



IATSE LOCAL 667/669  
HEALTH & WELFARE FUND



## Fall 2006 NEWSLETTER



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### ANSWERS TO YOUR QUESTIONS AND COMMENTS FROM THE H & W SURVEY!

Thank-you to all those members who took the time to answer the health & welfare survey that was recently e-mailed out!

We received some great questions and comments on our recent survey, and we would like to address most of the common ones mentioned.

We are itemizing them in a way so that you can either read all of them or read only the ones that you are interested in.

**SINGLE  
VS  
FAMILY COVERAGE**

Many single members felt they were subsidizing families and thus incurring increased premium costs. In fact, our premiums are based on an underwriting concept that blends the costs for both single and family and averages them out. So while it appears that single members are subsidizing families, it is not a significant amount. Additionally a family in good health and/or dental care, could end up costing the fund less than a single member who has health and/or dental issues. This will become clearer in the section 'cost of premiums'.

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Some of the comments we received indicated that the members spouse/partner already had benefit coverage and therefore there was no need for the member to use our plan.

If your spouse or partner has a health & dental plan, the insurance industry allows for a "co-ordination of benefits" (C.O.B.). This means that you first claim on your plan and any amounts that aren't covered, you can then submit to your spouse's plan. For example if you go to the dentist and have 75% of your claim paid, you would submit the additional 25% to your spouses plan and thus have 100% coverage. Likewise, if it is your spouse claiming, they would first submit to their plan and then submit what wasn't covered to our plan. Please contact our Plan Administrator Leta Labiuk for details.

**OTHER PLANS  
AVAILABLE  
THROUGH  
PARTNER / SPOUSE**

**VISION CARE  
&  
LASER EYE  
SURGERY**

Several members asked if our Plan covers Laser Eye Surgery. Yes it does up to the vision care limit that you might qualify for. We would suggest you contact ManuLife directly to ensure that the practitioner that you choose is on their approved list first, as they must be registered with the appropriate licensing association in your province. Additionally ManuLife will be able to provide you with your account balance of funds available to you for vision care. Please note, vision care is currently available for members who have Benefits in Levels 03, 04, 05 & 06.



## COST OF PREMIUMS

Indeed we are all hearing about the rising cost of health care and the downloading by provincial governments to private plans, all of which we all have no control over, but which definitely impact the costs we incur. Our premiums are determined in 2 ways; some are pooled funds and some are experience rated.

**Pooled Funds:** the Life Insurance, Accidental Death & Dismemberment and Critical Condition are all pooled funds. This means they all go into one big 'pot' and our premiums are determined based on underwriting principles (i.e. average age of membership, risk of occupation, residency etc.)

**Experience Rated:** Dental and Medical are calculated based on our previous year's experience together with an allowance for anticipated drug or dental increases. Please note it is actually way more complicated than how we have illustrated it below, but for the sake of an example, it provides you a simplified idea of how the premiums are determined.

Example: Each year the Dental Association revises their fee guides usually by 2 to 3% and as a result we factor in the current fee guide each year. In addition to that, the insurance company rates us by our previous year's experience. So if the insurance company has charged us \$1,000 in premiums, but we have claimed \$1,100 worth, the insurance company experiences a short fall of \$100 which they need to recover. This means our dental will increase by 13% (the 3% dental fee guide increase together with the 10% loss). Obviously the insurance company needs to make a profit and also they have some costs that they incur in managing our plan and paying out the claims,

so there are additional costs involved which would increase our premiums even more. Generally speaking they prefer to earn approx 12-13% on premiums to cover all costs and to allow for a reasonable profit margin.

Getting back to our example .... Of the \$1,000 they charged us, they anticipate that we will only claim back approximately \$880 in claims. So now they are at an additional loss of \$120, which again will have to be factored into the coming year's premiums. As a result, the premium that was \$1,000 last year, will now be \$1,250 this year (this consists of the basic \$1,000, plus 3% dental fee guide, plus 10% recovery on claims usage, plus 12% recovery for administration).

