2026

BENEFITS

2026 MEMBER BOOKLET
RETIRED MEMBERS

LABOURERS UNION LOCAL 506
MEMBERS BENEFIT TRUST FUND

LiUNA!care
LOCAL 506™
BUILDING HEALTHY FUTURES

LABOURERS' UNION LOCAL 506 MEMBERS BENEFIT TRUST FUND

RETIREE BENEFITS

THIS BOOKLET CONTAINS IMPORTANT INFORMATION AND SHOULD BE KEPT IN A SAFE PLACE FOR FUTURE REFERENCE.

EFFECTIVE
January 1, 2026

WELCOME

This booklet describes the conditions of eligibility, coverage and claims procedures under the Labourers' Union Local 506 Members Benefit Trust Fund.

Effort has been made to ensure that the coverage descriptions in this booklet are consistent with the group insurance policies issued by the Insurance Companies and with related government Health coverages. However, this booklet is not, in itself, a legal contract, so it follows that the terms of the insurance policies, and of the governing legislation, take precedence in case of dispute. As well, in an effort to treat all members fairly and to guard against abuse, the Board of Trustees is solely responsible for establishing the eligibility rules of the Benefit Plan.

The Trustees intend that the benefit coverage, provided by the Labourers' Union Local 506 Members Benefit Trust Fund, is of real value to you and your spouse. Should you require additional information, please contact LiUNAcare Local 506.

Please read this booklet carefully and keep it for future reference.

The Board of Trustees

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HOW THE BENEFIT PLAN WORKS

The benefits provided by the Plan are purchased from insurance companies with contributions remitted to the Labourers' Union Local 506 Members Benefit Trust Fund.

The booklet describes benefits available under the Benefit Plan.

The Trustees are responsible for the design of the benefit package provided to the Retiree Plan and for the allocation of the contributions made to the Trust Fund. To help carry out their duties, the Trustees have appointed various people such as accountants, consultants and lawyers to provide them with professional advice. The Trustees meet with these advisors from time to time to review matters that arise in the running of the Trust Fund. The Trustees make all decisions that are necessary at these meetings by taking a vote amongst themselves. LiUNAcare Local 506 performs the daily administrative functions of the Benefit Plan and Trust Fund.

It is hoped that the Trust Fund will be continued indefinitely, but as is customary in group insurance plans, the right of change or discontinuance at any time must be reserved. Please note that any benefit that is provided at a particular time cannot be guaranteed for any specific period of time, unless required by legislation. The Trustees reserve the right to amend, suspend, delete or terminate any benefit at any time as in their discretion they deem appropriate.

The Trustees have the power to disentitle any person to past, present or future benefits and to take any further action they deem appropriate, including denying membership in the Plan, to any person where the member or persons claiming through the member are found by the Trustees to be abusing the Plan or making false or improper claims under the Plan.

PROTECTING THE PLAN

The benefits provided by the Benefit Plan are designed to its maximum for Retirees and the eligible dependents of Labourers' Union Local 506 Members Benefit Trust Fund. Inflating drug costs and therapies affect the Plan and its purpose. Retirees can help maintain the Plan with the following steps to ensure the Plan is able to continue to offer quality benefits:

- Coordination of Benefit (COB) coverage with your spouse can ensure that each plan is maximized to its full potential. Please ensure to advise LiUNAcare Local 506 of other coverage available to you.
- The Plan has been designed to help Retirees and their dependents and to ensure suitable health care access. Please remember to use it when you need it and to use it prudently.
- Prior to sending a claim under the plan for items and services, take some time to shop and compare to help keep a limit on costs.

THE IMPORTANCE OF BEING REGISTERED

It is absolutely essential that you complete an Application Card, which you can obtain from LiUNAcare Local 506. On this card, you name the beneficiary / beneficiaries, to whom your Life Insurance should be paid, in the event of your death.

You may change your named beneficiary/beneficiaries, subject to Provincial Law, by written request, filed with LiUNAcare Local 506. The change will take effect as of the date such request was executed, but without prejudice to the Plan for any payment(s) made before such request is received by LiUNAcare Local 506.

Please be sure to fully complete and sign the Application Card, and return it to LiUNAcare Local 506. It is extremely important that a completed Application Card be on file, since claims cannot be paid on behalf of you, or your spouse if not complete.

After your insurance becomes effective, it is necessary for you to notify LiUNAcare Local 506 of any change in your marital status. This information is necessary so that your coverage can be adjusted accordingly.

CHANGE OF YOUR MARITAL STATUS

You must complete a new Application Card to update your status. For example, if you were a single member when your insurance commenced and you get married at a later date.

You must advise LiUNAcare Local 506 within 31 days of a change in your marital status. Failure to do so could jeopardize the coverage of a new spouse.

This information is important to ensure uninterrupted coverage and avoidance of any delays in the assessment of claims.

PERSONAL INFORMATION

Any personal information collected by the Trustees and LiUNAcare Local 506 is used only to the extent required by law. To authorize an individual to have access to your personal information, you must complete an Authorization to Release Personal Information Form and return it to LiUNAcare Local 506. Only authorized persons have access to your personal information when required for coverage purposes.

RETIREE ELIGIBILITY

WHO MAY BE INSURED

This Plan is for Retirees:

- in Good Standing with LiUNA Local 506.
- who are at least 55 years of age at the date of their retirement.
- who are in good standing with LiUNA Local 506 for a minimum of 5 consecutive years immediately prior to the date of retirement.
- who are in the process of successfully applying for a monthly retirement pension from the LiUNA Labourers' Pension Fund, or any Government Pension Plan such as The Canadian Pension Plan (CPP), Old Age Security (OAS), or Guaranteed Income Supplement (GIS).
- who are receiving or have received a lump sum pension with LiUNA Pension Fund, or any Government Pension Plan stated above
- and their eligible dependents who are insured under a Provincial Health Insurance Plan at the date of their retirement.
- Retirees who are deemed to have in excess of 50+ years of continues membership with Local 506 will be eligible for benefits on a complementary basis.

INITIAL BENEFIT COVERAGE

Retirees must apply for coverage under the Plan within 45 days from the retirement date or upon the exhaustion of any hour banks under the Labourers' Union Local 506 Members Benefit Trust Fund and will become eligible for benefits provided by the Plan as follows:

- On the first day of the next month you cease to be eligible as an Active Member of the Labourers' Union Local 506 Members Benefit Trust Fund provided you remit the required monthly contribution, on an uninterrupted basis.
- If you have hours in your hour bank account with the Labourers' Union Local 506 Members Benefit Trust Fund, you can enroll once you have exhausted these hours and your coverage terminates under the Labourers' Union Local 506 Members Benefit Trust Fund to a maximum of 12 months. You will receive an enrolment package 60 days before your hours will exhaust.
- Coverage continues automatically for each month for which you make your required monthly payment for benefit coverage, uninterrupted, paid to the Labourers' Union Local 506 Members Benefit Trust Fund and submitted to the LiUNAcare Local 506.
- Continue to maintain a Good Standing membership with LiUNA Local 506, uninterrupted from the date of retirement.

If you do not elect Retiree benefit coverage within 45 days of your retirement date or upon the exhaustion of any hours in your Hour Bank Account, you will not be eligible to enrol or participate at a later date.

COVERAGE COST

Retirees are required to submit the following monthly payment for benefit coverage as at January 1, 2025:

RETIREE COST
$ 60.00 / Month + 8% R.S.T. *The above rate is exclusive of the Provincial 8% Retails Sales Tax ($60.00 plus $4.80 Retail Sales Tax = $64.80). Retiree's costs may change from time to time as defined by the Board of Trustees.*

CHANGES IN PLAN ELIGIBILITY

The requirements under the Retiree eligibility and coverage costs may be amended by the Board of Trustees at any time without prior notice to individuals affected, including current Retired members and those not yet eligible as of the effective date of any amendment.

The Board of Trustees reserve the right to change or terminate any or all of the benefit coverages under the Plan and amend the monthly contribution from time to time.

TERMINATION OF COVERAGE

Coverage for you and your eligible dependents will terminate on the earliest of:

- On the last day of the month that you stop making the monthly payments or are not eligible to make future monthly payments;
- If you cease to be a member in Good Standing of LiUNA Local 506;
- Coverage for your eligible dependents will terminate on the date such dependents, ceases to be eligible;
- You enter Military Service;
- The date the Plan is discontinued.

RE-EMPLOYMENT OF A PENSIONER

If you are a Retiree covered under the Labourers' Union Local 506 Members Benefit Trust Fund who is receiving a monthly pension from the LiUNA Pension Fund and you return to work with a participating employer, your coverage as a Retiree under the Labourers' Union Local 506 Members Benefit Trust Fund will pause and you will begin to generate eligibility as an Active Member under the Labourers' Union Local 506 Members Benefit Trust Fund and will be classed as an Active Member. Once you accumulate enough hours in your hour bank under the Labourers' Union Local 506 Members Benefit Trust Fund, you will be considered to be an Active Member and not a Retiree. You cannot have active benefit coverage as an Active Member and a Retiree at the same time.

