

IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

LOCAL 720 & LOCAL 725



BENEFITS-AT-A-GLANCE

Grandfathered at July 1, 2012

April 2022





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WHO IS ELIGIBLE?

Trustees and their dependents are eligible for benefit coverage under the Grandfathered Active Trustees benefit category if they were an active Trustee as at July 2012.

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.

WHEN AM I ELIGIBLE

A Trustee is eligible if actively serving as a Trustee. A Trustee has the opportunity of contributing the necessary amount of money so that he may be insured on a monthly basis. Please contact the Fund office to arrange for self-payment of benefits.



WHAT COVERAGE DO I HAVE IF 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.

TERMINATION OF COVERAGE

Coverage under the Grandfathered Active Trustees benefit category terminates upon attainment of age 80 (plus 10 months of fund paid benefits if no longer an active Trustee provided there were at least 2 years of service).

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:

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

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Edmonton, Alberta T5J 1L3

Toll-free: 1-888-616-3196

Phone: 587-405-3196

Fax: 780-452-5388

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PLAN SUMMARY:

	MEMBER LIFE	MEMBER AD&D	DEPENDENT LIFE	SUPPLEMENTARY HEALTH	VISION	DENTAL CARE	MEMBER ASSISTANCE PROGRAM
COVERAGE DETAILS	<ul style="list-style-type: none"> Basic Life: \$125,000 Death benefit paid to named Beneficiary <p>Optional Life Member:</p> <ul style="list-style-type: none"> Units of \$10,000 to a maximum benefit of \$100,000 <p>Optional Life Dependents:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Basic AD&D: \$125,000 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 	<ul style="list-style-type: none"> Spouse: \$40,000 Child: \$10,000 	<p>100% coverage of eligible expenses:</p> <ul style="list-style-type: none"> 100% 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 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 \$1,000 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) *physician recommendation required Out-of-Province Emergency Travel: 90 days per trip and \$2 million per lifetime Health Spending Account: \$750/member/year 	<p>100% coverage of eligible expenses to:</p> <ul style="list-style-type: none"> \$600 every 2 calendar years for adults and every year for children Eye exams: \$125 per exam once every 2 years (this is in addition to the \$600 maximum) Corrective Laser Eye Surgery or Lens Implants: \$3,000 per lifetime Safety Glasses: \$450 every 2 calendar years (Members only) 	<ul style="list-style-type: none"> Minor procedures: 90%, up to \$1,500 per year Major procedures: 80% up to \$3,000 per year Dental Implants maximum of \$3,000/year Dentures maximum: \$3,000 per jaw/10 years Orthodontics: 75% to a lifetime maximum of \$6,000 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 	<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>Notify Fund office immediately:</p> <ul style="list-style-type: none"> Submit within 15 months from date of death. 	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> Submit within 12 months of accident. 	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> Submit within 15 months. 	<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 Grandfathered Active Trustees.