

IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

LOCAL 720 & LOCAL 725



BENEFITS-AT-A-GLANCE

Pension Self-Pay Members Age 75 to 79

April 2022





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WHO IS ELIGIBLE?

Retirees (if they meet the criteria in either of the next two sections) and their dependents are eligible for coverage under either of the Pension Member benefit coverage categories (Pension Members Age 60 to 64, Pension Members Self-Pay Up to Age 69, Pension Members Self-Pay Age 70 to 74, or Pension Members Self-Pay Age 75 to 79).

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.

AM I ELIGIBLE FOR FUND PAID RETIREE BENEFITS?

If you are age 65 or over the Fund will not pay for your benefit coverage.

WHAT IF I AM DISABLED

These benefits are unavailable to Self-Pay Members. However, government disability benefits may be payable. Contact the Fund office for more information.

AM I ELIGIBLE TO SELF-PAY FOR RETIREE BENEFITS?

Retired Member, for the purpose of determining whether or not the Member is eligible to Self-Pay retiree coverage, shall mean any person age 50 and over but under age 80 who:

1. Is in receipt of pension benefits from the Alberta Ironworkers Pension Fund;
2. Is a current member of Local 720 or 725; and
3. Is retired from active work in the trade (whether unionized or non-unionized).

Those Retirees that meet these criteria are under age 70, will be in the Pension Members Up to Age 69 category; those 70 and over, but under 75, will be in the Pension Self-Pay Members Age 70-74 category, and those 75 and over, but under age 80, will be in the Pension Self-Pay Members Age 75-79 category.

TERMINATION OF COVERAGE

Retiree coverage under the Pension Members Self-Pay Age 75 to 79 terminates upon attainment of age 80.

A Retired Member must remain a member in good standing of the Union and benefit payments must be up to date (for self-payment).

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.

CONTACT INFORMATION:

This document is a summary. For more information on the benefit plan, please refer to the Member Booklet or visit: www.abironworkers.ca. Additional inquiries can be directed to the Plan Administrator:

ELLEMENT CONSULTING GROUP

10154 108 St NW
Edmonton, Alberta T5J 1L3

Toll-free: 1-888-616-3196

Phone: 587-405-3196

Fax: 780-452-5388

www.abironworkers.ca



PLAN SUMMARY:

	SUPPLEMENTARY HEALTH	VISION	DENTAL CARE*	MEMBER ASSISTANCE PROGRAM
COVERAGE DETAILS	<p>100% coverage of eligible expenses:</p> <ul style="list-style-type: none"> ▪ 80% prescription drugs to lowest cost alternative price: <ul style="list-style-type: none"> – \$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: <ul style="list-style-type: none"> – Private hospital – Hearing aids: \$5,000/60 consecutive months – Sleep apnea devices: \$2,500/5 years – Paramedical Practitioners covered for \$75/visit to an annual maximum of \$400 per practitioner. Practitioners include: <ul style="list-style-type: none"> - Acupuncturist - Christian Science Practitioner - Osteopath - Podiatrist - Naturopath - Massage Therapy/Reflexology - Speech Therapist* - Chiropractor - Physiotherapist* - Occupational Therapist - Athletic Therapist - Psychologist (\$115/hour to annual max \$500) <p>*physician recommendation required</p> <ul style="list-style-type: none"> ▪ No endovenous laser therapy ▪ Health Spending Account: \$750/member/year 	<p>100% coverage of eligible expenses to:</p> <ul style="list-style-type: none"> ▪ \$300 every 2 calendar years for adults and every year for children for lenses and eye exams ▪ Excludes Safety Glasses ▪ Excludes Corrective Laser Eye Surgery ▪ Excludes Lens Implants Surgery 	<ul style="list-style-type: none"> ▪ Minor procedures: 80% ▪ Major procedures: 50% ▪ Combined Minor & Major maximum: \$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: children under 16 years of age only once per 9 months ▪ Coverage based on the current year Manulife Financial Dental Fee Guide <p><i>* Optional, once dropped cannot be picked up</i></p>	<ul style="list-style-type: none"> ▪ 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	<p>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.</p>	<p>Use Vision Care Statement. Submit within 15 months of purchase.</p>	<p>Use Dental Care Statement. Submit claim within 15 months of date the services were incurred.</p>	<p>Contact Homewood Health Inc. at: 1-800-663-1142</p>

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