Also, it should be noted that it also works in our favour whereby if we are charged a \$1,000 premium and only claim \$650, then we will receive lower premiums in the next year.

Our health benefits are based on the same formula, but instead of the dental fee guide, they factor in any downloading on our plan by provincial governments as well as projected drug costs over the next year. Often the pharmaceutical industry will develop a 'super drug' which initially is very expensive and depending on the makeup of their client, the insurance companies will factor in these higher costs in anticipation of benefit claims for the new 'super drug'. In previous years, the downloading of chiropractic coverage and physiotherapy by the provincial government had a considerable impact on our fund because of the nature of our industry and the wear and tear of long hours on our feet etc. As a result the insurance company anticipated higher than average claims on the paramedical coverage that we provide.

## DOWNGRADING, REFUNDS OR ALLOCATING CONTRIBUTIONS TO THE GROUP RSP ACCOUNT

Generally several members commented that they didn't require a lot of the benefits offered and as a result would like to either be able to downgrade to a different benefit level other than the one they qualified for, or they would like a refund, or they would like to see some of their contributions filtered through to their Group RSP account.

As our plan is a Trust Fund, it must adhere to the very stringent requirements laid out by the Canadian Government through the Income Tax Act. The Act is quite specific not only in what benefits we can provide, but also that in order to maintain a tax free status, all contributions to the Fund must be used only for the purpose of the Fund.

If we allowed for a refund or re-routing of contributions elsewhere, the Fund would be 'tainted' and would lose its tax free status and thus would erode considerably our ability to provide benefit coverage.

In regard to downgrading .....recently the Trustees met to consider all of the issues raised by the members through the survey and as a result .....



The comments about the dental benefit were varied and interesting. In particular questions were raised about the use of amalgam versus porcelain for fillings. To clarify, in our plan, amalgam is only for the back 3 teeth (upper, lower, left & right), porcelain can be used on all other teeth. Additionally we have attached from the Dental Association their opinion on the use of amalgam that was approved by their Board of Directors in February 2005.

If in doubt about any course of treatment that your dentist offers up, you can get a second opinion or research the Canadian Dental Association's website ([www.cda-adc.ca](http://www.cda-adc.ca)) and also ensure that your dentist is actually providing you with the right treatment instead of using your dental benefit in our plan as their suggested course of treatment.

## HEALTH SPENDING ACCOUNTS

Currently the Health Spending Account (h.s.a.) is only offered to members who qualify for Level 06. The Health Spending Account, like almost all of our other benefits, is a tax free benefit providing that it is paid for by the employer through Producer contributions. (the exception is in Quebec whereby all benefits are considered taxable) Like all other of our benefits, the Health Spending Account is regulated through the Income Tax Act, however there are available some additional claims that are covered through the h.s.a. that are not covered in our regular benefit package.

The contributions that we can transfer to your Health Spending Account can be used to pay for valid medical and dental expenses of you and your dependents that exceed the Benefit Level amounts paid. Examples of the expenses that can be paid are:

- a) Portions of claims not paid through your Benefit Level such as:
  - the remaining % of eligible Health Care Benefit expenses and Basic Dental expenses you now pay,
  - any or all of the % of Major Dental and % of eligible Orthodontic expenses you now pay,
  - prescription lenses, frames and contact expenses that exceed the dollar limit each 24 month period,
  - Licensed practitioner fees over \$600 each year provided they would normally be covered through your Benefit Level,
  - private hospital room expenses in excess of semi-private expenses
  - Basic and Major dental expenses over the per year maximum per person or Orthodontic expenses over the lifetime maximum for a dependent child,
  - Health Care Benefit expenses over the maximum for members age 70 or over,
  - drug dispensing fees over \$7 and drug expenses in excess of generic drug costs.
- b) Alternate or "topping-up" of procedures such as crowns (where the dental benefit may only reimburse for fillings), porcelain fillings, implants, orthodontic expenses for individuals age 19 and over and cosmetic dentistry.
- c) Some alternative medicine expenses for prescribed medications such as over the counter drugs, herbs, & homeopathic substances if prescribed by a licensed physician, dentist or medical practitioner and dispensed by a pharmacist; and for medical devices, aids and equipment not reimbursed under your Benefit Level.
- d) Laser eye surgery provided it is performed by a licensed physician.

