

AMAPCEO Benefits Guide Frequently Asked Questions

Please submit your questions to the attention of Name (email address), Name (email address)

1. What is the Joint Benefits Review Committee (JBRC)?

A. The JBRC is a bilateral committee established under the Collective Agreement, consisting of an equal number of AMAPCEO and the Employer representatives. The JBRC deals with issues such as: the review and adjudication of benefits claims denials, the monitoring of carrier performance, communication regarding group health plans and other matters related to benefits.

2. What is the purpose of the Benefits Guide?

A. To help members become informed consumers of their health benefits provided under the Collective Agreement.

3. What if there are differences between the Guide and the Collective Agreement?

A. The Collective Agreement language supersedes both the Guide and carrier contracts (LTIP, Dental, Life Insurance, Supplementary Health and Hospital) where there are any differences.

4. When did the Guide become effective and when does it expire?

A. The Guide is now in effect and incorporates changes in our group health plans that were negotiated during the last round of collective bargaining and that were ratified in 2014. The Guide remains in effect for the duration of the current Collective Agreement which expires on March 31, 2018.

5. What do I do when the insurance carrier denies a benefit?

A. Please refer to page ten (10) of the current Guide. You can first appeal directly to the carrier in writing by providing new or additional information that hasn't already been considered to address any issues. Keep a record of any documents you send to the carrier and as well as written record of all telephone conversations with the carrier. If your appeal to the carrier is unsuccessful, contact AMAPCEO so we can review the facts of the denials and, if necessary, present cases on appeal to the JBRC.

6. What if my appeal is not successful to the carrier?

A. If AMAPCEO supports the appeal, the Association then can, at the JBRC, provide a rationale to the employer and seek its agreement to overturn the carrier's denial. Following discussion between the parties at the committee, either the committee (if both parties agree) or AMAPCEO representatives alone (if the employer does not agree) can refer the appeal to an independent third party. The decision of the third

party is final and binding on all parties including the employer and the insurance carrier.

7. Can I attend the JBRC meeting if I am appealing?

- A. As stated in the Collective Agreement, only the JBRC can review appeals. With your consent, AMAPCEO receives the appeal file from the carrier, reviews it and discusses the file with you to address any uncertain items, , accepts your written submissions (if requested), presents the appeal and advises you of the outcome. AMAPCEO will maintain ongoing contact with you with any updates regarding your appeal. An affected member may be asked, in special circumstances, to attend a meeting if AMAPCEO deems it necessary.

8. If I am appealing, can I forward suggestions or concerns to AMAPCEO or to the JBRC?

- A. You are entitled to make written comments and suggestions to AMAPCEO about the appeal process or benefit improvements. AMAPCEO will carefully review these comments and suggestions.