ONE T
Ontario Non-union
Education Trust

ONTARIO NON-UNION EDUCATION TRUST (ONE-T)
PLAN MEMBER CLAIMS APPEAL REVIEW PROCESS

Introduction

The Ontario Non-Union Education Trust ("ONE-T") is an employee life and health trust providing life insurance, accidental and dismemberment (AD&D) insurance, health and dental benefits to eligible ONE-T Plan Members. Representatives from both the Principals and Vice Principals (PVP) and Conseil des associations en éducation pour les avantages sociaux (CAEAS), or Education Council of Associations for Benefits (ECAB) including non-union members (CAEAS-ECAB) have worked diligently to create a plan design that is both comprehensive and sustainable for each group based on the interest of their members. For the purposes of this policy, the term "Plan Member" also includes any eligible covered dependents.

The Benefits Plan design sets out provisions and coverage limits for health and dental benefits. Canada Life will adjudicate claims for Health and Dental benefits within the established terms and conditions and limits set out in the contract. Cubic Health is working with the trust to assess prior-authorization drug claims for P/VP and P/VP Retirees and CAEAS-ECAB and CAEAS-ECAB Retirees, based on clinical guidelines. Cowan is the appointed Third-Party Administrator and performs the administrative duties to maintain eligibility records on behalf of the Trust.

It is important to remember that the plan design that you were previously insured under (e.g. prior to April 1, 2018 for PVP members and prior to June 1, 2018 for CAEAS-ECAB members), has not been duplicated. The purpose of the Appeal Review process is to establish the rules and procedures for review and appeal of claim decisions that have been wholly or partially denied through the P/VP and P/VP Retiree Plans and the CAEAS-ECAB and CAEAS-ECAB Retiree Plans.

The purpose of the Appeal Review process is NOT to request coverage of items that were previously covered or were previously covered to different limits or levels. Therefore, this should be considered closely if you are appealing a medical or dental claim as it may no longer be eligible under the new P/VP and P/VP Retiree Plans and the CAEAS-ECAB and CAEAS-ECAB Retiree Plans or levels of coverage may have changed.

Appeal Review Criteria

The Appeal Review process is available to all members of the ONE-T.

The effective date of this Appeal Review process and policy is April 1, 2018 for the P/VP and P/VP Retiree Plan and June 1, 2018 for the CAEAS-ECAB and CAEAS-ECAB Retiree Plan. The Appeal Review process is intended to provide an efficient and responsive process for Plan Members to initiate inquiries about the Insurer's decision to deny all or part of a benefit claim, provided all the following pre-conditions are met:

1. For health and dental claims, the Plan Member must first work through Canada Life's own internal appeal process, to ensure that they have received all appropriate medical or other information, to review against the contract terms and conditions and limits.
2. There will be two levels of declinations with Canada Life (e.g. submit claim, declined claim, appeal, declined appealed claim) before the ONE-T Appeal Review process is utilized.
3. Following two declinations from Canada Life for the same claim, the Plan member can apply for the ONE-T Appeal Review process by providing the appropriate documentation as outlined below and submitting it to ONE-T Executive Director within 4 months from the date that the Insurer makes its final decision under its own appeals process.

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4. For P/VP, P/VP Retiree, CAEAS-ECAB and CAEAS-ECAB Retiree prior-authorization drug claims, the Plan Member must first work through Cubic Health's own internal appeal process, to ensure that they have received all appropriate medical or other information, for their pharmaceutical team to review against clinical guidelines.
5. There will be two levels of declinations with Cubic Health (e.g. submit claim, declined claim, appeal, declined appealed claim) before the ONE-T Appeal Review process is utilized.
6. Following two declinations from Cubic Health for the same prior authorization drug claim, the Plan member can apply for the ONE-T Appeal Review process by providing the appropriate documentation as outlined below and submitting it to ONE-T Executive Director within 4 months from the date that Cubic Health makes its final decision under its own appeals process.
7. You may also appeal an eligibility decision or billing issue that you feel has been inaccurately handled by Cowan, the Third-Party Administrator. The appeal must first be submitted and proceed through Cowan's own internal appeal process, to ensure that the administrator has received all the appropriate documentation or other information to review against the contract's terms and conditions. Following one declination from Cowan, you may request an Appeal Review from ONE-T provided it occurs within 4 months of the date on the declination letter. Appropriate documentation and information will need to be provided.

Depending on the nature of the claim, the Plan member may be asked to provide additional information or supporting documentation as part of the Appeal Review process. The Plan member is responsible for any costs associated with providing documentation in support of their appeal and ensuring that it is provided within the specified time period stated.

Appeals Process

Once an Appeal Review is completed and ONE-T Appeals Committee has rendered a decision, the decision of the ONE-T Appeals Committee will be final. If the decision is to approve the claim at this time, ONE-T reserves the right to annually review and reconsider that decision and its application to future claims of this type. In support of the Appeals Committee, Reformulary Group Inc. will provide independent specialized expertise, where required, in appeals referred to ONE-T.

The Appeal Review process generally takes about four months to complete from the date that all the documentation has been received until the final decision has been made. The Appeals Committee of ONE-T completes each Appeal Review on a case by case basis, and makes a decision based on the terms and conditions of the insurance policy and plan provisions, and information provided.

You will be informed of the Committee's decision in writing.

How to File for an Appeal Review

You must complete a Claim Appeal Review form and submit it to the ONE-T Executive Director. The Claim Appeal Review Form is posted on www.one-t.ca. The application for an Appeal Review must be made in writing, by physical mail or by email to the address specified below and on the Claim Appeal Review form. Each application for an Appeal Review must include the following information as listed below, and any information that is not included will only serve to delay the Appeal Review process:

1. Canada Life
    - Copies of both decline letters from the Insurer
    - A completed ONE-T Claim Appeal Review Form
    - Copies of related prescriptions and receipts
    - Copies of all related claim documents
    - Copies of the Insurer Claim Statement
    - Copies of any relevant correspondence with the Plan Administrator.

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2. Cubic Health
    - Copies of both decline letters from Cubic Health
    - A completed ONE-T Claim Appeal Review Form
    - Copies of related prescriptions and receipts
    - Copies of all related claim documents
    - Copies of the Claim Statement
    - Copies of any relevant correspondence with the Plan Administrator.

3. Cowan
    - Copies of all correspondence with your School Board
    - Copies of any relevant correspondence with Cowan
    - Copies of all related eligibility or enrolment forms, including beneficiary designations if applicable.

Mailing Address

As noted on the Claim Appeal Review form, letters of appeal and relevant documents must be sent to:

By physical mail:
ONE-T Appeal Review
Attn: ONE-T Executive Director
c/o Eckler Ltd.
5140 Yonge Street, Suite 1700
Toronto ON M2N 6L7

By email:
English: info@one-t.ca
French: info@fenseo.ca