

Welcome to the OTIP Occasional and Casual Members Benefits Plan



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

Here is some key information about the plan:

- Participation is voluntary for eligible members from AEFO, ETFO, OECTA and OSSTF.
- A portion of your premiums may be paid by your school board. You can contact your school board to learn more about your funding arrangement.
- All eligible members who join are required to stay in the plan for 12 months, from September 1 to August 31 each year.

Did you obtain an eligible LTO at the start or during the school year? Check out your options on pages 3-4.

This guide is intended to provide eligible members with a brief overview of the OTIP Occasional and Casual Members (OCM) 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.

WHO IS ELIGIBLE

Eligibility for the OTIP Occasional and Casual Members (OCM) Benefits Plan is determined by your employer.

You will receive an email invitation from OTIP in August/September if your employer notifies OTIP that you are eligible to participate for the benefit year (September 1 to August 31).

HOW TO PARTICIPATE

You must:

1. Complete the Eligibility Authorization form by September 30.
2. Enrol in the plan within 31 days of receiving email with instructions.

QUESTIONS?

We're here to help.



You can call OTIP Benefits Services at 1-866-783-6847.

You can also go to our website: www.otip.com/Group-Benefits/Occasional-Casual for more information.

OVERALL BENEFITS PLAN

Funding	✓	Some portion of Health, Dental, Basic Life and Basic AD&D premiums may be paid by your employer depending on your employer arrangement
	✓	If no employer arrangement is in place, premiums are 100% member paid
Who is Eligible	✓	Eligibility is determined by your employer depending on your employer arrangement
Participation	✓	Health, Dental, Basic Life and Basic AD&D benefits are voluntary for all occasional and casual members
	✓	You must participate in Basic Life and Basic AD&D, in order to participate in Health and Dental
Reimbursement	✓	80% (except where stated)

BASIC LIFE AND ACCIDENT INSURANCE

Basic Life (member only)	✓	\$50,000
	✓	50% reduction at age 65
	✓	Terminates at end of month of age 70
	✓	No waiver of premium
Basic AD&D (member only)	✓	Coverage matches Basic Life amount
	✓	Terminates at end of month of age 70
	✓	No waiver of premium

PRESCRIPTION DRUGS

- ✓ Pay-direct benefits card
- ✓ Prescription formulary, including life-sustaining drugs
- ✓ Mandatory generic substitution (lowest cost therapeutic equivalent drug)
- ✓ Dispensing fee maximum of \$8
- ✓ Maintenance medications limited to 5 dispensing fees/prescription/12 months
- ✓ Included within overall health maximum of \$20,000/benefit year
- ✓ Diabetic supplies (reasonable and customary costs)
- ✓ Coverage for sexual dysfunction and anti-smoking drugs (refer to benefits booklet)

PARAMEDICAL (\$ MAXIMUM/BENEFIT YEAR)

✓ Included within overall health maximum of \$20,000/benefit year		
✓ Reasonable and customary allowances per visit maximums apply		
Chiropractor	✓	\$500* maximum
Dietitian/Nutritionist	✓	\$300* maximum
Massage therapist	✓	\$500* maximum (with doctor's referral)
Naturopath	✓	\$300* maximum
Osteopath	✓	\$300* maximum
Physiotherapist	✓	\$500* maximum
Podiatrist/Chiropract	✓	\$300* maximum
Psychologist, Marriage & family therapist, Social worker, Psychotherapist, Clinical Counsellor and Psychoanalyst	✓	\$500 maximum
Speech-language pathologist	✓	\$300 maximum
Communicative disorders assistants		

*Coverage for physiotherapist, chiropractor, massage therapist, osteopath, naturopath, podiatrist, chiropract, dietitian and nutritionist is combined up to an overall maximum of \$1,000 per benefit year.

VISION CARE



- ✓ 100% coinsurance
- ✓ Eye exam, glasses, contact lenses and laser eye surgery \$300 maximum every 2 benefit years
- ✓ Included within overall health maximum of \$20,000/benefit year

HOSPITAL



- ✓ 100% coinsurance
- ✓ Semi-private hospital room
- ✓ Includes cost for semi-private room in private OHIP-funded facilities
- ✓ Included within overall health maximum of \$20,000/benefit year

DENTAL INSURANCE



- ✓ Dental benefit has an overall \$2,000/benefit year maximum for all eligible dental benefits

Fee guide	✓ Previous year's fee guide for province of residence
Basic Dental	<ul style="list-style-type: none"> ✓ 80% of check-ups, X-rays, fillings, other ✓ Recall exams: once every 9 months ✓ Full exams and X-rays: once every 24 months
Periodontics or Endodontic services	<ul style="list-style-type: none"> ✓ 80% of root canals and related services ✓ 80% of scaling, root planing, gum treatments, etc. ✓ 10 units of scaling and root planing combined/benefit year
Major restorative services/ Dentures	<ul style="list-style-type: none"> ✓ 50% of crowns, bridges, dentures, implants, inlays, onlays ✓ Crown, onlays or denture replacement once every 5 benefit years ✓ Dental implant maximum: lowest cost alternative treatment option

