



# BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

## SUMMARY OF BENEFITS

### FOR ACTIVE MEMBERS - D488 - Lafarge Stouffville

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, 2022

BENEFITS		ACTIVE MEMBER'S BENEFITS
<b>Life Insurance:</b>	<b>Benefit Amount:</b>	\$50,000 (member only)
<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>	\$2,200 per month
	<b>Qualifying Period:</b>	26 continuous weeks of total disability. Where applicable LTD benefits will commence after the expiry of the WI benefit.
	<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 take accident; fist day hospital; 8th day sickness
	<b>Qualifying Period:</b>	1st day take accident; fist day hospital; 8th day sickness
	<b>Benefit Duration:</b>	26 weeks
<b>Special Disability Benefit:</b>	<b>Maximum Benefit Amount:</b>	Not applicable; not enrolled in the Pension Plan
	<b>Eligibility Criteria:</b>	Not applicable; IF not enrolled in the Pension Plan
<b>Dental:</b>	<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 reimbursed at the equivalent cost of a bridge or partial denture. Orthodontic coverage is for dependent children 19 years of age or younger.



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<b>Vision Care:</b>	<b>Member Benefit Amount:</b>	Lenses - \$400 Per 24 months; Frames - \$150 per 24 months
	<b>Dependant Benefit Amount:</b>	Lenses - \$400 Per 24 months; Frames - \$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>	\$500 per 24 months (member only)
	<b>Basic Eye Exam and Retina Exam:</b>	1 basic eye exam or retina exam per calendar year
<b>**Medical Benefit:</b> <i>IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</i>	<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 Podiatrist:</b> Expenses are reimbursed at <b>Acupuncture and Massage Therapy:</b> Expenses are reimbursed at 100% 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 \$5,000 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 dental accident - work must commence 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.	



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<b>**Medical Benefit:</b> <i>IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</i>	<b>Medical Services and Supplies:</b>	Medical equipment and supplies, foot orthotics and orthopaedic shoes, PSA tests, oxygen and oxygen supplies.
	<b>Hearing Aids:</b>	\$1,500 per 48 month period
	<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.
<b>Emergency Travel Assistance (ETA):</b>	<b>Coverage:</b>	90 day trip duration maximum, 6 month health stability period; per claim maximum of \$5,000,000 per covered person. Must be in a condition of stable health prior to departure.
<b>Employee Assistance Program:</b>	<b>Coverage:</b>	Confidential counselling services providing crisis support, advice and information by telephone, face-to-face, or online.
<b>Retiree Benefits</b>	<b>Lifetime Benefits:</b>	See associated benefit schedule including subsidized coverage.

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