

2020 Annual Benefits Report



TAKING CARE OF OUR OWN
IUOE LOCAL 793 BENEFITS AND GROUP LEGAL PLANS

A MESSAGE FROM THE TRUSTEES

Last year marked the first full year under self-administration for our Pension, Life and Health Benefits, and Pre-Paid Legal Services with the Operating Engineers Benefits Administration Corporation (OEBAC).

Self-administration, which means our organization OEBAC handles all day-to-day matters related to our Benefits and Pension Plans, was done to help streamline service to you and make everything more efficient and convenient.

We feel the switch has gone very well, and a successful part of that has been the OEBAC website and mobile app, that made access to information about our Benefits Plan and claims submissions much easier. Having these tools available to you also enabled us to quickly provide you with updates during the pandemic, facilitate easy access to applying for the COVID-19 relief grant, and post answers to frequently asked questions.

While last year was difficult for many, our Plan's positive financial position meant we could be there to help support our members' wellbeing and offer a financial relief grant during an incredibly stressful time.

In addition to the relief grant, we increased mental health coverage for both Active members and Retirees. You can read more about this improvement on page 2. We were also able to cover the cost of benefits for members who would have become ineligible due to job loss or insufficient dollarbank contributions on or after March 15, 2020. To ensure a safe return to work through financial support, we implemented a short-term disability (STD) top-up to help members who couldn't work due to the pandemic.

We continue to see Active member growth in our Plan membership. The increasing contributions that come with added membership serve to support the health of our Benefits Trust and keep benefits enhancements and financial assistance possible when needed. You'll find a snapshot of how the membership has grown over the years on page 4.

You can also read about additional benefit improvements, the importance of healthy habits, answers to frequently asked questions, Plan statistics and news about important developments related to your Plan.

The Trustees take great pride in the governance of a Plan that supports the health of you and your family with comprehensive benefits coverage. We continue to wish you good health, both mentally and physically. Stay positive and stay safe!

Sincerely,
Your Board of Trustees

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OEBAC service statistics

In 2020, OEBAC handled thousands of member emails, phone calls, forms, and claims. Here is a look at OEBAC's support, by the numbers:



Calls received
an average of
217 per day



Emails received
an average of
100 per day



Claims paid
an average of
57,600 per month



**Personal Information
Forms (PIFs) received**
an average of **50 per day**

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MENTAL HEALTH BENEFITS AND OTHER IMPROVEMENTS

In response to the COVID-19 pandemic last year, the Benefits Plan increased annual coverage for mental health retroactive to January 1, 2020:	Previous benefit maximum	NEW benefit maximum
Active members and their dependents		
Psychologists/psychotherapists/social workers	\$1,000 enhanced to \$2,000 maximum per person, per calendar year	Effective March 10, 2021 further enhanced to \$5,000 maximum per person, per calendar year
Psychological assessments performed by a registered psychologist	\$1,500 per person	\$2,500 per person
Retirees and their dependents		
Psychologists/psychotherapists/social workers	\$500 maximum per person, per calendar year	\$1,000 maximum per person, per calendar year

In addition to improving mental health benefits, we also added the following improvements to the Benefits Plan for Active members and Retirees where noted below:

- **Behavioural therapy for children with autism** – Effective September 16, 2020, the psychology benefit increased to \$4,000 for behavioural therapy for autism only.
- **Fertility Treatment (formerly Fertility Drugs)** – Effective January 1, 2021, both the member and their spouse covered within the existing fertility expense allowed within the current maximum.
- **Kinesiology** – Effective January 1, 2021, services provided by a kinesiologist will be covered under the physiotherapy benefit, with no change to the annual maximum. This change also applies to Retirees.
- **Continuous Glucose Monitoring Device (G6 Dexcom)** – Effective January 1, 2021, G6 Dexcom will be covered under the Benefits Plan with a reasonable and customary maximum of \$4,000. This change also applies to Retirees.
- **Increased orthodontia lifetime maximum** – Effective January 1, 2021, the lifetime maximum is increased to \$5,000 for new treatments.
- **Eligible charge versus amount paid under the orthodontic benefit** – The Plan will pay the following per eligible charge amount:

Eligible charge	Plan pays
\$1,500	\$1,125
\$2,000	\$1,500
\$3,000	\$2,250
\$4,666.67	\$3,500
\$5,000	\$3,750
\$6,666.67	\$5,000



Building healthy habits

Changing our daily routines can be difficult, but it can pay huge dividends in helping us to create a longer, healthier life.

Poor diet, lack of exercise, and not wearing your protective gear properly on the job site are all bad habits that have an impact over time.

