ONE T
Ontario Non-union Education Trust

Post-webinar Q&A for CAEAS-ECAB members

Questions about benefits coverage

Q1. I'm in a common-law relationship. Is there a minimum cohabitation period for my common-law spouse to be eligible for benefits?

A1. To be eligible, your common-law partner:

- Must have been living with you in a conjugal relationship for at least 12 months, or
- Must have been living with you for any period of time if, together, you are the parents of a natural or adopted child.

Q2. How do I enroll in the optional insurances?

A2. To apply for optional insurance, you must contact our Plan Administrator, Cowan, by email at one-t@cowangroup.ca or by phone at 1-888-330-4010. Cowan will provide you with an application form.

Optional life insurance and optional critical illness insurance both require you to submit evidence of good health.

- Once you return your application form to Cowan, they will coordinate with Canada Life to book a nurse practitioner who can complete your in-person medical exam.
- Once the application and in-person medical exam have been completed, Cowan will follow up with Canada Life on the status of the application and advise you if your application has been declined or approved.

Q3. The maximum coverage for a single physio or massage therapy visit doesn't seem to be keeping up with the providers' increasing fees, meaning members must top up. How do you monitor and decide limits for a single visit?

A3. The amount that will be reimbursed is based on "reasonable and customary (R&C) limits" which are established by Canada Life based on the typical range of fees for a service in a geographic area.

Practitioners can charge higher rates if they like – in which case, you would be responsible for paying the difference between the practitioner's rate and the R&C limit.

It can be helpful to shop around when starting with a new practitioner to find a good rate. And, don't be afraid to ask up-front what they charge for their service. You can also ask the practitioner to help you submit a pre-determination to Canada Life so you can find out how much of the expense will be covered.

You can find out more about submitting a pre-determination here.

Q4. It seems like I have to choose between seeing a therapist for my mental health or getting therapy (like massages) for my physical well-being – is that true?

A4. The Plan has a few separate coverage maximums for different types of providers, so you can see more than one type of paramedical provider if you need to. Here are the coverage amounts and the way they are grouped:

Provider type	Maximum coverage per person, per benefit year
Mental health • Psychologist • Social Worker • Psychotherapist • Registered family therapist	$2,100 combined
• Acupuncture • Chiropodist/Podiatrist • Naturopath • Dietician • Chiropractor • Osteopath • Registered massage therapist • Speech therapist/Speech language pathologist	$550 per type of practitioner
Physiotherapist/Athletic therapist/ Occupational therapist	$1,500 combined

Q5. Why doesn't the plan offer a personal wellness account to cover things like gym memberships, vitamins, etc.?

A5. There are various tax implications that apply to personal wellness accounts, as these are not the same as an HCSA. At this time, ONE-T is offering coverage enhancement and flexibility through the Health Care Spending Account (HCSA) only.

Q6. If I have a medical condition that is under control with medication, and I travel out of the country and have an emergency because of a flare-up, will I be covered for treatment under our Travel Assistance?

A6. It depends. While you are covered for unexpected emergencies, you may have a pre-existing condition that would not be covered and would prevent you from being approved for reimbursement.

It's best to contact Canada Life before booking your trip to confirm coverage details based on your personal situation.

Q7. Would the plan consider allowing members to purchase more coverage if they wanted – for example, to allow for more flexibility?

A7. The plan is not set up as a "flex plan" and the Trust works within a specific budget based on the funding that is provided. At this time, ONE-T is not considering changes to the style of the benefits plan.

Q8. Health and dental costs are increasing, which means I'm paying more out of pocket. When does ONE-T review the Plan to ensure the maximum benefits for Plan Members?

A8. The Trustees review the Plan Design each year and, where possible, make improvements (for example, we increased coverage for both mental health and dental services effective September 1, 2023). Tip: your Health Care Spending Account (HCSA) can also be used to minimize out-of-pocket expenses. You can learn more about your HCSA here.

Q9. If a dependent has an illness and must be off work, does this person get any benefits?

A9. Please see Q12 below for definition of eligible dependents.

Q10. Will there be a review of our current benefits, with the possibility to update/improve them?

A10. The Trustees review the benefits each year. The annual benefits review takes into consideration factors such as the financial position of the Plan in determining any future Plan design changes. Coverage changes are communicated to members each year in June or July and implemented on September 1.

Q11. Is there a way to see how much I've spent on mental health practitioners so far this year?

