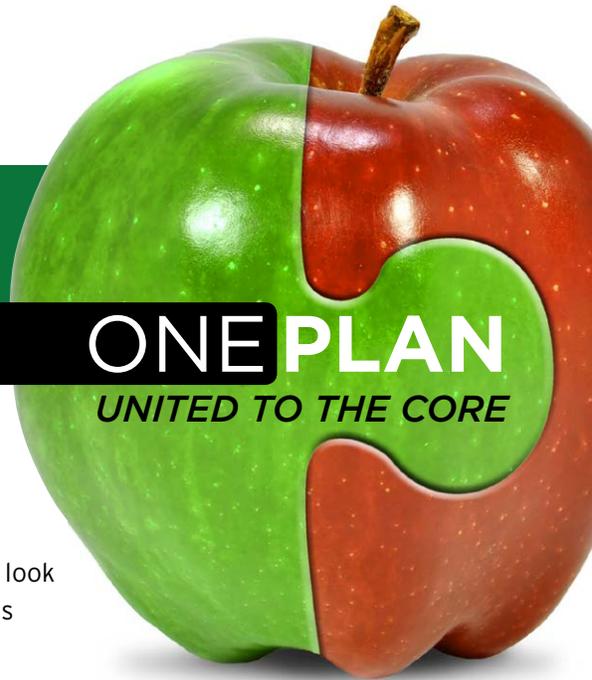


CUPE EDUCATION WORKERS' BENEFITS TRUST

ONE PLAN
UNITED TO THE CORE



Making the most of our plan

Now that our plan has been up and running for several weeks, we continue to look at ways to ensure the plan runs smoothly. This update provides useful benefits information and helpful tips for CUPE EWBT members.

Q: Who qualifies as a dependent under the CUPE EWBT?

A: Eligible dependents include:

- Spouse (legal or common-law); and
- Unmarried children under age 21, or age 26 if the child is a full-time student.

There is no age limit for children who cannot support themselves due to a physical or mental disorder, provided the disability started before age 21 (or age 26, if the child was a student at that time) and the disability is continuous.

Q: What qualifies as a “life event” under the CUPE EWBT benefits plan, and how can I update my coverage?

A: Life can take many twists and turns, and it's important that your benefits coverage can adapt to meet your needs as they evolve. Eligible life events include:

- Change in eligibility status (e.g., due to an increase in work hours)
- Marriage/common-law relationship
- Birth/adoption of a child
- Marriage breakdown (i.e., separation/divorce)
- Loss of coverage through your spouse's plan (e.g., if your spouse loses his/her job)
- Death of spouse or child

- Spouse or child ceasing to qualify for coverage (e.g., through divorce or your child reaching the age limit for coverage).

If you experience an eligible life event, you have 31 days to make changes to your benefits. Make sure to report any life events promptly to your employer and to OTIP (our plan administrator) to ensure there are no gaps in your coverage.

Q: How do I change my address on file?

A: OTIP receives regular data feeds from the Boards (approximately every two weeks) to get up-to-date information on CUPE EWBT members. To change your address on file, please contact your Board's Employee Services, Human Resources or Payroll department. Note that your information may not be reflected immediately in OTIP's system, depending on when the change falls within the data feed cycle.

Q: Some of the benefits in my former Board plan are no longer available or have lower limits under the CUPE EWBT benefits plan. Why is that?

A: The CUPE EWBT benefits plan was designed to offer coverage to more CUPE members across the province while ensuring the plan will remain affordable and sustainable over the long term. It was also designed to be up to date with current benefits practices and industry standards, such as strategies to help us manage growing

benefits costs and reduce the potential for benefits fraud. This may include new limits on certain benefits (e.g., physiotherapy), or benefits that are no longer covered (e.g., prescriptions for medications that are available over the counter). While we know these changes may be difficult for our members, they are necessary to help ensure our benefits plan remains strong, today and in the future.

Q: My claim was denied, but I believe it should have been paid. What should I do?

A: If you have special circumstances that you feel should be considered in either reassessing the claim decision, or to make an exception for your situation, there is a claims appeal process. If you have additional or new information regarding your claim, contact Great-West Life directly.

If the claim is still denied and you wish to file a final appeal with the CUPE EWBT, you will need to provide the CUPE EWBT with additional documentation, including a copy of the receipt(s) from your medical provider and any documentation provided to/from Great-West Life (i.e., your claim form and Explanation of Benefits). For more information, please email appeals@cupe-ewbt.ca. More details will be posted on our website in the coming weeks.

Note that final appeals are considered only at Board of Trustee meetings. You can find the meeting schedule on our website: www.cupe-ewbt.ca.

Q: I understand our plan has enhanced generic substitution. Does this mean I have to switch to a generic drug?

A: Enhanced generic substitution simply means that when a claim for a brand-name drug is submitted, coverage is based on the lowest cost generic equivalent drug (if that cost is lower), subject to compliance with provincial legislation. If you are taking a brand-name drug that has a lower-cost equivalent, you have a few options:

1. Discuss changing your prescription with your pharmacist or physician;
2. Request brand-name drug coverage if you are unable to take the generic version (your doctor must complete Great-West Life's *Request for Brand Name Drug Coverage* form found on www.greatwestlife.com - Forms/Group Claim Forms/Brand Name Drug Coverage);
3. Continue taking the brand-name drug and pay the difference in cost between the brand-name drug and the generic; or
4. Apply to a manufacturer program (also called patient assistance or continuity of care programs, if one exists), to help cover the cost differential.

You can find out more on Great-West Life's website: www.greatwestlife.com.

What you need to know about delisted providers

To protect our plan and its members, Great-West Life must sometimes delist (or disallow) certain healthcare service providers, clinics, facilities or medical suppliers from claims processing and reimbursement. Delisting can occur for various reasons, such as previous evidence of fraud, excessive over-charging, or lack of appropriate license with an authoritative body (e.g., the Canadian Chiropractic College).

It's important to stay informed on delisted providers, as claims relating to these providers will be declined. An up-to-date list is available on the Great-West Life **GroupNet** for plan members website.

A final word

This bulletin has been prepared exclusively for eligible CUPE workers in the province of Ontario. It is not intended to be comprehensive or to provide advice. If there are any differences between the information provided in this bulletin and any legal documents that govern the delivery of benefits, the legal documents will apply.