



BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

SUMMARY OF BENEFITS

FOR ACTIVE MEMBERS - D494 - Lafarge Canada Inc. Caledon

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
Life Insurance:	Benefit Amount:	\$50,000 (member only)
AD & D:	Principal Amount:	\$100,000 (member only)
Dependant Life:	Amount of Insurance:	N/A
Long Term Disability Income:	Maximum Benefit Amount:	\$2,200 per month
	Qualifying Period:	26 continuous weeks
	Benefit Duration:	Maximum to age 65
Weekly Disability Income:	Maximum Benefit Amount:	IBB Plan integrated with EI; Plan pays EI waiting period; 1st day take accident; 1st day hospital; 8th day sickness
	Qualifying Period:	1st day take accident; 1st day hospital; 8th day sickness
	Benefit Duration:	26 weeks
Special Disability Benefit:	Maximum Benefit Amount:	Not applicable; not enrolled in the Pension Plan
	Eligibility Criteria:	Not applicable; not enrolled in the Pension 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.
	Coverage Notes:	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.
Vision Care:	Member Benefit Amount:	Lenses - \$400 Per 24 months; Frames - \$150 per 24 months
	Dependant Benefit Amount:	Lenses - \$400 Per 24 months; Frames - \$150 per 24 months
	Laser Eye Surgery:	\$1,750 Lifetime Maximum (member only)
	Contact Lenses:	\$250 per 24 months
	Safety Glasses:	\$500 per 24 months (member only)
	Eye Exam and Retina Exam:	1 basic eye exam or retina exam per calendar year



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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 is available, the Plan will pay 100% of the brand name drug ingredient cost.
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% to a maximum of \$300 annually, per practitioner.
	Acupuncture and Massage Therapy: Expenses are reimbursed at 100% up to a maximum of \$300 annually.
	Certified Athletic Therapist, Physiotherapist and Occupational Therapist: Expenses are reimbursed at 100% up to a maximum of \$5,000 annually.
	Psychologist and Psychotherapist: Expenses are reimbursed up to a maximum of \$2,000 annually and up to a maximum of \$200 per hour.
Prescription Drugs:	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), anaesthesia, vaccinations and immunizations (subject to individual maximums). Over the counter drugs, vitamins or minerals are not covered. Medical cannabis including derivatives are not covered.
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 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.
Medical Services and Supplies:	Medical equipment and supplies, foot orthotics and orthopaedic shoes, 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.

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:	5,000,000 per covered person
	Coverage:	Emergency medical coverage and travel assistance services for members and eligible dependants while travelling for periods of up to 90 days per trip. Must be in a condition of stable health prior to departure.
Employee Assistance Program:	Coverage:	Confidential counselling services providing crisis support, advice and information by telephone, face-to-face, or online.
Retiree Benefits	Lifetime Benefits	See associated benefit schedule including subsidized coverage.