

**OTTAWA PROFESSIONAL FIRE FIGHTERS'
ASSOCIATION**

SICK BENEFIT FUND

POLICY BOOK

AMENDED: May 14, 2021

BOARD OF DIRECTORS

2021

- CHAIRMAN.....R. Collins
- DIRECTOR.....T. Gillespie
- DIRECTOR.....C. Whittingham
- DIRECTOR (retired member).....P. Potvin

EMPLOYEE

- MANAGER.....C. Morrison

OFFICE HOURS:

Office address:

Sick Benefit Fund
 2378 Holly Lane, Suite 201
 Ottawa ON
 K1V 7P1

Tel: 613-733-6020
 Fax: 613-526-1206
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During the Pandemic, the office is closed with no regular hours. The SBF Manager will be available by appointment, please leave a message with your phone number and we will return your call. When it is safe to open the office on a regular basis, the SBF Manager will re-establish some office hours.

PRIVACY POLICY:

The information that the Sick Benefit Fund keeps in its database is to be used for benefits, mailing of invitation for Reunion Dinner and to communicate with its active or retired members. The information in its database will be used for statistical information. The SBF will share this information with the Ottawa Professional Fire Fighters Association. The SBF will not give or sell its list of addresses to other organizations.

THE SBF IS ONLY FOR MEMBERS WHO ARE PART OF THE FUND AND DOES NOT INCLUDE SPOUSES OR DEPENDENTS.

HOW TO SUBMIT BILLS TO THE SBF:

For medical expenses:

Any claims that are covered under the policy with Canada Life must be submitted to the insurance prior to submitting to the Sick Benefit Fund.

Once you have received your Health Statement from Canada Life, and if the claim is covered in the SBF policy, please send the statement to the SBF for reimbursement to the maximum that the policy indicates

If a member has co-ordination of benefits with his spouse, the member should submit to the other insurance company before submitting to the SBF.

For Dental bills:

Members that have a dental insurance must submit to the insurance first and then submit the Dental Claim Statement to the SBF.

Members without dental insurance must submit the dentist statement to the SBF for reimbursement. The maximum dental coverage is stated in the SBF Policy Book.

If a member has co-ordination of benefits with his spouse, the member should submit to the other insurance company before submitting to the SBF.

MEMBERS MUST SUBMIT ORIGINAL RECEIPT IF REQUESTED FOR REIMBURSEMENT.

BENEFITS

DEDUCTABLE:

RETIRED MEMBERS:

The Fund will pay the deductible that the insurance company charges for its retired members.

MEDICATION:

RETIRED MEMBERS:

ERECTILE DEFICIENCY MEDICATION:

- (a) The Sick Benefit Fund will pay for Erectile Deficiency medication to a maximum of \$400.00 per calendar year. All receipts for medication must have:
 - a. The name of the drug.
 - b. The doctor's name.
 - c. The prescription number.

Retired Members must send their Extended Health receipts to the insurance company.

- (b) The Sick Benefit Fund will not pay for any delivery charges.
- (c) The Fund will not pay for medications that maybe purchased without prescription.
- (d) All bills must be submitted before June 30th of the year after purchased.

DENTAL:

RETIRED MEMBERS:

- (a) The Fund will pay a maximum of \$450.00 in a calendar year, January 1 to December 31, towards the expenditure for dental work. The member must submit his bill first to the insurance company and then submit insurance dental statement to the Fund for reimbursement.
- (b) The Fund does not pay for appointments not kept.
- (c) The member may go to the dentist of his/her choice.
- (d) All bills must be submitted before June 30th of the year after purchased.

OPTOMETRY:

RETIRED MEMBERS:

- (a) The Fund will pay a maximum of \$225.00 toward vision care in a 24-month period, cheque dates will be used to determine the 24 month period.
- (b) The Fund will pay for glasses, contact or cataract lenses, laser surgery, and eye exams which are prescribed by a qualified optometrist.
- (c) The member must submit his bill first to the insurance company and then submit the insurance Health Statement to the Fund for reimbursement.
- (d) All bills must be submitted before June 30th of the year after purchased.