**NOTE:** All eligible expenses must be acceptable under the terms and provisions of the Income Tax Act.

Each expense you pay will reduce your Health Spending Account dollar for dollar. For example, if you have used your \$500 limit for prescription glasses in the last 24 months and have an additional \$200 expense, you may receive reimbursement for this \$200 by reducing your Health Spending Account by the same amount.

**Any contributions to your Health Spending Account must be used within 2 years. For example, if you qualify for a health spending account April 1, 2006 Benefit Year must be used by March 31, 2008. Any amounts not used, or if you do not remain a member in good standing of I.A.T.S.E. Local 667 or 669, will be transferred to the Plan's general reserve fund on April 1, 2008 (and not back to your contribution balance). This is an Income Tax requirement.**



## ALTERNATIVE MEDICINES AND PARAMEDICS

Currently our medical benefit covers all alternative medicines and paramedics allowable under the Income Tax Act.

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## CLAIMS ISSUES

Under our existing contract with ManuLife:

- A) Dental claims can be electronic submitted directly by the dentist to ManuLife on the date of your treatment. Because of the many changes/purchases of insurance companies over the past few years you need to ensure that your dentist's office is aware of which claim centre to send your claim to. Please note, all insurance companies do advise the dental offices accordingly, it is just a question of whether or not the dental office has made note of it.
- B) Depending on your dentist, they may prefer that you pay your claim up front and then you submit it to ManuLife. Usually this is because the dental office doesn't want to incur the cost of invoicing you for the co-insurance or for any claim that may not be covered. It also assists the dentist in their cash flow to have full payment on the day of treatment.
- C) A few members asked if we could provide a card similar to the drug card for use at the dental office, paramedical practitioner's office, vision care etc. The drug card is managed by a third party and not by ManuLife. Currently there are no organizations who have developed a card for other uses. Additionally, with the dentist being able to submit electronically, this is the same as having used a card similar to the drug card.
- D) For Members who have a Health Spending Account, you need to use the medical and dental claim forms that have the health spending account check box if you wish to have any of your claims submitted to the h.s.a. once they have been paid through the regular benefit claim. In some cases this can become a two step process, however, it ensures that you are using your h.s.a. monies only on the claims that you want to use them for. If the process was automatic, then you would no longer have the ability to pick and chose which claim you want covered by your health spending account.

While we haven't answered all of the questions and concerns that were raised, these topics have covered a lot of the queries and comments. For further information please do not hesitate to contact our Plan Administrator, Leta Labiuk at 778-329-4455 or 1-866-366-9667, or visit our website at [www.iatse667-669healthplan.com](http://www.iatse667-669healthplan.com)

## CONTACT INFORMATION

### HEALTH & WELFARE FUND OFFICE

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Web: [iatse667-669healthplan.com](http://iatse667-669healthplan.com)

Plan Administrator: Leta Labiuk  
E-mail: [leta@iatse667-669healthplan.com](mailto:leta@iatse667-669healthplan.com)

Benefits Coordinator: Mary Miskic  
E-mail: [mary@iatse667.com](mailto:mary@iatse667.com)  
Phone: 416-368-0072

### FAMILY SERVICES

Confidential counselling is available for everyone. If you need assistance please call:

English: 1-800-668-9920

French: 1-800-561-1128

[www.familyserviceseap.com](http://www.familyserviceseap.com)



### MANULIFE Policy # 4524 ID# = S.I.N Number

#### QUEBEC RESIDENTS SEND CLAIMS TO:

Financiere Manuvie  
Assurance Collective  
999 Boulevard De Maisonneuve Ouest  
Montreal, QC  
H3A 3L4

