

# LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 837

## DIRECT BENEFIT PLAN

### Contributions required: \$175.00 per month

You must advise our office if your spouse has insurance elsewhere as we require the details of the plan for coordination of benefits

- \$100,000 Life insurance for member
- \$10,000 Life insurance for spouse
- \$10,000 Life insurance for each child
- Accidental dismemberment up to \$30,000

### HEALTH COVERAGE

- Health Care Spending Account (HCSA) with \$1000 allocation per calendar year per family combined.
- A Manulife drug card will be issued once all dependent/life insurance forms are received by our office.
- 100% coverage of reasonable and customary charges for prescription drugs. Over the counter medications are not covered.
- Dispensing fees are limited to \$8 per prescription/refill.
- No deductible for prescription drugs.
- All injections must be dispensed by a licensed pharmacist & administered by a physician. Administration fees are not covered.
- 100% reimbursement for vaccines.
- Smoking cessation products are covered up to a lifetime maximum of \$500.
- Drugs for Erectile Dysfunction are covered up to a maximum of \$400 per calendar year.
- Fertility drugs are covered up to a lifetime maximum of \$6000.
- Reimbursement for one Prostate Specific Antigen test (PSA) per calendar year.
- Medical Durable equipment, supplies and service coverage up to a maximum of \$1000 per calendar year
- Emergency out of country and out of province travel assistance.
- Private duty nursing is covered up to a lifetime maximum of \$10,000 per eligible dependent.
- 100% Reimbursement provided for ambulance expenses which exceed the covered amount under the Provincial Health Plan. This includes services such as air & rail transportation to transport the patient from the place of injury or sickness to the nearest hospital or to transport patient for specialized treatment:
  - Not available at first hospital where treatment is given or;
  - From the first hospital to a rehabilitation hospital

### VISION COVERAGE

- Maximum of \$500 reimbursement, every twelve months from the date of purchase (paid in full), for prescription eyeglasses/contact lenses.
- Reimbursement for one routine eye examination every 24 months up to a maximum of \$50.
- 100 % Reimbursement for laser eye treatment up to a lifetime maximum of \$1000.

### **HEARING AIDS**

- Reimbursement of \$400 every five years. Must be recommended by an Otolaryngologist.

### **COUNSELLING EAP RESILIENCE, SOCIAL WORKER, MARRIAGE/FAMILY THERAPY & CLINICAL COUNSELLOR**

- Maximum of \$1000 every 12 months (see Manulife for further details).

### **FOOT CARE**

- Reimbursement at 50%, up to a maximum of \$600 every 12 months from the date of purchase (paid in full), for custom modified orthopaedic shoes and/or custom made arch supports, molds, orthotic devices or services.

### **CHIROPRACTIC, MASSAGE THERAPY, PHYSIOTHERAPY & CHIROPODY**

- Reimbursement of \$1000 per calendar year for all 4 services combined. Massage therapy requires a prescription stating medical diagnosis.

### **DENTAL COVERAGE**

- Deductible (Family): \$50 per year
- Deductible (Single): \$25 per year
- Routine expenses are payable at 100% of the 2016 Ontario Dental Association fee guide (ODA).
- Major expenses are payable at 80% of the 2016 ODA fee guide. This includes dentures, bridgework and crowns, subject to approval by Manulife Financial.
- The calendar year maximum is \$2000 per person for all basic and major work combined.
- Estimates are recommended for dental work over \$1000.
- Bonded fillings reduced to non-bonded.
- Examinations (specific & recall) are payable every 6 months.
- Pit and fissure sealants, oral hygiene, bleaching and veneers are **not** covered.
- Full mouth x-rays and complete exams are limited to once every 3 years.
- Periodontal scaling/planning is limited to 10 units per calendar year. Children 12 and under are allowed 1 unit of scaling every 6 months.
- Orthodontic expenses are payable at 60% up to a lifetime maximum of \$3000 per insured person.

### **SCHOLARSHIP**

- Please contact our office to register your newborn children into the Scholarship Plan.
- Your child must have a social insurance number in order for them to be enrolled.

### **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 is incurred. Stale dated claims will not be paid.

*For any further information, please refer to the Manulife Financial booklet located on our website at [www.liunalocal837.com](http://www.liunalocal837.com). You can also call the benefit office of LiUNA local 837 at 905-529-1116 or Manulife Financial at 1-800-268-6195.*