

# IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

**LOCAL 720 & LOCAL 725**



## **BENEFITS-AT-A-GLANCE**

**Active Members Age 70+**

**April 2022**





# IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

## LOCAL 720 & LOCAL 725

### WHO IS ELIGIBLE?

Active Members in good standing, up to age 64, for whom employers are obligated to contribute by Collective Bargaining Agreement; and full-time salaried officers or employees of a Local approved by the Trustees. Coverage includes dependents.

Eligible dependents include:

- Spouse (legal or common-law)
- Unmarried children under age 21, or under age 25, if attending full-time school; or any children dependent on the Member due to physical or mental disability, regardless of age.

### WHEN AM I INITIALLY ELIGIBLE?

You & your eligible dependents become insured for all coverages (except Life Insurance\*) on the 1st day of the 2nd month following a period of not more than 3 consecutive calendar months during which you have accumulated at least 250 hours in your hourbank account. \*\$10,000 Life/ AD&D coverage from the 1st hour worked.

For each month worked, hours are credited to your hour bank account and 125 hours are deducted for each month of coverage. You continue to be covered as long as you have at least 125 hours in your account. You can credit up to 1,250 hours to your account. Non-Bargaining employees who work for a contributing employer may be covered and this coverage is based on 160 hours of work per month.

Coverage for the Member Assistance Program (through the CLRA Employee and Family Assistance Plan) is effective from the first hour reported.

### TERMINATION OF COVERAGE

If your reserve account falls below 125 hours after deductions for the current month's coverage are made, your coverage will be terminated the following month.

If your reserve account subsequently goes over 125 hours within 4 months of termination, coverage can then be reinstated on the 1st day of the second month following the month when hours increased.

If you cannot reinstate your coverage within 4 months, you must then comply with initial eligibility rules.

### WHAT COVERAGE DO I HAVE IF DISABLED?

Weekly Disability coverage is not available once you reach age 65. Extended Disability coverage is not available beyond attainment of age 58.



### SELF-PAYMENT OPTIONS

If your reserve account falls below 125 hours, you may continue coverage by making self-payments provided you arrange to make your first payment prior to losing eligibility.

Payments must be made continuously and in advance of the month for which coverage is desired. You may continue to self-pay for up to 18 months.



**If you decide to self-pay, 3 levels of coverage are available to you:**

1. Full Benefit Package: Same benefits as Active Members, but Life & AD&D at \$25,000.
2. Reduced Benefit Package: Life & AD&D at \$15,000 each; Prescription Drugs at 70% coverage; Dental includes Basic services only at 70% coverage; Vision Care at \$200.
3. Life Insurance Only Package: Life and AD&D at \$25,000 each.

**Weekly Disability and Target Extended Benefit coverage is not available under any self-pay option.**

Once you have chosen a package you cannot change your level of coverage.

### COVERAGE FOR RETIREES

If you retire, you may be eligible to continue benefits up to attainment of age 75 (at a reduced coverage level), either through the Trust Fund paid option, or through self-payments.

Contact the Fund office for more information.

## WORKING IN THE UNITED STATES

Life, Disability, Health, and Dental benefits, payable in Canadian funds, are available for Members working in the United States under the following conditions:

- Hour bank has sufficient hours to provide insurance coverage;
- Member maintains provincial Health Care and Hospitalization Insurance (medicare) coverage; and
- Member cannot work in the U.S. for more than 12 months.

## MISCELLANEOUS

**Change in Dependent Status:** Please notify the Fund office when you marry or have children (or if there is any change to who would qualify as a covered dependent).

**Common-Law Spouse:** To establish such a relationship your common-law spouse must have been residing with you for at least one year.

**Beneficiary:** A beneficiary should be named for all plans involving a death benefit. If you have not named a beneficiary, benefits will be paid to your Estate.

**Co-ordination of Benefits:** The Canadian Life & Health Insurance Association guidelines dictate that for families with coverage under more than one benefit plan, each spouse must submit their own claims first to their own benefit plan for reimbursement. If there is any amount left unpaid, the remainder may then be submitted to the spouse's benefit plan. Claims for dependent children must first be submitted to the benefit plan of the parent whose birthday occurs earliest in the year.

## PLAN SUMMARY

Benefits under this plan are not insured or guaranteed, and may, at the Trustees discretion, be amended, terminated or wound up at any time. The Dental, Supplementary Health and Vision plans are not underwritten by an insurer but are self-insured by the Trust Fund.



