



OTIP OCCASIONAL  
AND CASUAL MEMBERS  
**BENEFITS PLAN**





## Welcome to the OTIP Occasional and Casual Members Benefits Plan.

This plan is provided and administered by OTIP, a not-for-profit organization dedicated to Ontario education workers, and created and governed by Ontario's four education affiliates.

Here is some key information about the plan:



Participation is voluntary for eligible members from AEFO, ETFO, OECTA and OSSTF.



A portion of your premiums may be paid by your school board. You can contact your school board to learn more about your funding arrangement.



All eligible members who join are required to stay in the plan for 12 months, from September 1 to August 31 each year.



If proof of good health (evidence of insurability) is required, you will be prompted to complete this as part of your enrolment process. The application must be received by Manulife by September 30.

Did you obtain an eligible long-term occasional contract/position (LTO) at the start or during the current school year? Check out your options on pages 07-09.

This guide is intended to provide eligible members with a brief overview of the OTIP Occasional and Casual Members (OCM) Benefits Plan and is not intended to be comprehensive. If there is a discrepancy between the information in this guide and the benefits booklet, the terms and details in the benefits booklet apply.



## Who is eligible

Eligibility for the OTIP Occasional and Casual Members (OCM) Benefits Plan is determined by your employer. You will receive an email from OTIP in August/September if your employer notifies OTIP that you are eligible to participate for the upcoming benefit year (September 1 to August 31).



## How to participate

### You must:

1. Go to [otip.com](https://otip.com) to complete the [Eligibility Authorization form](#) by September 30.
2. Enrol in the plan within 31 days of receiving the enrolment communication. Coverage will be effective September 1 (retro premiums may apply).

### If proof of good health is required:

You need to complete the Application for Evidence of Insurability within 31 days of submitting your Eligibility Authorization form. If approved, coverage will be effective September 1 (retro premiums may apply).



## Questions?

### We're here to help.

You can call OTIP at 1-866-783-6847 or go to: [otip.com/Group-Benefits/Occasional-Casual](https://otip.com/Group-Benefits/Occasional-Casual) for more information.





## Overall benefits plan

Funding	<ul style="list-style-type: none"><li>• Some portion of Health, Dental, Basic Life and Basic AD&amp;D premiums may be paid by your employer depending on your employer arrangement</li><li>• If no employer arrangement is in place, premiums are 100% member-paid</li><li>• Plan effective date is September 1</li></ul>
Who is Eligible	<ul style="list-style-type: none"><li>• Eligibility is determined by your employer depending on your employer arrangement</li></ul>
Participation	<ul style="list-style-type: none"><li>• Health, Dental, Basic Life and Basic AD&amp;D benefits are voluntary for all occasional and casual members</li><li>• You must enrol in Basic Life and Basic AD&amp;D benefits to participate in Health and Dental benefits</li></ul>
Reimbursement	<ul style="list-style-type: none"><li>• 80% (except where stated)</li></ul>



## Basic life and accident insurance

Basic Life (member only)	<ul style="list-style-type: none"><li>• \$50,000</li><li>• 50% reduction at age 65</li><li>• Terminates at end of month of age 70</li><li>• No waiver of premium</li></ul>
Basic AD&D (member only)	<ul style="list-style-type: none"><li>• Coverage matches Basic Life amount</li><li>• Terminates at end of month of age 70</li><li>• No waiver of premium</li></ul>



## Prescription drugs

- Pay-direct benefits card
- Prescription formulary, including life-sustaining drugs
- Mandatory generic substitution (lowest cost therapeutic equivalent drug)
- Dispensing fee maximum of \$8
- Maintenance medications limited to 5 dispensing fees/prescription/12 months
- Included within overall health maximum of \$20,000/benefit year
- Diabetic supplies (average provincial costs, also known as reasonable and customary limits)
- Coverage for sexual dysfunction and anti-smoking drugs (refer to benefits booklet)





## Paramedical

(\$ Maximum/benefit year)

*Included within overall health maximum of \$20,000/benefit year; subject to average provincial costs, also known as reasonable and customary limits.*

