

OPSEU



SEFPO

Benefit Cap Survey

OPSEU Liquor Board Employees Division

This survey is for OPSEU members who are covered by the LCBO's group benefits plan and may be affected by the new cap on claims for paramedical services. The plan covers permanent full-time and permanent part-time employees and seasonal employees in logistics who have at least one year of seasonal service.

Article 20.2 (iii) (i) of the newly ratified collective agreement with the LCBO contains an annual cap on benefit claims for "paramedical services" of \$2,000 per family member covered. This cap applies to the services of a chiropractor, osteopath, chiropodist, naturopath, podiatrist, physiotherapist, speech therapist and massage therapist. There is no change to the claim limit of \$35 per visit for these services for each visit not subsidized by OHIP.

OPSEU has asked the LCBO for an exception to the \$2,000 annual cap for "medically necessary claims supported by a medical certificate." While the LCBO has refused so far, the union is interested in pursuing this issue further. To do this, we need information from members who may be affected by the cap to help demonstrate the need for the medically necessary exemption.

If you are affected by the cap, please take the time to fill out this survey and mail or fax it to the OPSEU Liquor Board Employees Division at the address and number listed on page 2. You may receive a follow-up call from OPSEU if we need any additional information. Please note: your answers will be kept strictly confidential.

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Are you: [] Permanent full-time
[] Permanent part-time
[] Seasonal (with 1 year of seasonal service)

Work Location: _____

Questions

1. Have you or a dependent of yours claimed more than \$2,000 for paramedical services in the last 12 months? [] Yes [] No

If you answered "yes", please provide the amounts you have claimed for each service you have used.

Service: _____

Amount: _____

Service: _____

Amount: _____

Service: _____

Amount: _____

Service: _____

Amount: _____

2. Without divulging the nature of any medical condition that you or a dependent may have, do you expect your paramedical claims will continue to be in excess of \$2,000 per year in the future?

Yes No

If you answered "yes", for how long do you expect this claim pattern to continue and why?

3. Of the paramedical claims filed by you or your dependent, in your opinion, how much would be for "medically necessary" treatment? Please provide an estimate for each paramedical service used.

Service: _____ Amount: _____

Service: _____ Amount: _____

Service: _____ Amount: _____

Service: _____ Amount: _____

4. Do you think that your family physician would issue a prescription for the paramedical services you have listed in response to Question 3? Please answer "yes" or "no" for each service you have listed.

Service: _____ Yes No

Service: _____ Yes No

Service: _____ Yes No

Service: _____ Yes No

5. Please provide any additional comments:

Please return your completed surveys to the following mailing address or fax number. Please mark your envelope or fax "CONFIDENTIAL".

**OPSEU Liquor Board Employees Division
Benefits Committee
100 Lesmill Road
Toronto, ON M3B 3P8
Fax: 416-448-7451**