Coverage will terminate if a Retiree enters into an active working relationship with an entity contrary to the interests of LiUNA Local 506. Coverage under the Labourers' Union Local 506 Members Benefit Trust Fund will reactivate once you are no longer employed/working in the industry and benefits exhaust under the Labourers' Union Local 506 Members Benefit Trust Fund.

CONTINUATION OF EXTENDED HEALTH CARE, DENTAL CARE AND EMERGENCY OUT OF PROVINCE MEDICAL COVERAGE UPON YOUR DEATH - DEPENDENTS

Extended Health Care, Dental Care, and Emergency Out of Province Medical Coverage Benefits will continue beyond the date of your death while payments for such coverage are made by your spouse, provided you were eligible for benefits at the date of death, but not beyond the earliest of:

- The date your surviving spouse remarries (children will continue to be covered).
- The date of your surviving spouse's death.
- The date such dependents cease to be eligible.
- The date coverage for your dependents terminates as per the definition of dependent or for any other reason.
- The date your child attains the age of 21 or the age of 25 provided they are attending an accredited school, college, or university as a full-time student.

CONTINUATION OF EXTENDED HEALTH CARE, DENTAL CARE, AND EMERGENCY OUT OF PROVINCE MEDICAL COVERAGE FOR INCAPACITATED CHILDREN

Extended Health Care, Dental Care, and Emergency Out of Province Medical Coverage Benefits will continue beyond the date an unmarried child attains the limiting age of 21 or 25 provided they are attending an accredited school, college or university as a full-time student, provided proof is submitted to LiUNAcare Local 506 within 31 days after such date that such child:

- Is incapable of supporting themselves due to a physical or psychiatric disorder.
- Become so incapacitated prior to attainment of the limiting age.
- Is chiefly dependent upon you for support and maintenance.
- Is totally dependent on the Member or Members' Spouse of support within the terms of the Income Tax Act of Canada.
- Thereafter such proof must be submitted to LiUNAcare Local 506 as required, but not more often than yearly.

DEPENDENT ELIGIBILITY

Your dependents become eligible for coverage when you become eligible or, if acquired later, upon becoming your dependent provided they are covered under a Provincial Health Insurance Plan. If your spouse also has coverage through their employer, you must co-ordinate your benefits through this plan with your spouse's plan. You must advise LiUNAcare Local 506 if you or your dependents are covered under another plan, such as your spouse's benefit plan.

Your eligible dependents include your spouse and dependent children as identified below.

SPOUSE

- Spouse means a husband or wife by virtue of a valid civil or religious ceremony.
- Common Law Spouse means a person living with the member for a minimum of 12 consecutive months and will be deemed to be the member's spouse if such person is publicly represented as the member's spouse.
- Same-sex spouses are eligible provided that the relationship includes continuous cohabitation of a minimum of 12 consecutive months and public representation of married status.
- Divorced spouses are not eligible for coverage.

DEPENDENT CHILDREN

- Dependent child means a natural or legally adopted child; or a stepchild or other child who is dependent upon the member for support and lives with the member in a regular parent/child relationship.

- Dependent children must be 20 years of age or younger (children from 21 years of age but under age 25 will be covered provided they are attending an accredited school, college or university as a full-time student. Annual proof of student registration **must** be provided to LiUNAcare Local 506.

- Dependent children must be dependent of you for support, unmarried and not employed at a regular full-time job working no more than 30 hours per week.

SUMMARY OF PLAN BENEFITS

Following is a summary of your benefit coverages. The booklet provides further details.

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
LIFE INSURANCE (page 20)	**Benefit Maximum:** • Retiree - $20,000* • Spouse - $10,000 • Dependent Child - $10,000 **Life Advance Benefit (50% of principal sum) payable within 48 hours:** • Retiree - $10,000* ** Total Retiree Life Insurance benefit payable not to exceed $20,000. Applicable to Retirees only.* **Terminal Illness Life Advance Benefit (50% of principal sum) payable upon illness:** • 50% of the principal sum up to a maximum of $10,000.	✓ Retirees and eligible dependents
EXTENDED HEALTH CARE BENEFITS (page 22)	Any dollar amount shown as a "limit" in this summary refers to a maximum eligible charge, and not a maximum benefit **Lifetime Maximum:** • Unlimited per each insured family member **Coinsurance Levels:** • 50% Custom made Orthotics • 100% Other Covered Charges **Prescription Drugs**: • Member Advantage Benefit Card	✓ Retirees and eligible dependents

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
EXTENDED HEALTH CARE BENEFITS (page 22)	• 100% Reimbursement • Opioids – Lifetime maximum of $5,000 for eligible opioids. • Smoking Cessation – One (1) course treatment up to a maximum of $350 per lifetime. • Vaccinations / Immunizations coverage up to a maximum of $250 per calendar year. • Semi-Private Hospital Coverage up to a maximum of 120 consecutive days. • Medical Cannabis* - $500 per calendar year maximum. • Medical Exams / Test coverage to a maximum of $100 payable per calendar year to offset any fees charged for medical exams/tests. **Ontario Drug Benefit (ODB) Deductible**: • Annual $100 ODB deductible is eligible for reimbursement. • $6.11 maximum ODB dispensing fee reimbursement. **Paramedical Services Limits**: • Chiropractor, Massage Therapist*, Athletic Therapist, Occupational Therapist, Podiatrist/Chiropodist, Naturopath, Osteopath, or Acupuncturist up to a maximum of $90 per visit up to an overall combined practitioner maximum of $1,500 per calendar year.	✓ Retirees and eligible dependents

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
EXTENDED HEALTH CARE BENEFITS (page 22)	• Clinical Psychologist, Psychoanalyst, Psychotherapist or Social Worker up to a maximum of $100 per visit up to an overall combined maximum of $1,500 per calendar year. • Physiotherapist* up to a maximum of $100 per visit up to an overall combined maximum of $1,500 per calendar year. • Speech Therapist* up to a maximum of $200 per visit up to a lifetime maximum of $10,000 for dependent children only. ** MD Referral Required* **Medical Services and Supplies:** • Orthopedic Shoes: 1 pair every 24 months to an overall maximum of $250 (must be custom made by a Foot Care Specialist and prescribed by licensed physician (M.D.) or specialist). • Orthotics: 1 pair reimbursed at 50% up to a maximum of $400 every 24 months (must be custom made by a Foot Care Specialist and prescribed by licensed physician (M.D.) or specialist). • Hearing Aids: $1,500 every 36 months for one set (including replacement, repairs, and batteries). • Nursing Services: $5,000 lifetime maximum. • Ambulance services: outpatient services.	✓ Retirees and eligible dependents

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
EXTENDED HEALTH CARE BENEFITS (page 22)	• Limb braces, crutches, prosthesis services, wheelchair, hospital bed or oxygen equipment. • Vision Care: Maximum combined benefit of $400 per calendar year for eyeglasses (lenses/frames combined) or Contact Lenses. • One (1) eye exam within the same calendar year up to a maximum of $125. Eye exam prescriptions will be valid for 24 months from the date of exam. • Corrective Laser Eye Surgery: $1,500 / once per lifetime. • Cataract Surgery: Intra-ocular lens (IOL) single focal to a maximum of $250 per eye per lifetime; multi-focal to a maximum of $600 per eye per lifetime. • Cataract Surgery: Intra-ocular lens (IOL), preparation exam of $450 per eye, per lifetime	✓ Retirees and eligible dependents
DENTAL CARE BENEFITS (page 32)	**Co-Insurance Levels:** • Routine Care - 100% • Dentures - 100% • Crowns, Bridgework and Implants – 100% • Orthodontics – 60% **(Dependents under age 21)** **Annual Maximums** (per calendar year): • $3,000 per individual	✓ Retirees and eligible dependents

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
DENTAL CARE BENEFITS (page 32)	**Implants** • $1,500 per individual (Inclusive of annual maximum) **Dental Ontario Dental Association (ODA) Fee Guide:** • 2025 ODA Fee Guide (1 year lag, resetting every January 1)	✓ Retirees and eligible dependents
HOSPITAL CASH (page 38)	**Daily Benefit Maximum**: • Maximum of $50 per day **Benefits are payable after:** • 3 consecutive days of hospitalization **Benefit Duration**: • Maximum of 120 consecutive days	✓ Retirees and eligible dependents
EMERGENCY OUT-OF-PROVINCE MEDICAL (page 40)	**Benefit Maximum per trip**: • $5,000,000 Per Trip Maximum under age 70 • $5,000,000 Per Trip Maximum between age 70 to 80 • $2,500,000 Per Trip Maximum between age 80 to age 99 **Trip Duration:** • Trips are limited to a maximum of 90 consecutive days to age 99.	✓ Retirees and eligible dependents ✓ Coverage terminates at the attainment of age 99

