

For Your Information

Updated Benefits Booklet Available on Website

An updated copy of the PETL Benefits Booklet is available in the secure member area of the PETL website at www.etfopeel.com. Forms (claim forms, change forms, etc.) are available on OTIP's website at www.etfopeelbenefits.com. Members with questions about coverage should contact OTIP at 1-888-521-0023 or Great-West Life at 1-800-957-9777.



Claims Deadline for 2009/10 Benefit Year

August 31st is the last day to incur claims to be covered in the 2009/2010 benefit year (September 1, 2009 to August 31, 2010). All claim forms and receipts from the 2009/2010 benefit year **must be received by the Great-West Life claims office** (255 Dufferin Avenue, London, ON N6A 4K1) **no later than November 30, 2010** in order to be eligible for reimbursement. It is the responsibility of the member to ensure that the claims are received by this deadline.

Overage Dependent Coverage

Overage Dependents are children between the ages of 19 and 25 years (until the date of his/her 25th birthday) who are enrolled full-time at an accredited secondary or post-secondary institution. Members with overage dependent(s) **are reminded that they must complete the Overage Dependent form and send it to OTIP by September 30th each year** that their child/children are attending secondary or post-secondary institutions, in order to ensure the coverage of the overage dependent(s) under the benefits plan. Please note that OTIP will not be sending out the forms in a mass mailing. **To obtain a copy of the Overage Dependent form**, members should contact OTIP or visit OTIP's website (www.etfopeelbenefits.com) to download a form.



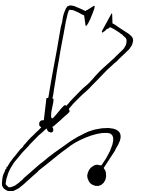
Change of Address

Members are no longer required to notify OTIP of a change of address. Effective immediately, members changing addresses are only required to register the change through the Peel Board. The information will automatically be transmitted to OTIP so that they can update the contact information in your file.

Amendment to Custom Hose / Compression Stockings Coverage

The original intent of the inclusion of custom hose / compression stockings in the PETL Benefit Plan was for medically necessary purposes. It is necessary to make an amendment to our benefit plan design in the area of custom hose / compression stockings to address excessive claims and financial expenditure which are outside of the intended medically necessary scope of this benefit.

As you know, an all-member email and memo were sent out to PETL members on May 25, 2010, outlining an amendment to this coverage. Effective June 1, 2010, the PETL Benefit Plan is amended to provide custom hose/compression stockings to a maximum of 2 pair per year (reduced from 10) with a minimum compression factor of 40 (increased from 20). Members in need of additional stockings may submit additional medical evidence through OTIP Benefits Services documenting the medical condition being treated and would be eligible for additional stockings (2 pair per submission to a total maximum of 10 pair per benefit year).



The Trustees of your benefit plan regret having to make this amendment, but, as reported in the May 25th memo, have done so to address a 395% increase in claims made and 868% increase in financial expenditure for custom hose / compression stockings since the 2007 policy year. Claims for these supplies over the past year have accounted for approximately 10% of the total claims (including drugs), instead of the industry average of 0.5 – 1% of total claims. These new parameters, coupled with the continued responsible use of the plan by members, will support the sustained coverage of the plan in the future.

Please note that all improvements made to the plan, effective September 1, 2009, continue to remain in place.

For more information about plan coverage, the PETL Benefits Booklet is posted in the secure member area of the website. This change, as well as the improvements made as of September 1, 2009, is reflected in the booklet as of June 1, 2010.

For information about the PETL Benefits Plan, contact the Ontario Teachers' Insurance Plan (OTIP):

1-888-521-0023 Email: petl@otip.com (Toll-free Fax: 1.866.404.6847)

For information about a specific claim or pre-determination for services, contact GWL:

Great-West Call Centre at 1-800-957-9777

New Number

For LTD policy questions, contact OTIP:

Eric Wilson at 1-866-486-6847

For information about retirement and leaves of absence, contact the PETL office:

Anne Lorimer at 905-564-7233 Email: anne@etfopeel.com

Past issues of Health Matters can be viewed in the secure area of the Local's website at www.etfopeel.com.

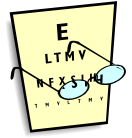
Questions about Health Matters can be directed to Suzanne Gill at vicepresidentc@etfopeel.com.

Important Reminders

PETL Benefits Premiums for Part-time Members and Members on Non-Statutory Leaves:

Premium deductions for PETL benefits for part-time members and members on non-statutory leaves continue to be as follows for the current and next school year:

	Single	Family
Extended Health Care	\$102.20	\$308.80
Dental Care	\$69.72	\$183.82



These premiums are pro-rated. A member working as a 0.5 teacher would therefore pay 50% of the above premium(s) if he/she chooses to maintain his/her benefits. A 0.2 teacher would pay 80% of the above premium(s).

Eligibility for Long Term Disability (LTD): Can I Cancel My LTD?

