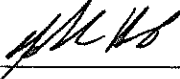
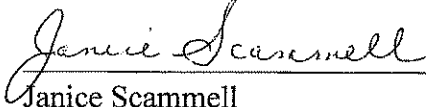


Agreed July 27, 2014

CUASA Proposal  
~~July 27, 2014 12:00 pm~~  
Carleton Counter  
27 July 2014

  
\_\_\_\_\_  
Malcolm Butler  
For the Employer

  
\_\_\_\_\_  
Janice Scammell  
For the Association

### Appendix M: Health Plan Information

In accordance with 40.11A 40.5(d), the Employer shall provide the Association with the following information, **with identifying individual information removed**, directly from the benefit provider (where possible):

1. Complete details of current and proposed benefit arrangements for all CUASA members including:
  - a. Copies of all current insurance policies and financial agreements and correspondence requesting contract amendments (in progress);
  - b. Copy of the most recent insurer financial letter of agreements;
  - c. Any medical and dental plan design changes over the past two contract years;
  - d. Benefit booklets;
  - e. **Members communications. Copies of plan updates or other general communications sent to members.**
2. Census data for the members of the Plan including:
  - a. Age (in five year increments);
  - b. Sex;
  - c. Number of members who have declined coverage and reason (if available);
  - d. Number of members who are covered under another bargaining unit;
  - e. Number of members using family and single coverage;
  - f. Any other census data available from the plan.
3. Summary of current underwriting arrangement by benefit.
4. Copies of the annual financial experience reports for the current and prior two policy years (if any).
5. Copies of Renewal Rating Report for the current and prior two years, including:
  - a. Premium and claim summaries, by benefit;
  - b. 5-year age band demographic change reports for Basic Life and LTD;
  - c. 5 years of claims experience for Life and LTD benefits.
6. Confirmation of the current premium rates (and any changes in the past two years for Health and Dental and changes in the past five years for Life and LTD) for each benefit.

7. Premium cost-sharing arrangements with members, if any, including changes in the past two years.
8. Claim reports – for current and past two policy periods.
9. Detailed Health claims summary report by type of service for the current and prior policy year, showing:
  - a. Type of benefit category submitted (eg., drugs, hospital, vision, paramedicals, etc.);
  - b. Amount claimed/submitted;
  - c. Amount paid by carrier;
  - d. Claimant distribution (member, spouse, children) and combined;
  - e. Combined loss ratio for the previous three years;
  - f. Number of incidents for each type of expenses.
10. Detailed Dental claims summary report by type of service for the current and prior policy year, showing:
  - a. Type of benefit category submitted (e.g. preventative, diagnostic, endodontics, periodontics, major restorative, orthodontics, etc.);
  - b. Amount claimed/submitted;
  - c. Amount paid by carrier;
  - d. Claimant distribution (member, spouse, children) and combined;
  - e. Combined loss ratio for the previous three years;
  - f. Number of incidents for each type of expense.
11. Drug utilization report for the current and prior policy year, including:
  - a. Top 50-drug report by amount paid;
  - b. Top 50-drug report by number of claims paid;
  - c. Top 10 classes of drug claims by therapy;
  - d. Drug claims utilization summary.
12. Life and LTD claims reports including:
  - a. Death claims report;
  - b. Life waiver of reserve claims report;
  - c. LTD claimant listing including disabled life reserve report.