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
EXPEDIATED HEALTHCARE (page 43)	**Benefit**: • Immediate access to diagnostic scans such as MRI, CT Scans, Ultrasound, Endoscopy, and Colonoscopy. • Specialist consultations for expediated access to a total of 20 different specialists. • Expediated low priority Orthopedic and General surgeries for Members only.	✓ Retirees and eligible dependents
MENTAL HEALTHCARE - mHEALTH (page 44)	**Benefit**: • Confidential Online Platform for virtual real-time Cognitive Behavioral Therapy (CBT) sessions with a psychologist. • Sessions up to 12 weeks from home via computer or handheld device. • Access to educational materials. • Assessments can be shared confidentiality & securely with primary care physicians or counsellors.	✓ Retirees and eligible dependents
VIRTUAL HEALTHCARE - vCARE (page 45)	**Benefit**: • Confidential Online Platform for virtual 24/7 non-emergency personalized medical support through the mobile application. • Instant access to connect with healthcare provider for primary health questions & concerns. • Fill and refill prescriptions.	✓ Retirees and eligible dependents

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
VIRTUAL HEALTHCARE - vCARE (page 45)	• Initiate specialist referrals and lab requisitions. • Unlimited virtual consultations via text or chat. • Updates sent securely and confidentiality to primary care physicians with consent.	✓ Retirees and eligible dependents
HEALTHCARE NAVIGATION (page 46)	**Benefit**: • Health coaching platform with nurse navigator to aid navigating current healthcare system for serious and chronic diseases. • Single point of contact throughout the diagnosis, treatment, and rehabilitation process.	✓ Retirees and eligible dependents
CANCER ASSISTANCE (page 47)	**Benefit**: • Specialized cancer care for immediate access to highly trained oncologists and experienced oncology nurses who work with patients and family to ensure right treatment is received.	✓ Retirees and eligible dependents
SECOND OPINION MEDICAL - MYCONSULT (page 48)	**Benefit**: • Online secured web platform to a medical second opinion program from the expertise of top Cleveland Clinic global specialists for prolonged or chronic illnesses without the time and expense of travel.	✓ Retirees and eligible dependents

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
HEALTH COACHING (page 49)	**Benefit**: • Confidential one-on-one telephone access to dedicated professional for coaching support. • Health goals include diabetes, heart health and mindful eating. • Nutritional Assessments available.	✓ Retirees and eligible dependents
SELF HELP WORKS (page 49)	**Benefit**: • Online training program with video-based workshops to help with: ▪ smoking cessation ▪ weight loss ▪ alcohol consumption ▪ exercise motivation ▪ stress relief ▪ diabetes ▪ sleep restoration and more.	✓ Retirees and eligible dependents
VIRTUAL HOME DELIVERY PHARMACY (page 49)	**Benefit**: • Convenience of home delivery for prescription medications sorted into daily packets to ensure correct daily dosage and auto renewing or prescriptions.	✓ Retirees and eligible dependents
FINANCIAL WELLNESS (page 49)	**Benefit**: • Convenience of a virtual portal with access to tools and information to assist in educating and providing guidance for financial goals and alleviate stress from financial uncertainty.	✓ Retirees and eligible dependents

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
SUBSTANCE & RECOVERY PROGRAM – SMART (page 50)	**Benefit**: • The Substance Management Abuse & Recovery Treatment (SMART) program is a confidential 24-hour, 7-day virtual online substance management and recovery program to assist with all forms of substance abuse.	✓ Retirees and eligible dependents
CANADIAN ADDICTION TREATMENT CENTRE – OPIOID PROGRAM (page 50)	**Benefit**: • The Canadian Addiction Treatment Centre Opioid Program is an Outpatient Treatment Service for those looking for confidential opioid therapy and treatment.	✓ Retirees and eligible dependents
DE NOVO PROGRAM (page 51)	**Benefit**: • The De Novo Program is an alcohol and drug treatment service operated as a partnership between management and unionized members of Ontario's construction trades.	✓ Retiree and eligible dependents
SUBSTANCE USE AND ADDICTION TREATMENT - INPATIENT (page 52)	**Benefit**: • The Inpatient Substance Use and Addiction Treatment is a program for those seeking a residential bed for substance use and alcohol, drug, and prescription medication addiction.	✓ Retirees only

BENEFITS	BENEFIT COVERAGE	WHO IS COVERED
SUBSTANCE USE AND ADDICTION TREATMENT - OUTPATIENT (page 52)	**Benefit**: • The Outpatient Substance Use and Addiction Treatment is a program for those seeking virtual treatment for substance use and alcohol, drug, and prescription medication addiction.	✓ Retirees only
MEMBER FAMILY ASSISTANCE PROGRAM - LIFEJOURNEY (page 53)	**Services:** • Confidential Counseling Services	✓ Retirees and eligible dependents

LIFE INSURANCE

BENEFITS

You and your eligible dependents are covered for life insurance as follows:

LIFE INSURANCE	
Member Category	**Coverage**
Retirees	
- Life Insurance	$ 20,000*
- Life Advance Benefit (50% of principal sum) payable within 48 hours	$ 10,000
** Total Retiree Life Insurance benefit payable not to exceed $20,000.* ** Applicable to Retiree only.*	
Dependents	
- Spouse	$ 10,000
- Children	$ 10,000
TERMINAL ILLNESS LIFE ADVANCE	
Terminal Illness Life Advance (50% of Principal Sum)	
- Active Member	$ 10,000
- Spouse	$ 5,000
- Dependent Child	$ 5,000
** Total Life Insurance benefit payable not to exceed Principal Sum.*	

In the event of your death at any time while covered, the amount above will be paid to your named beneficiary, if living, otherwise to your estate. You may change your beneficiary whenever you like (subject to any legal restrictions) by giving written notice to LiUNAcare Local 506.

CONVERSION OPTION

If coverage for you or your spouse terminates, you or your spouse may be eligible to convert the terminated amount to an individual life insurance policy without a medical examination or health questionnaire being required within 31 days of the date coverage terminates. Contact LiUNAcare Local 506 for details.

EXTENSION OF BENEFITS

If you or your spouse dies within 31 days of the date Life Insurance terminates, the amount that could have been converted will be paid as a death benefit even if no application for conversion was made.

BENEFICIARY

For Retiree death benefits, you may name a new beneficiary (ies) and, from time to time, change such named beneficiary (ies), subject to Provincial Law, by written request filed at the office of LiUNAcare Local 506, to take effect as of the date such request was executed, but without prejudice to the Plan for any payments made before such request is received.

LIFE ADVANCE BENEFIT

In the event of your death, a one-time Life Advance Benefit of $10,000 from the principal sum will be paid to your named beneficiary at the time of death within 48 hours, in advance of the Life Insurance Benefit to cover any burial expenses incurred. A death certificate from the funeral home must be submitted. You may change your beneficiary whenever you like (subject to any legal restrictions) by giving written notice to LiUNAcare Local 506. Total Retiree Life Insurance benefit payable not to exceed $20,000 and is applicable to Retirees only.

TERMINAL ILLNESS LIFE ADVANCE BENEFIT

In the event of a Terminal Illness diagnosis (death expected within 24 months), a one-time Terminal Life Advance Benefit payment up to 50% of the insured amount to a maximum of $50,000 will be paid out. A written medical report from the attending Physician attesting to the terminal illness must be submitted. Total Member Life Insurance benefit payable not to exceed the insured amount.

GENERAL INFORMATION

The eligibility and benefit provisions set out in this booklet are general and for information only. The booklet is not, in itself, a legal contract. The terms and conditions of the insurance policies take precedence in case of dispute. Should you require further information on eligibility or benefits, please contact LiUNAcare Local 506.

EXTENDED HEALTH CARE

If **you or your eligible dependents** incur reasonable and customary expenses for any of the services and supplies listed below, you will be reimbursed for the eligible expenses as described. These services and supplies must be recommended by a legally qualified physician in Canada, where indicated, and received while you are insured for either an illness, or injury that is non-occupational.

MAXIMUM LIFETIME BENEFIT

The maximum amount payable under this benefit is unlimited per eligible dependent. This amount applies separately to you and each eligible dependent.

PERCENTAGE PAYABLE

This is the percentage of covered charges that are paid.

- 50% for custom made orthotics.
- 100% for all other eligible covered expenses.

PRESCRIPTION DRUG BENEFIT

You and your eligible dependents are covered for prescription drug charges as follows:

- Prescription drugs must be medically necessary and used to treat a bona fide, serious medical condition.
- Prescription drugs must be prescribed by a licensed physician (M.D.) or dentist or other professional authorized by provincial legislation to prescribe drugs and dispensed by a registered pharmacist or licensed physician (M.D.) legally authorized to dispense such drugs in Canada.
- Prescribed drugs must be approved and used for the purpose identified by Health Canada and must contain a Drug Identification Number (DIN). Certain controlled drugs are subject to the amount and dosages that may be dispensed, i.e. – narcotics may be subject to a 30-day supply at any given time.
- Prescriptions drugs are limited to a maximum of a 3-month supply at any one time.
- Eligible opioids medication will be covered up to a lifetime maximum benefit of $5,000.
- Vaccines / Immunizations covered up to a maximum of $250 per calendar year.
- Smoking Cessation coverage for one (1) course treatment up to a maximum of $350 per lifetime.
- You and your eligible spouse will be provided a **Member Advantage Benefit Card** that you **must present to your pharmacist** when purchasing your prescription drugs for you and your eligible dependents.

