

# IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

**LOCAL 720 & LOCAL 725**



## **BENEFITS-AT-A-GLANCE**

**Pension Fund Paid Members Up to Age 64**

**April 2022**





# IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

## LOCAL 720 & LOCAL 725

### 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, or Pension Members Self-Pay Age 70 to 74).

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. A Retired Member, for the purpose of determining whether the Trust Fund will pay the full premium for retiree coverage, shall mean any person between age 60 and 65 who:

1. Is in receipt of pension benefits from the Alberta Ironworkers Pension Fund;
2. Is a current member of Local 720 or 725;
3. Has at least 20 cumulative years of union membership in Local 720 or 725;
4. On a continuous basis from his date of retirement, remains a member in good standing with the Union.

If you are between 60 and 65 and meet the criteria stated above, contact the Fund office for more information.

### WHAT IF I AM DISABLED

If, after 6 months of disability, you qualify for the Waiver of Premium under your Life Insurance benefit, your Life, Dependent Life and AD&D coverage will be continued by the Insurer until you reach age 65 or until you qualify for a

pension benefit. After age 65 these benefits are not available.

### AM I ELIGIBLE TO SELF-PAY FOR RETIREE BENEFITS?

Retired Member, for the purpose of determining whether or you are eligible for Self-Pay Pension coverage, shall mean any person age 50 and over but under age 75 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 and 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.

### TERMINATION OF COVERAGE

Retiree coverage under the Pension Members Age 50 to 64 category terminates upon attainment of age 65. At 65, you may be eligible to self-pay for retiree coverage under the Pension Members Self-Pay up to Age 69 category. See the eligibility criteria for Retiree self-pay or contact the Fund office for more information.

Retiree coverage under the Pension Members Self-Pay up to Age 69 terminates upon attainment of age 70. Retiree coverage under the Pension Members Self-Pay Age 70 to 74 terminates upon attainment of age 75.

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](http://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](http://www.abironworkers.ca)



**PLAN SUMMARY:**

	MEMBER LIFE	MEMBER AD&D	DEPENDENT LIFE	SUPPLEMENTARY HEALTH	VISION	DENTAL CARE	MEMBER ASSISTANCE PROGRAM
<b>COVERAGE DETAILS</b>	<ul style="list-style-type: none"> <li>Basic Life: \$125,000</li> <li>Death benefit paid to named Beneficiary</li> </ul> <p><b>Optional Life Member:</b></p> <ul style="list-style-type: none"> <li>Units of \$10,000 to a maximum benefit of \$100,000</li> </ul> <p><b>Optional Life Dependents:</b></p> <ul style="list-style-type: none"> <li>10% of member's benefit to \$10,000 for your spouse</li> <li>5% of member's benefit to \$5,000 for each dependent child</li> <li>Contact the Union office or Fund office to apply for optional coverage</li> </ul>	<ul style="list-style-type: none"> <li>Basic AD&amp;D: \$125,000</li> <li>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</li> <li>Benefit also payable for Workplace modification and accommodation</li> </ul>	<ul style="list-style-type: none"> <li>Spouse: \$40,000</li> <li>Child: \$10,000</li> </ul>	<p><b>100% coverage of eligible expenses:</b></p> <ul style="list-style-type: none"> <li>100% prescription drugs to lowest cost alternative price:               <ul style="list-style-type: none"> <li>\$4 per prescription dispensing fee deductible</li> <li>Erectile dysfunction: only 90% coverage to \$750 per calendar year</li> <li>Smoking cessation aids: \$1,000 per lifetime</li> </ul> </li> <li>100% other covered expenses including:               <ul style="list-style-type: none"> <li>Private hospital</li> <li>Hearing aids: \$5,000/60 consecutive months</li> <li>Sleep apnea devices: \$2,500/5 years</li> <li>Paramedical Practitioners covered for \$75/visit to an annual maximum of \$1,000 per practitioner. Practitioners include:                   <ul style="list-style-type: none"> <li>Acupuncturist</li> <li>Christian Science Practitioner</li> <li>Osteopath</li> <li>Podiatrist</li> <li>Naturopath</li> <li>Massage Therapy/Reflexology</li> <li>Speech Therapist*</li> <li>Chiropractor</li> <li>Physiotherapist*</li> <li>Occupational Therapist</li> <li>Athletic Therapist</li> <li>Psychologist (\$115/hour)</li> </ul> </li> </ul> </li> </ul> <p>*physician recommendation required</p> <ul style="list-style-type: none"> <li>Out-of-Province Emergency Travel: 90 days per trip and \$2 million per lifetime</li> <li>Health Spending Account: \$750/member/year</li> </ul>	<p><b>100% coverage of eligible expenses to:</b></p> <ul style="list-style-type: none"> <li>\$600 every 2 calendar years for adults and every year for children</li> <li>Eye exams: \$125 per exam once every 2 years (this is in addition to the \$600 maximum)</li> <li>Excludes Safety Glasses</li> <li>Excludes Corrective Laser Eye Surgery or Lens Implants</li> </ul>	<ul style="list-style-type: none"> <li>Minor procedures: 90%</li> <li>Minor maximum: \$1,500/year</li> <li>Major procedures: 80%</li> <li>Major maximum: \$3,000/year</li> <li>Dental Implants: 80%</li> <li>Dental Implant maximum: \$3,000/year</li> <li>Dentures maximum: \$3,000 per jaw/10 years</li> <li>Orthodontic coverage: 75%</li> <li>Orthodontic maximum: \$6,000 lifetime</li> <li>Recall frequency: once every 12 months adult; once every 6 months for children</li> <li>Fluoride coverage: children under 16 years of age only once per 9 months</li> <li>Coverage based on the current year Manulife Financial Dental Fee Guide</li> </ul>	<ul style="list-style-type: none"> <li>Up to 12 hours of confidential professional assessment, referral or treatment provided for Members and their families</li> <li>Coverage is provided through the Construction Employee &amp; Family Assistance Program (CEFAP)</li> </ul>
<b>CLAIMING</b>	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> <li>Submit within 15 months from date of death.</li> </ul>	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> <li>Submit within 12 months of accident.</li> </ul>	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> <li>Submit within 15 months.</li> </ul>	<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 Pension Members