IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

LOCAL 720 & LOCAL 725

BENEFITS-AT-A-GLANCE

Full Self-Pay Member or Trustee

Age 70 to 74

April 2022

FAS

IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

WHO IS ELIGIBLE?

Members (if they meet the self-pay eligibility criteria outlined in the next section) or Trustees and their dependents are eligible to self-pay for coverage (under the Full Benefit package, Reduced Benefit package, or the Life and AD&D Only package).

Eligible dependents include:

- Spouse (legal or common-law)
- Unmarried children under age 21, or under age 25, if attending full-time school; or any children dependent on the Member due to physical or mental disability, regardless of age.

WHO CAN MAKE SELF-PAYMENTS?

If at the end of any given month, a Member's Hour Bank falls below what is required to meet one month's coverage costs (currently 125 hours), he or she will have the opportunity of contributing the necessary amount so that they may continue to be insured. Under this provision, self-payments may be made on the following basis:

- Monthly payments equal to the coverage costs may be made for a maximum of 18 consecutive months by Active Members who have exhausted their Hour Bank Account;
- An Active Member must remain a member in good standing of the Union to qualify for the Self-Pay Provision;
- Eligible employees of either the Union or Contributing Employers cannot self-pay.
- There are self-payment options available for Retirees. Contact the Fund office, or reference your booklet, for more information.

SELF-PAYMENT OPTIONS

If your reserve account falls below 125 hours, you may continue coverage by making self-payments provided you arrange to make your first payment prior to losing eligibility.

Payments must be made continuously and in advance of the month for which coverage is desired. You may continue to self-pay for up to 18 months.

If you decide to self-pay, 3 levels of coverage are available to you:

1. Full Benefit Package: Same benefits as Active Members, but Life & AD&D at $25,000
2. Reduced Benefit Package: Life & AD&D at $25,000 each; Prescription Drugs at 70% coverage; Dental includes Basic services only at 70% coverage; Vision Care at $200
3. Life Insurance Only Package: Life and AD&D at $25,000 each

Weekly Disability and Extended Disability coverage is not available under any self-pay option.

Once you have chosen a package you cannot change your level of coverage.

WHAT COVERAGE DO I HAVE IF DISABLED?

The Waiver of Premium benefits are not available to Self-Pay Members. However, government disability benefits may be payable. Contact the Fund office for more information.

COVERAGE FOR RETIREES

If you retire, you may be eligible to continue benefits up to attainment of age 75 (at a reduced coverage level), either through the Trust Fund paid option, or through self-payments. Contact the Fund office for more information.

TERMINATION OF COVERAGE

Your coverage under any of the self-payment options will cease at the earlier of:

- When you have accumulated enough hours in your Hour Bank for Active Member coverage to be reinstated.
- When premium payments cease.
- When you are no longer a Member in good standing.
- After 18-months of self-payment (the maximum allowable).
- When you reach age 75.

MISCELLANEOUS

Change in Dependent Status: Please notify the Fund office when you marry or have children (or if there is any change to who would qualify as a covered dependent).

Common-Law Spouse: To establish such a relationship your common-law spouse must have been residing with you for at least one year.

Beneficiary: A beneficiary should be named for all plans involving a death benefit. If you have not named a beneficiary, benefits will be paid to your Estate.

Co-ordination of Benefits: The Canadian Life & Health Insurance Association guidelines dictate that for families with coverage under more than one benefit plan, each spouse must submit their own claims first to their own benefit plan for reimbursement. If there is any amount left unpaid, the remainder may then be submitted to the spouse's benefit plan. Claims for dependent children must first be submitted to the benefit plan of the parent whose birthday occurs earliest in the year.

Benefits under this plan are not insured or guaranteed, and may, at the Trustees discretion, be amended, terminated or wound up at any time. The Supplementary Health, Vision and Dental plans are not underwritten by an insurer but are self-insured by the Trust Fund.

PLAN SUMMARY:

	MEMBER LIFE	MEMBER AD&D	DEPENDENT LIFE	SUPPLEMENTARY HEALTH	VISION	DENTAL CARE*	MEMBER ASSISTANCE PROGRAM
COVERAGE DETAILS	▪ Basic Life: $25,000 ▪ Death benefit paid to named Beneficiary **Optional Life Member:** ▪ Units of $10,000 to a maximum benefit of $100,000 **Optional Life Dependents:** ▪ 10% of member's benefit to $10,000 for your spouse ▪ 5% of member's benefit to $5,000 for each dependent child ▪ Contact the Union office or Fund office to apply for optional coverage	▪ Basic AD&D: $25,000 ▪ Payable for a death or dismemberment cause by an accident. Includes loss/loss of use of limbs, sight, speech, hearing and for quadriplegia, paraplegia and hemiplegia ▪ Benefit also payable for Workplace modification and accommodation	▪ Spouse: $15,000 ▪ Child: $2,500	**100% coverage of eligible expenses, except drugs:** ▪ 80% prescription drugs to lowest cost alternative price: – $4 per prescription dispensing fee deductible – Erectile dysfunction: 90% coverage to $750 per calendar year – Smoking cessation aids: $1,000 per lifetime ▪ 100% other covered expenses including: – Private hospital – Hearing aids: $5,000/60 consecutive months – Prescribed custom fitted ear plugs: $400/5 years – Sleep apnea devices: $2,500/5 years – Paramedical Practitioners covered for $75/visit to an annual maximum of $400 per practitioner. Practitioners include: - Acupuncturist - Christian Science Practitioner - Osteopath - Podiatrist - Naturopath - Massage Therapy/Reflexology - Speech Therapist* - Chiropractor - Physiotherapist* - Occupational Therapist - Athletic Therapist - Psychologist ($115/hour to annual max of $500) *physician recommendation required ▪ No endovenous laser therapy ▪ Out-of-Province Emergency Travel: 30 days per trip and $2 million per lifetime ▪ Health Spending Account: $750/member/year	**100% coverage of eligible expenses to:** ▪ $300 every 2 calendar years for adults and every year for children ▪ Eye exams: included in the above vision care maximum ▪ Corrective Laser Eye Surgery or Lens Implants: $3,000 per lifetime ▪ Safety Glasses: $450 every 2 calendar years (Members only)	▪ Minor procedures: 80% ▪ Major procedures: 50% ▪ Combined Minor & Major maximum of $1,500/year ▪ No coverage for Dental Implants ▪ No coverage for Orthodontics ▪ Recall frequency: once every 12 months adults; once every 6 months for children ▪ Fluoride coverage for children only once every 9 months ▪ Coverage based on the current year Manulife Financial Dental Fee Guide *Optional, once dropped cannot be picked up again	▪ Up to 12 hours of confidential professional assessment, referral or treatment provided for Members and their families ▪ Coverage is provided through the Construction Employee & Family Assistance Program (CEFAP)
CLAIMING	Notify Fund office immediately: ▪ Submit within 15 months from date of death.	Notify Fund office immediately: ▪ Submit within 12 months of accident.	Notify Fund office immediately: ▪ Submit within 15 months.	For drugs, use your Pay-Direct TELUS Health Benefit card at your pharmacy. Some drugs require prior Special Authorization. For other expenses use Medical Supplies Statement. Forms can be obtained from Union office or Fund office. Submit within 15 months of purchase.	Use Vision Care Statement. Submit within 15 months of purchase.	Use Dental Care Statement. Submit claim within 15 months of date the services were incurred.	Contact Homewood Health Inc. at: 1-800-663-1142

Note: Disability Income Benefits are not available to Self-Pay Members

ADMINISTRATOR CONTACT:

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