WHAT PRESCRIPTION DRUGS/MEDICATIONS ARE NOT ELIGIBLE

The prescription drug plan does not reimburse the following:

- Drugs that can be purchased as over the counter medication or without a prescription.
- Drugs that are associated with dietary, anti-obesity, health foods, nutritional products, anabolic steroids, experimental drugs, vitamins, supplements, homeopathic medications, injectables, and erectile dysfunction.
- Drugs that are used for non-medically necessary purposes and provided directly by a physician or hospital.
- Prescribed drugs for sale in Canada not approved by Health Canada will not be reimbursed by the benefit plan if purchased outside of Canada.
- Lost, damaged, stolen or spoiled prescription drugs **will not** be covered by the drug plan.
- Any drugs purchased outside of Canada.

MEMBER ADVANTAGE BENEFIT CARD

Once you satisfy the eligibility requirements, you and your eligible spouse will be provided with a Member Advantage Benefit Card to be used as follows:

- For the purchase of all your eligible prescription drug expenses, dental expenses, & healthcare expenses.
- It is critical that LiUNAcare Local 506 have complete, accurate and up-to-date information on you and your dependents.
- In the event your Member Advantage Benefit Card does not work at the pharmacy, dental office or practitioner office due to incomplete information, please contact the LiUNAcare Local 506 at 416-506-8841.
- If you are not in benefit at the date of your purchase, your Member Advantage Benefit Card will not work and you will be required to make the purchase directly at the office.
- Should your Member Advantage Benefit Card not function and you are in benefit, you may purchase the medication/supplies or pay for the services and submit the paid receipt along with a completed claim form for assessment to LiUNAcare Local 506.
- Should you choose not to use your Member Advantage Benefit Card and purchase eligible drugs or services with cash, debit or credit card, the pharmacist/practitioner may charge you in excess of what is eligible through your Member Advantage Card and you will be responsible for these excess charges. It is imperative you use your Member Advantage Card to assist in controlling the costs the pharmacy/pharmacists/practitioner levies.
- Certain drugs that are medically necessary and appropriate for the plan to cover need to be pre-approved prior to purchase. Please contact the LiUNAcare Local 506 at 416-506-8841 for more information.

GENERIC SUBSTITUTION

Many brand name drugs on the market have a generic equivalent. In Canada, a generic drug has the same active ingredients as the brand name drug.

It is recommended that you ask your physician to prescribe a less expensive generic equivalent drug if one is available. This does not mean that your health care will be negatively impacted because, in Canada, the generic drug has the same active chemical ingredients as a brand name drug.

Generic substitution is the substitution of a less expensive drug for the originally prescribed brand name drug. This can be done by the pharmacist without the consent of your physician and is the normal practice of many pharmacists for a limited number of drugs.

DISPENSING FEES

Dispensing fees are a significant cost to the Retiree and the benefit plan. Retirees can help keep costs down by shopping around, as some drug stores can charge more than twice as much as others.

TRILLIUM DRUG PROGRAM

The Trillium Drug Program helps to cover the cost of drugs if your drug costs are high compared to income level for retirees between the ages of 55-65. Serious illnesses can have higher than normal drug costs; therefore, a Retiree can combine benefits from the Program and their benefit plan to cover up to 100% of costs along with a deductible. The Trillium Drug Program covers drugs that are approved under the Ontario Drug Program (ODB).

The following criteria are to be met in order to qualify:

- The Labourers' Union Local 506 Members Benefit Trust Fund does not cover 100% of the prescription drug costs;
- Must have valid coverage through the Ontario Health Insurance Plan (OHIP);
- Must not be covered under the Ontario Drug Benefit (ODB) Program.

For more information on the Trillium Drug Program, please call 1-800-575-5386 or LiUNAcare Local 506.

ONTARIO DRUG BENEFIT (ODB) PROGRAM

Prescription drug expenses for retirees age 65 and older are reimbursed by the Ontario Drug Benefit Program. Retirees and eligible spouses are responsible for an annual $100 deductible. The Retiree Plan will reimburse retirees and eligible spouses the $100 Ontario Drug Benefit deductible and up to a maximum of $6.11 per prescription for ODB dispensing fee charges.

Pharmacies will coordinate reimbursement directly with the Ontario Drug Benefit Program.

For more information on the Ontario Drug Benefit (ODB) Program, please call 1-866-532-3161 or LiUNAcare Local 506 office.

SEMI-PRIVATE HOSPITAL

For hospital accommodation, the difference between the hospital's semi-private and standard ward rates will be covered. For out-of-province hospital accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in the person's home province is also covered.

MEDICAL CANNABIS

You and your eligible dependents are covered for Medical Cannabis coverage in the province of Ontario as follows:

- Up to a calendar year maximum of $500 per insured individual.
- In accordance with Health Canada Guidelines:
    - Dried Cannabis - 30 Day Supply Maximum, 90 Gram Monthly Max
    - Oils – 30 Day Supply Maximum, 450 ml Monthly Maximum
    - Capsules – 30 Day Supply Maximum, 600 mg Monthly Maximum
- For medical purposes when obtained from a licensed producer pursuant to a medical document issued by an authorized Licensed Physician (M.D) and has been assigned a product identification number as defined under the Cannabis Act and Regulations.
- Must be accompanied with a Prior Authorization Approval and purchased through a Licensed Producer.
- For the treatment of one of the six eligible pre-determined conditions:
    - Neuropathic Pain (Chronic)
    - Spasticity
    - Palliative Care
    - Spinal Cord Injury
    - Nausea / Vomiting from Chemotherapy
    - Anorexia

ANTI-OBESITY MEDICATION

You and your eligible dependents are covered for Anti-Obesity Medication coverage in the province of Ontario as follows:

- Is 18 Years of Age, or Older;
- Has a Body Mass Index (BMI) Greater or Equal to 30kg/m2;
- Must be accompanied with a Prior Authorization Approval.

MEDICAL EXAMS

You and your eligible dependents are covered for Medical Examinations and Tests to offset any fees charged for any medical exam or test in the province of Ontario as follows:

- Up to a calendar year maximum of $100 per insured individual

HEALTH PRACTITIONERS

You and your eligible dependents are covered for charges by the following health practitioners:

- Chiropractor, Massage Therapist*, Athletic Therapist, Occupational Therapist, Podiatrist/Chiropodist, Naturopath, Osteopath, or Acupuncturist up to a maximum of $90 per visit up to an overall combined practitioner maximum of $1,500 per calendar year.
- Clinical Psychologist, Psychoanalyst, Psychotherapist or Social Worker up to a maximum of $100 per visit up to an overall combined maximum of $1,500 per calendar year.
- Physiotherapist* up to a maximum of $100 per visit up to an overall combined maximum of $1,500 per calendar year.
- Speech Therapist* up to a maximum of $200 per visit up to a lifetime maximum of $10,000 for dependent children only.
- Psychoanalyst who is a licensed physician (M.D.) if the insured person is not hospitalized (for Quebec residents only).
- Treatments by a Physiotherapist*, Massage Therapist*, and Speech Therapist* must be prescribed by a licensed physician (M.D.) in Canada as to duration and type and claims must be accompanied by a M.D. referral. If the treatment is required for more than 1 year, a M.D. referral is required on an annual basis.
- *M.D. Referral Required

AMBULANCE

You and your eligible dependents are covered for transportation by a licensed ambulance. Covered charges are in excess of the amount payable under your Provincial Health Plan, excluding air or rail ambulance service. Ambulance transportation coverage is as follows:

- From the place of injury (or where illness struck) to the nearest hospital where treatment is available.
- Directly from the first hospital where treatment is given to the nearest hospital for needed specialized treatment not available at the first hospital.
- From a hospital to a convalescent hospital / rehabilitation hospital.

DENTAL CARE FOR ACCIDENTAL INJURY

You and your eligible dependents are covered for services by a legally qualified Dentist for prompt repair of sound natural teeth when required because of a non-occupational injury or loss caused solely by external and accidental means within Canada.

Accidental Dental services must be commenced within 90 days of the accident causing the injury or loss and be completed within 12 months from the date of the accident.

ORTHOPEDIC SHOES

You and your eligible dependents are covered for custom made orthopedic shoes as follows:

- One (1) pair every 24 months up to a maximum reimbursement of $250.
- Custom made Orthopedic shoes must be prescribed by a licensed Physician (M.D.) or specialist and dispensed by a Pedorthist, Orthotist, Podiatrist or Chiropodist in Canada.
- Custom made Orthopedic shoes (including repairs) must be specially designed and molded to correct a diagnosed physical impairment, provided that the following information is supplied:
  - A diagnosis, including a list of symptoms and the primary complaint;
  - A description of the physical findings from the clinical examination;
  - A brief description of the abnormal walking pattern associated with the diagnosis (a gait analysis); and
  - Confirmation that the product has been custom made.

