

LABOURERS' LOCAL 837 HEALTH AND WELFARE TRUST FUND

RETIREE BENEFIT PLAN

Contributions required: \$50.00 per month for benefits & \$8.00 per month for union dues

Contributions waived for Gold members

Revised January 1, 2018

Please advise our office if your spouse has insurance elsewhere for coordination of benefits

- \$10,000 Life insurance for member
- \$5,000 Life insurance for spouse

HEALTH COVERAGE

- Health Care Spending Account (HCSA) with \$750 annual allocation per family, can be used for any medical expense not covered below, or to reimburse any unpaid portion of your claim.
- 50% reimbursement for prescription only drugs up to a maximum of \$3,000 per calendar year. An official prescription receipt must be submitted in order for payment to be considered.
- Dispensing fees are limited to \$8 per prescription/refill.
- The \$100 Ontario Drug Deductible is only payable under your Health Care Spending Account (HCSA).
- 50% reimbursement for vaccines/injections administered by your physician.
- 50% reimbursement for prescription glasses/contacts up to a maximum of \$250 every 24 months from date of purchase.
- 50% reimbursement for one eye exam up to a maximum of \$50 every 24 months from date of service.
- 50% reimbursement for hearing aids up to a maximum of \$400 every five years.
- 50% reimbursement for one Prostate Specific Antigen (PSA) test per calendar year.
- 50% reimbursement for smoking cessation products up to a lifetime maximum of \$125.
- Private Duty Nursing is covered up to a lifetime maximum of \$10,000.
- Widows will have benefit coverage for a maximum of one year from the date of the member's passing. Life insurance is excluded. Monthly contribution of \$50 is required (monthly dues are not required).

DENTAL COVERAGE

Do not send claims electronically. Please submit a **dental claim form** to our office for processing

- Deductible (single): \$10 per year
- Deductible (family): \$25 per year
- 50% reimbursement for all major and routine expenses of the 2016 Ontario Dental Association fee guide (ODA).
- Covered expenses include six-month check-up, x-rays, fillings, extractions, dentures, repairs & relines of dentures and endodontics (root canals).
- The calendar year maximum is \$1,600 per person.
- Estimates are recommended for dental work over \$500.
- No orthodontic coverage.

NOTES:

- Once a child turns 21, and each year after that, up to the age of 25, we require a letter stating full-time status from the school's registrar's office in order for coverage to continue.
- All claims must be submitted within 18 months of the date the expense incurred. Stale dated claims will not be paid.