	WEEKLY DISABILITY INCOME BENEFIT	TARGET EXTENDED BENEFIT	MEMBER ASSISTANCE PROGRAM	DENTAL CARE
COVERAGE DETAILS	<ul style="list-style-type: none"> <li>▪ No coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ No coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Up to 12 hours of confidential professional assessment, referral or treatment provided for Members and their families</li> <li>▪ Coverage is provided through the Construction Employee &amp; Family Assistance Program (CEFAP)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minor procedures: 80%</li> <li>▪ Major procedures: 50%</li> <li>▪ Combined Minor &amp; Major maximum: \$1,500/year</li> <li>▪ No coverage for Dental Implants</li> <li>▪ No coverage for Orthodontics</li> <li>▪ Recall frequency: once every 12 months adults; once every 6 months for children</li> <li>▪ Fluoride coverage: children under 16 years of age only once every 9 months</li> <li>▪ Coverage based on the current year Manulife Financial Dental Fee Guide</li> </ul>
CLAIMING			Contact Homewood Health Inc. at: 1-800-663-1142	Use Dental Care Statement. Submit claim within 15 months of date the services were incurred.

See reverse for additional information...

**PLAN SUMMARY:**

	MEMBER LIFE	MEMBER AD&D	DEPENDENT LIFE	SUPPLEMENTARY HEALTH	VISION
COVERAGE DETAILS	<ul style="list-style-type: none"> <li>Basic Life \$25,000</li> <li>Death benefit paid to named Beneficiary</li> </ul> <p><b>Optional Life Member:</b></p> <ul style="list-style-type: none"> <li>Units of \$10,000 to a maximum benefit of \$100,000</li> </ul> <p><b>Optional Life Dependents:</b></p> <ul style="list-style-type: none"> <li>10% of member's benefit to \$10,000 for your spouse</li> <li>5% of member's benefit to \$5,000 for each dependent child</li> <li>Contact the Union office or Fund office to apply for optional coverage</li> </ul>	<ul style="list-style-type: none"> <li>Basic AD&amp;D: \$25,000</li> </ul> <p>Payable for a death or dismemberment cause by an accident. Includes loss/loss of use of limbs, sight, speech, hearing and for quadriplegia, paraplegia and hemiplegia</p>	<ul style="list-style-type: none"> <li>Spouse: \$15,000</li> <li>Child: \$2,500</li> </ul>	<p><b>100% coverage of eligible expenses, except drugs:</b></p> <ul style="list-style-type: none"> <li>80% prescription drugs to lowest cost alternative price:               <ul style="list-style-type: none"> <li>\$4 per prescription dispensing fee deductible</li> <li>Erectile dysfunction: 90% coverage to \$750 per calendar year</li> <li>Smoking cessation aids: \$1,000 per lifetime</li> </ul> </li> <li>100% other covered expenses including:               <ul style="list-style-type: none"> <li>Private hospital</li> <li>Hearing aids: \$5,000/60 consecutive months</li> <li>Prescribed custom fitted ear plugs: \$400/5 years</li> <li>Sleep apnea devices: \$2,500/5 years</li> <li>Paramedical Practitioners covered for \$75/visit to an annual maximum of \$400 per practitioner. Practitioners include:                   <ul style="list-style-type: none"> <li>Acupuncturist</li> <li>Christian Science Practitioner</li> <li>Osteopath</li> <li>Podiatrist</li> <li>Naturopath</li> <li>Massage Therapy/Reflexology</li> <li>Speech Therapist*</li> <li>Chiropractor</li> <li>Physiotherapist*</li> <li>Occupational Therapist</li> <li>Athletic Therapist</li> <li>Psychologist (\$115/hour to annual max of \$500)</li> </ul> </li> </ul> </li> </ul> <p>*physician recommendation required</p> <ul style="list-style-type: none"> <li>Out-of-Province Emergency Travel: 30 days per trip and \$2 million per lifetime</li> <li>Health Spending Account: \$750/member/year</li> </ul>	<p><b>100% coverage of eligible expenses to:</b></p> <ul style="list-style-type: none"> <li>\$300 every 2 calendar years for adults and every year for children for lenses and eye exams</li> <li>Corrective Laser Eye Surgery or Lens Implants Surgery: \$3,000 per lifetime</li> <li>Safety Glasses: \$450 every 2 calendar years (Members only)</li> </ul>
CLAIMING	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> <li>Submit within 15 months from date of death.</li> </ul>	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> <li>Submit within 12 months of accident.</li> </ul>	<p>Notify Fund office immediately:</p> <ul style="list-style-type: none"> <li>Submit within 15 months.</li> </ul>	<p>For drugs, use your Pay-Direct TELUS Health Benefit card at your pharmacy. Some drugs require prior Special Authorization. For other expenses use Medical Supplies Statement. Forms can be obtained from Union office or Fund office. Submit within 15 months of purchase.</p>	<p>Use Vision Care Statement. Submit within 15 months of purchase.</p>

**CONTACT INFORMATION:**

This document is a summary. For more information on the benefit plan, please refer to the Member Booklet or visit: [www.abironworkers.ca](http://www.abironworkers.ca).

Additional inquiries can be directed to the Plan Administrator:

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