ORTHOTICS

You and your eligible dependents are covered for custom made Orthotics as follows:

- One (1) pair up to 50% of their purchase price to an overall maximum benefit of $400 every 24 months.
- Custom made Orthotics must be prescribed by a licensed Physician (M.D.) or specialist in Canada and dispensed by a Pedorthist, Orthotist, Podiatrist or Chiropodist and must be specially designed and molded to correct a diagnosed physical impairment, provided that the following information is supplied:
  - A diagnosis, including a list of symptoms and the primary complaint;
  - A description of the physical findings from the clinical examination;
  - A brief description of the abnormal walking pattern associated with the diagnosis (a gait analysis); and
  - Confirmation that the product has been custom made.

HEARING AIDS

You and your eligible dependents are covered for Hearing Aids as follows:

- To a maximum benefit of $1,500 every 36 months for one set of hearing aids when provided by a certified clinical audiologist in Canada including any replacement, repair charges and batteries.

VISION CARE

You and your eligible dependents are covered for Vision care services as follows:

- Maximum combined benefit of $400 every calendar year for eyeglasses (lenses and frame combined) or contact lenses. Remaining balances cannot be applied to future claims.
- One (1) eye exam (Regular/Retinal/Optomap Exam/Scans) within the same calendar year up to a maximum benefit of $125. Retirees/Spouses over age 65 will have eye exams covered under OHIP while dependents are continued to be covered under the benefit plan. Eye exam prescriptions will be valid for 24 months from the date of exam.
- Corrective Laser Eye surgery up to a lifetime maximum reimbursement of $1,500.
- Prior to Cataract Surgery, Intra-ocular lens (IOL) preparation exams are covered up to $450 per eye, per lifetime.
- Following Cataract Surgery, Intra-ocular lens (IOL) is covered up to a lifetime maximum of $250 for single focal lens per eye and $600 for multi focal lens per eye, IOL measurements and physician fees are **not** covered.
- All lenses must be prescribed by a legally qualified optometrist or ophthalmologist in Canada and must be for the correction of vision defects.
- A completed claim form must be submitted with the original paid receipts including final payment date and a copy of the original prescription.

- Eyeglasses or contact lenses must be purchased in Canada, Laser Eye surgery and Cataract Surgery must be performed in Canada.

You will not be reimbursed for the following nonprescription items:

- Nonprescription reading glasses
- Nonprescription sunglasses
- Nonprescription safety glasses
- Tinted other than (type 1 or 2) glasses
- Anti-reflective coatings

OUT OF HOSPITAL NURSING

You and your eligible dependents are covered for Nursing care services as follows:

- Home nursing care performed by a legally qualified Registered Nurse (R.N.), Registered Nursing Assistant (R.N.A.), Registered Practical Nurse (R.P.N.) or Victorian Order Nurse (V.O.N.) in Canada.
- Your nurse cannot be related to you by blood or marriage or a member of your family and not normally a resident in your home.
- Services must be ordered by a licensed physician (M.D.) in Canada as medically necessary for a disability that requires the specialized training of a nurse.
- Home Nursing care will be eligible up to a maximum lifetime benefit of $5,000.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

Prior to incurring any major expenses, you should submit details to the LiUNAcare Local 506 to determine payable benefits. In any event, a letter will be required by a licensed physician (M.D.) describing the nature of the disability and type, medical need and estimated duration of any required durable medical equipment.

You and your eligible dependents are covered for the rental of or at the Insurers discretion, the purchase of Durable Medical Equipment and Supplies as follows:

- Medical Braces for Wrist, Elbow, Finger, and Ankle up to a maximum of $250 per limb, once every 3 years.
- Respiratory equipment, kidney dialysis equipment, oxygen, hypodermic needles and catheters.
- Wheelchairs, Hospital Beds, Iron Lungs or similar mechanical equipment.
- Splints, Canes, Crutches, Walkers, Trusses, Casts and Dennis Browne splints.

- Rigid or Semi-Rigid Back, Neck, Arm or Leg Braces once (1) every five (5) years per limb.
- Non-dental prosthesis such as artificial limbs and eyes, including replacement if required due to a change in physical condition.
- Injectables, needles, syringes, diabetic testing agents, insulin, glucometers and infusion pumps when patient is insulin dependent.
- Apnea monitors.
- One (1) external breast prosthesis to a maximum of $500 per breast once every 24 months.
- Two pairs of surgical brassieres, per calendar year.
- Graduated compression stockings with a minimum compression factor of 20mmhg or higher to a maximum of $300 per calendar year.
- Wigs up to a lifetime maximum of $500.
- Sclerotherapy (Vein Injections) is limited to $20.00 per visit up to a maximum of $2,500 per calendar year.

The Durable Medical Equipment and Supplies benefit does not cover the following:

- Items for personal comfort, convenience, exercise, safety, self-help or environmental control.
- Items which may be used for non-medical reasons, such as but not limited to heating pads or lamps, communication aids, air conditioners or cleaners, whirlpool baths or saunas.

ONTARIO ASSISTIVE DEVICES PROGRAM (ADP)

The Ontario Assistive Devices Program (ADP) may provide reimbursement for certain expenses up to 75% of the cost. Eligible items are breast, limb and eye prosthesis, respiratory equipment, communication aids, ostomy supplies, visual aids, wheelchairs, etc. Claims for these types of services must be forwarded to ADP with the balance being submitted to the Plan for consideration.

INSULIN PUMPS

The Ontario Assistive Devices Program (ADP) provides funding assistance to eligible Ontario residents of all ages with type 1 diabetes. The program covers 100% of the cost of an insulin pump (up to a maximum of $6,300) paid directly to the supplier on behalf of the recipient. The program will also cover $2,400 ($600 every three months) per year for supplies paid directly to the recipient. Retirees and eligible spouses that do not qualify for Adult Insulin Program should submit their claim for an insulin pump for pre-approval under the Labourers' Union Local 506 Members Benefit Trust Fund.

OSTOMY SUPPLIES

The Ontario Assistive Devices Program (ADP) provides funding assistance to eligible Ontario residents that have a permanent colostomy, ileostomy, urostomy, ileal conduit or continent pouch/reservoir. The program does not pay for supplies for persons with a temporary ostomy. The program will pay $600 ($300 every six months) per year directly to the recipient for supplies if eligible. Any additional costs should be submitted to the Labourers' Union Local 506 Members Benefit Trust Fund for consideration. For more information on the Ontario Assistive Devices Program (ADP), please call 1-800-268-6021 or contact the LiUNAcare Local 506 office.

EXCLUSIONS AND LIMITATIONS

No benefit will be paid for:

- For drugs, sera or injectable drugs when administered in a hospital setting, whether administered on an inpatient or outpatient basis or in violation of any Provincial and or Federal regulations.
- Any expenses incurred and submitted for cosmetic/lifestyle purposes.
- If the payment is prohibited by law.
- That a covered person may obtain as a benefit under any governmental plan or law.
- For which no charge would have been made in the absence of this coverage.
- For dental work, except as provided under Dental Care for Accidental Injury.
- Expenses submitted more than 18 months after the date of service are not covered.
- Expenses incurred outside of Canada are not eligible for reimbursement.

No amount will be paid for any charge incurred that results from or is contributed by:

- War, whether declared or not.
- Insurrection, rebellion or participation in a riot or civil commotion.
- Purposely self-inflicted injury.
- The commission or, attempt to commit, an assault or a criminal offence.

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DENTAL CARE

You or your eligible dependents may incur reasonable and customary charges for services and supplies provided by or under the supervision of a licensed, certified or registered oral surgeon or dentist in Canada. Eligible services are those that are recommended as necessary by a physician or dentist. Dental treatments are considered eligible if performed by a dentist or denturist who practices within the scope of his/her license.

The following chart provides an illustration of the dental coverage provided under the Plan.

Summary of Dental Care Benefits		
Dental Care	• **Calendar Year Maximum** • **Dental Fee Guide Reimbursement** • **Diagnostics: exams, x-rays** • **Endodontics: root canals** • **Periodontics: root planing and surgery** • **Preventative: polishing, scaling, fluoride** • **Dentures: Partial / Complete** • **Crowns/Bridgework/Implants** • **Restorative: fillings, crowns** • **Surgical: extractions, oral surgery** • **Orthodontics (Dependents under the age of 21)**	• $3,000 per person / year • 2025 O.D.A. • 100% • 100% • 100% • 100% • 100% • 100% • 100% • 100% • 60%

BENEFITS

The total benefits payable are subject to the following maximums:

Calendar Year Maximum (per individual)	**$3,000 per Calendar Year**
Implants (per individual) inclusive of all dental care services	$1,500 per Calendar Year

PERCENTAGE PAYABLE

This is the percentage of covered charges that are paid. Covered Charges are charges up to the amount shown in the Fee Guide for needed Dental Care, services or supplies, while you are covered for either a disease or injury that is non-occupational.