Chiropractor	<ul style="list-style-type: none"><li>• \$500* maximum</li></ul>
Dietitian/Nutritionist	<ul style="list-style-type: none"><li>• \$300* maximum</li></ul>
Massage therapist	<ul style="list-style-type: none"><li>• \$500* maximum (with doctor's referral)</li></ul>
Naturopath	<ul style="list-style-type: none"><li>• \$300* maximum</li></ul>
Osteopath	<ul style="list-style-type: none"><li>• \$300* maximum</li></ul>
Physiotherapist	<ul style="list-style-type: none"><li>• \$500* maximum</li></ul>
Podiatrist/Chiropodist	<ul style="list-style-type: none"><li>• \$300* maximum</li></ul>
<ul style="list-style-type: none"><li>• Psychologist</li><li>• Marriage &amp; Family Therapist</li><li>• Social Worker</li><li>• Psychotherapist</li><li>• Clinical Counsellor</li><li>• Psychoanalyst</li></ul>	<ul style="list-style-type: none"><li>• \$500 maximum</li></ul>
<ul style="list-style-type: none"><li>• Speech-Language Pathologist</li><li>• Communicative Disorders Assistants</li></ul>	<ul style="list-style-type: none"><li>• \$300 maximum</li></ul>

*\*Coverage for physiotherapist, chiropractor, massage therapist, osteopath, naturopath, podiatrist, chiropodist, dietitian and nutritionist is combined up to an overall maximum of \$1,000 per benefit year.*



## Vision Care

- 100% coinsurance
- Eye exam, glasses, contact lenses and laser eye surgery \$300 maximum/2 benefit years
- Included within overall health maximum of \$20,000/benefit year



## Hospital

- 100% coinsurance
- Semi-private hospital room
- Includes cost for semi-private room in private OHIP-funded facilities
- Included within overall health maximum of \$20,000/benefit year



## Medical supplies and services

*Included within overall health maximum of \$20,000/benefit year.*

Ambulance	<ul style="list-style-type: none"><li>• Transport to nearest facility</li><li>• Includes air ambulance</li></ul>
Hearing aids	<ul style="list-style-type: none"><li>• \$1,000 maximum/5 benefit years</li></ul>
Orthotics	<ul style="list-style-type: none"><li>• \$350 maximum/benefit year</li></ul>
Orthopaedic shoes (custom)	<ul style="list-style-type: none"><li>• \$350 maximum/benefit year</li></ul>
Orthopaedic shoes (stock)	<ul style="list-style-type: none"><li>• Modifications and adjustments covered on reasonable and customary basis; no coverage for cost of shoes</li></ul>
Private duty nursing	<ul style="list-style-type: none"><li>• \$10,000 maximum/benefit year</li></ul>
Surgical stockings	<ul style="list-style-type: none"><li>• 6 pairs maximum/benefit year</li></ul>
Wigs	<ul style="list-style-type: none"><li>• \$500 lifetime maximum</li></ul>



## Dental insurance

*Dental benefit has an overall \$2,000/benefit year maximum for all eligible dental benefits.*

Fee guide	<ul style="list-style-type: none"><li>• Previous year's fee guide for province of residence</li></ul>
Basic Dental	<ul style="list-style-type: none"><li>• 80% of check-ups, X-rays, fillings, other</li><li>• Recall exams: once every 9 months</li><li>• Full exams and X-rays: once every 24 months</li></ul>
Periodontics or Endodontic services	<ul style="list-style-type: none"><li>• 80% of root canals and related services</li><li>• 80% of scaling, root planing, gum treatments, etc.</li><li>• 10 units of scaling and root planing combined/benefit year</li></ul>
Major restorative services/ Dentures	<ul style="list-style-type: none"><li>• 50% of crowns, bridges, dentures, implants, inlays, onlays</li><li>• Crown, onlays or denture replacement once every 5 benefit years</li><li>• Dental implant maximum: lowest cost alternative treatment option</li></ul>





# Monthly Premiums

(Effective September 1, 2025)

Benefit	Monthly cost (including PST)		Monthly cost (excluding PST)	
	Single	Family	Single	Family
Basic Life and AD&D	\$17.01	\$17.01	\$15.75	\$15.75
Health	\$189.94	\$474.88	\$175.87	\$439.70
Dental	\$90.78	\$226.95	\$84.06	\$210.14

Premiums are subject to change and where indicated include provincial sales tax (PST) for residents of Ontario. Some portion of the premiums may be reimbursed on your behalf by your employer depending on your employer arrangement. Basic Life and Basic AD&D benefits must be purchased to purchase Health and Dental benefits.



If you obtain an eligible LTO at the start or during the current school year, here are your options:

1

Stay in the OTIP OCM Benefits Plan **and decline coverage** under the ELHT Benefits Plan:

**Stay in the OTIP OCM Benefits Plan**

- No change to your existing coverage.
- You will continue to pay the monthly premium.
- You will continue to use your existing OTIP ID for this plan.

