

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 837

INDUSTRIAL SECTOR BENEFIT PLAN

Revised February 1, 2022

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

HEALTH COVERAGE

- 80% coverage of reasonable and customary charges for prescription drugs up to an annual 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.
- All injections must be dispensed by a licensed pharmacist & administered by a physician. Administration fees are not covered.
- Smoking cessation products are covered up to a lifetime maximum of \$125.
- Fertility drugs are covered up to a lifetime maximum of \$6000.
- Medicinal Marijuana covered up to maximum of \$2,500 per calendar year through Starseed Medicinal (Entourage Brands Corp.)
- Medical Durable equipment, supplies & service coverage up to a maximum of \$1000 per person, per calendar year.

SOCIAL WORKER, PSYCHOLOGIST, MARRIAGE/FAMILY THERAPY & CLINICAL COUNSELLOR

- Maximum of \$1000 per calendar year per person.

VISION COVERAGE

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

CHIROPRACTIC, MASSAGE THERAPY & PHYSIOTHERAPY

- Reimbursement of \$500 per calendar year for all 3 services combined. Massage therapy requires a prescription stating medical diagnosis.

DENTAL COVERAGE

Do not send claims electronically. Please submit a **dental claim form** to our office for processing

- Deductible (Family): \$50 per year
- Deductible (Single): \$25 per year
- Routine expenses are payable at 80% of the 2020 Ontario Dental Association fee guide (ODA).
- Major expenses are payable at 50% of the 2020 ODA fee guide. This includes dentures, bridgework and crowns, subject to approval.
- The calendar year maximum is \$2,000 per person for all basic and major work combined.
- Estimates are recommended for dental work over \$1000.
- Examinations (specific & recall) are payable every 6 months.

- Pit and fissure sealants, oral hygiene, bleaching and veneers (for cosmetic purposes) are **not** covered.
- Full mouth x-rays and complete exams are limited to once every 3 years.
- Periodontal scaling/planing 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 50% up to a lifetime maximum of \$2000 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.

All claims must be submitted within 18 months of the date the expense is incurred. Stale dated claims will not be paid. Members have 6 months from their Date of Termination to submit their claims.