Prior to September 1, 1991 participation in the Long Term Disability (LTD) plan was voluntary for members.

If you were hired before 1991 you can opt to cancel your LTD at any time, however, we would recommend that you not cancel your LTD as long as you are eligible to receive benefits. Specifically, you would not be eligible to receive LTD benefits if you currently have more than 32 years CREDITED service with the Ontario Teachers' Pension Plan. This number may be different from your qualifying years of service.

To determine if you have reached the 32 years of credited service, please have your most recent Teachers' Pension Plan statement handy and call Eric Wilson at 1-866-486-6847. Eric is a senior account manager with the Ontario Teachers' Insurance Plan (OTIP), our LTD carrier and plan administrator. Eric will review your situation and advise about the ongoing premiums.



Making Changes to Your Coverage

PETL Members are reminded that changes to their benefits coverage (extended health, dental and life) must be made within 31 days of the occurrence of:

- a) A lifestyle change (birth/adoption, marriage, divorce, common-law, loss of spousal benefits); and/or
- b) A change in the percentage (increase or decrease) of his/her teaching assignment (e.g. 0.4 to 0.8; 1.0 0.8 to 0.6; 0.5 to 1.0, etc.).

After 31 days, the late entrant process requiring proof of the insurability would have to be provided to OTIP and Great-West Life. Late entrants, if approved, will also be subject to limits/restrictions for a period of up to a year for the member and/or dependents (e.g. dental restriction of \$100 per affected person for the first year of coverage).

Reasonable & Customary Charges (R & C)

Just a reminder that the PETL Benefits Plan covers services and supplies at a reasonable and customary level which is the lowest of the following:

1. Representative prices in the area where treatment was provided;
2. Prices shown in any applicable fee guide (e.g. dental); and
3. Maximum prices established by law.



Using registered massage therapy as an example, as of the date of this publication (June 2010) the current reasonable and customary charge is \$85.00 for a one hour massage by a Registered Massage Therapist (RMT). If a member's RMT charges \$100.00 for a one hour massage, the member would be reimbursed \$85.00 of that charge upon submission of the receipt to Great-West Life by the claims deadline for that benefits year. If the RMT charges \$80.00 for a one hour massage, the member would be reimbursed the full \$80.00 (Please note that a physician's referral is required for some services to be eligible for reimbursement, including RMT, physiotherapy, and orthopedic services).

If you need to check whether there is a reasonable and customary charge (R & C) for a particular service and/or supply, or are unsure of the current R & C for a particular service and/or supply, please contact Great-West Life at 1-800-957-9777 prior to incurring the claim.

FYI: Additional Health and Wellness Support Programs

Did you know about the following additional programs and services?

- a) **For members with OTIP Long Term Disability (LTD) coverage you have access to the following:**
 - CarePath Cancer Navigation System for members and their immediate family by calling 1-800-290-5106;
 - Feeling Better Now mental and emotional health program at www.FeelingBetterNow.com.
- b) **For members insured with Great-West Life extended health benefits:**
 - Best Doctors – diagnosis and treatment plan review for members and their immediate family by calling 1-877-419-2378.
- c) **For all Peel Board employees:**
 - The Board offers a free, confidential Employee Assistance Program (EAP) for members and their immediate family by calling 905-362-0767.



MEMBERS WANTED TO KNOW...

Global Medical Assistance – Travel Insurance



As you know, the PETL extended health (medical) plan was expanded to include Global Medical Assistance travel insurance (**GMA**), effective September 1, 2009. Any member (and their dependents) covered through the PETL extended health program with Great-West Life is automatically covered by Global Medical Assistance.

Initially travel cards and brochures were distributed to the membership through the workplace stewards. For additional cards, members can visit the Great-West Life website by logging in to GroupNet for Plan Members and print a personalized card under the printable cards section of the site. It is important to always carry your Great-West Life benefit/drug card in addition to the travel card.

Through an arrangement with an assistance company, Global Medical Assistance provides support worldwide to travellers in emergency medical situations and obtains Great-West Life's approval for covered medical expenses. You also have protection in Canada, if your trip takes you more than 500 km from home.

Leading up to the Summer Break, the Local thought it would be help to review this useful travel health insurance...

Why is GMA important?

When you travel, your provincial and group healthcare plans provide good basic protection, but they may not be enough when faced with a medical emergency. Your protection through Great-West Life's Group Healthcare plan supplements it by covering the reasonable and customary costs of medically necessary services or supplies relating to the initial treatment of a medical emergency.



GMA provides benefits and services over and above the basics. Through GMA, you have access to multilingual assistance coordinators who can direct you to the nearest, most appropriate physicians and healthcare facilities, and help you with resulting travel arrangements.

How do you benefit from GMA?

Worldwide Assistance — GMA coverage is provided anywhere in the world. Coverage is also extended for travel within Canada if you are 500 km or more from home.

