



## OCEW BENEFITS ENROLMENT Q&A

### 1 Am I eligible to join the new Ontario Council of Educational Workers (OCEW) benefits plan?

Eligible members include:

- All permanent full-time and part-time OCEW members who are enrolled in their school boards' benefits plans as of May 31, 2018.
- OCEW members who are hired on or after June 1, 2018.
- Contract members are eligible for health and dental benefits only. Contract members are:
  - Members with a four-month or longer contract. Coverage begins as of hire date.
  - Members with a contract of less than four months in length are not eligible for coverage, unless their existing contract is extended beyond the fourth month for the same job position. In this case, coverage begins the first day of the fifth month.

### 2 How do I enrol in the new OCEW benefits plan?

Starting May 16, 2018, all eligible plan members will receive an email from the Ontario Teachers Insurance Plan (OTIP) to their school board email inviting them to enrol in the new benefits plan at [www.otip.com/enrol](http://www.otip.com/enrol). The email will provide detailed registration instructions including your new OTIP identification number and instructions on how to set up your password. You will be guided through the online benefits enrolment process to review and confirm your existing coverage and update your optional coverage selections to ensure you have the coverage you need beginning June 1, 2018

### 3 What does pre-populating my information mean?

We have pre-populated your coverage to be consistent with your current coverage selections based on the information received from your school board and insurer. Note that you can opt-out or reduce any coverage during your enrolment.

**For health and dental coverage**, you have been loaded into OTIP's system with the same type of coverage (single or family) you previously had.

**For life insurance (basic and optional) coverage**, you have been loaded into OTIP's system with the same total amount of coverage you previously had. If you had more than 2x basic life, you will see the additional amounts included under supplemental life. In all cases, your Accidental Death & Dismemberment (AD&D) coverage will match your life coverage amount(s).

**Therefore, it is critical that you complete your enrolment to ensure your information is accurate and complete, and to opt-out of (or remove) coverage that you no longer need or want.** During the enrolment process, you will also be informed of any premium costs associated with your coverage selections. If your personal information, including your name, address and birthdate, is incorrect **you must contact your board to correct it.** For more information, please refer to the enrolment checklist provided to you in this package.

### 4 What changes can I make to my coverage during the enrolment process?

**If you have single coverage**, you will not have the ability to add dependants to your health and dental coverage during the enrolment process. The next time you may add dependants to your coverage is within 31 days of an applicable life event such as the birth of a child, new marriage or common-law relationship, divorce/separation or when a spouse loses coverage.

**If you have family coverage**, you may add/remove eligible family members (e.g., spouse, children) to your coverage or change your coverage to single coverage.

**If you have life and/or health, and/or dental insurance only**, you will not have the ability to opt-in to new coverage during the enrolment process. The next time you may opt-in to new coverage is within 31 days of an applicable life event such as a new marriage or common-law relationship, divorce/separation or when a spouse loses coverage.

**All eligible members** will have the opportunity to apply for optional life coverage subject to approval by the insurer with evidence of insurability. Please note that you must have basic life coverage in order to be eligible for optional life coverage.

### 5 If I have family coverage, how do I review and add family members to my coverage?

If you have family coverage, the first part of the enrolment process will require you to review and add/remove eligible dependants (spouse, children) to your plan. When you are reviewing and editing the details of each dependant covered under your plan, you must indicate if a dependent child is a full-time student between the ages of 21 and 24, and/or if a child or spouse has health and dental coverage under another plan. For more information on how to co-ordinate your benefits and update the student status of a child covered under your plan, please visit [www.otip.com/loginhelp](http://www.otip.com/loginhelp)

## 6 Will I get a new benefits card for my group benefits plan?

Yes, all eligible OCEW benefits plan members with health coverage will receive a new pay-direct benefits card in the mail, including important information on how to submit claims. You will receive your benefits card in the mail approximately 10 business days after you have completed your enrolment. If you misplace your benefits card, you can print additional benefits cards from the 'My Claims' section of OTIP's secure member website once you have completed your enrolment. If you do not have health benefits under this plan you will not receive a benefits card.

## 7 How do I access my group benefits booklet?

Once you have registered at [www.otip.com/enrol](http://www.otip.com/enrol) and completed your benefits enrolment, you will be able to access your group benefits booklet once available on the 'My Claims' section of OTIP's secure member website.

## 8 When can I start submitting claims under the OCEW benefits plan?

You will be able to submit claims for expenses incurred on or after June 1, 2018, under your new plan, after you have completed your enrolment. If you have not completed your online enrolment by June 30, there is a possibility that you and/or your eligible family members will not have the coverage you require. **Therefore, it is extremely important that you complete your enrolment as soon as possible.** Verifying all of your benefits, including optional benefits, will ensure that you continue to receive the coverage you require and you will avoid possible denial of your claims (e.g., at your dentist's office or pharmacy).

## 9 How long do I have to submit claims under my current plan?

Please note that you may not have access to online claims submission under your previous benefits plan after May 31. Therefore, before May 31, you are advised to print off a copy of your claims history and keep track of any outstanding claims being processed under your current plan. Check with your current service provider or school board benefit administrator to confirm how long you have to claim eligible expenses under your previous board plan and submit your claims as soon as possible.

## 10 What if I don't complete my enrolment in the plan by June 30, 2018?

If you do not enrol by June 30, 2018 your coverage will remain the same as it was with the previous carrier. For members with a premium share, you are required to complete your enrolment and provide your pre-authorized debit (PAD) banking information to activate your coverage.

## 11 Why do I need to provide banking information?

If you have any optional benefits, are working part-time, or are on a leave, you may be responsible for some or all of your premium payments. Premiums for the new OCEW benefits plan are calculated and billed monthly, over 12 months. You will see your monthly premium payments displayed online as "member cost" during enrolment, and deducted directly from your chequing/savings account on or around the tenth of each month. You must complete this important step of providing your banking information to activate your benefits coverage. Please note that if you complete your enrolment and provide your banking information after June 5, you will receive a double deduction on July 10, 2018 for your June and July premiums. By connecting to 'My Claims,' you will also have the option to provide direct deposit information to set up online claims submission.

## 12 What happens if I don't complete a beneficiary designation?

**As this is a new plan, you will be required to designate a beneficiary for your life insurance proceeds during the enrolment process. Designating a beneficiary is one of the most important things you will do as part of enrolling in your new benefits plan.**

If OTIP does not receive a signed beneficiary designation form:

- a. Policy proceeds may not be directed to your desired up-to-date beneficiary (e.g., your current spouse);
- b. Payment of the proceeds could be delayed under rules and laws governing estates;
- c. There could be legal costs or income tax implications depending on your relationship with the beneficiary.

For more information about how to complete your beneficiary designation, including printing and mailing the form, please visit [www.otip.com/loginhelp](http://www.otip.com/loginhelp)

## 13 My contract was just extended from three months to six months in length. Am I eligible for coverage?

If your existing contract was less than four months long, but has been extended beyond the fourth month for the same job position, then yes, you are eligible for coverage. Your coverage is effective the first day of the fifth month.

Participation in OCEW benefits plan is subject to the eligibility requirements defined by the OCEW. Members will be invited to enrol in the OCEW benefits plan, beginning May 16, 2018. Please note that the actual eligibility to participate in the program will be determined based on the status of the plan member and the eligibility rules in place on June 1, 2018. Coverage for members who are not actively at work on June 1, 2018, may be limited under the OCEW and/or maintained by the previous insurance carrier.