



**CUPE 4207**

**Unit 1 Health & Dental Benefits**

**F/W 2023-2024**





## Unit 1 Health & Dental Benefits

### Your CUPE 4207 Unit 1 Benefits Committee 2023-24

**Brian de Ruiter** (Chair of Committee) - Instructor &  
Dept Steward for Canadian Studies

**Darrin Sunstrum** - TA & CUPE 4207 Treasurer

**Phil Wachel** – TA & CUPE 4207 President

**Tracy Kennedy** – Instructor & CUPE 4207 VP Unit 1  
Instructors

**Susan Down** – Teaching Assistant & Lab  
Demonstrator

Your Benefits Committee is always striving to provide you the coverage and services you need at a reasonable cost. Your health and wellbeing is our priority.

This is our **seventh** year of Health & Dental Benefits, and we have some changes and additions that we feel will help our members.

We understand that wellness needs can change and evolve over time, especially as we continue to navigate uncertainties and continued challenges in the COVID-19 era.

*\*A health benefit plan became available in the Fall 2017 for Unit 1 members **who are not graduate students** when the Unit 1 Bargaining Committee successfully negotiated this necessity with the employer.*



**Unit 1 Health & Dental Benefits**

**What's New This Year?**

- The number of hours required to qualify for rates subsidized by the employer has decreased from 300 hours to **240 hours**.
- Vision Care benefit has been increased from \$400 to **\$600** every 24 months.
- For Drug coverage, you are **no longer required to pay for the Dispensing Fee**; 90% coverage of the entire reasonable & customary drug cost is eligible for reimbursement.
- Subsidized rates have **increased by less than 6%**; **\$43.20** will be automatically deducted from the last five paydays of the semester for single coverage.

**Unit 1 Health & Dental Benefits**

**What's New This Year?**

- **TELUS Health Virtual Care** has been added as a benefit for all those who enroll in the plan.
  - The plan has partnered with Telus Health Virtual Care telemedicine to offer **virtual medical services** to our enrolled members. Telus Health is based in Canada and all of its practitioners are licensed in the province for which they are offering their services.
  - Telus Health offers the services of nurses, nurse practitioners, physicians, and mental health counsellors to its clients.
  - All members enrolled for the Fall semester will automatically have access to this benefit effective November 1st, 2023. Even if you only have single or couple coverage, the telemedicine services may be used by your spouse and any dependent children as well.

## Overview

*Check Benefits Booklet for more detailed information.*



## Unit 1 Health & Dental Benefits

### EXTENDED HEALTH

- 100% coverage with no deductible
- Paramedical services, maximum per practitioner:
  - chiropractor, naturopath, podiatrist/chiropractist, osteopath, physiotherapist, speech-language pathologist
  - massage therapy - *medical referral required*
    - \$300/full academic year
    - \$100 if enrolled for 1 semester
    - \$200 if enrolled for 2 consecutive semesters
  - psychologist - including Psychotherapy/Master of Social Work, *\$800/ full academic year*

### OTHER ELIGIBLE MEDICAL EXPENSES

- *must be medically necessary*
- *may require medical referral and/or lab invoice*

Ambulance  
Private Nurse out of hospital  
Dental work related to an accident  
Oxygen & rental equipment for administering  
Diagnostic laboratory and X-rays  
Dextrometer/glucometer  
Breast prosthesis & Bras  
Convalescent/Rehab hospital  
Test strips, syringes & needles  
Colostomy, ileostomy & urostomy supplies

Pressure garments for burns  
Compression Stockings  
Artificial eye or limbs  
Rental/purchase/repair of non-motorized wheelchair, hospital bed, ventilator, crutches  
Custom orthopaedic shoes, orthotics/arch supports  
Hearing aids  
CPAP machine  
Wigs  
Gender affirmation surgeries \$10,000 lifetime

### VISION CARE

- One eye exam/24 months; once first vision purchase is made the 24 months starts from that date
- **\$600**/24 months for eye glasses, contacts, or eye laser surgery

### TRAVEL

- Medical emergency coverage following an illness or accident while travelling
- 100% of eligible expenses, up to lifetime max of \$5,000,000; 90-day limit from your date of departure

## Overview

*Check Benefits Booklet for more detailed information.*



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### Unit 1 Health & Dental Benefits

#### DRUGS

- 90% Direct payment drug plan, ~~dispensing fee is considered as a deductible~~, \$10,000 for full academic year, \$3,333 if enrolled in 1 semester, \$6,667 if enrolled for 2 consecutive semesters
- Mandatory Generic drugs with speciality drug program list (high-cost drugs are only approved if person has tried & failed other generic drugs)
- Medical Cannabis – as prescribed by a physician for certain specific conditions only, subject to pre-authorization by Green Shield Canada, maximum of \$1,500 per academic year

