

York University
Department of Human Resources
York University Faculty Association

Benefits Program

2003-2006

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Credits

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Disclaimer

This booklet summarises the provisions of the plans that form your benefits program. If there is any conflict with the official plan documents, the terms of the official plan documents will apply. This 2003-06 version is a YUFA re-draft of the original 1999-2001 document. It is subject to revision.

Benefits at a glance

Dental Care

Basic Services: 100%
Major Restorative: 85% to a maximum of \$7,000 per person per year
Orthodontia: 75% to a lifetime maximum of \$5,000 per person
Dentures: 85%

Extended Health Care

Annual Deductible	\$25.00 single — \$50.00 family
Out of Province	OHIP/Great-West Life full coverage
Out of Canada	Referral service provided by Global Medical Assistance
Hospital care	100% private or semi-private room
Prescription drugs	100%
Podiatrists, Osteopaths	\$500 annual maximum after OHIP coverage exhausted
Chiropractors	100% to \$500 per calendar year
Massage therapy	100% to \$500 per calendar year
Naturopaths	100% to \$500 per calendar year
Athletic therapy	100% to \$300 per calendar year
Physiotherapist	100%
Registered Clinical Psychologist	100% to \$10,000 annual maximum
Speech therapy	100% to \$1,500 annual maximum
Christian Science Healer	100%

Vision Care

Coverage	\$375.00 per covered person, per benefit period
Current benefit periods	1 April 2002 to 31 March 2004; 1 April 2004 to 31 March 2006
Optional family coverage	Premium: \$8.74 (including 10% tax) per month — employee paid

Voluntary Accident Insurance

Coverage	Insurance for any accident resulting in death or dismemberment anywhere in the world, 24 hours a day, on or off the job. Principal sums are available in \$10,000 increments from \$20,000 to a maximum of \$500,000.
Premiums	Single Plan: \$0.12 (plus tax) per month for each \$10,000 of insurance Family Plan: \$0.19 (plus tax) per month for each \$10,000 of insurance

Long Term Disability

Benefit equal to 85% of net salary to a maximum of \$4,000 a month, non-taxable, after elimination period of 15 weeks paid sick leave; insurer's determination of disability must be met; employee paid premiums.

Life Insurance

Three times current salary to a maximum of \$600,000, reducing to one times salary after July 1st coincident with or next following 65th birthday.

Benefits coverage during leaves

Short-term, Sabbatical, Unpaid, Sick, Pregnancy, Primary Caregiver, Paid Parental, and Parental leaves — for details, see page 18 and 19 of this booklet and Articles 19 and 20 of your Collective Agreement.

Claim procedures

All claims

The following summary explains claims procedures and how payments are made under the benefits plans.

1. The insurer requires original receipts for all claims. Keep photocopies of all your receipts and claim forms.
2. All eligible expenses should be submitted no later than 90 days following the end of the calendar year in which the expense was incurred. **Claims greater than 15 months old will not be accepted and paid.**
3. Claims can be mailed directly to the address indicated on the claim form.
4. Claims forms can be delivered to the Department of Human Resources to be forwarded to the insurer.
5. All claim cheques will be mailed to the home address indicated on the claim form.

Extended Health Care & Vision

Extended Health Care & Vision

Health Care / Vision Care Expenses Statement claim forms should be completed when you have incurred eligible medical expenses over the deductible amount of \$25.00 single or \$50.00 family maximum per calendar year.

Extended Health Care – enclose original receipts for all claims.

Private / Semi-private room claims will be sent directly to the insurer by the hospital.

Other Health Practitioners – attach original receipts to Health Care / Vision Care Expenses Statement.

Vision / Hearing Care original receipts must be attached to the Health Care / Vision Care Expenses Statement. Reimbursement cannot be made for deposits made on glasses; payment must be made in full before claim can be submitted for payment.

Dental

Dental

Claims for reimbursement of dental services may be made using either a Standard Dental Claim form or the insurer's claim form.

Your dentist will complete Part I of the form and you complete Part 2 and Part 3. Ensure your home address and employee number are on the claim form.

The method of payment, either to you or to the dentist, should be discussed before treatment begins. If you wish to assign payment to the dentist, sign in the box at the top right hand corner of the claim form. You will receive confirmation from the insurer that payment has been made.

