

UNIFOR LOCAL 1S HEALTH & WELFARE PLAN

SUMMARY OF BENEFITS

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 Maximum		Unlimited. All expenses covered by the Plan must be medically necessary, reasonable & customary in the circumstances
Overall Deductible		None
Life Insurance		\$50,000 - Members Only
Prescription Drugs		90% reimbursement; subject to mandatory generic pricing and reasonable and customary dispensing fees
Dental	Deductible	No deductible
	Reimbursement Level	90% Basic Services; 70% Major Services; 50% Orthodontic Services
	Maximums	\$2,500 per year for Major Services; \$4,000 per lifetime for Orthodontic Services
	Basic Services	Includes diagnostic, preventative, minor restorative, endodontics, periodontics
	Major Services	Includes crowns, bridges, dentures, inlays, onlays
	Orthodontic Services	For dependents under age 21 only
Vision Care	Benefit Amount	100% reimbursement \$400 every 24 months for glasses, contacts, laser eye surgery. Rx Safety Glasses are excluded.
	Eye Exams	One eye exam every 24 months.
Paramedical	Reimbursement Level	80% reimbursement.
	Benefit Amount	\$500 annual maximum each: Audiologist, Chiropractor, Clinical Psychologist, Licensed Massage Therapist, Naturopath, Registered Dietician, Osteopath, Reflexologist, Speech Therapist, Cardiac Rehab, Athletic Therapist \$500 combined annual maximums: Acupuncturist/Physiotherapist and Podiatrist/Foot Care Nurse
Orthotics & Orthopedic Shoes		80% reimbursement. \$400 per 24 months combined Custom Orthotics are limited to \$300 in a calendar year out of the overall combined maximum 1 pair of shoes per calendar year, per covered person, out of the overall combined maximum
Medical Supplies	Reimbursement	80% reimbursement.
	Eligible Supplies	Oxygen (maximum \$1,000 per calendar year), ostomy and ileostomy supplies, intrauterine contraceptive devices (IUD's), walkers, canes and cane tips, crutches, casts, and trusses, splints and collars, rigid support braces and permanent prostheses (artificial eyes, limbs, and mastectomy forms). Mastectomy brassieres (\$250 per calendar year), stump socks (\$250 per calendar year), surgical stockings (\$250 per calendar year), compression garments (30 mmHg and up), wigs and hairpieces Myoelectrical limbs are excluded, but the Plan will pay the equivalent of a standard prosthesis
Durable Equipment		80% reimbursement.
Hearing Aids		80% reimbursement. \$2,500 per 60 consecutive months
Hospitalization		100% reimbursement, \$2,500 per month maximum, for no more than a total of 12 months for one stay Semi-private or private hospital room
Private Duty Nursing		80% reimbursement. \$3,000 per 12 consecutive months
Member Accidental Death & Dismemberment		\$50,000
Wage Indemnity* (Short Term Disability)		Weekly benefit matches EI maximum Payable from 8th day of accident or illness, to a maximum of 26 weeks EI benefits are payable for weeks 27-52 Benefits are taxable <i>*To be eligible for disability coverage, full-time members must have 3 years of continuous service and part-time members must have 6,240 hours of service.</i>
Long Term Disability*		\$1,000 per month Payable after elimination period (later of 301 days or expiration of EI sickness benefits) Payable up to age 65 as long as total disability continues Total disability: unable to perform own occupation for first 12 months; thereafter any occupation Pre-existing condition clause applies Benefits are taxable <i>*To be eligible for disability coverage, full-time members must have 3 years of continuous service and part-time members must have 6,240 hours of service.</i>
Employee and Family Assistance Program		Voluntary, confidential, short-term counseling and advisory service that connects you and your eligible family members to a network of dedicated professionals who are available to give you assistance 24/7 Phone: 1-844-880-9137 Web: one.telushealth.com username: unifor1s password: eap
Out-of-Province Emergency		Benefit insured by Manulife. Global Excel is the claims service provider. Coverage Period: 90 days per trip Maximum for Members up to and including age 69: \$5,000,000 per insured person, per trip Maximum for Members age 70-79: \$100,000 per insured person, per trip Maximum Age: 79 Policy Number: DAT00013334 Must be in a stable medical condition before travelling. Consult ETA Booklet for other restrictions.
QUESTIONS? EMAIL QUESTIONS@MILLWORKERSUNIFORBENEFITS.ORG		