



# BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

## SUMMARY OF BENEFITS FOR EARLY RETIREES

All benefits are subject to the terms of the insurance policies and the official Plan documents.  
This is only a summary for your convenience

AS AT: JANUARY 1, 2024

BENEFITS		EARLY RETIREE BENEFITS	
Life Insurance:	<b>Benefit Amount:</b>	\$75,000 (member only)	
AD & D:	<b>Principal Amount:</b>	\$75,000 (member only)	
Optional Life Insurance	<b>Benefit:</b>	Insured through Manulife Financial - Optional Life Insurance up to \$500,000 and Optional Critical Illness Benefits	
Dental:	<b>Deductible:</b>	Nil	
	<b>Reimbursement:</b>	100% for basic and major expenses, 60% for orthodontics.	
	<b>Fee Guide:</b>	Current	
	<b>Maximums:</b>	\$2,500 per person each calendar year for basic and major expenses. \$2,000 lifetime maximum for orthodontics.	
	<b>Coverage Notes:</b>	Dental implant coverage may be reimbursed at the equivalent cost of a bridge or partial denture. Orthodontic coverage is for eligible dependant children 19 years of age or younger. Members should submit a pre-determination of benefits form to the Plan for services over \$500 and orthodontics.	
Vision Care:	<b>Member Benefit Amount:</b>	<b>Lenses:</b> \$800 per 24 months; <b>Frames:</b> \$150 per 24 months	
	<b>Dependant Benefit Amount:</b>	<b>Lenses:</b> \$550 per 24 months; <b>Frames:</b> \$150 per 24 months	
	<b>Laser Eye Surgery:</b>	\$1,750 Lifetime Maximum (member only)	
	<b>Contact Lenses:</b>	\$250 per 24 months per person	
	<b>Basic Eye Exam and Retina Exam:</b>	1 basic eye exam or retina exam per calendar year (when not covered by the provincial government plan)	
**Medical Benefit: IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.	<b>Lifetime Maximum:</b>	Unlimited	
	<b>Reimbursement:</b>	100% of most eligible expenses subject to maximums and limits; prescription drugs are reimbursed at the lower of the brand name or generic drug ingredient cost. If no generic drug is available, the Plan will pay 100% of the brand name drug ingredient cost. Automatic biologic/biosimilar switching program.	
	<b>Deductible:</b>	Nil. Maximum dispensing fee payable of \$9.50 per prescription.	
	<b>Out-of-Pocket Maximum:</b>	N/A	
	<b>Practitioners:</b>	<b>Chiropractor, Speech Therapist, Osteopath, Naturopath, Homeopath, and Podiatrist:</b>	Expenses are reimbursed at 100%, up to a maximum of \$300 annually, per practitioner.
		<b>Acupuncture and Massage Therapy:</b>	Expenses are reimbursed at 50%, up to a maximum of \$300 annually.
		<b>Certified Athletic Therapist, Physiotherapist and Occupational Therapist:</b>	Expenses are reimbursed at 100%, up to a maximum of \$75 per treatment and \$5,000 annually
<b>Psychologist and Psychotherapist:</b>	Expenses are reimbursed up to a maximum of \$10,000 annually per person and up to a maximum of \$200 per hour. Please consider using the Plan's member assistance program for free private counselling.		



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<b>**Medical Benefit:</b> IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.	<b>Prescription Drugs:</b>	Reimbursement (as described above) for drugs which by law require the written prescription of a physician. Includes oral contraceptives, fertility drugs (\$2,500 per family), diabetic supplies, smoking cessation (100% for 1st course of treatment up to \$400, 50% for 2nd course of treatment up to \$200), erectile dysfunction (\$400 per calendar year), anaesthesia, vaccinations and immunizations (subject to individual maximums). Over the counter drugs, vitamins or minerals are not covered. Medical cannabis including derivatives is not covered. Automatic biologic/biosimilar switching program.
	<b>Ambulance</b>	Reimbursement for land ambulance services when used to transport to the nearest hospital. If ambulance services provided by air or rail, there is a \$500 maximum per individual, per calendar year.
	<b>Accidental Dental</b>	\$5,000 per dental accident
	<b>Hospital:</b>	The difference between ward room and semi-private hospital room. Rehabilitation hospital room allowance is \$10 per day up to a maximum of 100 days of confinement per disability prior to age 65.
	<b>Medical Services and Supplies:</b>	Medical equipment and supplies, custom foot orthotics (maximum \$400 per year) and orthopedic shoes (at 50%, maximum \$400 per year), PSA tests, oxygen and oxygen supplies.
	<b>Hearing Aids:</b>	\$1,500 for each 48 month period
	<b>Private Duty Nursing</b>	Up to \$10,000 per year
	<b>Mobility Assistance Equipment Benefit:</b>	Member only reimbursement of 75% of the expenses associated with specific mobility equipment and its installation. Subject to a lifetime maximum benefit of \$5,000.
	<b>Travel Costs related to Medical Treatment</b>	Reasonable expenses associated with travelling at least 100km to receive medically necessary treatment otherwise unavailable. 80% of such expenses are reimbursed for members or eligible dependants, subject to a lifetime maximum benefit per family of \$1,000. Includes accommodation, meal and gas/travel expenses.
<b>Emergency Travel Assistance (ETA):</b>	<b>Coverage:</b>	Unlimited Trips. 90 Day Trip Duration Maximum per trip. \$5,000,000 Maximum per covered person, per trip. <b>Must be in "Stable" Medical Condition prior to departure.</b> <b>"stable" definition: 180 Day "Pre-Existing Medical Condition Stability Period" exclusion applies</b> Please consult Manulife Policy documents on the Plan's ETA page.
<b>Employee Assistance Program:</b>	<b>Coverage:</b>	Confidential counselling services providing crisis support, advice and information by telephone, face-to-face, or online. Tel# 1.866.990.1113, TTY: 1.888.234.0414, Website: myfseap.com. Please contact the Plan Administration Office for group name and password.
<b>Home and Auto Insurance:</b>	<b>Benefit:</b>	Available to all Plan members - offers discounted premiums for members coast to coast
<b>Virtual Health Care:</b>	<b>Coverage:</b>	Live interactive health care services that allows members and their dependants to connect directly with a doctor or nurse practitioner 24/7/365, for consultation or other services such as; healthcare advice, prescription renewal, diagnostic and specialist referrals, lab requisitions, help to navigate the health care system, and more.
<b>Current Benefit Contribution</b>	<b>Amount:</b>	Depends on the number of Health plan hours paid into the Plan before retirement. Based on these hours, a percentage of the cost is paid by the Plan and the remainder is paid by the member.

**\*\* Medical expenses must be medically necessary, reasonable and customary in the circumstances.**