#### DENTAL

- 100% basic dental coverage based on current General Practitioners Fee Guide for member's province of residence, \$1,000 for those enrolled for the full academic year maximum prorated to \$333 if enrolled for 1 semester, \$667 if enrolled for 2 consecutive semesters
- Eligible services include:
  - Diagnostic – recall visits once every 12 months, examinations, diagnoses, consultations, x-rays
  - Preventative – polishing & scaling once every 12 months
  - Oral surgery – extractions, excisions or incisions
  - Minor Restorations – amalgam based restoration (fillings)
  - Endodontics - root canal & pulpotomy
  - Periodontics – gingivectomy & root planning up to 8 units every 12 months
  - Prosthesis repairs – denture reline, rebase & repair



### OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Available to all CUPE 4207 Members, whether you have a contract or not.

Affordable coverage with premiums deducted from your bank account by semester.

Only \$48 per semester for \$100,000 of coverage. Coverage is also available for \$200,000 or \$300,000, and Family coverage.



To prioritize your enrollment, please forward your completed Enrollment Form to CanBen.

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## GROUP BENEFITS ENROLLMENT FORM

Please read through this form carefully and complete all relevant sections.



October 1, 2023 – September 30, 2024 Plan Year

### SECTION I: PERSONAL INFORMATION

Your Last Name	Your First Name	Employee Number/ID	Gender	Date of Birth (yyyy/mm/dd)			
Your Address (Street Number and Name)		City	Province	Postal Code			
Phone Number:		Province of Residence (if different from above):					
Permanent Email Address:							
Marital Status	Single	Married	Separated	Divorced	Common-Law	Widowed	If common-law, provide date cohabitation commenced (yyyy/mm/dd):

### SECTION II: ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (Optional)

I would like to enroll for AD&D:

SINGLE

FAMILY

\$100,000

☐ \$48.00/semester

☐ \$62.40/semester

\$200,000

☐ \$96.00/semester

☐ \$124.80/semester

\$300,000

☐ \$144.00/semester

☐ \$187.20/semester

Please attach a void cheque / pre-authorized withdrawal form from your bank, and sign Page 3.

AD&D will remain in force until age 70 as long as premiums are paid.

### SECTION III: COVERAGE PREFERENCES

What coverage do you request? Single Couple Family

For what Semester(s) would you like coverage:

FALL: October 1, 2023 to January 31, 2024 ☐

WINTER: February 1, 2024 to May 31, 2024 ☐

SUMMER: June 1, 2024 to September 30, 2024 ☐

If you are enrolling here for any semester when you do not qualify for premiums subsidized by the employer, the unsubsidized rates on the next page will apply.

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### SECTION IV: COORDINATION OF BENEFITS

Please complete the section below if you already have Health and Dental coverage with another Plan and you want to use this Benefit Plan as well and "coordinate your benefits" to increase your coverage. Should your other insurer be through your primary/full-time employer, this Plan will be your secondary payer and will reimburse any eligible unpaid remainder left from your first Plan. In the case that your other coverage is through your spouse's Plan, this Benefit Plan would be your first payer.

Other Coverage Information:	Health:	Dental:
Do you have coverage with another insurer?	Yes No	Yes No
If yes, is this coverage from your other Employer? (Leave blank if not applicable).	Yes No	Yes No
Does your spouse have coverage with another insurer?	Yes No	Yes No
If yes, what level of coverage is provided?	Single Family	Single Family
Name of Insurance Company:	Policy/Group Number:	

### SECTION V: PREMIUMS

**SUBSIDIZED RATES** – as advised by the Plan Administrator

Payroll Deduction – 5 deductions/semester

Single coverage – \$43.20 / pay, equals \$54.00 / month

**UNSUBSIDIZED RATES** - Automatic Monthly Withdrawal or Cheques

Single coverage – \$226

+ Spouse coverage - \$330 if Member is subsidized / \$556 total if Member is not subsidized

+ Family coverage - \$387 if Member is subsidized / \$613 total if Member is not subsidized

#### PAYMENT METHOD:

\_\_\_\_ Void Cheque for Premium Direct Withdrawal made on the last Friday of each month of coverage

You can also attach a Pre-Authorized Withdrawal form available on your bank's website with your account information

\_\_\_\_ Banking information already on file

\_\_\_\_ Cheque/post-dated cheques for the 1<sup>st</sup> of each semester, made out to "CUPE LOCAL 4207", mail to Canadian Benefits:

2300 Yonge Street, Suite 3000, P.O. Box 2426, Toronto ON M4P 1E4

## SECTION VI: DEPENDENT INFORMATION

Please complete the section below if you have selected Couple or Family Coverage.

