



BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

SUMMARY OF BENEFITS

FOR IBB D359 HEIDELBERG MATERIALS WINNIPEG

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, 2023

BENEFITS		ACTIVE MEMBER'S BENEFITS
Life Insurance:	Benefit Amount:	\$75,000 (member only)
AD & D:	Principal Amount:	\$100,000 (member only)
Long Term Disability Income:	Maximum Benefit Amount:	\$2,400 per month
	Taxes:	Benefit is taxable
	Qualifying Period:	26 continuous weeks of total disability. Where applicable LTD benefits will commence after the expiry of the WI benefit.
	Benefit Duration:	Maximum to age 65
Weekly Disability Income:	Maximum Benefit Amount:	\$650 per week effective January 1, 2023. WI disability benefit amounts mirror the current EI maximum benefit each year.
	Taxes:	Benefit is taxable
	Qualifying Period:	1st day of accident, after 24 hours of hospitalization/accident or 8th day of illness
	Benefit Duration:	Maximum of 26 weeks. Benefit is integrated with EI.
Special Disability Benefit:	Maximum Benefit Amount:	\$1,000 per month
	Eligibility Criteria:	Under age 65, ready to retire from the Boilermakers' trade due to a permanent disability. Member must be in good standing with the IBB throughout duration of the special disability benefit. Recipients must enroll in the Early Retiree Health Benefit Plan.
Dental:	Deductible:	Nil
	Reimbursement:	100% for basic and major expenses, 60% for orthodontics.
	Fee Guide:	Current
	Maximums:	\$2,500 per person each calendar year for basic and major expenses. \$2,000 lifetime maximum for orthodontics.
	Scaling:	Scaling 8 units, recall 6 months, Bitwings 6 months, specialist fee covered 20%, white fillings covered
	Coverage Notes:	Dental implant coverage may be reimbursed at the equivalent cost of a bridge or partial denture. Orthodontic coverage is for 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.



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Vision Care:	Member Benefit Amount: Lenses: \$800 per 24 months; Frames: \$150 per 24 months	
	Dependant Benefit Amount: Lenses: \$550 per 24 months; Frames: \$150 per 24 months	
	Laser Eye Surgery: \$1,750 Lifetime Maximum (member only)	
	Contact Lenses: \$250 per 24 months per person	
	Industrial Safety Glasses: \$400 per 12 months with a prescription (member only)	
	Basic Eye Exam and Retina Exam: 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.	Lifetime Maximum: Unlimited	
	Reimbursement: 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.	
	Deductible: Nil. Maximum dispensing fee payable of \$9.50 per prescription.	
	Out-of-Pocket Maximum: N/A	
	Practitioners:	Chiropractor, Speech Therapist, Osteopath, Naturopath, Homeopath, and Podiatrist: Expenses are reimbursed at 100%, up to a maximum of \$300 annually, per practitioner.
		Acupuncture and Massage Therapy: Expenses are reimbursed at 50%, up to a maximum of \$300 annually.
		Certified Athletic Therapist, Physiotherapist and Occupational Therapist: Expenses are reimbursed at 100%, up to a maximum of \$75 per treatment and \$5,000 annually
	Psychologist and Psychotherapist: Expenses are reimbursed up to a maximum of \$3,500 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.	
	Prescription Drugs:	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.
	Ambulance	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.
Accidental Dental	\$5,000 per dental accident - work must commence within 12 months.	
Annual Medical Exam	\$50 reimbursement to physicians for providing the Plan's "Physician's Confirmation of Annual Medical Exam" note.	
Audiometric Testing	Annual hearing testing or re-testing & custom fitted earplugs.	
Hospital:	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.	



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**Medical Benefit: <i>IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</i>	Medical Services and Supplies:	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.
	Hearing Aids:	\$1,500 per 48 month period
	Private Duty Nursing	Up to \$10,000 per year
	Mobility Assistance Equipment Benefit:	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).
	Age 65 Provincial Plan Benefit	\$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.
	Travel Costs related to Medical Treatment	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.
Emergency Travel Assistance (ETA):	Coverage:	Unlimited Trips. 90 Day Trip Duration Maximum per trip. \$5,000,000 Maximum per covered person, per trip. Must be in "Stable" Medical Condition prior to departure. <i>Under age 70 "stable" definition: Medical emergency must be "Sudden and Unforeseen"</i> <i>Age 70 and older "stable" definition: 180 Day "Pre-Existing Medical Condition Stability Period" exclusion applies</i> Please consult Manulife Policy documents on the Plan's ETA page.
Employee Assistance Program:	Coverage:	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.

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