CUPE 3907 – Grad Assistants
Top-up Health and Dental Benefit Plan

WHAT YOU NEED TO KNOW

WHO IS COVERED?

If you are a member of CUPE 3907 and you are employed for at least one term; and are covered under the University of Toronto Graduate Students’ Union benefit plan (UTG) then you are eligible for coverage under the new health and dental plan. Those with coverage under a student benefit plan plan are covered under Plan A (Top-up Plan and Health Care Spending Account (HCSA)), while those who have opted out of student coverage are only eligible for Plan B (HCSA only provision). Details are provided below.

Am I a member of CUPE 3907?

CUPE 3907 is comprised of all graduate assistant at the Ontario Institute for Studies in Education of the University of Toronto, all of whom are graduate students at OISE, are employed in research and/or field development-oriented projects contributing to their academic and professional development.

WHAT ARE PLAN A and PLAN B?

Plan A provides secondary health and dental coverage (your student plan is your primary coverage) consisting of two parts:

- Part 1: Supplemental health and dental coverage that will be coordinated with your student plan (the GSU).
- Part 2: A Health Care Spending Account (HCSA) which is an additional pool of money that you can use to pay for additional medical and/or dental expenses not covered by your combined student plan and supplemental Top-up Plan.

You can have either single coverage, or family coverage which will be based on your status (single or family) through your student plan. For example, if you have family coverage through the GSU, you will also have family coverage under the top-up plan, and vice versa.

Plan B provides those who have opted out of student health and dental plan with a $300/year HCSA only plan, which can be used to reimburse eligible medical expenses for you or any eligible dependents.

OTHER BENEFIT COVERAGE AT THE UNIVERSITY OF TORONTO

As an employee of the University of Toronto, you may be covered by up to three health insurance plans. All three plans cover you for different services, and can be combined to maximize the amount you are reimbursed for your claims. In addition to the CUPE 3907 Top-Up plan, you can be covered by:

OHIP/UHIP - The Ontario Health Insurance Plan (OHIP) covers every permanent resident of Ontario and provides basic coverage for doctor and hospital visits. The University Health Insurance Plan (UHIP) is an OHIP equivalent plan that is mandatory for all international students or those waiting for OHIP coverage.

If you are covered by OHIP, you have a health card and need to present this when visiting doctors or hospitals. If you are covered by UHIP, please visit uoft.me/uhip for information on your UHIP plan and to download your UHIP card that can be presented to doctors’ offices and hospitals. If this card is not recognized, you will be asked to pay and claim the expense directly from Sun Life.

September 2016
How Do I Enroll?

You don’t need to enroll separately for the CUPE 3907 Top-Up plan. Since we’ll already have all of your information on file, we will automatically enroll you.

**Plan A:** In order to be eligible for Plan A (Top-Up Plan + HCSA); you must be enrolled in the GSU student benefit plan. Your dependent information will be obtained from your student plan so you don’t need to re-enroll them.

**Plan B:** If you opted out of your student plan, the University will send your enrolment information to Green Shield Canada (GSC) for the HCSA-only plan. However information for your dependents will not be sent to GSC. Instead, they can be enrolled by contacting GSC directly. Please see Scenario 4 on the final page of this document for instructions on enrolling your dependents under Plan B.

**WHEN CAN I START SUBMITTING CLAIMS UNDER MY TOP-UP COVERAGE?**

Well, it’s a bit complicated. You are eligible each September. Since we need to wait until all of the student coverage and opt-out information is finalized from the student plan. The date that this information is finalized and may not be available until late October:

**However, regardless of when you are enrolled in the plan, your coverage will extend retroactively to the start of the Plan Year - September 1, 2016 - and you will remain covered until August 31, 2017. This means it is extremely important to save your receipts and/or explanation of benefits from claims that are partially paid by your student benefit plan. You will need to submit original receipts or the explanation of benefits from another plan in order to claim the balance under your top-up plan once you do become eligible.**

Let’s use Monica as examples:

<table>
<thead>
<tr>
<th>Monica is already has a commitment for employment for at least one term as of September 1st, 2016. She has coverage under the GSU plan, and is eligible for Plan A.</th>
<th>Monica is eligible for coverage and can submit a claim as soon as the enrolment information is available – estimated to be early October, 2016. Coverage will be retroactive to September 1, 2016.</th>
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Now let’s take this one step further Monica fill a prescription on September 16th with her student benefit plan. The prescription costs $100, but the student plan covers $70, so Monica pay only $30 (and save her receipt). The date that she can submit the $30 balance from that claim for reimbursement from the top-up plan will depend on when the enrolment information is updated:

- Sept 1st: Coverage begins
- Sept 1st: Monica already has a commitment of employment for at least one term
- Sept 16th: Monica fills her prescription under the GSU plan (she saves her receipt so she can submit the remaining balance under the top-up plan)
- October: The earliest estimated date that claims can be submitted to the top-up plan
- November: Monica submits her Sept 16th claim (with her saved receipt) for reimbursement
- Jul 31st: last date you can become eligible for the top-up plan.
- Aug 31st: coverage ends (for this year, anyways), but you have 60 days beyond August 31st to submit any eligible claims incurred during the coverage period.

