

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 837

**RETIREE BENEFITS**

(Contributions required \$50.00 per month)

**Contributions waived for Gold members**

Revised January 1, 2017

*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-COORDINATING BENEFITS*

- \$10,000 Life Insurance for Member
- \$5,000 Life Insurance for Spouse

**Health Coverage**

- 50% reimbursement of REASONABLE AND CUSTOMARY charges for most prescriptions drugs up to a maximum of \$3,000 per calendar year. All medication purchased must require a doctor's prescription and not be able to be purchased over the counter.
- All injections must be dispensed by a licensed pharmacist and taken to your physician to be administered, in order to be covered.
- 50% reimbursement of Vaccines.
- Dispensing Fees are limited to \$8.00 per prescription or refill.
- The \$100 Government Drug Deductible is not reimbursable.
- 50% reimbursement for prescription eyeglasses and/or contact lenses up to a maximum of \$250 every 24 months from date of purchase.
- 50% reimbursement for one eye examination every 24 months up to a maximum of \$50.
- 50% reimbursement for hearing aids up to a maximum of \$400 every five years. **MUST BE RECOMMENDED BY AN OTOLARYNGOLOGIST.**
- Smoking Cessation Products are limited to a lifetime maximum of \$125.
- Drugs for the treatment of Erectile Dysfunction are limited to 50% reimbursement up to \$400 per insured person per calendar year.
- Reimbursement will be provided for reasonable and customary charges for one Prostate Specific Anitgen (PSA) test per calendar year.
- Private Duty Nursing is covered up to a lifetime maximum of \$10,000.
- Health Care Spending Account with \$500 annual allocation per member.

**Dental Coverage**

*DO NOT SEND CLAIMS ELECTRONICALLY – WE REQUIRE PAPER CLAIM FORMS MAILED TO THE ADMINISTRATIVE OFFICE (@ LABOURERS UNION)*

- Deductible: Single - \$10 per year
- Deductible: Family - \$25 per year
- Basic & routine expenses are payable at 50% of the 2015 ODA (Ontario Dental Association Fee Guide)
- Covered expenses include six-month check-up, x-rays, fillings, extractions, dentures, repairs & relines of dentures, and endodontics (root canals).
- Calendar year maximum is \$1,600 per person.
- Estimates are required for dental work over \$500.
- No periodontal (except 10 units of scaling per year), no crowns or bridgework or orthodontic work.
- Bonded fillings reduced to non-bonded.

Children are covered under the Plan 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.

**NOTE: DUES ARE \$8 PER MONTH & MUST BE PAID ON TIME TO ENSURE BENEFIT COVERAGE.**

All claims must be submitted within 18 months of the date the expense was incurred, but not more than 6 months after the date your coverage terminates or the Benefit is discontinued.