A11. At this time, no. However, this is something that Canada Life is planning to enhance over time.

Q12. Until what age are my dependent children covered by the Plan?

A12. Your dependents' coverage ends when your coverage ends or when your dependent no longer qualifies, whichever happens first.

To be eligible, your dependent child(ren) must be:

- Under age 21, or
- Under age 25 – if they are a full-time student*, or
- Any age if they can't support themselves because of a physical or mental disorder

You can find complete eligibility details in your Plan booklet.

*A full-time student qualifies for prescription drug benefits until their 26th birthday if they are a child of a Quebec resident and otherwise meet the qualified child definition.

Questions about the Health Care Spending Account (HCSA)

Q13. What is an HCSA and how does it work?

A13. An HCSA is like a bank account that you can use to pay for your (and/or your dependents) eligible health- and dental-related expenses (that aren't otherwise covered by your plan or your spouse's plan). It gives you some flexibility when managing your health and dental costs.

Credits are deposited to your HSCA each year on September 1. Since the deposit is made with "before-tax dollars," the HCSA is a tax-effective way of paying for your health- and dental-related expenses.

You can learn more about your HCSA here.

Q14. What is my HCSA amount for this year and where can I find this information?

A14. Your HCSA deposit on September 1, 2023 was $850. If you'd like to see your current HCSA balance, log in to Canada Life's My Canada Life at Work website.

Q15. Is the annual HCSA amount per family or per person in the family?

A15. It's one amount, regardless of how many family members participate in the Plan.

Q16. Where can I find a list of what I can claim through my HCSA?

A16. You can find this information on the CRA website in an article called "Eligible medical expenses you can claim on your tax return."

Don't forget: you can get your 5% annual premium contribution reimbursed through your HCSA, too. Watch this video for instructions to submit this amount to your HSCA.

Q17. Where can I find my statement of contributions?

A17. Your statement is available on Cowan's Member Access site.

Q18. Can I use my HCSA for expenses like gym memberships, supplements, virtual doctors and over-the-counter medication?

A18. No. To maintain the tax-effective status, HCSAs must follow the rules that are set by the Canada Revenue Agency (CRA). This means only expenses listed by CRA are eligible to be reimbursed through your HCSA.

You can find this information on the CRA website in an article called "Eligible medical expenses you can claim on your tax return."

Q19. If I don't use up my HCSA, is there an opportunity to put it somewhere else – like a TFSA?

A19. No. Since HCSA credits are allocated by the Employee Life and Health Trust, the amount is intended to be used for benefits. The option to transfer HCSA credits to another place (e.g., a TFSA) is not an option under this style of plan.

Q20. If so many members are not using the HSCA, will there be an increase in the amount available to members this year?

A20. The 2023-24 HCSA deposit was made to your account on September 1, 2023. For future years, HCSA credit allocations are determined by the Trustees during the annual Plan design review process. ONE-T's actuaries estimate members' usage of the HCSA to maximize the HCSA benefit that is provided each year.

Q21. How long do I have to submit a claim to recover my 5% annual premium contribution to my HCSA?

A21. Contributions for the plan year (which ends each August 31) must be submitted by November 30 of that same year.

Q22. How can I find out if my HCSA submission was approved?

A22. Once your claim has been processed, you will be notified by Canada Life.

Q23. Can I use my HCSA to pay expenses for my child(ren)?

A23. Yes, you can use your HCSA to pay for eligible medical expenses for your spouse and your dependent(s).

Q24. Can I use my HCSA to cover out-of-country expenses like walk-in clinics?

A24. The CRA eligible medical expense list currently includes medical services outside of Canada as an eligible expense. You can review the full list of eligible expenses on the CRA website in an article called "Eligible medical expenses you can claim on your tax return."

Q25. Once September 1 has passed, I can't see how many HCSA credits I have left from the previous year (i.e., the ones I can use up to November 30 for any expenses I had before September 1). Is there somewhere I can see this amount?

A25. Only your current plan year balance is available on the Canada Life website. If you have a question about your remaining balance from the previous plan year, call Canada Life at 1-866-800-8086.

Q26. If I take a leave from work, can I use the money in my HCSA to pay my benefits premiums?

A26. Yes – if you remain an eligible Plan member during your leave and have available dollars in your HCSA.

Q27. If I want to have an eye exam sooner than two years, can I use my HSCA to pay for it?

A27. Yes. The CRA eligible medical expense list currently includes medical services completed by an Optician and Optometrist. To confirm a specific expense, you may wish to contact Canada Life.