Dental benefit claims reimbursement – if your dentist's office has the ability to process claims via electronic submission, Great-West will accept your claim electronically; they will require your group number (55055), the service centre paying the bill (London, Ontario), and your employee number.

Claim procedures

Long Term Disability

Application for disability must be submitted to the insurer approximately 6 weeks before the expiry of the elimination period. The application contains a statement from you, and a physician's statement. It is important to have early discussions with your physician about your illness or injury, as the insurer will require the recommended course of treatment and prognosis for recovery.

The Disability Management Co-ordinator located in the Department of Human Resources will provide an LTD application package and assist you throughout the process. It is important to engage the Disability Management Co-ordinator early in the absence to clarify the kind of medical care and documentation best suited to support your claim.

Delay in approval: If adjudication of your LTD application is delayed, you may contact your Chair / Dean to request an extension of your paid sick leave until you have received a decision on your claim. **It is important to note that should your application be approved, you will be required to repay the University the net salary you received during any extended period of paid sick leave.**

Co-ordination of benefits

If you are enrolled in the University's benefits plan and also have coverage under any other group insurance plan, you may claim from both sources in order to receive the maximum payment of your eligible expenses.

Insurance industry guidelines for administration of Co-ordination of Benefits are:

Employee: Your claims must be submitted to the University's insurer first. Any amount not paid by the insurer, such as deductibles or ineligible expenses, should be submitted to your spouse's plan, together with proof of payment / non payment from the insurer.

Spouse: Claims for your spouse must be submitted to his or her plan first. As above, any amount not paid by your spouse's plan should be submitted to the University's insurer, together with proof of payment / non payment from your spouse's plan.

Dependent Children: Claims for eligible dependent children must be submitted to the plan of the parent whose birthday comes first in the year. Again, any amount not paid can be submitted to the other plan, together with proof of payment.

No-fault Automobile Insurance: If either you or your spouse have Extended Health Care coverage through an employer, claims incurred as a result of an automobile accident must first be submitted to the employer plan or plans as outlined above. Any unpaid balance, together with proof of payment, can then be submitted to your automobile insurer.

Forms

Claim forms can be found in the Department of Human Resources or on the Department's website (www.yorku.ca/hr).

You will receive a new claim form with each reimbursement cheque.

Long Term Disability

Co-ordination of benefits

Forms

Eligibility

You are covered under the University's benefit plans from the first day of employment. Eligible dependants are covered for Extended Health and Dental Care from the first day of your employment. You may purchase optional family benefits for Vision Care and Accidental Death coverage.

Dependants

Eligible Dependants

Spouse

Spouse

- Married, including separated
- Common-law
- Same sex

Child

Dependent Child

- Age 21 or less, unmarried and not working on a full time basis
- Over age 21 but less than age 25, unmarried and a full-time student with a minimum of three full courses
- A physically or mentally disabled child who continues to be a full dependant beyond age 21

Vision Care Plan

You will receive reimbursement for prescription eyeglasses and contact lenses to a maximum of **\$375.00** for a two year period from 1 April 2002 to 31 March 2004 and 1 April 2004 to 31 March 2006.

The Vision Care Plan provides for single coverage only. Optional Family Vision is available for a monthly premium of **\$8.74** (including 10% tax).

Expenses not covered

- Prescription safety glasses
- Prescription sun glasses

Coverage

Family coverage option

Expenses not covered

Dental Plan

The policy provides the following dental coverage up to the limits of the current Ontario Dental Association fee guide:

Basic

- **Full coverage** for basic services (e.g., diagnosis, prevention, fillings, extraction, periodontia, root canals)

Prosthetic

- **85%** reimbursement for Prosthetic (dentures) expenses

Orthodontic

- **75%** reimbursement for Orthodontic expenses up to an individual maximum lifetime benefit of **\$5000**

Restorative

- **85%** reimbursement for Restorative services (caps, crowns and bridges) up to an individual calendar year maximum benefit of **\$7000**

Least expensive procedure

Alternate Courses of Treatment

If there are one or more alternate courses of dental treatment which could be rendered, the amount paid under the Plan will be the charge for the least expensive procedure that will produce a professionally adequate result.

