Ambulance	**	100%
Breathing equipment	\$10,000 / lifetime	100%
Convalescent/Rehabilitation hospital (must begin within 14 days of discharge)	Applicable to members age 65 or over: \$25 / day, up to 120 days / calendar year	100%
External prosthesis and artificial limb	\$5,000 / prosthesis or limb	100%
Lab tests and imaging techniques	**	100%
Orthopaedic apparatus	**	100%
Private Duty Nursing	\$10,000 / lifetime	100%
Therapeutic devices	\$10,000 / lifetime	100%
Wheelchairs (excluding batteries)	\$3,000 / lifetime	100%
<b>Termination of Coverage</b>	At age 70	

\* Physician's referral is required.

\*\* Coverage is limited to the insurer's reasonable and customary charges

## BENEFIT DESCRIPTION

The Health Insurance benefit cover expenses incurred for care, services, products or other eligible items provided for under the plan and listed in the above *Schedule*, insofar as they are deemed reasonable and customary. They must be prescribed by a physician as necessary for the treatment of illness or injury.

To be eligible for Health Insurance benefits, insureds must be covered by the health and hospitalization plan of their province of residence.

Expenses must be incurred while your insurance is in force.

### Calculation of benefits

The amount reimbursed takes into account the coinsurance as listed in the *Schedule*. Beneva will reimburse any covered expenses up to the percentage listed in the *Schedule* and the difference, if any; you must pay out of pocket.

Any amounts reimbursed by Beneva will be payable for a treatment or series of treatments up to the maximum amount. The maximums provided for under your contract are specified in the *Schedule*.

### Expenses covered

#### Hospital

Your Health Insurance benefit covers the difference between the cost of hospital ward accommodation and a hospital room. The conditions applicable are specified in the *Schedule*.

#### Conditions

Expenses will be eligible for reimbursement if the insured is admitted to a hospital in Canada for the purpose of receiving curative treatment or care related to pregnancy.

#### Exclusions specific to hospital room coverage

This clause does not cover:

- Administrative or incidental fees charged to the patient by the hospital;
- Fees charged by an establishment for long-term accommodation or care that the patient is responsible for paying.

## Drugs

Your Health Insurance benefit covers drugs that meet all of the following conditions:

- bear a valid DIN (Drug Identification Number) issued by the federal government;
- are available only on prescription from a health care professional legally authorized to do so;
- are only available in a pharmacy;
- are dispensed by a pharmacist or health care professional legally authorized to do so;
- must be used in compliance with government-approved directives or, where no such directives exist, with the manufacturer's instructions.

Your insurance covers all medical supplies and pharmaceutical services eligible for reimbursement under your provincial prescription drug insurance plan, if your province has one.

### Limitation specific to drug insurance

All drugs are subject to a 30-day supply allowance.

In the case of a medical drug injected by a health care professional in a private clinic, only the cost of the substance injected is covered, not the medical procedure.

### Exclusions specific to drug insurance

The following products are not covered, regardless of whether or not they are considered medical drugs:

- Products used for aesthetic, cosmetic or personal hygiene purposes;
- Substances or drugs used or administered for preventative purposes;
- Experimental drugs or those obtained under the federal Emergency Drug Release Program;
- Homeopathic or natural products;
- Dietary supplements intended as a meal supplement or replacement;
- Sunscreens;
- Non-prescription or over-the-counter drugs; fertility drugs; erectile dysfunction drugs or nicotine gum, patches, or other aids to stop smoking;
- Drugs used for artificial insemination, in vitro fertilization or any other related procedures;
- Growth hormones; or
- Drugs supplied during hospitalization, supplied by a hospital pharmacy, or administered at a hospital.

## Health Care Professionals

Your health Insurance benefit covers expenses incurred for the treatment and services obtained from the list of practitioners outlined in the *Schedule of Benefits*.

### Limitations

Only one treatment by the same professional is covered per day, per insured, regardless of the number of fields of specialization the professional is licensed to practise in. Similarly, only one treatment per insured, per day is covered for the same field of specialization.

Expenses are eligible for reimbursement subject to the following conditions:

- They must be incurred for consultations or treatment provided by a health care professional or for products or supplies prescribed by a physician;
- The health care professional must be a member of a professional order governing the practice of the professional's activities and/or use of the professional title. In the absence of such an order, the health care professional must be a member of a professional association recognized by Beneva;
- The health care professional must not reside with you, your spouse or any dependent children, nor be a relative.

#### **Ambulance and transport by airplane or train**

Transport to or from a hospital by a licensed ambulance service, including oxygen therapy treatments administered during or immediately before transportation. Return transportation by airplane or train of a bedridden patient occupying the equivalent of 2 single seats, when part of the journey requires the use of one of these means of transportation.

