

TO: Members of CUPE 3906, Unit 2 (Sessional Faculty and Hourly Rated Sessional Music Faculty)

FROM: Nathan Todd, CUPE 3906 President

DATE: September 3, 2019

RE: CUPE 3906 DENTAL PLAN

The following information is intended to cover only the highlights of the CUPE Dental Plan. For more information, stop by the CUPE office in Kenneth Taylor Hall, room B111, visit the CUPE website at <http://cupe3906.org>, or consult a copy of the CUPE 3906 Unit 2 Collective Agreement (available online).

1. Who is covered?

Unit 2 CUPE 3906 Members (Sessional Faculty and Hourly Rated Sessional Music Faculty) are eligible for coverage for any **academic year**, September 1 to August 31, **in which they are contracted to work** as a CUPE 3906 Unit 2 Member.

You are eligible for the coverage during the entire current academic year (September 1-August 31) regardless of the term in which you work as a CUPE 3906 Unit 2 Member. Please note that enrollment delays are inevitable, but the coverage will cover eligible costs for eligible members retroactive to September 1st of the current academic year.

If you are already employed as a CUPE 3906 member (Unit 1 TAs and RAs in lieu or Unit 3 Postdoctoral Fellows) and are already enrolled in the CUPE 3906 Unit 1 or CUPE 3906 Unit 3 coverage, you will not be enrolled in the CUPE 3906 Unit 2 coverage. (In this case, you will be automatically opted-out of the CUPE 3906 Unit 2 dental coverage, and you will retain your Unit 1 or Unit 3 coverage under our 97528 policy, subject to eligibility under our Unit 1 or Unit 3 Collective Agreement).

2. Premiums

The Employer will deduct the full 12 months' worth of single CUPE dental premium coverage from a mid-term pay of the first academic term in which you are employed as a CUPE 3906 Unit 2 Member. If you are not receiving pay deposits (or if premiums do not show as a deduction), please contact CUPE 3906. From September 1, 2019 to August 31, 2020 the member premium cost per academic year is:

Individual - \$170.00 yearly Family - \$946.00 yearly

Members wishing to enroll in family coverage must remit the difference of the family coverage cost and the single coverage cost (i.e., \$776.00) to our third Party Administrator, the Prosure Group, using the direct debit form included with the family enrolment form.

Please note: you should only be deducted the member single premium cost once per academic year. If you are working as a CUPE 3906 Unit 2 member, hold multiple teaching contracts within an academic year, and see multiple dental deductions on your pay statement, please contact our office (administrator@cupe3906.org).

3. Opt-out Provisions

You may opt-out of the Dental Plan by **completing the 'CUPE DENTAL PLAN OPT-OUT AUTHORIZATION'** and CUPE 3906 **direct deposit payment forms** and by **providing the required proof of alternative coverage** [normally a letter or a copy of an insurance ID card from the employer or insurance provider, which clearly indicates that dental coverage is in effect for you (i.e., **your name MUST be listed on the document**)]. Once approved, the opt-out will remain in effect until August 31, 2020. If this coverage is cancelled, you should contact CUPE to discuss your options. **You must submit the 'OPT-OUT' form and 'proof of coverage' to the CUPE 3906 Office (Kenneth Taylor Hall B111) by October 1st, 2019** in order for the change to be retroactive to September 1st, 2019 (please see point 5 below). **Opt-outs must be completed EACH YEAR to keep your opt-out status valid.**

The Employer will collect the full single premium cost from each member on the first pay of term. Members who successfully complete the dental opt-out process by October 1st will receive **reimbursement via direct deposit** from the Prosure Group within 30 days of the deduction.

If you are already employed as a CUPE 3906 member (Unit 1 TAs and RAs in lieu or Unit 3 Postdoctoral Fellows) and are already enrolled in the CUPE 3906 Unit 1 or CUPE 3906 Unit 3 coverage, you do not need to opt-out of the CUPE 3906 Unit 2 coverage. (In this case, the opt-out from the CUPE 3906 Unit 2 dental coverage will be automatic, and you will retain your Unit 1 or Unit 3 coverage under our 97528 policy, subject to eligibility under our Unit 1 or Unit 3 Collective Agreement).

4. Family Coverage

Family coverage is available for both spouse (married, common-law, or same sex) and children. To activate coverage, **complete the 'CUPE DENTAL PLAN FAMILY COVERAGE ENROLLMENT AUTHORIZATION', the attached dependent information form, and the Prosure Direct Debit form.** Once approved, family coverage will remain in effect until August 31, 2020. **You must submit the forms to the CUPE 3906 Office (Kenneth Taylor Hall B111) by October 1st, 2019 in order for the change to be retroactive to September 1st, 2019** (please see point 5 below). **Forms must be completed EACH YEAR in order to keep your family coverage valid.** Any change(s) to those enrolled must be made through CUPE 3906.

To enroll in family dental coverage, you **must** fill in a Prosure "direct debit" form to authorize the payment of the difference of the single premium coverage cost and the family coverage cost (i.e., \$776.00) directly to the Prosure Group. Payments will be collected via direct debit from your bank account on the 1st of the month over 2 months following the receipt of successful enrollments.

5. Deadlines

Changes/renewal of coverage status must be made **every year** within the change of coverage period. Please ensure the completed forms and any required documents are submitted to the CUPE 3906 Office by **October 1st, 2019** to ensure that your status is effective September 1. Except in exceptional circumstances, **there will be NO changes permitted after the change of coverage period.** Please contact the Union Office if you receive a contract to work as a CUPE 3906 Unit 2 member after the start of the academic year and would like to opt-out of the CUPE 3906 dental plan or enroll in the CUPE 3906 family dental coverage. Except in very exceptional circumstances, members must pay the full 12 months of coverage (September 1-August 31) regardless of when you become enrolled in the plan. (In this case, you will receive the full 12 months' coverage retroactive to September 1st of the current academic year.)

CUPE Dental Plan forms (including opt-out, family coverage and claim forms) are available at the CUPE 3906 Office (Kenneth Taylor Hall B111), or in PDF format at <http://cupe3906.org>.

6. Black-out Period

There is a **coverage black-out** period for CUPE 3906 dental benefits. This is because the Employer re-enrolls members into the plan every September. If you work as a Unit 2 member in the Fall, Equitable may have you listed as ineligible for dental benefits in the months of September and October. Similarly, if you do not work as a Unit 1 member until January, Equitable may have you listed as ineligible for dental benefits during the Fall term and during the months of January and February. Please hang on to your claims and resubmit them in November and/or March, and eligible claims will be paid once Equitable receives your up-to-date coverage information from the Employer. Your coverage will be activated retroactive to September 1, 2019.

Please contact administrator@cupe3906.org with any questions.

In solidarity,

Nathan Todd
President, CUPE 3906