Predetermination

Treatment Plan Predetermination

If your proposed dental treatment is extensive, please have your dentist submit a treatment plan to the insurer that includes an itemized procedure list and the associated costs. Write "Predetermination" on the top of the form and ensure York's group number and your employee number are on the form. The insurer will return the treatment plan to you indicating the amount payable under the policy. At that time, you and your dentist can review the costs before deciding to proceed.

Extended Health Care Plan

The Plan provides the coverage described on the following four pages, less a calendar year deductible for a combination of claims under Drugs / Other Health Practitioners / Hospital / Medical Supplies & Equipment of:

- \$25.00 for single coverage
- \$50.00 for family coverage

Eligible expenses must be recommended as medically necessary by a physician.

Deductible

Medical necessity

Drugs

Coverage

The policy provides **full coverage** for eligible drugs.

Eligible expenses

Eligible drugs are those that legally require a prescription. The plan also pays for serums, injectibles, and insulin, including needles, syringes, and testape for use by diabetics. It does **not** cover vitamins or vitamin preparations (unless injected), over-the-counter drugs, and drugs that are not approved for legal sale to the general public.

Other health practitioners

Co-ordination with OHIP

No benefit is payable for these expenses while you are entitled to similar benefits under any Provincial Health Plan, regardless of whether the Provincial Plan pays all or part of these charges.

OHIP currently provides the following benefits:

- * Osteopath: \$25 for x-rays, \$12 for the initial visit and \$9.50 for subsequent visits to a maximum of \$155 per person per year (April 1 to March 31)
- * Podiatrists: \$11 for x-rays (to an yearly maximum of \$30), \$16.40 for the initial visit and \$11.45 for subsequent visits to a maximum of \$135 per person (excluding x-rays) per year (July 1 to June 30).

Once the OHIP coverage is exhausted, you are entitled to the coverage detailed below.

The following non-medical practitioners have a maximum of **\$500** per calendar year for each covered person, unless otherwise noted:

- Athletic Therapists (**\$300** per calendar year per covered person)
- Chiropractors
- Registered Massage Therapists
- Naturopaths
- Osteopaths
- Podiatrists

The following non-medical practitioners have no hourly limit or yearly maximum:

- Physiotherapist
- Authorized Christian Science Healer

The following non-medical practitioners have maximums as follows:

- Registered Clinical Psychologist - \$10,000 per calendar year
- Speech Therapist - \$1,500 per calendar year

Note that referrals from family physicians are no longer required in order to access the services of the above-mentioned non-medical practitioners.

Co-ordination with OHIP

Coverage

**Athletic
Chiropractor
Massage
Therapist
Naturopath
Osteopath
Podiatrist**

Physiotherapist

**Psychologist
Speech Therapist**

Hospital coverage

Coverage

The policy provides **full coverage** for a private or semi-private room of an approved general hospital anywhere in the world.

Expenses Not Covered

Expenses Not Covered

Confinement in

- custodial care hospital
- day surgery room
- home for the ageing
- nursing home

Confinement due to

- drug or alcohol addiction
- tuberculosis
- mental illness
- war or by any conflict involving the armed forces of any country
- Workers' Compensation
- active medical treatment not required

Medical supplies & equipment

Eligible expenses include, but are not limited to:

- Hearing aids, to a maximum reimbursement of **\$300** per covered person every 36 months.
- Casts, plaster bandages and surgical dressings
- Use of radium, cobalt and radioactive isotopes or similar materials
- Rental or purchase of wheelchairs, hospital beds, iron lungs, oxygen or respiratory sets, an artificial kidney or comparable device
- Eye glasses, contacts, dental prosthetics, etc., if necessary as a result of a bodily injury to physical organs or parts sustained in an accident
- Other surgical supplies to replace lost physical organs to aid in the function of impaired organs due to an accidental injury
- Fitting and repair of medical appliances covered under the plan, including orthotics and \$100 toward the modifications of orthopaedic shoes (a pre-termination is advised)

Eligible expenses

Nursing

Coverage

The policy provides coverage for private duty nursing to an annual maximum of **\$10 000** per covered person.

