



YOUR OSSTF EMPLOYEE LIFE
AND HEALTH TRUST (ELHT)
BENEFITS PLAN



As an OSSTF member, you may be eligible to enrol in an OSSTF Employee Life and Health Trust (ELHT) Benefit Plan. The benefit plan includes:



Basic Life and Basic Accidental Death and Dismemberment (AD&D) benefits for you.



Optional Life and Optional AD&D for you and your spouse, and an Optional Child Life benefit.



Extended Health Care coverage (out-of-country travel included) for you and your eligible dependants for eligible and medically necessary expenses.



Dental coverage for you and your eligible dependants for eligible necessary expenses.

Basic Life and Basic AD&D benefits are mandatory for all eligible active members regardless of full-time equivalent (FTE) level.

Health and Dental benefits, and Optional Life and Optional AD&D benefits are voluntary for all eligible active members. If you elect to participate in the Health and/or Dental benefits, you will be responsible for the payment of the required member contributions from your eligibility date going forward. After your election for participation in Health and/or Dental benefits has been processed, eligible claims incurred on or after your eligibility date can be submitted for processing and payment.



About OSSTF Benefits

The OSSTF ELHT Benefit Plans are sponsored and managed by the OSSTF ELHT. The ELHT Board of Trustees has representatives from OSSTF, the Council of Ontario Directors of Education (CODE) or the Council of Employer Association (CEA) and the provincial government. The ELHT's sole purpose is to provide life, health and dental benefits to eligible plan members and their families. Learn more at osstfbenefits.ca.



Putting you first

The OSSTF ELHT Benefit Plans are tailor-made for eligible OSSTF members and provides you and your family with valuable financial protection. For more information about the benefits plans, including who is eligible, enrolment deadlines, member contributions and FAQs, go to osstfbenefits.ca.

Once eligible members have enrolled, full plan details, eligible expenses, exclusions, how to submit eligible claims, and the specifics of member premium contributions are available through OTIP's member portal at member.otip.com.

The benefit year starts September 1 and ends on August 31, except where otherwise indicated. The plan has no overall deductibles or waiting periods. Certain restrictions, limitations and exclusions will apply.



About this guide

This quick reference guide is intended to provide you with a brief overview of the OSSTF ELHT Benefit Plans 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 of the benefits booklet apply. It is always recommended that eligible members confirm coverage before incurring significant cost claims.

UNDERSTANDING YOUR BENEFITS PLAN



How the OSSTF ELHT, OTIP, Manulife, and your employer support your benefits plan for you, your eligible dependants, and your eligible OSSTF colleagues.



Your plan sponsor: OSSTF ELHT

**Manages, governs,
and protects your plan to
keep benefits affordable,
accessible, and sustainable.**

The OSSTF ELHT is responsible for plan oversight, including plan design, eligibility, and the activities of service providers such as:

- **OTIP** (administrator)
- **Manulife** (claims payer/life insurer)
- **Teachers Life** (AD&D insurer)
- **CUBIC Health** (FACET specialty drug prior authorization)
- **MemberRx** (exclusive pharmacy distributor for certain high-cost specialty medications)

Note: Your OSSTF ELHT is different and separate from your affiliate/union.

Role regarding your benefit costs:

The OSSTF ELHT monitors overall plan expenses to ensure that they do not exceed the available benefit funding (i.e. the FTE funding determined through collective bargaining by OSSTF, CODE or CEA and the Ministry of Education) and member paid contributions towards the benefit premiums. To maintain the sustainability of the plan, the OSSTF ELHT may need to make plan design and/or administrative changes, and/or increase plan member premium share.

**On behalf of the OSSTF ELHT, these service providers are responsible
for the following activities:**



Your plan administrator: OTIP

**Administers the plan and issues
applicable tax slips to you.**

OTIP collects and processes plan member data provided by your school board/ employer to initiate your enrolment and manage your health, dental, life, and AD&D coverage based on your eligibility.

