



CUPE EDUCATION WORKERS' BENEFITS TRUST **Claims Review & Appeals Policy**

Introduction

The CUPE Education Workers' Benefits Trust ("EWBT") is an employee life and health trust providing life, health and dental benefits to eligible CUPE members.

The CUPE Education Workers' Benefits Trust (EWBT) has worked closely with OTIP to design a made for CUPE members benefit plan. The plan provides comprehensive coverage provisions, however there may be occasions when a claim is partially or wholly denied and a Plan Member may be unclear, or may disagree with the reason for the claim denial. To address these situations, an appeal process is built into the CUPE EWBT plan where a Plan Member may appeal a claim denial by following the process outlined below. For the purposes of this policy, the term "Plan Member" includes any eligible dependent.

A 'claim settlement decision' is the Administrator's determination concerning eligibility for and the extent of coverage for any given benefit claimed by a Plan Member under the CUPE EWBT Plan. When a Plan Member does not understand or agree with the claim settlement decision, the Plan Member is encouraged to review the CUPE EWBT Plan material (booklets, claim history, etc.).

Principles and Assumptions

- a) At all steps of the process, Trustees are not provided with identifying member information. That information is held in confidence by the Managing Director.
- b) The CUPE EWBT plan interpretation process supports accurate, systematic and consistent interpretation of the plan documents and relevant legislation.
- c) Members have the right to appeal the interpretation of plan terms and adverse benefit determinations of Great-West Life (Great-West Life) and Chubb, the benefit adjudicators. An adverse benefit determination is any denial, reduction or termination of, or failure to provide, or make payment, in whole or in part, for a benefit under the Plan.
- d) Appeals are expected to typically be related to missed deadlines, plan interpretation, benefits not provided, eligibility for benefits, administrative errors and/or levels of coverage.
- e) An appeal of a benefit determination made by Great-West Life or Chubb must first be made through the appeal process of Great-West Life or Chubb.

- f) The Board of Trustees are not able to overrule adjudication decisions in respect of insured benefits. Insured benefits are life insurance and accidental death and dismemberment.
- g) The Board of Trustees is the ultimate authority over the plan interpretation and appeals process and changes to the plan documents.

Roles & Responsibilities

- a) Great-West Life or Chubb

Great-West Life or Chubb will interpret the plan terms in accordance with the agreements with CUPE EWBT. Great-West Life or Chubb will allow plan members to access their internal appeals process and report all appeal requests to the CUPE EWBT.

- b) CUPE

Union staff or the Union Local representative may be contacted by a plan member concerning a benefit decision. Union staff will forward any enquiries to the CUPE EWBT appeals process. This process will be disclosed on the CUPE EWBT website.

- c) CUPE EWBT Managing Director and/or CUPE EWBT Appeals Committee

An issue may be escalated or come directly to the Managing Director and/or the Appeals Committee for an appeal. The issue will be reviewed, and a recommendation made to the Board of Trustees, based upon relevant factors that may include any or all of the following:

- i. the plan document;
- ii. previous interpretations of plan terms related to the issue;
- iii. any comments or arguments made by the plan member requesting the review or appeal;
- iv. financial impact on the CUPE EWBT;
- v. any potential precedents approval of the appeal may create;
- vi. applicable law, other regulations and available case law; and
- vii. advice from the CUPE EWBT advisors, as necessary, including legal counsel, benefits consultant, actuary and/or medical experts.

d) The Board of Trustees of the CUPE EWBT

The Board of Trustees has the ultimate authority to render a decision on all appeals. The Board will consider the recommendation of the Managing Director and/or Appeals Committee and all other facts they deem appropriate.

e) Individual Board of Trustees Members

A Trustee may be approached directly by a plan member or beneficiary with a dispute or concern. The Trustee will refer the plan member (or forward the plan member's concern) to the Managing Director or Appeals Committee for resolution in accordance with this policy.

Review Criteria

The following preconditions must be satisfied to initiate the Claims Review and Appeal Process:

- The amount of the claim settlement decision exceeds \$150 for a single claim, or \$150 for cumulative claims for a single benefit;
- The Claims Review and Appeal Process is initiated within 90 days of the date of the claim settlement decision for health and dental matters;
- Depending on the nature of the claim settlement decision, a Plan Member may be asked to provide additional information or supporting documentation as part of the Claims Review and Appeal Process at any step. The Plan Member is responsible for any costs associated with providing documentation in support of their appeal.

Plan Members are encouraged to provide all applicable documentation to support their claim at all steps of the appeal.

A Plan Member may use the Claims Review and Appeal Process only once for a claim settlement decision, and any subsequent claim settlement decision dealing with the same claim shall not be the subject of review and appeal again.

Claims Review Process

Overview:

When a plan member is not satisfied with the interpretation of plan provisions or the benefit determination decision, the plan member may make an appeal.

If the Plan Member has a dispute with the decision of Great-West Life or Chubb, the member must first utilize the appeals process of Great-West Life or Chubb, as appropriate.

