

If you have a claim...

The Academic Joint Insurance Committee (JIC) gets its mandate from the Collective Agreement, Appendix IV. The four union members are elected at the CAAT (A) Divisional meetings held every two years. The term is four years, on a rotation basis (two members elected at each biannual Divisional meeting).

The JIC was negotiated into the Collective Agreement because the parties agreed that a joint committee was the best way to assist members who have benefits claims disputes that cannot be resolved through other

processes. The JIC also provides oversight for the insurance plan and advocates for plan improvements in between rounds of collective bargaining.

The union members are ably assisted by Shirley McVittie, OPSEU Senior Benefits Counsellor. Her expertise and commitment are an invaluable resource to OPSEU members.

If you have a benefit claims 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:

Jeff Arbus, Local 613, Union Co-Chair
(705) 759-2554 ext. 2546
E-mail: jeff_arbus@hotmail.com

Paddy Musson, Local 110
(519) 452-4205
E-mail: pmusson@opseu110.ca

Donna Mese, Local 655
(705) 566-5101 ext. 7751
E-mail: happysinger1950@aol.com

Debbie Rautins, Local 354
(905) 721-2000 ext. 2184
E-mail: dcol26825@hotmail.com

Shirley McVittie, Membership Benefits, OPSEU
1-800-268-7376 ext. 8657 or (416) 443-8888 ext. 8657
E-mail: smcvittie@opseu.org

Osteopath coverage achieved

“Thanks to a member who made a claim, we gained a benefit.”
Jeff Arbus, Union Co-Chair, JIC.

Under the CAAT Extended Health Care Plan, services provided by a Doctor of Osteopathy (DO) are eligible expenses. Osteopath services are also provided by individuals with a Diploma in Osteopathic Manual Practice (DOMP). In May 2007, the services of a DOMP were no longer considered eligible as these individuals were not meeting the criteria to be eligible under a Private Health Services Plan (PHSP) e.g. the CAAT plans, as outlined in the governing legislation.

Since that time, faculty continued to submit claims to the JIC and the academic members of the JIC responded to those by advocating with the Council and with Sun Life to review the situation in light of decisions rendered by the Federal Department of Finance.

Sun Life has now determined that where a provincial licensing body does not exist for a profession, a professional association that sets out and manages the requirement of its profession would be viewed as a reasonable proxy. This is the situation that applies to DOMPs, for which there is a reasonable professional association.

This means that the Extended Health Care (EHC) plans will again allow the payment of claims for the services of a DOMP Osteopath in addition to continuing to cover the services of a DO. This decision is retroactive, as outlined below:

Handling of Claims

As a result, Osteopath claims will be handled as follows:

- Sun Life will immediately recommence payment for the services of a DOMP
- **By April 30, 2010**, plan members should submit claims for Osteopath services incurred since May 2007 that were **not previously submitted** to Sun Life
- Sun Life will re-adjudicate any claims that have been submitted and declined since May 2007 and will issue a payment to the affected plan members.

Please contact your College Benefits Administrator if you have a claim for Osteopath services that was declined and for which you have not received payment by May 31, 2010 from Sun Life.

If you have any questions please contact a member of the JIC.

Collective Bargaining changes to benefits

There have been two changes to the benefit plan. These changes were the result of the union's proposals at collective bargaining, and were agreed to in principle early in the bargaining round.

Life Insurance

As of December 1, 2009, the Supplemental Life Insurance Plan (Article 19.07 B) was increased from a limit of \$140,000 to \$300,000.

The premium cost for this benefit is paid entirely by the employee through payroll deduction.

A medical examination may be required. Contact your benefits administrator for further details.

Short-Term Disability Plan (STD)

This new article (17.01 F 7) provides that where the College requires an employee to undergo an independent medical examination, or provide further documentation from the employee's physician or attending specialist when the College determines that the initial documentation is insufficient, the College shall pay the cost for the medical examination and/or documentation.

Other changes to Benefits

Management has characterized the Long-Term Disability (LTD) catch-up, and the Drug Card as improvements to the Collective Agreement.

There is nothing new about the LTD benefit catch-up. Following every previous round of bargaining this catch-up has been implemented. This change simply enshrines the practice more clearly in the Collective Agreement.

As you likely know, the Drug Card was agreed-to by the parties at the JIC and was implemented well before this round of negotiations had started.



Over-the-counter drugs reclassified by Health Canada

As of January 1, 2010, many over-the-counter drugs are losing their Drug Identification Number (DINs) and are reclassified as Natural Health Products and identified by a Natural Product Number (NPN). As the CAAT plans do not cover Natural Health Products, these products will no longer be eligible for coverage under the CAAT Extended Health Care plans, even if prescribed by a medical practitioner.

Why the Change?

The Natural Health Product Regulations came into force on January 1, 2004 and are designed to control the safety, effectiveness, quality, identification and labelling of Natural Health Products. Manufacturers had six years to transition their natural health products to the new classification. This six-year period expired as of January 1, 2010.

What products are changing?

Products that are being reclassified as Natural Health Products include vitamins and minerals, herbal remedies, homeopathic medicine, traditional medicines such as traditional Chinese medicines, probiotics, and other products like amino acids and essential fatty acids.

Impact on Your Drug Plan

Some of the products that will no longer be eligible for coverage under the CAAT drug plan are:

- vitamins (previously covered when such drugs were considered treatment for a chronic condition, and such condition was documented by a doctor's statement)
- minerals (previously covered when such drugs were considered treatment for a chronic condition, and such condition was documented by a doctor's statement)

There will be no change to coverage for the items listed below:

- life-sustaining, over-the-counter products such as insulin, diabetic supplies, and nitroglycerin
- injectible vitamins and prescription-strength vitamins

The JIC appreciates this attention to public safety but regrets the government's decision to remove all coverage for items that have been helpful to our members.

**If you need us, we are willing
and able to help out**