## Dependent Information

	Last Name (if different than employee)	First Name	Date of Birth (YYYY / MM / DD)	Gender (M or F)	If child is over 21, indicate if disabled or if a full time student. If in school, provide name of school below and attach proof of enrolment. Terminates at age 25.
Spouse					
Child					
Child					
Child					
Child					

## Plan Member/Employee Authorization

I hereby apply for group benefits coverage and authorize Canadian Benefits Consulting Group, the insurance company or their agents, or any other person or organization to release and exchange any and all information necessary for the purpose of determination of eligibility for benefits and administration of the group benefits plan. I confirm I am authorized to act on behalf of my spouse and/or dependants for such purposes.

I declare that the information provided is true, complete and accurate. Any copy of this authorization shall be valid as the original.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

To ensure that coverage is kept up to date for you and your dependents, it is vital that you advise your Plan Administrator of any changes such as change of name, marital status or dependents status, or reinstatement of benefits previously waived. Changes reported more than 30 days after the date of change may require evidence of insurability.

Canadian Benefits Consulting Group is not able to process any form without an original, non-digitized signature.

## Canadian Benefits Consulting Group

Canadian Benefits Consulting Group is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

## Optional Accidental Death &amp; Dismemberment (AD&amp;D) Insurance

- 24 hour coverage
- You can enroll between the ages of 18 to 64
- Coverage to age 70 as long as you enroll prior to age 65
- Beneficiary is Estate unless Beneficiary Designation is signed & original submitted

## What makes this benefit so special?

- Loss of Use included.
- Plan is portable, regardless of your future affiliation with CUPE Local 4207, as long as you continue to pay premiums.
- Premiums are deducted by semester, whether you have a contract or not.

## Benefit Schedule:

Insured amount paid for Loss of:	Life	Both Hands or Both Feet
	Sight in Both Eyes	One Hand & One Foot
	Quadriplegia	One Hand & One Eye
	Paraplegia	One Foot & One Eye
	Hemiplegia	
Partial benefits are paid for Loss of:	Sight in One Eye	One Hand or One Foot
	One Arm or One Leg	
	Speech & Hearing in Both Ears or One Ear	
	Thumb & Index Finger of One Hand	
	Four Fingers of Either Hand	
	All Toes of One Foot	
Additional benefits also apply for	Repatriation	Day Care
	Rehabilitation	Education
	Home & Vehicle Modification	

Coverage is subject to exclusions.

## Choice of Coverage Levels:

Insured Amount	Premium per Semester	
	Single	Family
\$100,000	\$ 48.00	\$ 62.40
\$200,000	\$ 96.00	\$124.80
\$300,000	\$144.00	\$187.20

Want to know more? Contact us at [Brockenroll@canben.com](mailto:Brockenroll@canben.com) or call us at 416-488-7755 ext. 229, and ask about AD&D for CUPE 4207 Members. Visit the CUPE 4207 website for enrollment form.





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## Unit 1 Health & Dental Benefits

### OPTING OUT OF THE PLAN

- If you would like to opt out of the Unit 1 Health & Dental Plan, please:
  - Respond to the email you received from CanBen & provide them proof of alternate insurance coverage by **Tuesday October 17, 2023**.
  - Acceptable proof of alternate insurance:
    - copy of insurance ID card showing your name, or
    - picture/screen shot of insurance benefit summary showing your name; or
    - an Explanation of Benefits (EOB) from a paid claim showing your name.



**Unit 1 Health & Dental Benefits**

**Future Goals for the Health & Dental Benefits Plan**

- Increasing the coverage for Paramedical Services:
  - Our future goal is to increase the \$100 coverage per semester for: chiropractor, naturopath, podiatrist/chiropract, osteopath, physiotherapist, speech-language pathologist, and massage therapy. The current \$100 often does not cover one visit to a paramedical service.
  - Remove the required medical referral/note for massage therapy coverage.
  - We feel that paramedical services, such as massage therapy, osteopathy, naturopathy, and chiropractic, are vital practices and services that help us maintain our good health and overall wellbeing.
- Employee Assistance Program (EAP)
  - Our future goal is to include a feasible EAP program in the benefits package for our members. This will help members with any personal challenges that may be affecting their social, mental, emotional, or physical wellbeing.



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## Unit 1 Health & Dental Benefits

On behalf of the Benefits Committee – Thanks for joining us!

We hope this information helps you understand the CUPE 4207 Unit 1 Health & Dental Benefits Package, and the changes and new initiatives for the 2023-2024 year.

Please feel free to reach out to the Benefits Committee Chair at anytime:  
Brian de Ruiter - [bderuiter@brocku.ca](mailto:bderuiter@brocku.ca)

We are here to help!

