



The Pipewrench

PROTECTING YOUR BENEFITS IN UNCERTAIN TIMES

In the current economic climate, the Board of Trustees are making every attempt to maintain and protect your benefits for you and your family. While in the past the earnings of the fund allowed the Board of Trustees to subsidize the cost of the individual per member premium paid to the Insurance providers, the current economic conditions dictates that this can no longer occur. To maintain the same level of benefits, the membership will now have to bear the true cost of the group insurance premiums which will be phased in over time.

Health and dental benefits coverage is a vital part of your overall health, and

the cost of providing these benefits to you and your family continues to rise each year. Good health care coverage is important, and we should all participate to help control costs by being informed consumers. Here are some helpful hints to keep in mind when receiving health care services that will help protect your benefit plan:

Its your plan...protect it!

- **Never** sign a blank claim form. You should always verify what you are signing and only sign a claim form on the date that the product/service is received or picked up.

- **Report** providers who ask you to sign a blank claim form.
- **Accept** only those services and products that you need and will use. Don't fill a prescription if you don't intend to take the medication.
- **Treat** your Green Shield Canada ID card like you would a credit card. Keep it and your benefit plan information in a safe place.
- **Read** your Explanation of Benefits (EOB) statement like you would your credit card statement – question services or products you don't recognize.

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- **Complete** claim audit Questionnaires when you get them. These help us protect all of our plan members and their benefit plans from

abuse, misuse and overuse.

- **Sign** the '*Release of Information Authorization Form*' when requested. This

gives us permission to review your claims information to make sure claims are appropriate and properly submitted on your behalf.

Inside this issue:

Wellness Initiative	2
Long Term Disability Benefits	3
Extended Health Care Limitations/Your Benefits	3
W.S.I.B. Benefits	4
Board of Trustees	4
Fund Balances	4
S.U.B. Plan, Pension Plan	4



It's Your Plan...Shop Around!

- Your health care provider should be providing you with cost/fees of services up front and explaining what other treatment options/alternatives exist.
 - Providers do not always advise of the cost of a product or service – **always** ask how much is being billed to your benefit plan. Posted fees/costs of services should be provided up front.
 - **Ask questions** about the services or products you receive and always ask how much is being billed to your benefit plan.
 - **Avoid** overcharging/product switching – ensure the quantity and quality of items being billed are actually what you are receiving.
- Its your plan...know your health services provider!*
- **Make sure** your practitioners are licensed with the appropriate regulatory agency or association.
 - **Watch out** for providers requesting a list of your covered benefits and the plan maximums.
 - **Be concerned** if there is no change in treatment regimen or no measurable improvement after an extended period.
 - **Look out** for offers of incentives. Nothing is free! 'Free' products or services are often hidden or built-in to the cost of the item your health benefit is being billed for.
 - **Beware** of providers requesting you to see their physician or use their supplier/dispensary.



WELLNESS INITIATIVE

Smoke Cessation Program

The Smoke Cessation Program was implemented with Green Shield on January 1, 2011. Each participant is required to pay \$100 as an enrollment fee prior to the start of the program. This will be refunded back to the participant after the program has successfully completed. The success of the

program still cannot be reported until the program's completion at year's end.

Naturopathic Treatment

More and more people are turning to Naturopathic treatment as an alternative to conventional medicine. While your benefit plan primarily allows for coverage of approved drugs and medicines listed on the Ontario Drug Bene-

fit Formulary, the Board of Trustees provides limited coverage for naturopaths and other alternative treatment. We encourage you to be informed about the benefits and risks associated with alternative medicine(s). For more information on naturopaths, please visit the Canadian Association of Naturopathic Doctors at www.cand.ca

Addictions, Grief and Depression

There are many factors affecting one's mental health that would prevent a person from performing to their fullest potential in the workplace. i.e. addiction, grief, depression, violence or suicidal tendencies. The Great West Life Centre for mental health has developed many tools including videos, personal experiences as well as organization, individual, management and team ap-

proaches to assist employees to get back on their feet. The Board of Trustees urge you to visit

www.workplacestrategiesformentalhealth.com if you or someone you know is experiencing addiction in any of its forms, grief, depression, violence and suicidal tendencies.



