

**SPECIAL
POINTS OF
INTEREST:**

- The cost of Dental Coverage increases annually in the 7%-10% range.
- Asking questions of your dentist will promote increased awareness for you, the plan member, and possibly result in a reduction in the unnecessary utilization of the plan.

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Dental Benefits: Are You A Consumer?

How many of us purchase, without a second thought, the first car, big-screen television or laptop computer we stumble across? The smart consumers among us take time to shop, compare prices and features, and try to find the product that best suits our needs, and our budget. We are careful to note the terms and conditions of sale as well as ask for full disclosure of cost before payment. Unfortunately, the same cannot be said for us as consumers of dental benefits. Often the "I'm not paying, why bother shopping around" attitude is prevalent. As the cost of Dental Coverage increases annually in the 7%-10% range, it becomes clear that we need to take another look at how we behave as consumers of dental services.



We encourage members to have an open dialogue with their dentist to ensure that the care/treatment they are receiving is both appropriate and relevant. It isn't uncommon to take a vehicle that needs bodywork to more than one shop for an estimate before any repairs are completed. However, how many of us, when facing extensive and expensive dental treatments, have sought a second opinion or discussed alternative treatments with their dentist? Asking questions of your dentist will promote increased awareness for you, the plan member, and possibly result in a reduction in the unnecessary utilization of the plan.

Another example of unnecessary plan utilization, is the common practice of treating our plan design limits as a minimal service level. For example, when routine dental check-ups are scheduled based on the frequency limits as allowed by the plan, rather than by the plan member's condition. It would certainly make more sense to base the frequency of dental check-ups on the specific risk the patient has for periodontal disease. Plan members may discover that given their specific risk level, they may only need to visit the dentist once every 12 months. This decision should only be made in consultation with your dentist.

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In the era of direct claim submission, it is easy to walk away from a visit to the dentist without having taken a close look at your bill. Before leaving the dental office at your next visit, have a look at the list of services for which you have been invoiced. Please ensure that the type and duration of the service you have been billed for, matches the services you have received. Also, ensure that you have not been charged for any care or treatment you did not receive. We all have a shared responsibility to make sure that we are only paying for the services which we need, and that we need the services for which we are paying.

Dental costs continue to rise above the annual rate of inflation. As dental science continues to advance, we will face new and more expensive challenges. Our goal is to provide benefits that are useful to you, the plan member, well into the future. Be an informed dental consumer and help us to secure the long-term sustainability of your Dental Benefits.

Work-Life Balance

The challenge of trying to balance home and work life can often feel like a losing battle. For many educators, it helps to know they are not alone.

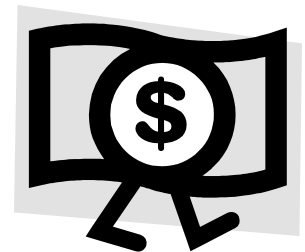
On February 9, 2010, seven SCETF members attended a Life Balance Workshop at the SCETF Office. The workshop guided the participants through a series of exercises designed to assess how time is spent, determine changes that are needed to achieve and maintain balance, and set action plans to meet your personal goals. The result – a more balanced and meaningful life.

For those of you who missed out on our Life Balance Workshops this year be on the lookout for next year's dates.

Holding on to Receipts?

If you wait to accumulate several receipts before filing a claim with OTIP, it is important to remember that claims are time sensitive. Written proof of claim, satisfactory to OTIP and/or the Insurer, must be received **NOT LATER THAN SIX MONTHS** following the date the claim was incurred.

Any claims submitted beyond the six month time frame will **NOT BE ELIGIBLE** for reimbursement.



New Benefit Cards

If you have already received your new cards, but not yet used them, you must do the following upon first use to ensure the claims will be filed correctly:

Use your new plan number on your claim forms.

Update your new group benefits plan number with your service providers

Dentist – Update BIN to 610059

Pharmacy – Update to Carrier Code 02

Questions?

We look forward to continuing to provide one-stop service for all of your benefits needs. If you have any questions, please contact OTIP at:

Online: www.otipservices.com

E-mail: questions@otipservices.com

Phone: 1.866.783.6847

Monday to Friday: 8 a.m. - 5 p.m.



Are You Travelling Out of Province for March Break?

Our benefit plan covers members while travelling outside of Ontario or Canada for a period of 90 days. If you require medical assistance while traveling, contact the service provider listed on your benefits card as soon as possible so you can be sure you get the care that you need without incurring unnecessary costs. If possible, it is best to do this prior to receiving treatment. The call centre is available 24 hours a day, 365 days a year worldwide.

Our travel insurance will provide up to \$1,000,000 in **Emergency Medical Coverage**. Eligible services provided through our travel insurance include: hospital accommodation, physician charges, private duty nursing, ground ambulance, air ambulance, paramedical services, diagnostic services and prescription drugs among others.

There are several **Emergency Assistance Services** offered through the plan. Arrangements for the following services can be made through the Assistance Centre: assistance in locating a clinic, physician or hospital, confirmation of coverage to the hospital, advanced payment, repatriation, medical monitoring, care of children and many more.

As important as the eligible expenses covered in the plan are the **exclusions**. There are a number of scenarios under which the insurer will not pay benefits for incurred expenses. These include, but are not limited to: services that are not medically necessary, elective treatment, cosmetic treatment, treatment in connection with or any way associated with parachuting, hang gliding, bungee jumping, mountaineering, cave exploring, participating in professional sports or speed contest by motorized vehicle. If you will be participating in any of these activities you may wish to investigate additional individual coverage.

Please refer to the Benefits page on the SCETF website, www.scetf.org, for a list of contact numbers to use while travelling. Anybody who travels out of province should consult the Deluxe Travel Benefit in the online benefits booklet for complete details of your coverage.



Why call CAREpath?

If you or one of your colleagues is living with cancer this important benefit can help.

People living with cancer who are comfortable with their care can still benefit from CAREpath when they or their families:

- Feel wait times for tests or treatments are too long
- Feel appointments are often short or rushed
- Are unsure which questions to ask or have difficulty remembering the answers
- Are not completely satisfied with all the answers to their questions
- Want to know what to expect each step of the way
- Want to find out more about their treating specialists
- Want to understand all the options for tests or treatments
- Feel overwhelmed or are having a really difficult time understanding the impact of the information
- Want to know what is the best standard of care for them
- Want to fully understand the upcoming surgery and post-operative care, or
- Want to minimize the risk of getting cancer again in the future



CAREpath offers you continuity of care. From diagnosis to treatment and into post treatment living, a personal nurse will be there to provide answers, guidance and support. This relationship can last months or years, depending on the individual situation. We recognize that people living with cancer may already be receiving excellent care, but there is no one person who will be there for them every step of the way. Their CAREpath nurse fills this role.

There is no cost for OTIP long term disability (LTD) plan members to use this service. Call 1-800-290-5106 now if you, your spouse or dependant child has recently been diagnosed with cancer. We can help.

Answers. Guidance. Support.

CAREpath • 1-800-290-5106 • info@carepath.ca



Questions?

If you have any further questions regarding benefits please contact Nathan Klaassen at the SCETF office at 705-728-2888, or send an email to nathan@scetf.org. You can also contact OTIP Benefits Services directly at 1-866-783-6847