



UNIT 1 & 7 HEALTH BENEFITS FREQUENTLY ASKED QUESTIONS (FAQ)

Q: What is the CUPE 3902 Top-Up Health and Dental Plan?

A: The CUPE Top-Up Health and Dental Plan works in conjunction with your existing Green Shield Student Health and Dental Plan e.g. GSU/UTSU/SCSU/APUS or PDF (post-doctoral fellow) Plan. It is meant to “top up” the amount of the health and dental benefit included in your Student or Postdoctoral Plan.

Q: How to I become eligible?

- You are eligible if you are employed as a teaching assistant, teaching fellow, demonstrator, tutor, marker, teaching instructor, laboratory assistant, Chief Presiding Officer, invigilator, or part-time lecturer and are registered as a Post Doctoral Fellow, Undergraduate Student in the University of Toronto, and Graduate Student in the School of Graduate Studies of the University of Toronto.
- You have worked 30 hours during the current academic year (Sept 1 to August 31) and have been paid through the ESS.
- You are enrolled in a Student Health and Dental Plan (e.g. GSU/UTSU/SCSU/APUS) or the PDF (post-doctoral fellow) Plan

Q: How do I enroll myself and any eligible dependents?

A: In order for your dependent/s to be included in the Top-Up Plan, they must first be enrolled in your Student Health and Dental Plan (base plan). They will then be automatically enrolled in your Top-Up Plan (Plan A) if you are eligible.

If you only have the HCSA (Plan B) you should contact Green Shield directly at 1-888-711-1119 to add your dependent/s.

If you are a graduate student, please contact the UTGSU for more information on your base plan at 416-978-8465. Couple and family coverage can also be done online at www.studentcare.ca.

Q: How do I know if I will be enrolled in Plan “A” or Plan “B”?

A: Your eligibility for the two different plans are as follows:

i) Plan A (Health & Dental + HCSA)

- Members who have coverage under the base plan (e.g. GSU/UTSU/SCSU/APUS or PDF Plan (post-doctoral fellow)) for both health and dental coverage.
- Members who are **ineligible** for any of the base plans because of an approved academic leave but continue to do TA work during the academic year. (**NOTE:** This **does not** apply to members who opt out of their base plan; also if graduating by the end of the Fall term, you must purchase an [extension to your base-plan](#) by January 1st to maintain Plan A coverage through to August 31st).



UNIT 1 & 7 HEALTH BENEFITS FREQUENTLY ASKED QUESTIONS (FAQ)

ii) **Plan B (HCSA-only)**

- Members who have fully opted out of their health and dental coverage in the base plan.
- Members who have opted out of either the health or the dental coverage in their base plan.

Q: What if I decide not to enroll in my primary (base) plan?

A: Should you *voluntarily* choose not to enroll in a base plan (GSU/UTSU/SCSU/APUS/PDF), you will lose entitlement to Plan A and will only have access to Plan B (\$300 single HCSA or \$600 family HCSA).

Q: When can I expect to officially be enrolled in one of the Plans?

A: Members who have worked 30 hours or more can expect to be enrolled approximately 4 weeks following their first pay cycle. For example, if you worked 30 hours in September, you should be enrolled by early November. Members working in an hourly position (i.e. invigilators) will be enrolled 4 weeks following the pay cycle in which they achieve at least 30 hours of paid work. For example, if you achieve 30 hours of work on your October pay cycle, you can expect to be enrolled by late November.

If you are not sure whether you have reached 30 hours, you can check your monthly pay stub for the hours you have worked. If working a semester-long or session-long contract, hours are calculated on an average between months: e.g. a 180 hour T.A. contract spanning Fall and Winter terms works out to 22.5 hours in the first month (180 / 8 months), such that it would take two months (45 hours) to become eligible

Q: What is a Blackout period – when can I make claims?

A: A blackout period is the duration of time when access to Plan A and Plan B is temporarily unavailable. This is the period when the University confirms the eligibility of members and sends the list to Green Shield.

The blackout period for the Fall semester is from September 1 to November 15 and for the Winter semester from January 1 to March 15.

If you require access to medical and dental services or need a prescription during the blackout period, you can make the payment and submit the claim with receipts to Green Shield after the blackout period.

Q: How do I set up my online account with Green Shield?

A: Once you have been enrolled into one of the CUPE Top-Up plans, you will be able to sign up for online services with Green Shield. Online services allow you to view your benefits coverage, submit claims online, submit “mock claims” to view what your benefits plan will cover in an actual scenario, and sign up for direct deposit, allowing you to receive reimbursements quickly.



UNIT 1 & 7 HEALTH BENEFITS FREQUENTLY ASKED QUESTIONS (FAQ)

To access the online registration page, please visit the [Green Shield login page](#).

Should you require any assistance setting up your account, you may call Green Shield directly at 1-888-711-1119.

Q: What is the plan number?

A: Your plan member ID number for the CUPE Top-Up Plans is as follows: UOT+**Employee Number** + -00 (-00 denotes you as the plan holder; any dependents will be assigned -01, -02, -03, etc.). **Please note your base plan will have a separate plan ID.**

Q: How do I get my employee number?

A: You can contact ESS (<https://people.utoronto.ca/hr-service-centre/>) or the Department Administrator/Business Officer for your department visit the Union office in person. **NOTE: CUPE 3902 will not provide you with your employee number via telephone as we are not able to verify your identity over the phone.**

Q: How do I submit a claim?

There are several ways to submit a claim.