DENTAL FEE GUIDE

Reimbursement will be based on the **2025 Ontario Dental Fee Guide** *(One year lag, resetting every January 1st).*

ROUTINE DENTAL CARE SERVICES

You and your eligible dependents are covered for charges up to the benefit maximum as follows:

- Oral examinations, prophylaxis (light scaling and polishing of teeth) and bite-wing X-rays, up to once every 6 months.
- Scaling, root planing or occlusal equilibration (limited to 8 units per calendar year for all procedures combined).
- Dental X-rays (full mouth series of X-rays or Panoramic X-ray once every 24 months).
- Complete exams covered once in every 24 months.
- Fillings, including porcelain fillings on all teeth and surfaces.
- Oral surgery and extractions for the removal of teeth, including the excision of impacted wisdom teeth.
- Anesthesia and its administration when made necessary due to a dental procedure.
- Space maintainers and pre-fabricated full coverage restorations for primary teeth.
- Repair, relining or rebasing of dentures.
- Repair or re-cementing of crowns, inlays, onlays or bridges.
- Periodontal treatment for disease of the bone and gums of the mouth, including tissue grafts, bone grafts and occlusal guards, but not athletic guards.
- Endodontic treatment, including initial root canal therapy and pulp conservation and root resection.
- Root canal once per lifetime per tooth.
- Scaling and cleaning of teeth may be done by a licensed dental hygienist.
- Fee for the root canal has been reduced by ½ of the fee paid for pulpectomy.

MAJOR RESTORATIVE SERVICES

You and your eligible dependents are covered for charges up to the benefit maximum as follows:

DENTURES

- First installation, including adjustments, of partial, permanent or complete temporary or permanent removable dentures to replace 1 or more natural teeth extracted while you are covered if you are covered for less than 12 consecutive months.
- Denture adjustments that occur more than 3 months after installation.
- Replacement of an existing partial or full removable denture, if it was installed at least 5 years before and cannot be made serviceable or is a temporary full denture which

replaces one or more natural teeth extracted while the person is covered if the person has been covered for less than 12 months, and for which replacement by a permanent denture is required and takes place within 1 year from the date the temporary denture was installed. The cost of a temporary denture will be deducted from the cost of a permanent denture.

- Addition of teeth to an existing partial denture, if required to replace 1 or more natural teeth extracted while the person is covered.
- Installation, adjustment, repair, relining or rebasing of dentures may be done by a denturist, denture therapist, technician or mechanic, who is registered and practicing within the scope of his/her license.
- Denture Relines/Rebases are covered once every 24 months per arch.
- Denture repairs/adjustments are not eligible within 3 months of the date the denture was inserted.
- Cost of denture may apply towards Initial Bridge when missing 3 or more teeth within the same arch.

CROWNS, INLAYS, ONLAYS

- Inlays, onlays, gold fillings and crowns.
- First installation of inlays or onlays, and crown are covered when a natural tooth has extensive loss.
- Replacement of an existing inlays, onlays, and crown, but only if it was installed at least 5 years before and cannot be made serviceable.

BRIDGEWORK

- First installation of a fixed bridge is covered when 2 or less natural teeth have been extracted while insured under the Labourers' Union Local 506 Members Benefit Trust Fund.
- Replacement of an existing bridge, but only if it was installed at least 5 years before and cannot be made serviceable.

IMPLANTS

- First installation of an implant is covered if the natural teeth have been extracted while insured under the Labourers' Union Local 506 Members Benefit Trust Fund.
- Replacement of an existing implant crown, but only if it was installed at least 5 years before and cannot be made serviceable.
- Implant claims are reimbursed in two portions of the approved amount. 50% is reimbursed when the surgical stage is complete, and the remaining 50% will be paid when restorative crown is placed.

- Implants up to a maximum of $1,500 per calendar year, per individual inclusive of all other dental services (Routine Dental Care Services and Major Restorative Services).

ORTHODONTICS

- Orthodontic treatments are reimbursed at 60% of the total submission, up to an overall maximum of $3,000 per lifetime.
- An estimate must be submitted prior to any incurred orthodontic treatments.
- Initial treatment cannot exceed 35% of the total cost of orthodontic treatments.
- Treatment must commence prior to the dependent reaching 21 years of age.
- Services will only be rendered in Canada.
- Reimbursement of orthodontic benefits will only be made if the Retiree is in benefit at the time the service is rendered.
- Diagnostic procedures, initial fee, monthly, and quarterly fees will. Be reimbursed as services are rendered.
- Orthodontic reimbursements are limited to a monthly fee therefore, no lump sums will be reimbursed. Should you choose to pay your orthodontist the entre treatment fee up front, you will only be reimbursement for the services as they are actually rendered. Prepayments are not reimbursable under this plan.

ALTERNATE BENEFITS CLAUSE

If alternative services may be performed for the treatment of a dental condition, the maximum amount payable will be the amount shown in the Fee Guide for the least expensive service or supply required to produce a professionally adequate result.

PREDETERMINATION OF BENEFITS

If charges for a planned Course of Treatment by a licensed dentist in Canada will exceed $300, proposed details and x-rays should be submitted to LiUNAcare Local 506 for pre-approval.

Failure to do so may result in payment of a lesser benefit amount because of the difficulty in determining the need for such treatment after it has been provided. Dental x-rays will be promptly returned to the dentist.

Course of Treatment means one or more services rendered by one or more dentist for the correction of a dental condition diagnosed as a result of an oral exam starting on the date the first service to correct such condition is rendered.

EXCLUSIONS AND LIMITATIONS

No benefit will be paid for:

- Dental care or appliances that are deemed to be for cosmetic purposes.
- Replacement of tooth structure lost due to incisal wear.
- Fillings are limited to once every 12 months per tooth, per surface.
- Expenses submitted more than 18 months after the date of service are not covered.
- Perio-Splinting is not eligible unless performed in conjunction with periodontal surgery.
- Crowns, Abutments and Pontics on molar teeth will be limited to the cost of metal appliance.
- Fees associated with travel, completion of claim forms and or missed appointment fees.
- Services that are not performed by a licensed dentist.
- Services associated with Implants.
- Services incurred outside of Canada.
- Dental care covered under a medical plan provided by an Employer or Government.
- Space maintainers and pre-fabricated full coverage restorations for permanent teeth.
- Oral hygiene instruction or nutritional counseling.
- Protective athletic appliances.
- A full mouth reconstruction for a vertical dimension correction, or for diagnosis or correction of a temporomandibular joint dysfunction.
- Replacement of a lost or stolen prosthesis. Prosthesis, including crowns and bridgework, and the fitting there of which were ordered while the person was not covered, or which were ordered while the person was covered but which were finally installed or delivered after this benefit is discontinued or more than 90 days after termination of coverage for any other reason.

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HOSPITAL CASH

If **you or your eligible dependents** become hospitalized, you may be eligible to receive a daily cash benefit for the duration of your hospital stay.

ELIGIBILITY

To be eligible for this benefit, **you or your eligible dependents** must be:

- Present themself at a recognized hospital anywhere for a minimum of 3 consecutive days.
- Hospital stays of less than 3 days do not qualify for this benefit. Once you have presented yourself to a recognized hospital for more than 3 consecutive days, your benefit will include the first 3 consecutive days.
- Hospital confinements associated with the admission and birth of a child will begin after 1 day (24 hours).

BENEFITS

If you have met the eligibility requirements, **you or your eligible dependents** may be eligible for the following benefits:

- A maximum daily benefit of $50.
- A maximum benefit period of 120 consecutive days.

DEFINITION OF HOSPITAL

"HOSPITAL" means an incorporated or licensed hospital having accommodation for resident bed patients, a laboratory, a registered graduate nurse always on duty and an operating room where surgical operations are performed by a legally qualified physician or surgeon. The term "Hospital" shall not include a rest home, nursing home, convalescent home, health spa, a place for custodial care, a home for the aged or an institution used primarily for the confinement or treatment of alcoholism or drug addiction, tuberculosis or mental illness. The term "Hospital" shall also include a rehabilitation hospital when recommended by a physician, and if you are transferred directly from a hospital to a rehabilitation hospital. Only in the event where a concurrent transfer from a hospital to a rehabilitation hospital is not feasible will a grace period of 14 days be provided for the admittance to a rehabilitation hospital.

The Hospital Cash Benefit is available for claims incurred outside of Canada so long as the standard definition of "hospital" is met, and the valid discharge papers are submitted to LiUNAcare Local 506.

SUBSEQUENT HOSPITALIZATION

If under the unfortunate circumstance you require further hospital confinement, or your situation requires more than one period of hospitalization for the accident or illness, then the full benefit will be reinstated provided that at least 61 days has elapsed from your last paid hospitalized day.

EXCLUSIONS AND LIMITATIONS

No benefit will be paid for:

- Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury, while sane or insane.
- Declared or undeclared war, or any act of declared or undeclared war.
- Flying in an aircraft, vehicle or device for aerial navigation:
  - For test or experimental purpose that you are operating, learning to operate or serving as a crew member;
  - That is operated by or under the direction of any military authority (this does not include transport type aircraft which is operated by the Canadian Air Transport Command or any other countries similar type of air transport service).
- Losses occurring while the insured person is serving on full-time active duty in the Armed Forces of any country or international authority.
- Any injury or illness that is the result of non-accidental means.

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EMERGENCY OUT OF PROVINCE MEDICAL COVERAGE

Each Canadian Province and Territory provides a Medicare Plan with comprehensive benefits for hospital confinement, the service of medical physicians and other health practitioners, ambulance services, etc.

