

## CAEAS-ECAB



## **Plan Design Summary for Retirees**

FOR THOSE WHO RETIRED **BEFORE JUNE 1, 2018** 

OVERALL BENEFITS PLAN	COVERAGE DETAILS
Reimbursement	<ul> <li>100% of eligible claims, unless otherwise stated (subject to reasonable and customary limits)</li> <li>Please note, if you did not previously have retiree health and/or dental coverage, then you will not have that coverage under ONE-T.</li> </ul>

BENEFIT	COVERAGE DETAILS
Prescription Drugs	
Prescription Formulary (including life-sustaining drugs, diabetic supplies and preventive vaccines)	<ul> <li>100% coverage of eligible drugs</li> <li>No deductible</li> <li>Includes life-sustaining drugs, diabetic supplies and preventive vaccines (except for over-the-counter (OTC) vaccines that are non-life sustaining)</li> <li>May be subject to prior authorization</li> <li>Pay-direct drug card available</li> <li>Mandatory generic substitution</li> <li>\$6 maximum dispensing fee</li> <li>Limit of 5 dispensing fees paid by the plan per chronic medication per year</li> <li>\$5,000 lifetime maximum for fertility drugs</li> </ul>
Dental	
Reimbursement Guide	Based on current fee guide for province of treatment
Basic Services	<ul> <li>100% of checkups, x-rays, fillings, etc.</li> <li>No annual maximum</li> <li>Recall exams every 9 months for adults; every 6 months for children under age 19</li> <li>10 units of basic/periodontal scaling (combined) per rolling 12 months</li> </ul>
Major Restorative Services	<ul><li>60%</li><li>\$2,500 maximum per benefit year</li></ul>
Periodontics/Endodontics	<ul><li>100% coverage of root canals and related services</li><li>100% coverage of scaling, root planing, gum treatments, etc.</li></ul>
Orthodontics	<ul><li>50% coverage for adults and children</li><li>\$3,000 lifetime maximum</li></ul>

Paramedical Services		
Chiropodist/Podiatrist	Maximum \$500 per benefit year	
Naturopath	Maximum \$500 per benefit year	
Chiropractor	Maximum \$500 per benefit year	
Osteopath	Maximum \$500 per benefit year	
Psychologist & Social Worker	Maximum \$750 per benefit year (combined)	
Registered Massage Therapist	Maximum \$500 per benefit year	
Speech Therapist/ Speech Language Pathologist	Maximum \$500 per benefit year combined with Audiologist	
Physiotherapist	Maximum \$1,500 per benefit year combined with Occupational Therapist and Athletic Therapist	
Vision Care		
Glasses and Contacts	Maximum \$450 per 24 months	
Eye Exam	Maximum \$120 per 24 months	
Medical Services and Supplies		
Orthotics	Orthotics: \$700 maximum per rolling 24 months, 1 pair limit	
Orthopedic shoes	Combined with orthotics	
Hearing Aids	• \$1,000 per 60 months	
Ambulance	<ul><li>Transport to nearest facility</li><li>Includes air ambulance</li></ul>	
Emergency Travel Medical	<ul><li>100% coverage</li><li>Up to 60 days per trip</li><li>\$1 million per trip</li></ul>	
Private Duty Nursing	• \$25,000 per 36 months	
Semi-private Hospital	Covered (the trust will pay the difference between semi-private and ward accommodation)	
Life Insurance		
Basic Life (member only)	Grandparented as at June 1, 2018, subject to applicable insurance company maximums	
Member Optional Life	<ul> <li>Member-paid</li> <li>Based on gender, age and smoking status</li> <li>Grandparented as at June 1, 2018, subject to applicable insurance company maximums</li> <li>\$500,000 maximum</li> </ul>	
Spousal Optional Life	<ul> <li>Member-paid</li> <li>Based on gender, age and smoking status</li> <li>Grandparented as at June 1, 2018, subject to applicable insurance company maximums</li> <li>\$500,000 maximum</li> </ul>	
Child Optional Life	<ul> <li>Member-paid</li> <li>Grandparented as at June 1, 2018, subject to applicable insurance company maximums</li> <li>\$25,000 maximum</li> </ul>	
Critical Illness		
Optional Critical Illness	<ul> <li>Member-paid</li> <li>Grandparented as at June 1, 2018, subject to applicable insurance company maximums</li> <li>\$250,000 maximum</li> </ul>	

## Notes:

- Since coverage is being grandparented, additional amounts of Optional Life (Member, Spouse or Child) or Critical Illness are not available for purchase
- The benefit year starts September 1 and ends on August 31, except where otherwise indicated.
- Provincial coverage will be first payer where applicable.

## A FINAL WORD

This document has been prepared exclusively for non-unionized education 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.