

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 837
INDUSTRIAL SECTOR

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.

- **80% co-insurance of REASONABLE AND CUSTOMARY charges for prescription drugs. All medication purchased requires a doctor's prescription and not be able to be purchased over the counter. Dispensing Fees are limited to \$8.00 per prescription or refill.**
- **All injections must be dispensed by a licensed pharmacist and taken to your physician to be administered, in order to be covered.**
- **No hospital or ambulance coverage.**
- **Fertility drugs limited to a lifetime maximum of \$6,000.00.**
- **Smoking Cessation Products are limited to a lifetime maximum of \$125.00.**

CHIROPRACTIC, MASSAGE THERAPY & PHYSIOTHERAPY

- **\$500 calendar year maximum for all 3 combined. Massage Therapy requires a prescription from MD with diagnosis. Please call our benefit office for further information.**

DENTAL COVERAGE

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

- **Deductible: Single - \$25 per year**
- **Deductible: Family - \$50 per year**
- **Basic & routine expenses are payable at 80% of the 2015 ODA (Ontario Dental Association Fee Guide).**
- **Calendar year maximum is \$1600 per person, per calendar year for all basic and major expenses combined.**
- **Major expenses are payable at 50% 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 50% up to a lifetime maximum of \$2,000 per person.**

EXCEPTIONS

- **Examinations payable every six months.**
- **Pit and fissure sealants are not covered.**
- **Fluoride treatment payable only for dependents under 16 years of age.**
- **Oral hygiene is not covered.**
- **Full mouth x-rays are limited to once every three years.**
- **Bleaching is not covered.**
- **Periodontal scaling/planing is limited to 10 units per calendar year.**

- **Bonded fillings are cut back to the cost of non-bonded fillings.**
- **Veneers for cosmetic purposes are not covered.**

VISION CARE

- **Maximum \$200 every twenty-four months from date of purchase for eyeglasses and/or contact lenses.**
- **Charges for one routine eye examination maximum of \$50 every 24 months,**

SCHOLARSHIP

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

CHILDREN'S CHRISTMAS PARTY

- **All member's children ten years and under participate yearly at our Christmas Party.**

LIUNA GARDENS & LIUNA STATION

- **10% off food package when booking events.**

LIUNA HAMILTON ASSOCIATION

- **Affordable housing. Rent geared to income. For further information contact Fengate Realty at 905- 524-2985.**

SOCIAL SERVICES

- **EI, WSIB, and Canada Pension. Our staff will be available for any assistance in these matters.**

We suggest you avoid frequent submissions of small claims, but any large claims should be submitted promptly. 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.