Step One Member appeals Great-West Life or Chubb decision directly with Great-West Life or Chubb

If the Plan Member is not satisfied with the claims settlement decision in Step One, the Plan Member can officially file a written appeal. It is noted that since life and AD&D claims are insured, those appeals can only be made to the insurer.

Step Two Formal Written Appeals Process to the CUPE EWBT Managing Director.

Step Three Appeals Committee review and makes recommendation to the Board of Trustees.

Step Four CUPE EWBT Board of Trustees renders a decision.

An appeal by a Plan Member to the Appeals Committee must be made using the CUPE EWBT Appeals form. This form is provided as an appendix to this policy and is available on the CUPE EWBT website. Plan members are encouraged to include any supplementary documentation in support of their appeals. Appeals must be made in writing to the CUPE EWBT Appeals Committee:

- By email to appeals@cupe-ewbt.ca
- By mail to CUPE EWBT, 80 Commerce Valley Drive East, Ste. 1, Markham ON L3T 0B2

The CUPE EWBT Appeal Committee will meet quarterly, or on an as-needed basis, and is comprised of:

- Three (3) trustees of the CUPE EWBT, appointed by the Board of Trustees
- The Chair of the CUPE EWBT, as an ex-officio member

The CUPE EWBT Appeal Committee will make a recommendation to the CUPE EWBT Board of Trustees on an appeal based on accurate, consistent and fair interpretation and application of the CUPE EWBT Benefits Plan. CUPE EWBT Appeal Committee may request further information be submitted by the Plan Member to facilitate its review and consideration of the appeal.

Recommendations of the CUPE EWBT Appeal Committee shall be referred to the CUPE EWBT Board of Trustees. The CUPE EWBT Board of Trustees may:

- Approve the appeal, in whole or in part; or
- Maintain the original claim settlement decision.

Decisions made by the CUPE EWBT Board of Trustees shall be at its sole discretion and shall be final. All decisions will be communicated to the Plan Member in writing including the rationale for the decision.

Communication of the Appeal Process

This Claims Review and Appeals Policy will be available to all Plan Members on the CUPE EWBT website.

Inquiries or complaint

Member questions or complaints regarding this Claims Review & Appeals Policy may be addressed to:

Managing Director CUPE Education Workers Benefits Trust

80 Commerce Valley Drive East
Markham ON L3T 0B2
info@cupe-ewbt.ca
www.cupe-ewbt.ca

It is the responsibility of all EWBT employees, personnel engaged by the EWBT to provide services (such as third party service providers, independent contractors, consultants, or the personnel of a company engaged by the EWBT to provide services), and Board Members to comply with this Policy and report breaches of this Policy.

This Claims Review and Appeal Policy may be amended from time to time and should be reviewed at least every 3 years by the Board of Trustees.

Revised May 3, 2018.

CUPE EWBT Claim Appeal Form

Instructions:

Please complete this form in full and return it to appeals@cupe-ewbt.ca

Please PRINT clearly. (Please attach additional explanation and documentation as necessary)

1	Appeal details
----------	-----------------------

I hereby appeal denial of the following claim:

Claimant First name, Middle initial, Last name		
OTIP Identification Number	Claim number (assigned by office)	Type of appeal (health, dental, etc.)
Reason for denial		
Reason for appeal		
Claim expenses being appealed (please provide dates of expenses)		

2	Authorization and signature
----------	------------------------------------

Important: YOU MUST SIGN AND DATE THIS FORM

I request a review under the CUPE EWBT Claims Review and Appeals Process. I agree that the Trustees, OTIP, any independent physicians, evaluators, agents and consultants acting on behalf of the CUPE EWBT may obtain or view, for the purposes of review only and from any source whatsoever, a copy of records respecting the matter under review. I also agree that the Trustees, OTIP, any independent physicians, evaluators, agents and consultants may disclose information related to this review to the other parties to this review for the express purposes of this review. I understand that it is a serious offence to knowingly provide false information in order to induce the Trustees to make a particular decision.

I hereby consent to and authorize any insurance company, licensed physician, health care practitioner, hospital, clinic, medical facility or organization that has records or information with regards to this appeal to release the information to the Trustees, OTIP, any independent physicians, evaluators, agents, and consultants acting on behalf of the CUPE EWBT, for its consideration of my claim appeal. A photocopy or scan of this signed appeal and authorization shall be as valid as the original and shall continue to have effect through the duration of this appeal.

I hereby also agree to provide any additional information that may be requested for my claim appeal.

Member's Signature X		Date (dd-mm-yyyy)	
Address (street number and name)		Apartment or Suite	City
Province	Postal Code	Telephone	Email Address

Please note that appeals for drugs not currently approved by Health Canada for the requested use will be declined. If you have any questions or are unclear about what information to provide, please contact appeals@cupe-ewbt.ca.

The Board of Trustees has the sole authority to apply and interpret the terms of the Plan. The decision of the Board of Trustees concerning this appeal will be final and binding.

Return to:

**CUPE EWBT Managing Director
80 Commerce Valley Drive East,
Markham, Ontario L3T 0B2**

Email: appeals@cupe-ewbt.ca