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The following helpful information is provided by GSC:

GOT IT…NOW THAT I’M ENROLED, WHAT’S NEXT?

Step 1: Get your CUPE 3907 – Green Shield ID card

ONLINE (printed card)
Step 1: Register or Log in to Plan Member Online Services
Step 2: Under “My Benefits” in the left hand menu, select “My GSC ID Card”
Step 3: Click “Print ID Card” and voila! You’re done!

ON THE GO (e-card)
Step 1: Download the GSC on the GO mobile app
Step 2: Log in using your Plan Member Online Services ID and password
Step 3: Select “My ID Card”
Step 4: Show your provider your super-cool e-card! (your wallet will thank you)

Not registered for Plan Member Online Services?
No problem. It’s quick and easy to register and you’ll be so glad you did (online claiming and direct deposit, just to name a few reasons). Once you are enrolled for coverage, just visit Plan Member Online Services and click “register” to sign up using your U of T employee number.

Step 2: Start submitting claims

ONLINE
Step 1: Register or Log in to Plan Member Online Services
Step 2: Under “My Claims” click “Submit a Claim” then select the type of claim you want to submit. (Available for services such as massage, physiotherapy, chiropractic care, acupuncture, medical items, vision care, orthodontic services, and many more.)
Step 3: Enter your provider information and continue.
Step 4: When entering your claim details, be sure to select “Yes” when asked if you have other benefits coverage.

ON THE GO
Step 1: Download the GSC on the GO mobile app
Step 2: Log in using your Plan Member Online Services ID and password
Step 3: Select “My Claims,” then the claim/service type (Available for services such as massage, physiotherapy, chiropractic care, acupuncture, medical items, vision care, orthodontic services, and many more.)
Step 4: Enter your provider information and continue.
Step 5: When entering your claim details, be sure to select “Yes” when asked if you have other benefits coverage.

HSEDIFY (Have Someone Else Do It For You)
Many health care professionals will submit claims on your behalf. All you have to do is ask them to submit your claims online, directly to GSC.

This is good for you because you don’t have to worry about any paperwork or in some cases, they can also auto coordinate your claim for you. That means you don’t pay anything out-of-pocket for the service (except for any portion not covered by your benefit plan).

For more information on submitting claims, visit this page on greenshield.ca.

REMEMBER! You’ll only be able to submit any portion of your claims to the top-up plan if these haven’t already been paid by another plan.

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FIND THIS ALL A BIT CONFUSING?

Here are some helpful examples of how your coverage works...

**SCENARIO 1:**

I opted out of my student plan (GSU). Am I still eligible for the top-up plan?

If you decide to opt out of your student health and dental plan (GSU), you will only be eligible for a HCSA Plan of $300/year to be used as secondary coverage (coordinated with a parental or spousal benefit plan).

You will not be eligible for the supplemental health and dental coverage under the top-up plan.

**SCENARIO 2:**

I'm sick and my doctor gave me a prescription. What coverage do I use?

If your doctor gives you a prescription, present your student plan ID number AND your top-up plan ID number at the pharmacy.

If you pay the full amount and need to submit a claim yourself, make sure you list your student plan as the primary payor, and the top-up plan as the secondary payor on the claim form. After about two weeks you will get a cheque and an explanation of benefits letter, or for faster reimbursement sign up for direct deposit of your benefit reimbursement payment.

If you are a member of CUPE 3907 and the full amount was not covered by your student and top-up plan, you can claim the remainder under your HCSA.

**SCENARIO 3:**

I am covered by my student plan (GSU) and the Top-up plan. Which plan do I submit my claims to first?

After OHIP/UHIP, your student plan will always be the first plan to pay a claim. After you have submitted to your student plan, you can submit the balance to your top-up plan (including the HCSA).

If you have opted out of student coverage, make sure you submit your claim to your alternate coverage (e.g. parental or spousal coverage) first, and then submit any balance under the Top-up plan HCSA only.

**SCENARIO 4:**

I'm enrolled in Plan B. How do I enroll my dependents?

Once you have been enrolled in Plan B, you can easily add your dependents by following these steps:

1. Call GSC’s Customer Contact Centre (1.888.711.1118)
2. Tell the representative that you’d like to add a dependent.
3. They will request that you send your dependent’s first and last name, date of birth and gender via email, fax or regular mail (the auditors say we need it in writing).
4. After a two day waiting period, you’ll be able to submit a claim for your dependent.

Questions? Here’s who to call:

**Once you are enrolled in the Top-up Plan**, direct inquiries regarding plan provisions or claim status to:

Green Shield Canada
Phone: 1.888.711.1119
Top-up ID: UOT + Employee # - 00

For Eligibility Inquiries or other information regarding your top-up/HCSA plans, contact the Benefits section of the Human Resources Department:

Benefits.help@utoronto.ca
416.978.2598

To learn more about your coverage under the top-up plan, please visit Plan Member Online Services.

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