Q28. Once you max out a benefit (e.g., massage therapy) for the year, does my HCSA automatically get used to pay the rest?

A28. No, it's not automatic. However, when you submit a claim to Canada Life, you will be given an option to submit any remaining amount to your HCSA.

If you coordinate benefits with a spouse, it's to your benefit to follow these steps when submitting a claim for yourself:

- First, to the ONE-T plan
- Second, to your spouse's plan
- Third, to your HCSA if any part of the claim remains unpaid

Q29. Can gratuity charges (e.g., for a massage) be covered by the HCSA?

A29. No.

Questions about biosimilar drugs, semaglutide drugs and prior authorization

Q30. What are the 8 biologic originator drugs for which Ontario Drug Benefit (ODB) introduced biosimilar switching?

A30. Humira®, Enbrel®, Copaxone®, Remicade®, Rituxan®, NovoRapid®, Lantus®, Humalog®

Q31. If I was prescribed Ozempic before July 1, but did not get my prescription filled, is that grandparented in, or did I have to make a claim prior to July 1?

A31. You must have an active prescription to be eligible for grandparenting. Otherwise, you will require approval under the FACET program. More information can be found here.

Q32. Do I still need to obtain approval from the FACET program if I am currently using Ozempic to treat diabetes?

A32. Plan Members who have been using Ozempic for Type 2 Diabetes prior to the change in prior authorization to FACET are grandparented **unless** their prescription isn't active. If you do not have an active prescription you will require approval under the FACET program. More information can be found here.

Q33. Is there independent verification of the efficacy of biosimilar drugs?

A33. Health Canada is responsible for ensuring the safety, efficacy, and quality of all drugs used across the country. For a biosimilar drug to be approved in Canada, Health Canada must find no meaningful differences in safety and effectiveness compared to the original biologic agent. This is achieved through rigorous testing to ensure that biosimilars have a highly similar structure, are equally as safe, and have the same therapeutic effect as the originator biologic.

Most provinces across Canada have already mandated a biosimilar switch, where patients established on certain originator biologics are required to transition to one of the biosimilars to maintain coverage. This initiative has proven highly successful, with robust evidence supporting the efficacy and safety of this practice. Throughout this time, Canada has not observed unexpected post-authorization safety signals for biosimilars marketed in Canada. Prior to this, biosimilars have been used for over 10 years in the European Union with similar findings.

Q34. Why is there a need for pre-authorization of semaglutides (e.g., Ozempic) that are prescribed for diabetes?

A34. Although Ozempic (and other semaglutide agents) have been approved by Health Canada for patients with Type 2 Diabetes, prior authorization has been implemented to ensure that these medications are being used in accordance with current treatment guidelines, and that the dosing regimen being requested is appropriate and safe.

For example, other agents for the treatment of Type 2 Diabetes may need to be trialed (i.e., metformin) prior to a member being approved for a drug such as Ozempic. Prior authorization serves a similar purpose when semaglutide and related agents are being prescribed for conditions outside of diabetes.

Q35. What is the criteria to be approved for a prior authorization claim through the FACET program?

A35. The FACET Program (FACET) is an independent, third-party administered Prior Authorization program for specialty drugs used to treat complex conditions. FACET was launched in response to increasingly complicated Prior Authorization cases and requests to assist both plans and plan members with a concierge, member-centric clinical review process that provides independent assessment, quicker claims turnaround and help ensuring the most appropriate medication is being used in every case.

The FACET Clinical Team answers the following three (3) key questions for each case:

1) Does a plan member qualify for any specialty drug for a given underlying condition? If so:
2) What is the most appropriate (i.e., from an effectiveness, cost-effectiveness and safety perspective, supported by up-to-date clinical evidence) therapy in this case?
3) What is the most appropriate (evidence-supported) dosage regimen for the drug selected?

Throughout this process, members can be assured that FACET relies on the latest evidence-based criteria derived from Canadian clinical practice guidelines, Canadian drug monographs, and information from the Canadian Agency for Drugs and Technologies in Health (CADTH) drug reports.

For example: Consider Trish, diagnosed with plaque psoriasis and prescribed a biologic specialty agent. It is determined through the PA evaluation that Trish's condition is severe and requires management. However, Trish has only tried a topical cream with no success. Given the effectiveness, safety, and lower cost of traditional non-biologic oral agents, along with its established utilization in the first-line setting, FACET requires Trish to try out an oral agent before approving a biologic specialty agent. While Trish may not initially meet the criteria for the specialty agent, approval can be considered at a later date if the oral medication proves ineffective for her.