Eligible services

Private duty nursing includes the services of a registered nurse, registered practical nurse or in some exceptional cases, a full time attendant. We suggest you get **prior approval** from the insurer to ensure that the service is covered.

Contact the Disability Management Co-ordinator in the Department of Human Resources for advice in this area.

Payment will not usually be made for custodial care or for services that do not require the skill of a registered nurse or registered practical nurse.

The services will not be considered as eligible expenses if the RN or RPN is normally resident in your home or is a family member.

Out of province / country

The policy provides full coverage through OHIP and Great-West Life. **Global Medical Assistance (GMA)** has been retained to provide referral services to you should you require medical assistance while out of the country.

- Physicians' fees incurred outside of Ontario, which are in excess of the amount paid by Ontario Health Coverage (OHIP), providing the charges are customary in the area where the treatment is received.
- Eligible expenses incurred outside of Ontario in an approved general hospital, which are in excess of the amount paid by OHIP.
- Drugs recognized by the Canadian Medical Association as being therapeutic.

GMA will:

- Help find the appropriate medical care or arrange medical evacuation if necessary.
- Verify complete insurance coverage information to any medical facility.
- Help locate legal assistance and local interpreters.
- Help replace lost or stolen luggage and documents.
- Assist with details such as message transmission and interpretation, emergency travel arrangements and other incidentals.

Travel Accident Plan

YUFA employees are covered for Accidental Death or Dismemberment while traveling on University business from the first day of employment.

Contact:

- Baltimore, USA 410-453-6330
- Brighton, England 44-1273-223000
- within Canada and USA 1-800-527-0218
- from within the United Kingdom 0-800-252-074
- from within Mexico 001-800-101-0061

**OHIP/Great-West
Life**

**Global Medical
Assistance**

**Travel Accident
Plan**

Contact

Group Life Insurance Plan

The policy provides coverage for Group Life Insurance from date of hire. The survivor benefit is equal to **three times annual salary**, rounded to the next highest \$1000 to a maximum of \$600,000.

Voluntary Personal Accident Insurance

Voluntary Personal Accident Insurance

If you wish, accidental death and dismemberment insurance is available to you and your eligible dependants. This policy will insure you for any accident resulting in death or dismemberment anywhere in the world, 24 hours a day, on or off the job. Principal sums are available in \$10,000 increments from \$20,000 to a maximum of \$500,000.

This insurance is available in two ways:

Employee Only Plan

Employee Only Plan covers you only.

Family Plan

Family Plan covers you for the principal sum and your spouse for 60% of the principal sum. Eligible dependent children are insured for 15% of your principal sum. Dependent children of single parents are covered for 20% of the principal sum.

Premiums

Premiums

- Single Plan: \$0.12 (plus tax) per month for each \$10,000 of insurance
- Family Plan: \$0.19 (plus tax) per month for each \$10,000 of insurance

Long Term Disability Plan

To qualify for benefits:

- you must have reached the end of the elimination period, which is 15 weeks paid sick leave provided under Article 19 of the YUFA Collective Agreement;
- you must be defined by the insurer as “totally disabled because of illness or injury, from performing any and every duty pertaining to your occupation, during the elimination period and throughout the following 36 months”;
- after 36 months you must be defined by the insurer as “totally disabled for your own and any other occupation for which you may be qualified by means of training, education and experience”.

Duration and level of benefit:

- A monthly benefit equal to 85% of your net earnings to a maximum of \$4000. “Net” means monthly salary at date of disability minus CPP, York pension plan employee contribution, and income tax.
- Disability benefits are not taxed.
- Benefits are paid until July 1st coincident with or next following your 65th birthday. From your 65th birthday to July 1st, CPP and OAS (Old Age Security) payments will be deducted from the benefit.

Return to Work

Please make your physician aware of York’s **Accommodation Policy**. This policy will allow you to return to a reduced workload for a defined period of time if supported by your physician.

Continued contact with your Chair or Dean throughout your absence will allow her / him to adequately plan for your on-going responsibilities and for your return.

Qualifying

Duration & coverage

Return to Work

Benefits coverage during leaves

Unpaid leave of absence

Unpaid leave of absence

While on a leave of absence, you have the option of continuing benefit coverage by paying the premium costs for the benefits you wish to maintain. Pension contributions cannot be topped up during an unpaid leave of absence.

