

Colleges of Applied Arts and Technology  
**GROUP INSURANCE BENEFITS COMMUNIQUÉ**  
**IMPORTANT INFORMATION FOR EMPLOYEES**

**NEW REQUIREMENTS WHEN SUBMITTING CLAIMS FOR**  
**ORTHOPAEDIC SHOES**

The CAAT Extended Health Care Plans (Academic Staff #50832, Administrative Staff #50833 and Support Staff # 50834) provide coverage for orthopaedic shoes that are medically necessary for treatment of a foot condition. However, it is not necessary that the orthopaedic shoe be custom made, built from the sole up using 100% raw material to be eligible.

Alternatively, the plans provide coverage for custom-made orthotics that are manufactured from a three dimensional (3-D) image of your foot using raw materials. You may wish to purchase them instead of orthopaedic shoes as they may be less costly.

**Effective October 1, 2010 a detailed lab invoice will be required**

To ensure that your claim is processed on a timely basis, effective October 1, 2010, you will be required to provide a **detailed lab invoice** at the time you are submitting your claim to the insurer, Sun Life.

A detailed lab invoice is issued to the provider of service by the manufacturer of the orthopaedic shoes or custom-made orthotics. This invoice should include an itemized breakdown of the materials used, their cost and any other associated costs incurred to manufacture the orthopaedic shoes or custom-made orthotics. If the costs relate to shoe modifications, the details and cost of each modification must be present. When purchasing the orthopaedic shoes or custom-made orthotics you need to ask your provider for a **detailed lab invoice** at the time you pick up and pay for your shoes or orthotics.

**What is covered**

To be eligible for coverage under the CAAT Extended Health Care Plans, your shoes or orthotics must be:

- **Prescribed** by a specific qualified specialist as a medically necessary treatment for a foot condition:
  - doctor (M.D.)
  - podiatrist (D.P.M.)
  - chiropodist (D.Ch. or D Pod M)
- **Provided or Dispensed** by a foot care specialist
  - podiatrist (D.P.M.)
  - chiropodist (D.Ch. or D Pod M)
  - pedorthist (C. Ped.(C) or C Ped. MC)
  - orthotist (C.O. (c) or CPO (c))

**Note:**

- Items that were paid in the past but which are not prescribed by and provided/dispensed by the specialists indicated above are not eligible under the plans.
- It is recommended that you obtain a predetermination of coverage from Sun Life before making your purchase.

**What is not covered**

Some examples:

- Orthopaedic shoes or orthotics purchased for convenience or general comfort
- Commercially-made products sold over-the-counter in pharmacies or other retail stores

### **What to do when you have a claim**

- Complete an Extended Health Care claim form. You may get a claim form from Sun Life's website ([www.sunlife/member.ca](http://www.sunlife/member.ca)) or from your College Benefits Administrator
- Include a copy of your prescription, which must indicate the medical condition for which the eligible orthopaedic shoe or custom-made orthotic is being prescribed. **Reminder:** A new written recommendation must be submitted with each claim and **must** include the diagnosis necessitating the orthopaedic shoes or custom-made orthotics
- Attach the detailed lab invoice
- Attach your original detailed receipt showing that the products have been paid in full and received

### **Know your coverage**

- **Academic Staff - contract 50832:**
  - up to a maximum of two (2) pairs for persons under 8 years of age, and one (1) pair for persons 8 years of age and over, in a calendar year.
- **Administrative Staff – contract 50833:**
  - up to a maximum of two (2) pairs for persons under 8 years of age, and one (1) pair for persons 8 years of age and over, in a calendar year.
- **Support Staff – contract 50834:**
  - up to a maximum of three (3) pairs for persons under 8 years of age, two (2) pairs for persons 8 years of age and over but under 18 years of age, and one (1) pair for persons 18 years of age and over, in a calendar year.
- **Reimbursement**
  - Eligible expenses under all three plans will be reimbursed at 85% of the cost up to the reasonable and customary allowance

The CAAT Health Care Plans recognize eligible orthopaedic shoes and custom-made orthotics as a combined maximum as noted above. Therefore, you and your dependents are eligible for either orthopaedic shoes OR custom-made orthotics, not both, in each calendar year.

### **Co-ordination of multiple benefit plans**

If you and your dependents are covered for Extended Health Care under the CAAT health care plans and are also covered under another plan, CAAT health care plan benefits will be co-ordinated with the other plan following insurance industry standards.

Accordingly, a covered individual is allowed one pair of orthopaedic shoes or orthotics per year and is reimbursed 85% of the cost up to the reasonable and customary allowance. If you have co-ordination with another plan that also allows one pair per year, you could submit the claim to the other plan as a dependent to receive the difference between what you actually paid for the orthopaedic shoes or orthotics and what you were reimbursed from the CAAT health care plans. Under both plans, the claim would be deemed as one pair regardless of how much each carrier paid towards the pair.

In the instance where both you and your spouse are covered by the CAAT health care plans, you would receive reimbursement for one pair of eligible orthopaedic shoes or orthotics but would be reimbursed up to 100% of the cost through co-ordination of benefits (85% as an employee and the remaining 15% as a dependent for a combined maximum of 100% of the cost).