

UNIFOR LOCAL 112 HEALTH & WELFARE PLAN SUMMARY OF BENEFITS

FOR FULL TIME EMPLOYEES

All benefits are subject to the terms of the official Plan documents.

This is only a summary for your convenience

AS OF: SEPTEMBER 1, 2025

BENEFITS		AMOUNTS
Overall Deductible		\$25 per family, per calendar year (not applicable to drugs, hospital, or vision benefits)
Life Insurance	Member Life	\$60,000 – reduced to \$30,000 at age 70 and \$15,000 at age 75
	Dependant Life	Spouse -\$10,000 Dependent Child - \$5,000
Prescription Drugs		95% reimbursement with no deductible, subject to mandatory generic pricing, \$7 dispensing fee cap, maximum \$5,000 per person per calendar year
Dental	Deductible	No deductible
	Basic Services	100% reimbursement, subject to Provincial Fee Guide
	Major Restorative Services*	100% reimbursement, subject to Ontario Dental Association Fee Guide *Must have 12 months of continuous service with Participating Employer to be eligible for Major Dental
	Orthodontia	50% reimbursement, to \$3,000 lifetime maximum, for dependents up to age 18 only
	Post-Retirement	Retired members age 60 or over 12 months dental coverage
Vision Care	Benefit Amount	100% reimbursement up to \$400 every 24 months for persons 18 or older, every 12 months for persons under age 18.
	Eye Exams	100% reimbursement for one eye exam every 24 months.
Paramedical	Chiropodist/Podiatrist	100% reimbursement, \$350 maximum
	Psychologist/Psychotherapist/So cial Worker	80% reimbursement, \$350 combined maximum
	Other eligible paramedical practitioners	80% reimbursement, \$350 maximum per practitioner Eligible practitioners include: acupuncturist, audiologist, chiropractor (and 1 chiropractic x-ray combined), massage practitioner, naturopath, osteopath (and 1 osteopathic x-ray combined), speech language pathologist
Orthotics & Orthopedic Shoes		100% reimbursement up to \$400 (combined) every 24 months
Medical Supplies and Prosthetics		80% reimbursement. Subject to reasonable & customary amounts.
Hospitalization		100% reimbursement, semi-private hospital room accommodation
Member Accidental Death & Dismemberment		\$60,000 Reduced to \$30,000 at age 70 Reduced \$15,000 at age 75
Critical Illness		\$5,000, list of 25 eligible conditions
Wage Indemnity* (Short Term Disability)		Payable from 1st day accident, 2nd day illness Weeks 1-2 - Plan pays 75% of average weekly earnings, to maximum of \$524 Weeks 3-6 - Plan pays 60% of average weekly earnings, to maximum of \$524 Weeks 7-32 - Paid by Employment Insurance *Must have 12 months of continuous service with Participating Employer to be eligible for Wage Indemnity
Maternity / Parental / Compassionate Leave Top Up*		Up to \$100/week top up provided during periods member is receiving Employment Insurance benefits for maternity/parental leave (for up to 25 weeks) or for compassionate care leave (for up to 6 weeks) *Must have 12 months of continuous service with Participating Employer to be eligible for Maternity/Parental/Compassionate Leave Top Up benefits.
QUESTIONS? EMAIL QUESTIONS@MILLWORKERSUNIFORBENEFITS.ORG		