Assistance Company Communications Network — You have access to a direct line 24 hours a day, every day. The assistance company can help you locate hospitals, clinics and physicians and arrange medical evacuation if necessary.

Courtesy Assistance — The assistance company can help you locate qualified legal assistance, local interpreters and appropriate services for replacing lost passports.

Other services include:

Admission Advance Assistance
Assisting Unattended Children
Return of Vehicle
Transportation Reimbursement

Medical Evacuation
Family Member Travel Assistance
Transportation of Remains



Note: *All benefits are paid in Canadian funds*

Frequently Asked Questions (FAQs) about Global Medical Assistance

How do I arrange for assistance?

In the event of a medical emergency, call the assistance company using the toll-free number on the back of your drug card. The assistance company will help you arrange for appropriate medical care, verify your insurance coverage, and provide necessary travel assistance, such as flight, hotel accommodation and vehicle return. If required, the assistance company can also provide advance payments, subject to Great-West's approval.

What if I'm unable to reach the assistance company at one of the toll-free numbers?

If you have any problems, call the Baltimore or Brighton numbers collect. You can call either of these numbers from anywhere in the world.

If I'm admitted to a hospital, does the card confirm that I am covered?

Hospitals do not accept your GMA card as proof of medical coverage, but use it to call the assistance company. The assistance company then contacts Great-West to verify coverage.

What if the hospital refuses to recognize my card or call the assistance company?

This is very unlikely, however, if it happens, call the assistance company yourself or have a family member call. The assistance company will call the hospital directly and take whatever measures are appropriate.

MEMBERS WANTED TO KNOW... (cont'd)

Frequently Asked Questions (FAQs) about Global Medical Assistance (cont'd)

Am I required to pay hospital and doctor bills, or will Great-West automatically pay these bills when I'm discharged?

To assist you with payment arrangements and, if necessary, guarantee payment for eligible expenses:

1. **Call the 24-hour helpline immediately.** If you are physically unable to call the helpline yourself, have a family member, travelling companion or medical personnel call for you. Simply showing your travel assistance card to a doctor, nurse or hospital personnel will **NOT** ensure payment of these expenses.
2. The assistance company will verify your extended health coverage and, if necessary, payments can be arranged on behalf of you or your insured dependant.
3. If you do not call the 24-hour helpline or if payment has not been arranged, you are responsible for arranging payment for all hospital and doctor bills when you are discharged, and then submitting a claim to Great-West. In some cases, hospitals may allow you to assign your insurance benefits in place of full payment.



How do I submit a claim?

When you return home, contact Great-West Life for the forms you need to submit a claim. Submit claims directly to Great-West Life and include your original receipts. Many provincial health plans have time limitations on the submission of claims. These time limits apply to your Great-West Life claim as well. If your provincial health plan refuses payment, you may be asked to reimburse Great-West Life for any amount already paid on its behalf.

If you have any questions about your claim or coverage, call Great-West toll-free at 1-800-957-9777 and ask for a client service representative in the Out-of-Country Claims Department.



Do I need to purchase additional healthcare coverage when I travel?

Your Great-West Life Healthcare plan provides comprehensive out-of-country coverage up to a lifetime maximum of \$1 million for emergency medical treatment that may be required when you're travelling temporarily outside of Canada. However, your GMA benefits have separate maximums. It is also impossible to foresee all the costs you may incur. To help you plan, consider the maximums applicable under your Group Healthcare plan. These are included in your benefits booklet. If you do purchase additional insurance, Great-West Life will co-ordinate the payment of your claim with your other carrier.

Does my GMA plan include trip cancellation insurance?

Your plan does not cover transportation costs if you're unable to leave home at the start of a trip due to the death or serious illness of yourself or a family member. This type of coverage is provided by flight cancellation insurance. If you miss prearranged and prepaid return transportation to Canada because you are in a hospital, the assistance company will arrange and pay the cost of comparable return transportation for you.

Are there any time limits on the coverage?

Out of country coverage remains in force as long as the insured in question has provincial coverage in place. If OHIP coverage expires while they are out of the country, our coverage ceases.

Who do you call to access GLOBAL MEDICAL ASSISTANCE if injured or ill while travelling?

- In Canada or the United States call toll-free: 1-800-527-0218
- Outside Canada or the United States, place a collect call to: Baltimore, USA 1-410-453-6330
- When travelling in Mexico call toll-free: 001-800-101-0061



You will find toll-free numbers for other international locations service by GMA, as well as the numbers above, on the back of your GMA card.

This "Members Wanted to Know..." highlights features of Global Medical Assistance. For clarification or further details about the plan or coverage prior to travelling, contact Great-West Life toll-free at 1-800-957-9777 and ask for a client service representative in the Out-of-Country Claims Department.

All members should have received a Global Medical Assistance (GMA) identification card. If your card is lost or stolen please contact OTIP toll-free 1-888-521-0023.