OTIP answers your questions about enrolment, eligibility, coverage, premiums, life, AD&D, and health and dental claims.



Your claims payer: Manulife

**Insures the life benefit, and processes
and pays the health, life, and dental
claims based on the plan design
established by the OSSTF ELHT.**

Manulife processes and reimburses eligible claims submitted by you and/or your service providers.

(Teachers Life insures the AD&D benefit)



Your plan administrator: OTIP

Role regarding your benefit costs:

Your school board/employer remits the required FTE funding to OTIP.

OTIP also collects payments from you for the OSSTF ELHT (i.e. any additional member contributions/premiums or member share for your benefits such as health, dental, and/or optional life; or benefit costs if you are on leave).

OTIP sends the required FTE funding and member contributions to Manulife to cover the costs of reimbursing your benefit claims.

The OSSTF ELHT pays an administration fee to OTIP for providing these activities.



Your claims payer: Manulife

Role regarding your benefit costs:

Manulife uses the required FTE funding and member contributions to cover the costs of reimbursing your benefit claims.

The OSSTF ELHT pays an administration fee to Manulife for providing these activities.

For example, if Manulife reimburses a plan member \$100 for an eligible health or dental claim, the OSSTF ELHT reimburses Manulife \$102.20.



Your employer: School Board/School Authority/Other

**Manages your work status
and personal information.**

Your employer is responsible for regularly reporting your employment status and demographic information to OTIP including:

- Name
- Date of birth
- Mailing address
- Phone number
- Work and/or leave status
- Full-time equivalent (FTE)
- Board-assigned email address

If your name, mailing address, or phone number changes, it is important that you contact your employer. This ensures that your employer reports the most up-to-date information to OTIP.

Role regarding your benefit costs:

Using the information that your employer provides and based on the rules established by the OSSTF ELHT, OTIP can determine eligibility, enrolment, and any applicable member contributions/premiums you are responsible for paying.





Overall benefits plan

Funding	• Health and Dental premiums are 94% paid by the OSSTF ELHT for eligible active 1.0 FTE members • Funding is pro-rated for eligible active members less than 1.0 FTE (difference is member-paid) • Basic Life and Basic AD&D premiums are 100% paid by the OSSTF ELHT • Optional benefit premiums are member-paid • If you are a long-term occasional (LTO) teacher, Adult Day teacher or long-term assignment (LTA) education worker with an assignment of 90 calendar days or longer, visit osstfbenefits.ca/faqs/#who-is-eligible to learn more about your eligibility
What you are eligible for	• Mandatory Basic Life and Basic AD&D for all eligible active members • Voluntary Health and Dental for all eligible active members
Lifetime maximum	• Unlimited (except where stated)
Reimbursement	• 100% (except where stated; and subject to average provincial costs, also known as reasonable and customary limits, when provided by an eligible licensed practitioner)
End of coverage	• Benefits coverage ends the earlier of: (1) when the member retires/ resigns or (2) they are no longer eligible (e.g. end of an eligible LTO or LTA assignment)
Benefits year	• Starts on September 1 and ends on August 31, except where otherwise indicated



Basic life & accidental death and dismemberment insurance (AD&D)

Basic Life	• 2x annual salary to \$400,000 maximum • 50% reduction at age 65
Basic AD&D	• Coverage matches Basic Life amount
Member/Spousal Optional Life and Optional AD&D	• Member and Spousal Life and AD&D coverage up to \$400,000 (units of \$10,000) • Member-paid, based on sex and age
Child Optional Life	• Child Optional Life coverage up to \$25,000, member-paid



