

SHEET METAL WORKERS'

LOCAL UNION 30



SUMMARY OF BENEFITS

ACTIVE MEMBER

UP TO DATE AS OF JANUARY 1, 2017

WWW.LU30PLAN.COM

GENERAL INFORMATION

This Summary of Benefits has been prepared as an informal document to summarize the main features of the benefits provided to eligible Active Plan Members of Sheet Metal Workers Local Union 30.

All Benefits listed in this Summary of Benefits are subject to the terms of the applicable insurance policy, including eligibility, exclusions and limitations.

Supplementary Health Care and Dental Benefits are not insured. They are self-funded and supported by the assets of the Sheet Metal Workers Local 30 Welfare Fund only. The Weekly Indemnity (WI) Benefit is self-funded by the Welfare Fund.

Accidental Death and Dismemberment benefits are insured by ACE/INA Canada under Policy Number AB10447201.

Life Insurance and Long Term Disability are insured by Manulife Financial under Policy Number 901884.

The Emergency Travel Assistance Benefit (ETA) is provided by Green Shield Canada (GSC).

The Plan's Member Assistance Program (MAP) is provided and administered by Family Services Employee Assistance Programs (FSEAP). FSEAP provides confidential counseling services for crisis support, advice and information by telephone, face-to-face or online.

All benefits described in this Summary of Benefits and the rights thereto, are governed by the provisions of the Sheet Metal Workers Local Union 30 Welfare Trust Fund and applicable contracts of insurance.

GENERAL PLAN PROVISIONS

Monthly Dollar Bank Deduction	\$409
Dollar Bank Maximum	\$4,908 (12 Months of Benefits)
Initial Eligibility	1st Day of the 2nd Month following that your Dollar Bank Account has a balance of \$818.
Termination	The end of the Month when the \$409 Monthly deduction is taken out and leaves your Dollar Bank Account with less than \$409.

SUMMARY OF BENEFITS

PAY DIRECT PLAN OPTIONS (PLUS RST)

PAY DIRECT PLAN	BENEFITS
Plan A	All Benefits Except WI and LTD: \$331.06 per Month
Plan B	Life Insurance Only: \$47.87 per Month
Pay Direct Duration	3 Months

LIFE INSURANCE BENEFIT

Plan Member	\$100,000
Spouse	\$2,000
Each Dependent Child	\$1,000

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (AD&D)

Plan Member	Principal Sum \$100,000
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WEEKLY INDEMNITY (WI) BENEFIT

The maximum WI benefit payable is \$543 per week. The WI benefit amount will be increased to match the Employment Insurance maximum weekly benefit. Benefit payments are integrated with Employment Insurance Sickness benefits. To qualify for WI benefit payments, a Plan Member must be disabled to the extent that he cannot perform the regular duties of his usual occupation.

WI benefit payments are payable from the 1st day of disability due to an accident or hospitalization, or on the 8th day of illness, for a maximum period of 26 consecutive weeks

for any one period of disability. Work-related disabilities covered by WSIB are not covered, nor are disabilities arising from a motor vehicle accident.

LONG TERM DISABILITY (LTD) BENEFIT

The maximum LTD benefit payable is \$2,000 per month. To qualify, a Plan Member must be under age 65 and be “Totally Disabled” (as defined in the insurance policy) for a continuous period of 26 consecutive weeks. LTD benefit payments are payable until the earlier of the attainment of age 65, recovery, or death. LTD benefits will be reduced by any payments received from WSIB and disabilities arising from a motor vehicle accident are not covered.

SUPPLEMENTARY HEALTH CARE BENEFITS

BENEFIT	DESCRIPTION
Deductible	None
Reimbursement	100% of reasonable and customary charges (R&C) for Members and their eligible Dependents. 80% for massage therapy, osteopathy and acupuncture.
Overall Maximum	Unlimited. However, limits apply to some services and supplies.
Prescription Drugs	100% of the lower of the brand name or generic drug ingredient cost. The Plan does not cover the Drug Ingredient Cost of any drug that qualifies for coverage under the Ontario Drug Benefit (ODB) Program for Seniors.
Dispensing Fee	Maximum of \$8.50 per prescription.
Specific Prescription Drug Maximums	Fertility drugs and treatment covered to a lifetime maximum of \$2,500. Smoking cessation covered to a lifetime maximum of \$250. Erectile dysfunction drugs are covered.
Lenses, Frames and	Maximum of \$240 in a consecutive 24 month period.

Contact Lenses

Eye Examinations 1 eye examination every 24 months for persons between the ages of 20 – 64.