**Decline coverage under the ELHT Benefits Plan**

- You will have limited or no coverage under this plan.
- You do not have to pay any monthly cost for the ELHT Benefits Plan (if applicable).
- Even if you do not enrol in the ELHT Benefits Plan, you will get a new OTIP ID number.

## 2

### Put the OTIP OCM Benefits Plan **on hold** and **enrol** in the ELHT Benefits Plan:

#### **Put your OTIP OCM Benefits Plan on hold**

It is important that you send us a message as soon as possible to avoid any premium overpayment. Depending on when you send us a message, premiums paid will **not** be reimbursed.

#### **Send us a message**

To send us a message, log in to My Member Account at **member.otip.com** and go to the Help centre.

**A)** If you obtain an eligible LTO that requires you to complete **a waiting period for coverage (retroactive or current dated)**. You need to notify us before the start of your LTO. **If you do not notify us, premiums paid during your waiting period will not be refunded.**

**B)** If you notify us **after your eligible LTO starts** your OTIP OCM Benefits Plan will be on hold at the end of the month in which you notified us. **Premiums paid up to date will not be refunded.**

**C)** If you notify us **in advance** that your eligible LTO starts **on a future date between the 1<sup>st</sup> and 15<sup>th</sup> of the month** (e.g. October 2), coverage and premiums under the OTIP OCM Benefits Plan will be on hold the day your ELHT Benefits Plan starts. **Premiums will not be deducted.**

If applicable, premiums under the ELHT Benefits Plan will begin on your coverage effective date. For example, if your LTO starts on October 2, the October premium for the OTIP OCM Benefits Plan will not be deducted. If applicable, premiums under the ELHT Benefits Plan will begin in October.

**D)** If you notify us **in advance** that your eligible LTO starts **on a future date between the 16<sup>th</sup> and the end of the month** (e.g. September 17), your OTIP OCM Benefits Plan will be on hold the last day of the month. **Premiums paid up to date will not be refunded.**

If applicable, premiums under the ELHT Benefits Plan will begin next month. For example, if your LTO starts on September 17, you are responsible paying for the September premium under the OTIP OCM Benefits Plan. If applicable, premiums under the ELHT Benefits Plan will begin in October.

#### **Enrol in the ELHT Benefits Plan**

- To enrol in the ELHT Benefits Plan, we will send you enrolment instructions.
- You may be required to pay a portion, or all your benefit costs, as per the funding arrangement under your ELHT Benefits Plan.
- Once enrolled, you will get a new benefits card. (Therefore, you will have two OTIP ID numbers and two benefit cards.)

#### **Restart your OCM plan after your LTO ends**

- Your OTIP OCM Benefits Plan will restart the day after your LTO ends. You are required to stay in the plan for 12 months.
- Premiums will be deducted from your bank account starting on the 10<sup>th</sup> of the following month.



### 3

## Stay in the OTIP OCM Benefits Plan **and enrol** in the ELHT Benefits Plan:

### **Stay in the OTIP OCM Benefits Plan**

- No change to your existing coverage.
- You will continue to pay the monthly premium.
- You will continue to use your existing OTIP ID for this plan.

### **Enrol in the ELHT Benefits Plan**

- To enrol in the ELHT Benefits Plan, we will send you enrolment instructions.
- You may be required to pay a portion, or all your benefit costs, as per the funding arrangement under your ELHT Benefits Plan.
- Once enrolled, you will get a new benefits card. (Therefore, you will have two OTIP ID numbers and two benefit cards).
- With this option, you can submit claims to both plans. To set it up, you can contact us at 1-866-783-6847. You submit your claims to the ELHT Benefits Plan **first**. Then, if there is an unpaid portion, you can submit it to the OTIP OCM Benefits Plan.
- If you want to put your OTIP OCM Benefits Plan on hold, please review Option #2.







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## About OTIP

Your benefits plan is administered by OTIP (Ontario Teachers Insurance Plan). For almost 50 years, OTIP has been a trusted partner to Ontario's education community—delivering insurance solutions that protect what matters most: family, health, and property. As an organization governed by Ontario's four education affiliates and their local leaders, we are driven by purpose, not profit. We administer comprehensive group benefits—including life, health, dental, and long term disability (LTD) coverage. From claims processing to compassionate support, we help members access the care and services they need, when they need it most.

Learn more at [otip.com](https://otip.com).

## Questions?

OTIP is available to assist you with benefits enrolment and administration. If you have any questions after receiving your enrolment information, please contact OTIP at 1-866-783-6847.

You can also find answers to the most commonly asked questions about the benefits plan at our Help centre at [otipraeo.com/help-centre](https://otipraeo.com/help-centre).