When you are outside your province of residence or Canada and require these services, your Provincial Medicare Plan will usually make a payment towards your expenses but that payment is usually limited to the amount that would have been paid for the same service in the Province in which you reside.

This benefit provides extensive coverage for many services rendered outside of Canada. It would be important to note that such expenses are covered provided that they were unexpected and of an emergency nature. This benefit does not provide benefits for medical treatment if the purpose of your trip is to obtain medical treatment.

ELIGIBILITY

To be eligible for this benefit, **you and your eligible dependents** must be:

- Under the age of 99.

PERIOD OF COVERAGE

You and your dependents are covered while outside your province of residence or Canada for such reasons as business or vacation up to a maximum of:

- 90 consecutive days per trip if under age 80
- 90 consecutive days per trip ages 80 to 99

Travel medical insurance covers Retiree and eligible dependents for trips of up to the consecutive days above. Travelers must return home for at least one day before being eligible for a new set of consecutive days for another trip.

BENEFIT MAXIMUMS

When injuries or sickness result in a claim, benefits will not exceed a per trip maximum of $5,000,000 for persons under age 70 for the actual expenses incurred outside of Province that exceed the amount which is payable with respect to such expenses under any government hospitalization or medical plan in Canada. Persons between age 70 to 80 are subject to a maximum of $5,000,000 per trip maximum and persons between age 80 to 99 are subject to a maximum of $2,500,000 per trip maximum.

Persons over age 99, please contact LiUNAcare Local 506 before traveling for options and details.

BENEFITS

If you have met the eligibility requirements, you and your eligible dependents may be eligible for the following benefits:

	Benefit Maximums	
• Hospital, Medical and Therapeutic Services	$5,000,000	
• Hospital Confinement	$5,000,000	
• Emergency Evacuation Benefit	$ 500,000	
• Emergency Dental Treatment	$ 2,500	
• Repatriation Benefit	$ 15,000	
• Identification Benefit	$ 5,000	
• Auto Return Benefit	$ 10,000	
• Family Transportation Benefit	$ 15,000	
• Return Transportation for Travelling Companion	$ 5,000	
• Trip Interruption Benefit	*Airfare*	$ 500
	Hotel and Meal Expenses (5 day max)	$ 1,500
	Combined Maximum	$ 2,000

EXCLUSIONS AND LIMITATIONS

No benefit will be paid for:

- Injuries received while the insured person is participating in any maneuvers or training exercises of the armed forces.
- Pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except that in the case of a pregnancy, complications which occur before the end of the seventh month will be covered if they occur while insured hereunder.
- Sickness or injury where the trip is undertaken for the purpose of securing medical treatment or advice for such sickness or injury.
- Dental surgery or cosmetic surgery unless such surgery is a result of a covered injury.
- Treatment or services that contravene any government hospital or medical care plan in Canada.
- Sickness or injury due to participation in professional sports.
- Anticipated medical treatment required on an ongoing basis or for continued stabilization of a medical condition known to the Insured Person prior to departure.
- Emotional or mental disorders unless the insured person is hospitalized.
- Expenses incurred on an elective (non-emergency) basis.
- Loss or injury as a result of suicide or any attempted threat or self-inflicted injuries, while sane or insane.
- An act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority.
- Any services or supplies provided by an insured person.

- Any treatment or surgery not required for the immediate relief of acute pain or suffering.
- Any treatment or surgery, which reasonably could be delayed until the insured person returns to Ontario; or anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to the insured person prior to departure.

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IN AN EMERGENCY, HERE'S WHAT TO DO:

You or someone acting on your behalf should call AXA Assistance Canada (AXA) immediately, before you get medical assistance in the event of a serious medical emergency. If you can't call right away, contact AXA as soon as you are able to do so. Their operators are backed by a team of emergency care professional physicians and nurses who work closely with the physician looking after you and, if necessary, your family or company physician, to help ensure that you receive the medical care you need.

NOTE: If you contact AXA right away, your claim may be pre-approved so you can avoid having to pay upfront and claim for reimbursement later.

Telephone the AXA Assistance Canada (AXA) at the numbers listed below:

- Canada & U. S. A. - **1-877-490-7228**
- Elsewhere (Collect Call) - **647-258-7274**

An operator will ask you the following:

- Your name, location, local and the details of your emergency
- Your AIG Policy No: **SRG 9426170**

EMERGENCY OUT OF PROVINCE MEDICAL WALLET CARD

Emergency Out of Province Medical Coverage Wallet Cards to carry while traveling, are available online at www.liunacare506.com or from LiUNAcare Local 506.

EXPEDITED HEALTHCARE

If you or your eligible dependents require access to a diagnostic procedure or are referred to a specialist and are placed on a medical waitlist, you and your eligible dependents may be eligible for the QuikCare Platinum as follows.

The QuikCare Platinum program provides expedited access to the Canadian Healthcare system to assist you and your eligible dependents by allowing those who are placed on a medical waitlist, immediate access to diagnostic scans (MRI/CT scans) and specialist consultations so you can focus on taking care of your wellbeing.

The QuikCare Platinum program was designed for diagnostic scans to be booked and preformed within 72 hours and specialist consultations be booked within weeks and not months so you don't have to spend time worrying if your condition is worsening, being stressed, unable to work and participate in your usual day to day activities which can have a substantial impact to you and your family.

The different types of diagnostic scans and specialists covered available to you and your eligible dependents include the following:

ELIGIBLE DIAGNOSTIC SCANS AND SPECIALISTS AVAILABLE TO MEMBERS AND ELIGIBLE DEPENDENTS:	
Magnetic Resonance Imaging (MRI)	Urologist
Computed Tomography Scan (CT scan)	Rheumatologist
Ultrasounds	Neurosurgeon
Orthopedic	Endoscopy
Cardiologist	Colonoscopy
Neurologist	Dermatologist
Gastroenterologist	Endocrinologist
General Surgeon	Gynecologist
Ear, Nose, Throat (ENT)	Podiatrist
Ophthalmologist	Respirologist

Specifically, for LiUNA Local 506 Members only, the following is available:

ELIGIBLE DIAGNOSTIC SCANS AND SPECIALISTS AVAILABLE TO MEMBERS ONLY:	
Orthopedic Surgery	General Surgery
Addiction Treatment	

When your physician recommends a diagnostic procedure or refers you to a specialist, you can contact the QuikCare Platinum 24/7 dedicated toll-free helpline at 1-844-900-8357 to set up your consultation with one of our intake specialists for rapid intervention.

MENTAL HEALTHCARE - mHEALTH

If you or your eligible dependents require help to assess any mental health issues you may have and require any type of support, you and your eligible dependents may be eligible for the mHealth virtual mental healthcare as follows.

The mHealth online platform is an easy to access digital platform with educational materials and virtual real-time therapy. Retirees and eligible dependents have access to mental health forums and libraries with videos and podcasts, support, video therapy, a diagnostic and statistical mental health assessment tool, and a variety of other resources.

Retirees and eligible dependents get effective psychological treatment that will improve and sustain their overall health by ensuring rapid access to Cognitive Behavioural Therapy (CBT) as a short-term therapy that offers long term benefits. The program offers virtual CBT therapy sessions with a psychologist for a range of psychological conditions in the comfort and privacy of the Retirees' own home for up to12 weeks including but not limited to:

ELIGIBLE PSYCHOLOGICAL CONDITIONS:	
Anxiety	Addiction
Depression	Stress
Substance Abuse	

This confidential evidence-based treatment alleviates the social stigma associated with mental health care. Should more intensive therapy or psychiatric intervention be needed, escalation can be facilitated.

Retirees and dependents can download and share results of the assessment tool with their primary care physician or their mental health counsellors, securely and confidentially, from the comfort of home via computer or a handheld device. Register online or contact the Confidential Helpline 24/7 at 1-844-900-8357.

VIRTUAL HEALTHCARE - vCARE

If you or your eligible dependents have a non-emergency health question or concern and are unable to visit a walk-in clinic or get an appointment with your family doctor, you and your eligible dependents may be eligible for the vCare Virtual Healthcare as follows.

The vCare online platform provides you and your eligible dependents with 24/7 personalized medical support wherever you are through the mobile application. The virtual care platform is designed to address your healthcare needs via secure unlimited text and video chat anywhere at any time.

Retirees and eligible dependents can connect instantly with a healthcare provider for any primary health questions and concerns, fill and refill prescriptions, specialist referrals, and lab requisitions as outlined below:

- Unlimited virtual consultations via secure text and video chat
- Convenient primary and mental healthcare support
- Fill and refill prescriptions, specialist referrals, and lab requisitions
- Virtual follow-ups with no appointments required
- Health record on the platform with updates sent to your family doctor with your consent

The on-demand virtual healthcare solution avoids visits to the doctor's office, walk-in clinics and emergency rooms for non-emergency issues such as but not limited to:

- Infections, rashes, and skin irritations
- Anxiety and depression
- Stomach and digestive issues
- Cough, cold and flu
- Weight loss counselling, smoking cessation, and more.

The vCare online platform can help with most primary care needs though specific cases will require an in-person medical appointment at the discretion of our healthcare providers. Don't wait until you are sick, active your account now to be ready when the need arises. For medical emergencies, please call 911 or go to the nearest emergency room.

