



UNIFOR LOCAL 112 HEALTH & WELFARE PLAN

SUMMARY OF BENEFITS FOR PART 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)
Dependant Coverage		Dependents of part-time Members are eligible for prescription drugs, dental benefits, and eye exams only
Life Insurance	Member Life	\$30,000 – reduced to \$15,000 at age 65
	Dependant Life	Spouse -\$5,000 Dependent Child - \$2,500
Prescription Drugs	Reimbursement	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 Includes diagnostics, preventive, restorative, endodontics, periodontics, prosthetic repairs, and surgical services
	Major Restorative Services	Not Covered
	Orthodontia	Not Covered
Vision Care	Benefit Amount	100% reimbursement up to \$400 every 24 months.
	Eye Exams	100% reimbursement for one eye exam every 24 months.
Paramedical Practitioners		100% reimbursement, \$350 maximum for Chiropracist and Podiatrist only.
Orthotics & Orthopedic Shoes		100% reimbursement up to \$400 (combined) every 24 months
Member Accidental Death & Dismemberment		\$30,000 Reduced to \$15,000 at age 65
<u>QUESTIONS? EMAIL QUESTIONS@MILLWORKERSUNIFORBENEFITS.ORG</u>		