- i. Direct Payment
Several service providers are able to submit their bill directly to Green Shield. However, you will need to give the provider both your Student Plan and Top-Up Plan Member IDs.
- ii. Submitting your claim through the GSC member portal
 - a) You can coordinate your benefits from your Student Plan and the Top-Up Plan to receive up to 100% coverage. Login in to Green Shield using your Student Plan ID (e.g. UTG+Student Number+00), submit the claim under the relevant services. There will be another section as shown. Under the GSC number, enter your Top-Up Plan Member ID UOT+Employee Number+-00.

Questions We Have To Ask

Is this person covered under another benefits plan? Y N

Is the plan with GSC? Y N

Has this claim already been submitted to the other plan? Y N

Would you like to submit any unpaid amount to the other plan? Y N

Other GSC ID number:



UNIT 1 & 7 HEALTH BENEFITS FREQUENTLY ASKED QUESTIONS (FAQ)

- b) Log in using your CUPE Top-Up Plan Member ID and submit your claim. You should submit your claim first to your Student Plan. You can submit directly to your CUPE Top-Up Plan if you have reached the maximum amount you can claim from your student plan.
- iii. You also have the option to complete the [General Claim/Dental Claim Form](#) and mail it directly to Green Shield. More information can be found on the Green Shield Canada website.

Q: What if I incur an eligible expense prior to be officially enrolled?

A: Once you are officially enrolled in the benefit plan, the effective date of coverage will date back to September 1st of the current academic year, as long as you become eligible by July 31st. For example, if you begin a position as an invigilator in October 2020 and officially hit 30 hours in February 2021, your coverage will be retroactive to September 1, 2020.

Q: Can I claim against my base plan now, and against the CUPE Top-Up Plan once I'm enrolled?

A: Absolutely! Just be sure to hang on to a copy of the receipt or the "Explanation of Benefits" (EOB) from your base plan. Once your CUPE Top-Up Plan becomes active, you can then submit the unpaid portion which was not covered by your base plan.

Q: Will I be able to use my CUPE Top-Up Plan along with my base plan at the point of payment or will I have to pay first and then submit my receipts for reimbursement?

A: This largely depends on the provider and the type of service being claimed. For example, your pharmacist should be able to submit your prescription to both plans without any issue (charging it to your base plan first and the balance to your CUPE Top-Up Plan). Some other healthcare providers are also able to directly bill Green Shield. Regardless, you can always pay for the service and then submit any receipts to Green Shield Canada for reimbursement.

Q: What is the Health Care Spending Account (HCSA)?

A: HCSA is an additional coverage that you can use to pay for additional medical and/or dental expenses not covered by your combined Student/PDF Plan and the CUPE Top-Up Plan.

Q: How much is my HCSA coverage? What if I have dependents?

A: For both Plans A and B, the individual HCSA is \$300/year and if you have dependents, you will be enrolled in the Family HCSA with a value of \$600/year.

Q: I will be on leave (parental, sickness, etc.) from my CUPE job. Am I still enrolled?

A: As long as your leave is approved and falls under the Collective Agreement, you remain eligible for coverage for the entire plan year. If you are unsure if you are entitled to coverage while on leave, please contact the Union office at 416-593-7057.



UNIT 1 & 7 HEALTH BENEFITS FREQUENTLY ASKED QUESTIONS (FAQ)

Q: When is the last day I can submit a claim?

A: All claims must be received by Green Shield no later than 60 days after the end of the benefit year (October 30 not October 31). **NOTE:** August 31 is the last day you can submit claims through the Green Shield portal. After August 31, you must submit manual (paper) claim forms. Please contact Green Shield customer service at 1-888-711-1119 for assistance.

Q: My claim has been denied.

A: Please contact Green Shield customer service at 1-888-711-1119 to determine eligibility for a specific item or service and Green Shield Canada pre-authorization requirements

Q: What are reasonable (usual) and customary fees?

A: This is the “reasonable” reimbursement amount determined by Green Shield Canada (GSC) for a medical item or service. GSC establishes reasonable and customary pricing for all covered health services and major medical equipment. GSC determines reasonable and customary pricing based on reviewing rendered amounts, manufacturers’ pricing and provincial and association pricing. In all cases, GSC reimburses the lesser of either the submitted or the allowed unit cost per device or service, as determined by their reasonable and customary pricing policy (which is reviewed on an annual basis).

Examples of services are psychotherapy/counselling services, physiotherapy, etc. We suggest to consult GSC first or submit a mock claim if you are intending to use these services.

Q: I have further questions about what’s covered under the CUPE Top-Up Plan. Who can I contact?

A: For questions regarding what is eligible to be claimed under your CUPE Top-Up Plan, you can contact Green Shield Canada directly at 1-888-711-1119. Please note: Green Shield will often ask for your Plan Member ID in order to ensure they are reviewing the appropriate Plan; please have this in-hand when calling.

If you have questions about your Student/PDF Health and Dental Plan coverage, please contact:

UTGSU at health@utgsu.ca or call 416-978-8465.

UTSU at helpdesk@utsu.ca or call 416-978-4911

SCSU at health@scsu.ca or call 416-287-7047

APUS at services@apus.ca or call 416-978-3993

PDF at benefits.help@utoronto.ca or call 416-978-2015

If you have worked 30 hours and your CUPE Top-Up Plan remains inactive, you can contact the **University Benefits Office** directly at benefits.help@utoronto.ca or by calling the Benefits Office at 416-978-2113. CUPE 3902 cannot make any enrolment changes, only the Employer can confirm one’s eligibility and update your record with Green Shield Canada.