Questions about submitting claims

Q36. My benefits card is currently unavailable to download on the Canada Life website. Will this be available at some point so that it can easily be downloaded to the Apple Wallet or Google Pay?

A36. When you first enroll in the Plan, your benefits card is provided by Cowan – a physical card will be mailed to your home address.

- If you lose your card, you can print/download your card from Cowan's Member Access website.
- If you would like a replacement physical card, call Cowan at 1-888-330-4010 or send your request by email to: one-t@cowangroup.ca.

You can also access an electronic version of your card through the *My Canada Life at Work website* or mobile app. (This version of your card contains your policy number, member ID, and phone number for travel assistance.)

Q37. Can I claim out-of-country dental expenses; for example, for implants or crowns or other procedures?

A37. No. Your out-of-country benefit covers emergency medical services only.

Q38. Is there a reason why processing times have increased so much on HCSA claims? Claims that used to take 1-2 weeks, now take 6-8 weeks.

A38. ONE-T is aware of processing delays with Canada Life. It is our understanding that the adjudication of claims, particularly HCSA and manual claims, are taking longer. We are monitoring service levels and tracking issues. Here are some tips to help minimize disruptions and delays:

When you're calling in:

- Have your plan and certificate numbers ready
- Try to avoid Mondays and Tuesdays (they are the busiest days for calls)
- Mornings are best – Canada Life's agents are available starting at 8:00 a.m. ET
- If your inquiry isn't urgent, send an email instead – this feature is available once you've signed into the *My Canada Life at Work website* or the app

Self-service online
Register for *My Canada Life at Work* to access self-service options such as:

- Submitting online claims
- Viewing coverage information, account balances and claims history
- Direct deposit – sign up to have your claims paid directly into your bank account
- Emails or texts – sign up to receive notifications when your claims have been paid
- The ONE-T website is also a great resource if you're looking for information about your benefits.

Q39. If I'm submitting an HCSA claim, what does the "other" category mean?

A39. If the type of service you are claiming does not fall under one of the health or dental categories in the Canada Life portal, then you would claim that service under the "other" category. Tip: your claim to recover your 5% annual premium contribution would be submitted as "other" category in the My Canada Life at Work website.

Q40. Which website do I use to submit my health and dental claims?

A40. You should use either:

- Canada Life's My Canada Life at Work website, or
- Canada Life's mobile app – in the Apple store or Google Play

Q41. Can a denied claim be appealed or challenged?

A41. Yes – you can find the ONE-T appeal process here.

Q42. How long do I have to submit a health or dental claim (non-HCSA)?

A42. Your claim must be submitted within 15 months of the date you incurred the expense. However, if you **are** submitting through your HCSA, you have until November 30 of that year to submit your claim.

Q43. How do I update or correct information about myself or my dependents?

A43. You should contact our Plan Administrator, Cowan. Cowan's contact information can be found here.

Other questions

Q44. Where can I find the ONE-T website?

A44. https://one-t.ca/home/caeas-ecab-home/

Q45. Does the website provide an alert when something new has been added?

A45. There are no automatic alerts; however, ONE-T does send emails to Plan members to notify you of updates to the website.

Q46. How can I enroll in retiree benefits and what is the cost?

A46. When the Trust was established in 2018, the Settlors allowed for some grandparenting of retirees, therefore, some retirees were able to maintain their coverage. The Settlors directed that no new retirees could be added to the Plan. ONE-T does not offer benefits for new retirees.

Q47. Do you have any information about the national dental plan and how it will be reported on my T4?

A47. The federal government recently introduced the Canadian Dental Care Plan (CDCP) to help lower dental costs for families that do not have dental coverage through a benefits plan and who earn less than $90,000 per year. Employers and plan providers – like ONE-T – must now provide you with a tax slip each year that states if you're eligible for dental benefits through another program (i.e., through the ONE-T benefits plan).

Q48. When I get a T4A, how can I tell how the amount has been calculated? Is there a way to get a statement?

A48. At this time, Cowan does not provide a statement calculating T4A amounts.

Q49. Who are the Settlors of the Plan?

A49. Settlors are the organizations that establish the Trust. They are the Trustee Associations, the Principals & Vice-Principals Associations, CAEAS-ECAB, and the Ministry of Education.