



# BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

## FOR IBB 146 – FOREMOST UNIVERSAL LP.

### INDUSTRIAL SECTOR OPERATIONS (ISO) – DIVISION

All benefits are subject to the terms of the insurance policies and the official Plan documents.

This is a summary for your convenience

AS AT: JANUARY 1, 2025

BENEFITS		ACTIVE MEMBER'S BENEFITS
<b>Life Insurance:</b>	<b>Benefit Amount:</b>	\$75,000 (member only) reduces 50% at age 65
<b>AD &amp; D:</b>	<b>Principal Amount:</b>	\$100,000 (member only)
<b>Dependant Life:</b>	<b>Amount of Insurance:</b>	N/A
<b>Long Term Disability Income:</b>	<b>Maximum Benefit Amount:</b>	\$2,400 per month
	<b>Qualifying Period:</b>	26 continuous weeks
	<b>Benefit Duration:</b>	Maximum to age 65
<b>Weekly Disability Income:</b>	<b>Maximum Benefit Amount:</b>	IBB Plan integrated with EI; Plan pays EI waiting period; 1st day accident; 1st day hospital; 8th day sickness
	<b>Qualifying Period:</b>	1st day accident; 1st day hospital; 8th day sickness
	<b>Benefit Duration:</b>	26 weeks
<b>Dental:</b>	<b>Deductible:</b>	Nil
	<b>Reimbursement:</b>	100% for basic and major expenses, 60% for orthodontics.
	<b>Fee Guide:</b>	Current Dental Association Fee Guide
	<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 reimbursed at the equivalent cost of a bridge or partial denture. Orthodontic coverage is for dependant children 19 years of age or younger.
<b>Vision Care:</b>	<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
	<b>Safety Glasses:</b>	\$400 per 12 months (member only)
	<b>Eye Exam and Retina Exam:</b>	1 basic eye exam or retina exam every 24 months when not available under a provincial plan



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<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 is available, the Plan will pay 100% of the brand name drug ingredient cost.
<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 Chiroprapist/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% 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 hour and \$1,000 annually
	<b>Psychologist and Psychotherapist:</b> Expenses are reimbursed up to a maximum of \$2,000 annually and up to a maximum of \$200 per hour.
<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, diabetic supplies, smoking cessation (100% for 1st course of treatment up to \$400, 50% for 2nd course of treatment up to \$200), erectile dysfunction (max \$400 per cal. year), anesthesia, vaccinations and immunizations (subject to individual maximums). Over the counter drugs, vitamins or minerals are not covered. Medical cannabis including derivates are not covered.
<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 accident - work must completed within 12 months.
<b>Annual Medical Exam</b>	\$50 reimbursement to physicians for providing the Plan's "Physician's Confirmation of Annual Medical Exam" note.
<b>Audiometric Testing</b>	Annual hearing testing or re-testing & custom fitted earplugs.
<b>Hospital:</b>	The difference between ward room and semi-private 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, PSA tests, oxygen and oxygen supplies. Foot orthotics and orthopedic shoes are \$200 per calendar year combined.
<b>Hearing Aids:</b>	\$ 1,500 lifetime maximum
<b>Private Duty Nursing</b>	Up to \$10,000 per year
<b>Mobility Assistance Equipment Benefit:</b>	Reimbursement of 75% of the expenses associated with specific mobility equipment and its installation, subject to a lifetime maximum benefit of \$5,000. (member only).
<b>Age 65 Provincial Plan Benefit</b>	\$200 annual maximum benefit to reimburse the actual cost incurred to enroll in the individual's provincially sponsored health care/medical plan. Covers premium, deductibles and co-payments.
<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 expenses are reimbursed for members or eligible dependants; subject to a lifetime family maximum benefit of \$1,000. Includes accommodation, meal and gas/travel expenses.

**Medical Benefit:**  
*IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.*



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Emergency Travel Assistance (ETA):	Lifetime Maximum:	\$5 million per covered person
	Coverage:	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. Under age 70 "stable" definition: Medical emergency must be "Sudden and Unforeseen" Age 70 and older "stable" definition: 180 Day "Pre-Existing Medical Condition Stability Period" exclusion applies.</b> Please consult Manulife Policy documents on the Plan's ETA page.
Retiree Benefits	Lifetime Benefits	See associated benefit schedule including subsidized coverage.