Prescription drugs

- Pay-direct benefits card
- Prescription formulary, including life-sustaining drugs
- Mandatory generic substitution (lowest cost therapeutic equivalent drug)
- Mandatory participation in the Specialty Drug Care program
- Prior authorization required for specialty drugs and specific diabetic drugs
- Dispensing fee maximum based on reasonable and customary limits (currently \$12)
- Maintenance medications limited to 6 dispensing fees/prescription/12 months
- Diabetic supplies (reasonable and customary limits)
- Preventive vaccines that are not available over the counter
- Fertility drugs up to \$18,000 lifetime maximum
- Sexual dysfunction drugs \$500 maximum/benefit year
- Reference based pricing on Proton Pump Inhibitors



Vision care

- Glasses, contact lenses and laser eye surgery
- \$500 maximum/2 benefit years
- Eye exam/2 benefit years



Hospital

- Semi-private hospital room
- Includes costs for semi-private room in private OHIP-funded facilities



Paramedical

(\$ Maximum/benefit year; subject to average provincial costs, also known as reasonable and customary limits)

Services must be provided by practitioners who are licensed, certified or registered with the appropriate authority in the location in which the service was provided.

Chiropractor	Up to \$750/benefit year
Dietitian/Nutritionist	Up to \$300/benefit year combined
Massage Therapist	Up to \$750/benefit year
Naturopath	Up to \$750/benefit year
Osteopath	Up to \$500/benefit year
Physiotherapist	Up to \$1,500/benefit year
Podiatrist/Chiropodist	Up to \$300/benefit year combined
• Psychologist* • Psychological Associate* • Psychotherapist • Registered Family Therapist • Registered Social Worker • Registered Clinical Therapist • Registered Psychoanalyst	Up to \$2,000/benefit year combined
• Speech-Language Pathologist • Communicative Disorders Assistants	Up to \$1,000/benefit year combined

** Includes Psychologists or Psychological Associates who hold a certificate of registration for supervised practice from the College of Psychologists and Behavioural Analysts of Ontario.*



Travel medical

(Outside of Canada)

Emergency medical services	• 100% • Up to 60 days/trip • \$5 million lifetime maximum/person
Referred medical services available in Canada	• 50% • \$3,000 maximum/3 calendar years



Medical supplies and services

Ambulance	• Transport to nearest facility • Includes air ambulance
Glucometers	• Up to \$150/benefit year
Hearing aids	• Up to \$4,000/4 benefit years
Orthotics	• Up to \$750/benefit year
Orthopaedic shoes (custom)	• Up to a maximum of 2 pairs/benefit year, and up to a maximum of \$500/pair
Orthopaedic shoes (stock)	• Up to \$500/benefit year, including modifications and adjustments
Private duty nursing	• Up to \$50,000/benefit year
Surgical stockings	• 6 pairs/benefit year
Wigs	• Up to \$500/lifetime



Dental insurance

Fee guide	• Current fee guide for general practitioners for province of residence
Basic Dental	• 100% of check-ups, X-rays, fillings, other • Recall exams: once every 9 months • Full exams and X-rays once every 24 months
Periodontic/ Endodontic services	• 100% of root canals and related services • 100% of scaling, root planing, gum treatments, etc. • 10 units of scaling and root planing combined/benefit year
Major restorative services	• 80% of crowns, bridges, inlays, onlays, dentures, \$4,000 maximum/benefit year • Crown, onlays or denture replacement once every 3 benefit years • Implants are not eligible. If an implant is elected, and a denture or bridge would produce adequate results for the condition, the plan will pay the cost of the expense and any related services at a cost equal to the least expensive cost of a denture or bridge
Orthodontics	• 50% coverage for adults and children • \$3,500 lifetime maximum • Lump sum payments made in advance are not eligible

If a member passes away, eligible dependants covered under the health and/or dental plan may continue their coverage until the earliest of:

- they no longer qualify as an eligible dependant;
- they obtain similar coverage through another plan; or
- 24 months after the date of the member's death.

The summary of benefits is also available on the OSSTF Benefits website at osstfbenefits.ca.

