



CUPE 3287 BENEFIT INFORMATION

September 1, 2014 – August 31, 2019 Collective Agreement

All benefit changes are effective September 1, 2016 unless otherwise stated.

1. Introduction of Pay-Direct Drug Card.

Question: Can you explain the new pay-direct drug card in more detail?

Pay-Direct Drug Card

When you receive your drug card, present it to your pharmacist and they will submit your drug claims electronically to Sun Life Financial on your behalf. If the drug cost is higher than the amount eligible under your plan, you will simply pay the balance to the pharmacy at the point of sale. Sun Life will mail your pay-direct drug card to the home address on file. Please make sure that your address is up to date on PAWS. The card will take 3 to 4 weeks to arrive. Drug cards are also available on the Sun Life website or the Sun Life mobile app.

For more information about using your drug card, please review the [Pay-Direct Drug Card information sheet](#).

Mandatory Generic Substitution

Mandatory generic substitution is a feature of your drug plan which means you will be reimbursed for prescription drugs up to the lowest priced (usually generic) equivalent, if one exists. If your doctor prescribes a brand name drug that has a lower price equivalent, you'll be reimbursed up to the cost of the lower priced equivalent even if your doctor writes "no substitution" on the prescription. You can still choose to purchase the brand-name drug; however, your reimbursement from the plan will be based on the lowest-price equivalent and you will be responsible for any difference in cost.

There may be a valid medical reason for not substituting your brand-name drug with the lowest priced equivalent. If so, you and your doctor will need to complete the Drug Exception Application form, available from Sun Life. If approved by Sun Life, the plan will cover the cost of the drug up to the maximum allowable amount under the plan.

Drug Supply Limit

Reimbursement for any single prescription will be limited to the cost of a supply that can be used in 34-day period, or in the case of certain maintenance drugs, up to 100 days as ordered by a doctor.

2. Plan Year

Question: Do the benefit maximums reset each time I teach a new term?

The plan is based on a calendar year, that is January to December, and benefit maximums are reset at the beginning of each calendar year. Annual maximums apply to Formulary Drug and Dental coverage regardless of number of terms/classes taught in the year.

For example, the dental maximum is \$2,000 per calendar year. If you taught a class in January and used \$800 of your maximum, then did not teach again until September, you would have \$1,200 remaining for that calendar year. In January of the following year, the maximum would be reset to \$2,000 if you teach again.

The coverage is available only during the time of your appointment in each term. Breaks in between terms are not covered.

Please review your benefits plan summary for more information about all your coverage at working.usask.ca/benefits.

3. Claim Deadlines

Question: When is the deadline to submit my claims to Sun Life?

Claims must be submitted within 90 days of the earlier of

- the end of the calendar year in which you received the service or supplies, or
- the end date of your final appointment of the calendar year in which you received the service or supplies.

We highly recommend submitting any outstanding claims within 90 days of the end of each appointment to ensure that your claims are reimbursed. Although you may be expecting another appointment within the same year, it is better to submit them earlier than to risk missing out on the deadline.

4. Flexible Spending Program

Question: I have not used all of my previous Flexible Spending allocations. What will happen to them? Will I have access to them and the new plan?

Your credits will continue to carry forward for one benefit year only. For example, any credits from 2015 will carry over until the end of 2016. Any 2016 credits must be used prior to the end of 2017. If you previously qualified for and have credits remaining, you will continue to have access to these credits if you are enrolled in the new CUPE 3287 benefit plan. The terms of reference for the Flexible Spending Program will remain the same.

Effective September 1, 2016, no new Flexible Spending Program allocations will be provided.

5. Life Insurance

Question: What is my life insurance coverage amount?

Under the new CUPE 3287 benefits plan, you have life insurance coverage in the amount of \$30,000. This amount is payable to your beneficiary or estate (if no beneficiary has been designated) upon your death from any cause.

Question: How can I nominate a beneficiary to my life insurance?

Your beneficiary is automatically your estate. You may change this beneficiary at any time by completing the [Beneficiary Nomination form](#) and returning it to Human Resources. It is your responsibility to keep your beneficiary nomination up to date.