**Note:** Certain government programs reimburse the cost of an ambulance for individuals aged 65 years and over. Insureds age 65 and over should verify if such programs exist in their province of residence before submitting a claim for ambulance expenses.

#### **Convalescent home immediately following hospitalization**

The daily cost of accommodation and meals in a convalescent home is covered, including all related care and services, provided that the establishment is:

- recognized by Beneva or your provincial ministry governing health and social services; and
- capable of providing the medical care of a registered nurse or a licensed physician 24 hours per day.

Your Health Insurance benefit covers the difference between the cost of hospital ward accommodation and a semi-private hospital room, up to the amount indicated in the *Schedule of Benefits*.

#### **Preapproval recommendation:**

Before incurring any expenses for this type of care, contact Beneva to verify if the convalescent home where you, your spouse or dependent child, if applicable, wish to undergo treatment is recognized by them.

To be eligible for reimbursement, such care is subject to prior medical approval. To obtain medical approval, the insured must have the attending physician complete the Convalescent Home form. This form is available from Beneva.

If eligible for reimbursement, you must provide Beneva with the originals of all receipts or paid invoices for treatment received.

#### **Dental treatment following accidental injury to natural teeth**

Professional fees of a dentist for treatment of damage to healthy, natural teeth sustained as the result of an accident.

These expenses are only covered if:

- you, your spouse, or any dependent children, if applicable, were insured at the time the accident occurred;
- treatment is administered by a licensed dentist or denturist; and
- treatment is received while you are covered under this benefit.

Expenses will be covered up to the amount specified in the official dental procedure fee guide approved by your provincial Dental Association.

#### **External prosthesis and artificial limb**

The cost of purchasing an external prosthesis or artificial limb is covered, provided you, your spouse or dependent child, if applicable, were covered under this clause at the onset of the disability causing the loss of the natural limb.

Dental prostheses, hearing aids, eyeglasses and contact lenses are excluded, unless specifically covered under another provision of the Health Insurance benefit.

#### **Hospital bed**

Rental or purchase, whichever is most economical, of a hospital bed of the type normally used in a hospital centre. Expenses eligible for reimbursement under the health insurance plan of the insured's province of residence are not covered.

#### **Laboratory analyses**

Analyses of tissues and body fluids (e.g.: blood, urine) of the same type as those available in a hospital, administered in a private laboratory for purposes of prevention or diagnosis.

#### **Nurse**

Continuous and exclusive care provided to the insured, at home, by a registered nurse or a registered nursing assistant, who is not a member of the insured's family. Beneva will reimburse only those expenses for care that requires the specific skills of one of the aforementioned nurses.

#### **Orthopaedic apparatus**

Purchase, adjustment, replacement or repair of corsets, splints, crutches, casts or items for severe burn victims.

For any other orthopaedic apparatus, benefits are payable up to the cost of the apparatus necessary to perform basic daily activities. This clause does not cover orthopaedic shoes or foot orthoses.

#### **Respirator (breathing apparatus)**

Rental or purchase, whichever is more economical. Oxygen is also covered.

#### **Therapeutic devices**

Rental, repair or purchase, whichever is more economical, of therapeutic devices, e.g. insulin pump, jet injector, etc.

This clause does not cover monitoring devices such as blood glucose monitors, dextrometers, stethoscopes, sphygmomanometers or other similar devices, as well as home accessories such as whirlpool baths, air purifiers, humidifiers, air conditioning units, or other devices of a similar nature.

#### **Wheelchair**

Rental, purchase or repair, whichever is most economical, of a non-motorized wheelchair of the same type normally used in a hospital centre, or, where medically necessary, an electric wheelchair. Initial or additional batteries are not covered. Expenses eligible for reimbursement under the health insurance plan of the insured's province of residence are not covered.

## How to claim

To obtain reimbursement for expenses incurred, you must submit the original copy of the paid invoices for any services or supplies listed above.

### Medical treatment

Invoices must include the following information:

- The health care professional's name, association or professional order, and the professional's membership number;
- The date when treatment was received;
- The cost of treatment;
- The name of the insured who received the treatment.

### Medical supplies

Invoices must include the following information:

- The date of purchase;
- The cost of the supplies;
- The name of the insured for whom supplies were purchased;
- The supplier's full contact details.

You must complete a Health Claim Form and send it to Beneva for processing. Send the receipt or paid invoice issued by the health care professional who provided the treatment or supplies along with the completed claim stub.

If expenses were incurred for a dependent child who has reached the legal age of majority and who is a full-time student, you must include the following information with your claim:

- The name of the educational establishment your child is enrolled in;
- The school year in which your child is enrolled.