What you can expect to receive over the next few weeks if you are eligible for benefits:



1



Enrolling in the plan

Within 3-4 weeks of meeting your eligibility criteria, an enrolment communication from OTIP will be sent to your board email address, inviting you to enrol in your new benefits plan. You will have 31 calendar days from the date that you receive this enrolment communication to complete your enrolment for yourself and eligible dependants.

If you do not receive an enrolment communication within 3-4 weeks of meeting your eligibility criteria, please contact OTIP at 1-866-783-6847.



2



Benefit premiums

During the enrolment process, any monthly premium costs that you will be required to pay (if applicable) by direct debit from your bank account will be displayed. Once you complete your enrolment, your initial premium payment may include retroactive premiums owing from the date your coverage takes effect, and the cumulative amount will be deducted. This may happen depending on when your enrolment information was received and processed.

For example, if you started an eligible permanent or long-term occasional position/contract on February 4 and your member-paid monthly premium is \$55, then in March your total premium payment would include retroactive premiums owed for February and will be \$110.

If premiums are not received (i.e. due to insufficient funds), your benefits coverage will be suspended.



3



Your benefits card and booklet

After you have completed your enrolment:

If you elected to participate in the Health benefits, your benefits card will be mailed to you. If you would like to print a copy of your benefits card prior to this, please follow the instructions in the enrolment email.

You can review the full details of your benefits coverage by accessing your benefits booklet in OTIP's member site.

Important

If you do not complete the enrolment by the date outlined in the enrolment communication, you will only be covered for Basic Life and Basic AD&D benefits for which you will not have designated beneficiaries.

You may also be considered a late applicant if you apply for Health and Dental benefits in the future. As a late applicant, Dental benefits will be subject to a \$200 maximum for your first 12 months of coverage.

For Health benefits, proof of good health (evidence of insurability) will be required for assessment. If approved, Health benefits will be implemented on the date of approval. However, based on the assessment of the evidence of insurability, Health benefits for you and/or your eligible dependants may be denied.



USE IT WELL

Providers say 'Use it or lose it'. *We say, use it well.*



Protect your plan for when: You need it. **Your family** needs it. **Your colleagues** need it.



There are 60,000 plan members, plus their families, covered under your plan

OSSTF Benefits plans are funded by negotiated full-time equivalent (FTE) funding levels and member contributions



FTE funding determined through collective bargaining by OSSTF, CODE or CEA and the Ministry of Education

OSSTF Benefits designs the plans to meet your health needs and ensures the plan is sustainable

OTIP and Manulife administer your plan



Here's how the OSSTF Benefits plans help

Protects you and your family's health throughout your career

Assists you with your day-to-day and catastrophic health needs and costs

Keeps you healthy and productive at home and work



Here's how you can help:



Use what's medically necessary



Research your options and get an estimate



Choose providers who focus on *treating you* and *getting you well*



Your choices impact your health and the plan's health. *Use it well.*



OTIP RAEO.

About OTIP

Your benefits plan is administered by OTIP (Ontario Teachers Insurance Plan). For almost 50 years, OTIP has been a trusted partner to Ontario's education community—delivering insurance solutions that protect what matters most: family, health, and property. As an organization governed by Ontario's four education affiliates and their local leaders, we are driven by purpose, not profit. We administer comprehensive group benefits—including life, health, dental, and long term disability (LTD) coverage. From claims processing to compassionate support, we help members access the care and services they need, when they need it most.

Learn more at otip.com.



Questions?

OTIP is available to assist you with benefits enrolment and administration. If you have any questions after receiving your enrolment information, please contact OTIP at 1-866-783-6847.

You can also find answers to the most commonly asked questions about the benefits plan at our Help centre at otipraeo.com/help-centre.

For more information about the OSSTF ELHT and frequently asked questions about the plan, visit osstfbenefits.ca.



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You and your eligible dependants can buy medically necessary surgical stockings online in a seamless shopping experience that combines ordering and claiming all in one place.

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upfront payment



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