

# LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 837

## DIRECT BENEFITS

(Contributions required \$175.00 per month)

- **\$100,000 Life Insurance for Employees**
- **Accidental Dismemberment up to \$30,000**
- **Life Insurance for Spouse - \$10,000**
- **Life Insurance for Child - \$10,000**

## SUPPLEMENTARY HEALTH CARE

*YOU MUST ADVISE OUR OFFICE IF YOUR SPOUSE HAS INSURANCE ELSEWHERE AND PROVIDE US WITH THE DETAILS OF THE PLAN FOR THE PURPOSE OF CO-ORDINATING BENEFITS.*

- **100% co-insurance of REASONABLE AND CUSTOMARY charges for prescription drugs. All medication purchased must require a doctor's prescription and not be able to be purchased over the counter.**
- **Drug card will be issued once we have all current dependent information and other Insurance information on file.**
- **All injections must be dispensed by a licensed pharmacist and taken to your physician to be administered, in order to be covered.**
- **No deductible for prescription drugs.**
- **Dispensing Fees are limited to \$8.00 per prescription or refill.**
- **Children are covered under the Group Insurance Policy up to the age of 25, provided that they are attending school on a full time basis. Once a child turns 21, and each year after that, we require a letter stating full-time status from the Educational Institution they are attending.**
- **No hospital coverage.**
- **Fertility drugs are limited to a lifetime maximum of \$6,000.00.**
- **Smoking Cessation Products are limited to a lifetime maximum of \$500.**
- **Drugs for the treatment of Erectile Dysfunction are limited to \$400 per insured person per calendar year.**
- **Reimbursement will be provided for reasonable and customary charges for one Prostate Specific Antigen (PSA) test per calendar year.**
- **100% reimbursement of Vaccines.**
- **Private Duty Nursing is limited to a \$10,000 lifetime maximum per eligible dependant.**
- **Reimbursement will be provided for reimbursement of ambulance expenses on the following basis: 100% reimbursement for charges in excess of the amount payable under the covered person's Provincial Health Plan for professional licensed ambulance service, including air or rail transportation subject to prior approval of Manulife Financial to transport the covered person from the place of injury(or where illness is struck) to the nearest hospital for needed specialized treatment not available:**
- **Directly from the first hospital where treatment is given to the nearest hospital for needed specialized treatment not available at the first hospital; or**
- **From a hospital to a convalescent/rehabilitation hospital.**
- **Durable Medical Equipment, supplies and services.**
- **Emergency Out of Country/Emergency Travel Assistance.**
- **Counselling EAP for \$1000 per year**
- **Health Care Spending account with \$1000 annual allocation per member**

## VISION CARE

- **Maximum \$500 every twelve months from date of purchase for corrective eyeglasses, and/or contact lenses.**
- **Separate prescription Safety Glasses Benefit with a maximum of \$200 per 24 months.**
- **Lifetime maximum of \$1,000 for Laser Eye Therapy at 100% co-insurance.**
- **Charges for one routine eye examination every 24 months, for insured persons age 20 to 64, subject to a maximum benefit of \$50.**

## HEARING AIDS

- **Maximum of \$400 every five years. MUST BE RECOMMENDED BY AN OTOLARYNGOLOGIST.**

## FOOT CARE

- **50% reimbursement. Maximum of \$600 every 12 months from date of purchase for custom modified orthopaedic shoes, \$600 every 12 months from date of purchase for custom made arch supports, molds, orthotic devices or services. Please see Manulife Financial booklet for specific details.**

## CHIROPRACTIC, MASSAGE THERAPY & PHYSIOTHERAPY

- **\$1,000 calendar year maximum for all 3 combined. Massage Therapy requires a prescription from MD with diagnosis. Please see Manulife Financial booklet for specific details.**

## SCHOLARSHIP

- **Please contact Local 837 to register your children age one and under in the Scholarship Plan.**
- **You must also apply for a Social Insurance Number for them. You must have a Social Insurance Number for the child to be enrolled.**

## DENTAL COVERAGE

- **Deductible: Single - \$25 per year**
- **Deductible: Family - \$50 per year**
- **Basic & routine expenses are payable at 100% of the 2015 ODA (Ontario Dental Association Fee Guide).**
- **Calendar year maximum is \$2000 per person, per calendar year for all basic and major expenses combined.**
- **Major expenses are payable at 80% of the 2015 ODA Fee Guide. This includes dentures, bridgework and crowns subject to approval. Estimates are required for dental work over \$500.**
- **Orthodontic expenses are payable at 60% up to a lifetime maximum of \$3,000 per person.**

***DO NOT SEND CLAIMS ELECTRONICALLY – WE REQUIRE SIGNED PAPER CLAIM FORMS MAILED TO THE LABOURERS UNION.***

## EXCEPTIONS

- **Examinations (specific and recalls) payable every six months.**
- **Pit and fissure sealants, Oral hygiene, and Bleaching and Veneers are not covered.**
- **Fluoride treatment payable only up to the age of fifteen.**
- **Full mouth x-rays and complete exams are limited to once every three years.**
- **Periodontal scaling/planning is limited to ten units per calendar year. Children 12 years and under are allowed only 1 unit of scaling every 6 months.**
- **White fillings on back teeth are cut back to the cost of metal fillings.**
- **Bonded fillings are cut back to the cost of non-bonded fillings.**

**For any further detailed information, you may require, please refer to your Manulife Financial Booklet located on our webpage at [www.liunalocal837.com](http://www.liunalocal837.com) or call the Benefit office at 905-529-1116.**