CHIROPRACTOR:

RETIRED MEMBERS:

- (a) The Fund will pay up to \$400.00 towards the service of a chiropractor.
- (b) The member must submit his bill first to the insurance company and then submit the insurance Health Statement to the Fund for reimbursement.
- (c) All bills must be submitted before June 30th of the year after purchased.

PODIATRY:

RETIRED MEMBERS:

- (a) The Fund will pay up to \$100.00 per calendar year, January 1 to December 31, for podiatry service.
- (b) The member must submit his bill first to the insurance company and then submit insurance Health Statement to the Fund for reimbursement.
- (c) All bills must be submitted before June 30th of the year after purchased.

PHYSIOTHERAPIST:

RETIRED MEMBERS:

- (a) The fund will pay to a maximum of \$400.00 towards the service of a physiotherapist in a calendar year.
- (b) The member must submit his bill first to the insurance company and then submit the insurance Health Statement to the Fund for reimbursement.
- (c) All bills must be submitted before June 30th of the year after purchased.

MASSAGE:

RETIRED MEMBERS:

- (a) The Fund will pay a maximum \$400.00 for the services of a licensed masseur in a calendar year.
- (b) The member must submit his bill first to the insurance company and then submit the insurance Health Statement to the Fund for reimbursement.
- (c) All bills must be submitted before June 30th of the year after purchased.

HEARING AIDS:

RETIRED MEMBERS:

- (a) The Fund will pay for hearing aids or repairs to hearing aids, to a maximum of \$300.00 per ear, every 5 years if required. The Fund will not pay for batteries for hearing aids.
- (b) The member must submit his bill first to the insurance company and then submit the insurance Health Statement to the Fund for reimbursement.
- (c) All bills must be submitted before June 30th of the year after purchased.
- (d) The member must exhaust the WSIB process prior to making a hearing aid claim.**

COMPRESSION STOCKINGS:

(a) The Fund will pay for 2 pairs of compression stockings in a 24-month period unless covered by insurance plan.

PALLIATIVE HOSPITAL CARE:

(a) The Fund will pay for semi private room coverage in a palliative care hospital, for members, both active and retired. This funding is to the financial limitation of the Fund.

EXTENDED HEALTH EXPENSES:

ACTIVE MEMBERS:

Any member under Article II Section (a) who has paid \$ 400.00 in a calendar year on behalf of himself/herself above the allowance the Insuring Company pays under the Major Medical Insurance, the member may submit the excess amount to the Sick Benefit Fund for consideration for payment. Any balance after OHIP exceeding \$ 400.00 for a calendar year, the excess may be submitted to the Fund for consideration for repayment. The maximum payable by the Fund for either balance is limited to \$100.00 in a calendar year.

RETIRED MEMBERS:

Any member under Article II Section (b) who has paid \$ 400.00 in a calendar year on behalf of himself/herself above the allowance the Insuring Company pays under the Major Medical Insurance or OHIP, the member may submit the excess amount to the Sick Benefit Fund for consideration for payment. The maximum payable by the Fund for either balance is limited to 50% of the remaining balance after the \$400.00 deduction.

ASSOCIATED COST:

The maximum the Fund will pay for cost associated with the purchase of wheel chairs, lift, ramps etc. is \$1,500.00 in a 5 year period if required.

DEPENDENTS:

- (a) The Fund does not provide coverage for dependents.

OFFICE PROCEDURE:

- (a) Effective January 1, 2015 The Sick Benefit Fund manager will receive all active OPFFA member increases on a go forward basis.
- (b) The Manager shall have paid replacements on required days.

CHANGE OF POLICY:

- (a) The preceding policies are subject to change at any time, providing the change is not in conflict with the Constitution of the Sick Benefit fund.
- (b) Both active and retired members may submit changes to the Policy of the Fund.

CO-ORDINATION OF BENEFITS:

- (a) Where duplication of benefits with other health plans exists the Fund will not knowingly supply such benefits.