Sabbatical leave

Sabbatical leave

While on a sabbatical leave all benefits are maintained at 100%. Pension contributions may be topped up. The employee is responsible for paying the employee and employer portion for the difference in 100% salary and the sabbatical rate of pay. For more details, please see Article 20 of the Collective Agreement.

Sick leave

Sick leave

If you are prevented by personal illness or injury from performing your duties the University will maintain your salary and benefits coverage for you and your eligible dependants for a maximum of 15 weeks per year.

Pregnancy leave

Pregnancy leave

The Employer provides Pregnancy leave with full salary and benefits to female employees up to a maximum of seventeen (17) weeks. Pregnancy leave may be taken at the discretion of the employee immediately preceding and/or following the birth of her child. Effective 1 September 2005, the Employer will supplement the Employment Insurance (EI) parental leave benefits for the first three (3) weeks of such parental leaves so that the total from both sources equals 100% of the employee's normal weekly salary.

Primary caregiver leave

Primary caregiver leave

The Employer provides Primary Caregiver leave with full salary and benefits to male and female employees who have the principal responsibility for the care of a child to a maximum of seventeen (17) weeks. Primary Caregiver leave may be taken at the discretion of the employee immediately preceding and/or following the birth of the child, or the coming of the child into the custody, care and control of the parent for the first time. Effective 1 September 2005, the Employer will supplement the Employment Insurance (EI) parental leave benefits for the first three (3) weeks of such parental leaves so that the total from both sources equals 100% of the employee's normal weekly salary.

Paid parental leave

Paid parental leave

The Employer provides leave with full salary and benefits of up to a maximum of four (4) weeks to employees who become parents and who do not qualify for Pregnancy or Primary Caregiver leaves. Paid Parental leave may be taken at the discretion of the employee immediately preceding and/or following the birth of the child, or the coming of the child into the custody, care, and control of the parent for the first time.

Benefits coverage during leaves

Parental leave

In addition to Pregnancy, Primary Caregiver, and Paid Parental leaves, male and female employees are entitled to a Parental leave of absence without pay for up to eighteen (35) weeks. Benefits, including the York University Pension Plan, may be continued at normal shared cost during the Parental leave.

Parental leave may begin no more than thirty-five (35) weeks after the day the child is born or comes into the custody, care and control of a parent for the first time.

For employees who qualify for a Pregnancy or Primary Caregiver leave, the Parental leave must begin when the Pregnancy or Primary Caregiver leave ends, unless the child has not yet come into the custody, care and control of the parent.

Effective 1 September 2005, the Employer will supplement the Employment Insurance (EI) parental leave benefits for the first three (3) weeks of such parental leaves so that the total from both sources equals 100% of the employee's normal weekly salary.

Long Term Disability

As long as you are in receipt of Long Term Disability payments, the University will maintain benefits coverage for you and your eligible dependants.

Parental leave

Long Term Disability

Termination of coverage

Leaving the employ of the University

Your coverage may be terminated for two reasons: leaving the employ of the University or your death.

In the case that you leave the employ of the University for any reason, your coverage ceases on date of termination for:

- Extended Health
- Vision Care Benefits
- Dental Benefits
- Long Term Disability

Expenses incurred prior to termination date should be submitted to the University's insurer for payment within six months.

Survivor benefit

Survivor benefit

In the case of your death, Extended Health and Dental coverage continues for your surviving spouse and/or dependants for a period of two years.

Group Life Insurance

Group Life Insurance

Life Insurance coverage will remain in force for 31 days after termination date. During the 31 days you may exercise conversion rights from a group life policy to an individual policy without the necessity of a medical examination. For further information, please contact your Pension & Benefits counsellor.

Voluntary Personal Accident Insurance

Voluntary Personal Accident Insurance

Coverage for Voluntary Personal Accident Insurance will extend to the end of the month in which you terminate, regardless of your date of termination. A premium deduction will be taken from your last pay. You have the option of converting your coverage up to the amount of your present principal sum, to an individual accident insurance policy. You must apply for conversion within 31 days of termination.