Paramedical Practitioners

Charges for services of a podiatrist, chiropractor, and physiotherapist.

Registered massage therapists and osteopaths with a combined annual maximum of \$1,000; their services are paid at 80%.

Acupuncture is covered at 80% with an annual maximum of \$1,000.

Speech therapy is covered at 100% up to an annual maximum of \$200.

All paramedical services are subject to reasonable and customary (“R&C”) limits.

Hearing Aids

\$400 maximum benefit in any consecutive 4 Year period for the purchase of hearing aids. Batteries are not covered.

Foot Orthotics

\$400 maximum benefit per calendar year for orthotics or for orthopedic shoes that have been specially designed and molded for the covered person, necessary to correct a diagnosed physical impairment.

Foot orthotics must be prescribed by a physician, podiatrist or chiropodist.

Other Medical Services and Supplies

Ambulance, rehabilitation hospital, diabetic services and supplies, accidental dental, durable medical equipment (hospital bed, wheelchair, braces, crutches), prostheses, surgical stockings.

EXPENSES OUTSIDE OF CANADA

The Plan provides coverage in excess of your provincial government health care plan. The Plan’s maximum is \$5,000,000 per covered person per incident for expenses incurred as a result of an unforeseen medical emergency and/or for travel assistance services while travelling outside the province of residence.

DENTAL CARE BENEFITS

BENEFIT	DESCRIPTION
Deductible	None
Reimbursement	100% of basic dental services; 75% for major dental services; 75% for orthodontic services.
Dental Fee Guide	Dental benefits are reimbursed based on the 2016 Ontario Dental Association Suggested Fee Guide for General Practitioners.
Maximum Dental Benefit Per Plan Member and Per Eligible Dependant:	
Basic and Major Maximums	\$2,000 per calendar year for basic and major services combined of which \$1,000 may be applied towards orthodontia.
Basic Dental Services	Diagnostic, preventative, restorative, surgery, fillings, anesthesia, 1 complete series of x-rays, 1 set of bitewing x-rays, polishing, topical fluoride treatment, periodontal scaling.
Recall Examinations	1 recall examination per 6 month period.
Complete Examinations	1 complete oral examination per 24 month period.
Major Services	Crowns, bridges, dentures, implants, replacement bridges / dentures are covered under certain circumstances and the amount payable by the plan will be the amount of the most cost effective treatment (i.e. an implant may be paid for at the price of a crown). please refer to the Sheet Metal Workers Union 30 Active Members Welfare Plan Booklet.

HEALTH CARE SPENDING ACCOUNT (HCSA)

The Plan provides a Health Care Spending Account (HCSA). The allocation for each of 2015 and 2016 was \$500 per family. The allocation for 2017 has increased to \$600 per family. Allocations granted will be deposited in January. Allocations must be used within 24 months of their being granted. Unused allocations are forfeited at the beginning of the 25th month after they were granted. For example, the \$500 allocation granted for 2016 is available until the end of December 2017 at which time any remaining 2016 allocation will be forfeited. Future allocations to the HCSA are not guaranteed. Plan Members will be notified in advance if any future HCSA allocations are being granted.

MEMBER ASSISTANCE PROGRAM (MAP) BENEFIT

Confidential counseling, information, advice and referral services are available to Plan Members and their eligible Dependents through **FSEAP**.

The confidential counseling services are provided by **FSEAP** 24 hours a day, every day of the year. Contact FSEAP directly at 1-866-990-1113 or TTY at 1-888-234-0414.

HOW TO SUBMIT A CLAIM

Please show your All-In-One Benefit Card to your pharmacist, dentist and to other health service providers. Drug claims can be submitted directly by your pharmacist. Dental claims can be submitted directly by your dentist. Many health care providers will also be able to submit your claims electronically for you and your eligible dependents (chiropractors, massage therapists, physiotherapists etc.).

You may also self-submit your health claims online through Green Shield Canada (GSC) Member Online Services. You may access the link to GSC Member Online Services from the Sheet Metal Local Union 30 Member website www.lu30plan.com. If you are not already registered on GSC's Member Online Services, please take some time to do so. This will ensure that you are reimbursed for out of pocket claims quickly.

If you have any questions regarding registering for GSC's Member Online Services or need any help with submitting claims using your All-In-One Benefit Card, please contact the Plan Administration Office.

Plan Administration Office

45 McIntosh Drive
Markham, Ontario
L3R 8C7

Toll Free Telephone Number: 1-800-263-3564

Fax: 1-905-946-2535

Email: ebps@mcateer.ca