

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 837

DIRECT BENEFIT PLAN

Revised February 1, 2022

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 up to a calendar year maximum of \$25,000. Over the counter medications are not covered. No deductible for prescription drugs.
- Dispensing fees are limited to \$8 per prescription/refill.
- Blood Tests not covered by your Provincial Health Plan (OHIP), including PSA test, paid to a maximum of \$50 per calendar year.
- All injections must be dispensed by a licensed pharmacist & administered by a physician. Administration fees are not covered.
- 100% reimbursement for vaccines. Administration fees are not covered.
- 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.
- Medicinal Marijuana covered up to a maximum of \$2,500 per calendar year through Starseed Medicinal Inc.
- Reimbursement provided for reasonable and customary charges 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 (see Manulife booklet located on our website).
- 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 subject to prior approval of Manulife Financial (see Manulife booklet for further details).
- WSIB hospitalization paid at \$150 per day to a maximum of 14 days for injuries sustained while working at a LiUNA Local 837 Union company. Please contact the fund office for details.

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 \$100.
- 100 % Reimbursement for laser eye treatment up to a lifetime maximum of \$1000.

HEARING AIDS

- Reimbursement of \$1000 every five years. Must be recommended by an Otolaryngologist.

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

- Maximum of \$1000 per calendar year (see Manulife booklet 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 or orthotic devices.

CHIROPRACTIC, MASSAGE THERAPY, PHYSIOTHERAPY, CHIROPODY & NATUROPATH SERVICES

- Reimbursement of \$1000 per calendar year for all 5 services combined per person. Massage therapy requires a prescription stating medical diagnosis.

DENTAL COVERAGE

- Deductible (Family): \$50 per year
- Deductible (Single): \$25 per year
- Basic & routine expenses are payable at 100% of the 2020 Ontario Dental Association fee guide (ODA).
- Major expenses are payable at 80% of the 2020 ODA fee guide. This includes dentures, bridgework and crowns, subject to approval by Manulife Financial. Dental implants included under the Alternate Benefit Clause to the cost of a bridge.
- The calendar year maximum is \$2,500 per person for all basic and major work combined.
- Estimates are recommended for dental work over \$1000.
- 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 and the member must be covered for benefits when the child is born.

PARENTAL LEAVE

- Maximum of 3 business days paid at \$150 per day applicable to the Member only. Please submit these claims to the fund office.

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. You can also call the benefit office of LiUNA local 837 at 905-529-1116 or Manulife Financial at 1-800-268-6195.