LONG-TERM DISABILITY BENEFITS

Eligibility

After September 1, 2009, short – term and long-term disability benefits are available through Sun Life Financial. It is imperative that members maintain their ‘*eligibility*’ status for group insurance to prevent disqualification for disability benefits. To assist the active / non-retired members in maintaining their eligibility after they have depleted their Welfare bank balance and cannot afford the full group insurance premium, the Trustees have agreed to introduce a new pay direct category in the amount of \$66.58 per month. This

covers only short-term disability, long-term disability and life insurance benefits. Full benefits will be restored when you return to work and accrue the required contributions from your contributing employer.

If you do not take up this option and you become disabled, you will not be eligible to claim for Sun Life Financial’s benefit.



Please also be aware that the long-term disability pension previously paid under the Pension Plan will no longer be available to members who have a date of disability on or after September 1, 2009!

EXTENDED HEALTH CARE LIMITATIONS

Vision Care

It has been reported that some of the vision care providers have been supplying members with non-prescription sunglasses and submitting a claim to Green Shield for payment; contrary to the provisions for coverage for Vision Care. Please be aware that Green Shield will be monitoring these claims

more closely and possibly be requesting additional information in order to process your claim for vision care.

Physiotherapy

According to the benefit booklet, you are covered for 20 sessions of physiotherapy at a maximum of \$55 per visit as well as an initial assessment up to \$85. Members who require additional

sessions of physiotherapy will be required to complete a form from Green Shield. You will also be required to submit a new doctor’s note and a signed treatment program from your physiotherapist that outlines additional sessions required, progress, etc.

YOUR BENEFITS

Remember that you are responsible for monitoring the balance of your dollar bank, and making payments when necessary to keep these valuable benefits in force.

Your benefits include:

- Life insurance of \$20,000 for

each member.

- Short term disability benefits of \$450 a week that begin when EI sick benefits run out.
- Long term disability benefits paying \$2400 a month that may continue until your normal retirement age for any

non-workplace injuries, disease, or other disability that may keep you unable to work for a long period of time.

These valuable benefits are part of the package for all members. They cease when your dollar bank runs out of funds or when you are no longer a member of Local 67.



W.S.I.B. BENEFITS

Members who are in receipt of a W.S.I.B. Benefits for a work related injury are required to submit to W.S.I.B. any receipts they have for medication, treatment or services for payment. Failure to report to Green Shield that medical costs are associated with a work related injury will result in a greater burden on your Welfare Plan.

U.A. LOCAL 67 BENEFIT PLANS

SUMMARY OF ASSETS AS AT AUGUST 2011

	WELFARE	PENSION	S.U.B.	W.S.I.B.
Cash	\$ 1,396,765	\$ 325,178	\$ 76,262	\$ 79,464
Investments (At Market Value)	\$ 3,335,488	\$ 257,732,245	\$ 48,051	\$ 557,773
Mortgage Receivable	\$ 1,017,290	\$ -	\$ -	\$ -
TOTAL	\$ 5,749,543	\$ 258,057,423	\$ 124,313	\$ 637,237

Note: The above balances only represent assets in the Trust funds and therefore exclude all payables and accrued liabilities

S.U.B. PLAN

Due to the level of unemployment in Local 67, the S.U.B. Plan remains close to the minimum funding level of \$150,000 as required by the plan's regulators, Human Resources and Skills Development Canada (HRDC). The Board of Trustees will be reviewing the S.U.B. plan, including the current funding level and the amount of assets required to recommence benefits.



PENSION PLAN

An actuarial valuation of the Local 67 Pension Plan has been completed by the actuaries, Eckler Partners Ltd. for 2010. Results of this Pension Plan valuation will be reviewed at a special Pension membership meeting with the actuary and pension consultant. Date to be announced.



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