

# YOUR OECTA BENEFITS PLAN OCCASIONAL TEACHERS

## OECTA OCCASIONAL TEACHERS PLAN GUIDE

We are pleased to introduce the OECTA Occasional Teachers Benefits Plan.

The benefit year runs September 1 to August 31. Certain restrictions, limitations and exclusions may apply.

The plan is provided by OECTA and administered by OTIP, a not-for-profit organization dedicated to Ontario teachers, and created and governed by OECTA and Ontario's three other education affiliates.

Full plan details, including eligible expenses, exclusions and how to submit claims, are available on OTIP's secure member website once you have enrolled.

Please note there is no opportunity to purchase life insurance benefits under this policy, however, OTIP offers various life insurance products to choose from. Please contact OTIP for more details and to purchase a life insurance product.

## ABOUT THIS GUIDE

This quick reference guide is intended to provide eligible members with a brief overview of the new OECTA Occasional Teachers Benefits Plan and is not intended to be comprehensive. If there is a discrepancy between the information in this guide and the benefits booklet, the terms and details in the benefits booklet apply.

## OVERALL BENEFITS PLAN

<b>Who is eligible</b>	✓	All OECTA Occasional Teachers on school board occasional teacher lists
<b>Funding</b>	✓	Health and dental are 100% paid by members (a few exceptions apply)
<b>Participation</b>	✓	Medical evidence may be required to qualify for participation in the plan
	✓	Enrolment is voluntary for health and dental benefits for all OECTA Occasional Teachers who qualify (a few exceptions apply)
	✓	All members who join are required to remain in the plan for 12 months unless they qualify for the OECTA ELHT benefits plan
	✓	All teachers who elect dental benefits must also elect health benefits
	✓	Participation in the plan ends at retirement
<b>Lifetime maximum</b>	✓	Unlimited (except where stated)
	✓	\$20,000/benefit year for health benefits
<b>Reimbursement</b>	✓	100% (except where stated)

## PRESCRIPTION DRUGS

- ✓ Pay-direct benefits card
- ✓ Mandatory generic substitution, with appeal
- ✓ Prescription formulary, including life-sustaining drugs
- ✓ Maintenance medications limited to 6 dispensing fees/ prescription/12 months
- ✓ Trial prescription program
- ✓ Diabetic supplies (reasonable and customary costs)

## PARAMEDICAL\* (\$ MAXIMUM/BENEFIT YEAR; REASONABLE AND CUSTOMARY COSTS)

<b>Chiropractor</b>	✓	\$500
<b>Dietitian/Nutritionist</b>	✓	\$500 combined
<b>Massage Therapist</b>	✓	\$500
<b>Naturopath</b>	✓	\$500
<b>Osteopath</b>	✓	\$300
<b>Physiotherapist</b>	✓	\$1,000
<b>Podiatrist/Chiropodist</b>	✓	\$300 combined
<b>Psychologist</b>	✓	\$1,000 combined
<b>Psychotherapist</b>	✓	
<b>Marriage and Family Therapist</b>	✓	
<b>Registered Social Worker</b>	✓	
<b>Speech-Language Pathologist</b>	✓	\$500 combined
<b>Communicative Disorders Assistants</b>	✓	

\* Referral not required for paramedical practitioners

## VISION CARE



- ✓ Glasses, contact lenses: \$300 maximum/2 benefit years for adults (each benefit year for children under 18)
- ✓ Eye exams: \$100 maximum/2 benefit years for adults (each benefit year for children under 18)
- ✓ Laser eye surgery: covered within maximum allowance for glasses and contact lenses

## HOSPITAL



- ✓ Semi-private and private hospital room
- ✓ Includes costs for room in private OHIP-funded facilities

## MEDICAL SUPPLIES AND SERVICES



<b>Ambulance</b>	✓	Transport to hospital only
	✓	Includes air ambulance
<b>Hearing aids</b>	✓	\$2,000/2 benefit years
<b>Orthotics</b>	✓	1 pair to \$500/benefit year
<b>Orthopaedic shoes (custom)</b>	✓	1 pair to \$500/benefit year
<b>Orthopaedic shoes (stock)</b>	✓	1 pair to \$500/benefit year
	✓	Includes modifications
<b>Private duty nursing</b>	✓	\$20,000/benefit year
<b>Wigs</b>	✓	\$1,000 lifetime maximum

## DENTAL INSURANCE



<b>Basic dental</b>	✓	100% of check-ups, X-rays, fillings, other
	✓	Recall exams: once every 9 months for adults, once every 6 months per child (18 and under)
	✓	Full exams and X-rays once every 36 months
<b>Fee guide</b>	✓	Subject to current dental practitioners fee guide
<b>Major restorative services and dentures</b>	✓	70% of crowns, bridges, inlays, onlays, dentures
	✓	\$2,500 maximum/benefit year
	✓	Crown, onlays or denture replacement once every 5 benefit years
	✓	Implants are not covered
<b>Orthodontics</b>	✓	50% coverage for adults and children
	✓	\$3,500 lifetime maximum
<b>Periodontal/Endodontic services</b>	✓	100% of scaling, root planing, gum treatments, etc.
	✓	10 units of scaling, root planing/benefit year
	✓	100% of root canals and related services

## RATES\* (INCLUDING APPLICABLE TAXES)

Benefit	Single	Family
<b>Health</b>	\$102.27	\$255.64
<b>Dental</b>	\$51.43	\$128.57

\*Medical evidence may be required for participation in the plan.



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