



# MILLWORKERS HEALTH & WELFARE PLAN (UNIFOR) FUND

## LOCAL 3000

### 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: JANUARY 1, 2026

BENEFITS		AMOUNTS
Overall Maximum		\$1,000,000. All expenses covered by the Plan must be medically necessary, reasonable & customary in the circumstances
Overall Deductible		\$75 for single Members \$150 per couple \$200 per family
Co-Insurance		Extended Health benefits are provided at the rate of 80% of the first \$1,000 of eligible paid expenses, followed by 100% of all other eligible expenses incurred in the balance of the calendar year
Life Insurance		\$30,000 - Members Only
Prescription Drugs		Reimbursement for drugs require the written prescription of a physician. Drugs and medicines are limited to a 90 day supply. Fertility drugs are covered to a maximum of \$5,000 per lifetime. Excludes oral contraceptives, smoking cessation, over the counter drugs, vitamins, preventative drugs, dietary foods and supplements
Dental	Deductible	No deductible
	Reimbursement Level	90% Basic Services; 50% Major Services, of the Dental Association Fee Guide in the Province of treatment
	Maximums	\$2,500 combined maximum per year
	Basic Services	Includes diagnostic, preventative, surgical, restorative, prosthetics, root canals, periodontia, anesthesia
	Major Services	Includes crowns, bridges, dentures, inlays, onlays
	Orthodontic Services	Not Covered
Vision Care	Benefit Amount	100% reimbursement \$500 every 24 months for eye exams, glasses, frames, and contacts. Limit of 1 pair of glasses per person, per 24 months. Rx Sunglasses and Safety Glasses are excluded
	Laser Eye Surgery	100% reimbursement up to \$1,000 lifetime maximum, provided there was no vision claim within the 24 months prior to surgery, and no vision claim will be available until 24 months after the surgery.
Paramedical	Reimbursement Level	80% reimbursement
	Benefit Amount	\$350 per year, per covered person for each practitioner Eligible practitioners include; massage therapist, speech therapist, acupuncturist, psychologist (includes registered clinical counsellors and licensed social workers), podiatrist, chiroprapist, chiropractor, naturopath or physiotherapist
Orthopedic Shoes		80% reimbursement. One pair, including replacement pairs, of custom-fitted orthopedic shoes, when prescribed by a physician or podiatrist every 12 consecutive months
Orthotics		80% reimbursement. \$350 per calendar year
Medical Supplies	Reimbursement	80% reimbursement
	Eligible Supplies	Oxygen, blood or blood plasma, ostomy, ileostomy supplies, walkers, canes and cane tips, crutches, splints, casts, collars and trusses but not elastic or foam supports, testing supplies, needles and syringes for diabetics, surgical stockings (maximum of 4 pair per calendar year), stump socks, surgical brassieres (4 per calendar year), rigid support braces and permanent prostheses (artificial eyes, limbs, larynxes and mastectomy forms).
Durable Equipment	Reimbursement	80% reimbursement. Subject to reasonable and customary limits
	Eligible Equipment	Purchase of durable equipment for therapeutic treatment including wheelchairs and hospital beds. Electric wheelchairs are covered only when a doctor certifies the patient is incapable of operating a manual wheelchair (e.g. Paraplegic). CPAP machines (maximum of 1 per 5 years), CPAP masks (maximum of 2 masks per year), hose(tubing) (1 per year), filters (maximum of 2 per year), water chamber (maximum of 1 per year)
Hearing Aids		80% reimbursement \$500 lifetime maximum
Hospitalization		80% reimbursement Semi-private or private hospital room
Private Duty Nursing		60 day maximum. Charges for out-of-hospital private duty nurse services when medically necessary. Services must be for nursing care, and not for custodial care. The private duty nurse must be a nurse, or nursing assistant who is licensed, certified or registered in the province where you live and who does not normally live with you. The services of a registered nurse are eligible only when someone with lesser qualifications cannot perform the duties.
Accidental Death & Dismemberment		Members - \$30,000 Spouse - \$20,000; Child - \$5,000
Wage Indemnity (Short Term Disability)		\$400 per week 26 weeks maximum Integrated with E.I.
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 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: DAT00013348 Must be in a stable medical condition before travelling. Consult ETA Booklet for other restrictions.
QUESTIONS? EMAIL <a href="mailto:QUESTIONS@MILLWORKERSUNIFORBENEFITS.ORG">QUESTIONS@MILLWORKERSUNIFORBENEFITS.ORG</a>		