Luckily, small, positive habits are just as easy to pick up. And you'll notice the impact of these changes in much less time. Fitting fitness into your daily routine is a simple change. For example: try walking 10 or 20 minutes a day or parking your car a little further away from your usual spot. When you're at home watching TV, try doing push ups or crunches during commercial breaks, or pedalling a stationary bike while you watch.

Making small fitness changes can help increase longevity and improve health down the road in a big way.

Have a question about your Plan? Contact us!

OEBAC Member Call Centre:

Toll-free at 1-844-793-1919 | info@oebac.org
 2201 Speers Road, Unit 1, Oakville, ON L6L 2X9
www.oebac.org



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YOU ASKED? WE ANSWERED. FAQs

What is the Healthcare Spending Account (HCSA) and how do I submit those claims?

A healthcare spending account (HCSA) is essentially extra money you can use to supplement your benefits coverage. It gives you some flexibility in how you manage your healthcare claims and costs – and there's no cost to you. For example, you can use the HCSA to help pay the cost of an eligible expense for which you (or an eligible family member) have already reached the yearly Plan maximum. Claims could include additional physiotherapy appointments or more expensive glasses.

Each year, \$500 per eligible member is allocated to your HCSA. Any unused portion remaining in your account can be carried forward for one year. However, the maximum amount you can accumulate in any two-year period is \$1,000 per family.

Paper claim HCSA submissions can be done by filling out an HCSA claim form at (<https://www.oebac.org/health-and-welfare-forms>), attaching copies of all receipts to be processed and mailing to OEBAC. You can also submit eligible claims to your HCSA through the OEBAC website or the OEBAC mobile app. **The HCSA has a 12-month claim submission period from the date of service.**

Why is “motor vehicle accident” or “MVA” required on a doctor’s note for physiotherapy?

When a registered physiotherapist or kinesiologist is not covered under OHIP, the MVA confirmation must be present on the note that your doctor provides. Your doctor must provide a prescription that outlines:

1. The medical diagnosis,
2. The duration of treatment recommended,
3. Confirmation that the diagnosis is not related to a motor vehicle accident (MVA).

This information must be on the doctor's note and submitted to the Plan before a claim can be processed. If this information isn't on the note, the claim will be denied because medical expenses and disability payments relating to a MVA are not an eligible expense under our Plan. Your claim should be filed under your auto insurance policy. Benefit coverage for physiotherapists and kinesiologists is \$1,500 per person per calendar year.

How do I add or remove a dependent, what is a PIF and where can I update it?

Most status changes, such as adding or removing a dependent, can be made online by logging into the Member Portal on the Union website (<https://iuoelocal793.org/members/>). Further updates can only be made by printing out and updating your Personal Information File (PIF). The PIF requires your signature on it, so after you've printed it out and made the updates, you can mail it or bring it to the Union office once it reopens.

By updating your PIF, you can make the Plan aware of changes such as:

- Change in marital status
- Change of address
- Establishment of a common-law relationship
- Birth or adoption of a child
- Change of beneficiary for any reason, including your beneficiary's death
- A dependent child becoming disabled
- A dependent child commencing full-time attendance at post-secondary school

What benefits are not subject to annual maximums?

Most benefits in our Plan are subject to a yearly maximum. Our plan year runs from January to December. However, there are some exceptions. Dental scaling, for instance, is covered on a rolling calendar based on the date of your last claim. Glasses are covered every 12 months from your last visit to the optometrist, and eye exams are covered every 12 months for those under age 21 and every 24 months for those over age 21, from the date of the last eye exam.

IMPORTANT INDUSTRY DEVELOPMENTS

Reversal of decision to end OHIP travel coverage

At the start of 2020, the Ministry of Health made the decision to eliminate OHIP travel coverage. However, they have now decided to re-instate it. As such, OHIP coverage for emergency out-of-country hospital, health facility and doctor services is available once again and coverage is retroactive to January 1, 2020. Coverage is re-instated at the same reimbursement rates and with the same coverage criteria that existed prior to the cancellation of the Out-of-Country Travellers Program for Ontarians travelling outside of Canada.