514-288-4300

#### EASTERN CANADA RESIDENTS SEND CLAIMS TO:

Manulife Financial  
Group Claims Department  
PO Box 4607, STN A  
Toronto, ON  
M5W 4Z3

1-877-466-1576  
416-687-5004



#### WESTERN CANADA RESIDENTS SEND CLAIMS TO:

Manulife Financial  
Group Claims Department  
PO Box 2592, STN M  
Calgary, AB  
T2P 5P4

1-800-661-1324  
403-750-7320

#### MANULIFE GROUP INTERNET SOLUTIONS

How to register?

1. Go To [www.manulife.ca/gropubenefits/GIS](http://www.manulife.ca/gropubenefits/GIS)
2. Login to **GIS** from the Plan Member Welcome Page
3. At the login screen, select the **Register here** link.



## CDA Position on **Dental Amalgam**

### **Preamble**

Because of the importance of questions which are being raised on dental amalgam and since the federal government is responsible for the safety of medical devices and materials, CDA has encouraged the federal government to support ongoing research in the dental amalgam area.

### **Position**

Current research on the use of dental amalgam supports that amalgam continues to demonstrate clear advantages in many applications over other restorative materials, especially in relation to the average duration of restorations.

Although amalgam fillings release minute amounts of mercury vapour, current scientific consensus supports the position that amalgam does not contribute to illness. It is recognized that there are individuals who are specifically sensitive or allergic to the components of amalgam and amalgam may not be suitable for all patients and in all circumstances. CDA bases its position on the existing scientific consensus on which government approval is based, and from the range of relevant scientific literature as distinct from individual and sometimes conflicting studies.

A common sense approach to the utilization of dental amalgam should be taken whereby patients discuss their specific circumstances with their dentist and choose the most appropriate restorative material for a particular application with each patient. Dentists want patients to be aware of conclusions from the range of scientific studies on dental amalgam and alternative materials so that the appropriate choice can be made.

Questions and answers, designed to assist in communication with patients, are also available from CDA.

*Approved  
CDA Board of Directors  
February 2005*



## CDA Position on the Replacement of Serviceable Amalgam Fillings

### **Preamble**

A dentist has the responsibility to ensure that treatments recommended and/or performed reflect the standard of the profession — and that those treatments would bear the close scrutiny of peers. As a profession, Dentistry has the responsibility to ensure that its standards are based on a systematic analysis of current scientific evidence, as opposed to selected individual studies.

The decision to recommend any treatment should be determined subsequent to a comprehensive oral examination that meets the health needs of a patient, and within the bounds of the clinical circumstances with which the patient presents.

Dentists have an obligation to use approved devices and material in the best interests of patients. Health Products and Food Branch, Health Canada is responsible for the safety of medical devices and materials, including amalgam.

Current scientific consensus supports the position that amalgam does not contribute to illness. There are no data to suggest that the removal of amalgam restorations should be performed in an attempt to treat patients with non-specific chronic complaints.

The question of treatment involving the replacement of serviceable amalgam restorations must be clearly and thoroughly discussed with the patient prior to the delivery of those services.

Patients who request replacement must be provided with sufficient information to understand the implications of their decision. When a health need, confirmed by medical advice indicates, or at the request of the patient following discussions of the implications, amalgam restorations may be replaced with a clinically acceptable material following a treatment schedule which is in the best interest of the patient's health.

### **Position**

Serviceable amalgam restorations should not be removed unless:

- a) the patient has a real, as distinct from a perceived health need, or
- b) the patient requests removal of serviceable amalgam restorations, and the dentist is assured that the patient has been provided with sufficient information to allow compliance with the patient's request.

*Approved  
CDA Board of Directors  
February 2005*

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This information was created by the Canadian Dental Association for use by CDA member dentists. It should not be used as a replacement for professional dental or medical advice. If you have questions about this position statement, please consult your dentist or contact the Canadian Dental Association.