MEDICAL SUPPLIES AND SERVICES



✓ Included within overall health maximum of \$20,000/benefit year	
Ambulance	<ul style="list-style-type: none"> ✓ Transport to nearest facility ✓ Includes air ambulance
Hearing aids	✓ \$1,000/5 benefit years
Orthotics	✓ \$350/benefit year
Orthopaedic shoes (custom)	✓ \$350 maximum/benefit year
Orthopaedic shoes (stock)	✓ Modifications and adjustments covered on reasonable and customary basis; no coverage for cost of shoe
Private duty nursing	✓ \$10,000/benefit year
Surgical stockings	✓ 6 pairs/benefit year
Wigs	✓ \$500 lifetime maximum

MONTHLY PREMIUMS

Benefit	Monthly cost (including PST)		Monthly cost (excluding PST)	
	Single	Family	Single	Family
Basic Life and AD&D	\$17.01	\$17.01	\$15.75	\$15.75
Health	\$151.98	\$379.95	\$140.72	\$351.81
Dental	\$80.71	\$201.78	\$74.73	\$186.83

1. Premiums are subject to change and where indicated include provincial sales tax (PST) for residents of Ontario.
2. Some portion of the premiums may be reimbursed on your behalf by your employer/board depending on your employer arrangement.
3. Basic Life and AD&D are for members only. Must be purchased in order to purchase Health and Dental.

If you obtain an eligible LTO at the start or during the school year, here are your options:

OPTION #1:

Stay in the OTIP OCM Benefits Plan **and decline coverage** under the ELHT Benefits Plan

Stay in the OTIP OCM Benefits Plan

- No change to your existing coverage.
- You will continue to pay the monthly premium.
- You will continue to use your existing OTIP ID for this plan.

Decline coverage under the ELHT Benefits Plan

- You will have limited or no coverage under this plan.
- You do not have to pay any monthly cost for the ELHT Benefits Plan (if applicable).
- Even if you do not enrol in the ELHT Benefits Plan, you will get a new OTIP ID number.

Your options continued...

OPTION #2:

Put the OTIP OCM Benefits Plan **on hold and enrol** in the ELHT Benefits Plan

Put your OTIP OCM Benefits Plan on hold:

It is important that you [email us](#) as soon as possible. Log in to OTIP's secure member site, select My Claims and "[send us a note](#)."

Be sure to read the **Important Notes** to learn more about notifying us of your LTO.

IMPORTANT NOTES:

A) If you obtain an eligible LTO that requires you to complete a **waiting period for coverage (retroactive or current dated)**:

- You need to notify us **before the start of your LTO**.
- If you do not notify us, premiums paid during your waiting period will not be refunded.

B) If you notify us **after your eligible LTO starts**:

- Your OTIP OCM Benefits Plan will be on hold at the end of the month in which you notified us.
- **Premiums paid up to date will not be refunded.**

C) If you **notify us in advance** that your eligible LTO starts on a **future date between the 1st and 15th of the month** (e.g. October 2):

- Coverage and premiums under the OTIP OCM Benefits Plan will be on hold the day your ELHT Benefits Plan becomes effective.
- Premiums will not be deducted. If applicable, premiums under the ELHT Benefits Plan will begin on your coverage effective date.

E.g. If your LTO starts on October 2, the October premium for the OTIP OCM Benefits Plan will not be deducted. If applicable, premiums under the ELHT Benefits Plan will begin in October.

D) If you **notify us in advance** that your eligible LTO starts on a **future date between the 16th and the end of the month** (e.g. September 17):

- Your OTIP OCM Benefits Plan will be on hold the last day of the month.
- **Premiums paid up to date will not be refunded.** If applicable, premiums under the ELHT Benefits Plan will begin next month.

E.g. If your LTO starts on September 17, you are responsible paying for the September premium under the OTIP OCM Benefits Plan. If applicable, premiums under the ELHT Benefits Plan will begin in October.

Enrol in the ELHT Benefits Plan:

- To enrol in the ELHT Benefits Plan, we will send you new enrolment instructions.
- You may be required to pay a portion, or all your benefit costs as per the funding arrangement under your ELHT Benefits Plan.
- Once enrolled, you will get a new benefits card. (Therefore, you will have two OTIP ID numbers and two benefit cards.)

Restart your OTIP OCM Benefits Plan after your LTO ends:

- Your OTIP OCM Benefits Plan will restart the day after your LTO ends. You are required to stay in the plan for 12 months.
- Premiums will be deducted from your bank account starting on the **10th** of the following month.

OPTION #3:

Stay in the OTIP OCM Benefits Plan **and enrol** in the ELHT Benefits Plan

Stay in the OTIP OCM Benefits Plan

- No change to your existing coverage.
- You will continue to pay the monthly premium.
- You will continue to use your existing OTIP ID for this plan.

Enrol in the ELHT Benefits Plan

- To enrol in the ELHT Benefits Plan, we will send you new enrolment instructions.
- You may be required to pay a portion, or all your benefit costs as per the funding arrangement under your ELHT Benefits Plan.

- Once enrolled, you will get a new benefits card. (Therefore, you will have two OTIP ID numbers and two benefit cards.)
- With this option, you can submit claims to both plans. To set it up, you can contact us at 1-866-783-6847. You submit your claims to the ELHT Benefits Plan **first**. Then, if there is an unpaid portion, you can submit it to the OTIP OCM Benefits Plan.
- If you want to put your OTIP OCM Benefits Plan on hold, please **review Option #2**.