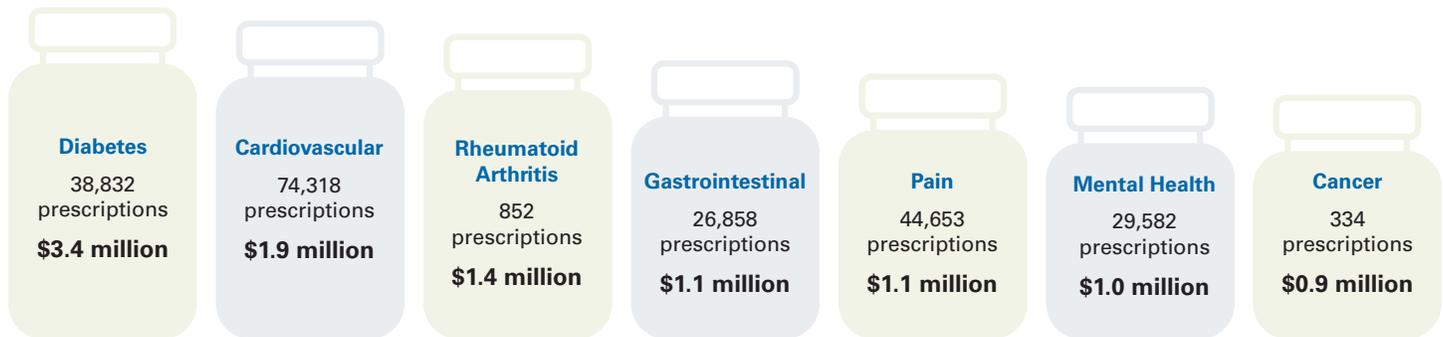
For more information, please visit the OHIP travel coverage web page at <https://www.ontario.ca/page/ohip-coverage-while-outside-canada>

Provincial out-of-country coverage may not be enough for your needs, and you may want to consider purchasing additional emergency travel insurance coverage that supplements OHIP. This can help minimize your financial risk should you become sick or injured while you are outside of Ontario or outside of Canada. Our Benefits Plan will reimburse you up to \$150 for any emergency travel insurance you purchase.

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TOP CONDITIONS RANKED BY AMOUNT PAID FOR PRESCRIPTIONS BY MEMBERS

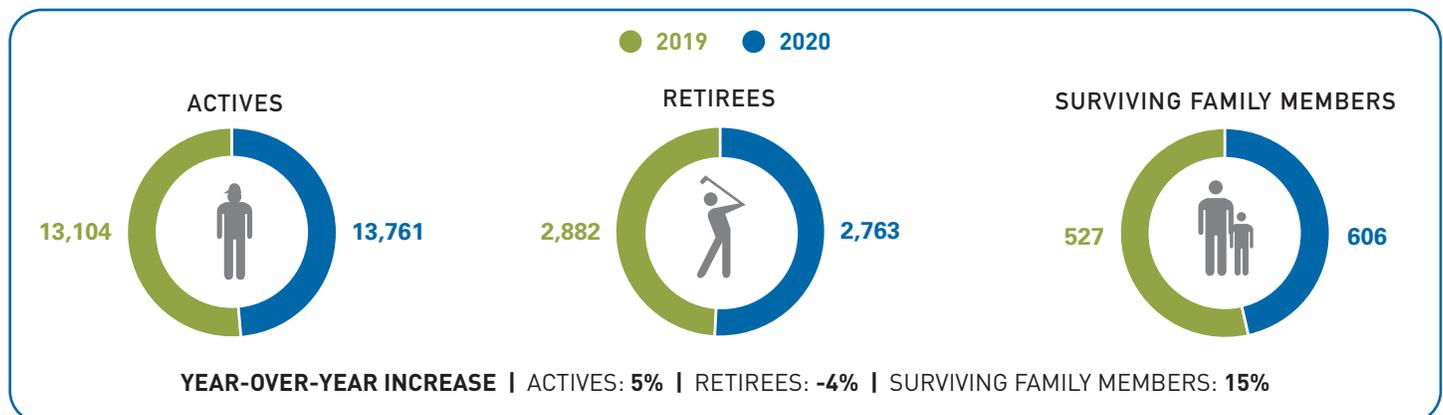
Your IUOE Local 793 Benefits Plan is there to help keep you and your family healthy, both mentally and physically. The graphic below illustrates the seven most expensive conditions claimed under our plan, ranked by the amount paid for prescription by members.



OUR MEMBERSHIP MIX

Membership in our Benefits Plan is increasing each year, especially among Active members. Growing membership helps with plan sustainability, as more members contribute to the Plan and strengthen its financial health.

Below is a detailed look at our membership mix, between Active members, Retirees and Surviving Family Members.



YOUR BENEFITS PLAN TEAM

Trustees Union

Brian Alexander
Steve Booze
Michael Gallagher
John Kelly
Joe Redshaw

Trustees Management

Mike Cianchetti
Robert Dulepka
Jason Hanna
Brad Issac
Jim Vlahos

Administrator OEBAC

Consultant
Eckler Ltd.

Investment manager
Ridgewood Capital
Asset Management

Auditor

BDO Canada LLP

Insurance company
(for life insurance)
Manulife Financial