HEALTHCARE NAVIGATION

If you or your eligible dependents require any sort of health coaching along with assistance navigating the current health care system for serious and chronic diseases, you and your eligible dependents may be eligible for Health Care Navigation as follows.

The Health Care Navigation platform provides you and your eligible dependents with a single point of contact, such as a personal nurse, throughout the diagnoses, treatment, and rehabilitation process. The nurse navigator will provide information about test and treatment options and assist with but not limited to the following:

- Doctor-to-doctor consults with patient.
- In-depth assessments of treatment plans and options proposed by the local treating physician to ensure they are consistent with medical best practice.
- Explanation of options for tests and treatments in each case.
- Facilitate access to diagnostic tests, treatments, and clinical trials.
- Guide patients to alternate treatment locations, when requested or required.
- Ongoing coaching as how to best manage chronic conditions such as diabetes, heart disease and chronic pain to name a few.
- Dramatically improve the overall quality of care, recovery, and outcomes.

The Health Care Navigation platform provide an individualized and personal service based on each individual's situation and is the only service of its kind in Canada. Services are unlimited and are to ensure retirees and eligible dependents receive the right care, at the right place, at the right time, every step of the way. For more information, please contact Compass Health Care Navigation at 1-866-883-5956 to speak with a nurse navigator.

CANCER ASSISTANCE

If you or your eligible dependents are cancer patients and require navigation through the public health care system, you and your eligible dependents may be eligible for Cancer Assistance as follows.

The Cancer Assistance program provides you and your eligible dependents access to highly trained oncologists and experienced oncology nurses who work with patients and their immediate family to ensure that the right treatment is received. The program provides expert assessment of current cancer treatment approaches along with the following:

- Help reduce the physical and emotional impact of cancer.
- Ensure medical best practices are utilized throughout active treatment.
- Provide expert assessment of current cancer treatment approaches.
- Provide answers to patients' questions and explanation of tests and treatments.
- Empower patients to better understand their diagnosis and treatment options.

The Cancer Assistance program specializes in cancer care. Services are unlimited and are to ensure Retirees and eligible dependents receive the right treatment when needed most. For more information, please contact Cancer Assistance at 1-866-599-2720.

SECOND OPINION MEDICAL - MyCONSULT

If you or your eligible dependents suffers from a prolonged or chronic illness and would prefer a detailed second opinion, you and your eligible dependents may be eligible for Cleveland Clinic's MyConsult Online Medical Second Opinion program as follows.

Cleveland Clinic Canada is a global healthcare leader and the MyConsult Online Medical Second Opinion program connects you and your eligible dependents to the expertise of top Cleveland Clinic global specialists without the time and expense of travel.

Through the secure web platform, retirees and eligible dependents can submit their detailed health information, medical records and diagnostic test results to an assigned nurse navigator who will submit to the Cleveland Clinic. The most appropriate Cleveland Clinic doctor is assigned to the consultation and will review and provide a detailed second opinion to you and your physician to discuss the results and recommended treatments via phone. MyConsult Online Medical Second Opinion helps to:

- Make the most informed decision about your healthcare or that if an eligible dependent.
- Ensure the diagnosis is correct.
- Ensure the treatment plan is optimal for you and your family.
- Receive a comprehensive written report from a Cleveland Clinic expert.
- Learn about new and innovative treatment plans.

The Cleveland Clinic is a global health care leader specializing in heart care. For more information, please contact MyConsult at 1-866-883-5956.

WELLNESS BENEFITS

HEALTH COACHING

Retirees and eligible dependents can now take back their health with the new Health Coaching program. The Health Coaching program is a confidential program which gives Retirees and eligible dependents telephone access to a dedicated professional who will provide one-on-one coaching support in achieving health goals around diabetes, heart health and mindful eating. To complete your nutritional assessment, sign up for the program online to start achieving all your health goals.

SELF HELP WORKS

Retirees and eligible dependents can now use a training process that combines the principles of cognitive behavioural therapy with health coaching best practices with the Self Help Works online program. The online Self Help Works program allows for lifestyle goals become reality with video-based workshops to help with smoking cessation, weight loss, alcohol consumption, exercise motivation, stress relief, diabetes management, sleep restoration and more. Sign up online to learn more about these life changing programs to help take back your health.

VIRTUAL HOME DELIVERY PHARMACY

The Virtual Home Delivery Pharmacy was added to the Plan to provide Retirees and eligible dependents the convenience of home delivery for their prescription medication sorted into daily packets to ensure the correct dose daily, also ensuring auto-renewing of prescriptions, while taking advantage of lower dispensing fees and same day delivery within the Greater Toronto Area. Home delivery pharmacy is available online or by using the app on your device, simply sign up and have access to all your prescription information. Visit https://www.pocketpills.com/liunalocal506 to download and register your account and for more information.

FINANCIAL WELLNESS

Members and eligible dependents now have the convenience of a secure and confidential digital platform with 24-hour access to tools and information designed to educate and build financial confidence. The website includes articles, bulletins, videos, and a variety of methods to help members navigate through current circumstances, life changes and alleviate stress from financial uncertainty. Sign up online to start your journey towards better financial health at financialresources.liunacare.ca, registration code: LiUNA22.

Substance & Recovery Program - SMART

If you or your eligible dependents suffer from any form of substance abuse, you and your eligible dependents may be eligible for the SMART Substance & Recovery Program as follows.

The Substance Management Abuse & Recovery Treatment (SMART) program is a 24-hour, 7-day virtual online substance management and recovery program for Retirees and eligible dependents to assist with all forms of substance abuse including opioids, alcohol, prescription drugs and other drug abuse. The SMART program provides secure access to coaches, therapists, and physicians through a secure mobile and web platform to get on demand assistance when needed.

For more information, please visit https://try.alavida.co/liuna506/.

CANADIAN ADDICTION TREATMENT CENTRES – Opioid Program

If you or your eligible dependents suffer from opioid abuse, you and your eligible dependents may be eligible for the Opioid Treatment Program as follows.

The Opioid Treatment Program is an Outpatient Treatment Service for Retirees and eligible dependents who are looking for confidential opioid therapy and treatment. Retirees and dependents can confidentially call 1-877-937-2282 to begin the process in a same or next day appointment at one of the treatment centres or to obtain virtual care for those who are unable to attend in person.

DE NOVO PROGRAM

If **you or your eligible dependents** need assistance for alcohol and drug treatment services, the De Novo Program provides access to professional confidential treatment.

De Novo is an alcohol and drug treatment service operated as a partnership between management and unionized members of Ontario's construction trades.

The De Novo program provides free assessment, referral, residential treatment and recovery support to men and women at the De Novo facility located in Huntsville, Ontario.

If you wish to access more information on the De Novo program, please call De Novo at 705-787-0247, Toll Free 1-800-933-6686 or visit online at www.denovo.ca.

Substance Use & Addiction Treatment - INPATIENT

If you suffer from substance use and alcohol, drug, and prescription medication addiction, **you**, may be eligible for the Substance Use Addiction Inpatient treatment as follows.

The Inpatient Substance Use and Addiction Treatment is a program to provide immediate access to a residential bed for substance use and alcohol, drug, and prescription medication addiction. Facilities provide 24/7 access to physicians with addiction training, withdrawal management services, and a team committed to supporting your recovery for the entire year following discharge.

Members can confidentially call 1-844-900-8357 to begin the process in a same or next day appointment with the case management team to obtain required documentation and assist through every step.

Substance Use & Addiction Treatment - OUTPATIENT

If you suffer from substance use and alcohol, drug, and prescription medication addiction, **you**, may be eligible for the Intensive Outpatient Program as follows.

The Intensive Outpatient Program provides immediate access to a 8 - week program offered to members for substance use and alcohol, drug, and prescription medication addiction. The Program is offered through video counselling in both the daytime and evenings, accommodating a variety of work schedules to encourage recovery while remaining productive.

Members can confidentially call 1-844-900-8357 to begin the process in a same or next day appointment with the case management team to obtain required documentation and assist through every step.

MEMBER FAMILY ASSISTANCE PROGRAM - LIFEJOURNEY

If **you or your eligible dependents** need family assistance during times of stress, the LifeJourney Member Family Assistance Program provides access to professional confidential counselling services.

LifeJourney provides a access to additional resources to help with a wide range of challenges. Care advocates have specialized expertise, are fluent in different languages and are available to help develop solutions for your problems or concerns.

Counselling is available in person, by phone or online. There is no cost to you. Offices are local and appointments are made quickly, with your convenience in mind. The counselling is intended to be short-term and focused on providing you with the tools and resources to address the cause of your stress.

If you wish to access the LifeJourney service, please call Toll Free 1-800-254-7223 or visit 506.liunavcare.com to download the vCare app. The LifeJourney Member Family Assistance Program helps you take practical and effective steps to improve your well-being and be the best you can be. Within a supportive, confidential and caring environment you can receive counselling for any challenge including:

ELIGIBLE COUNSELLING:	
Nutrition	Family Care
Addictions	Grief/Bereavement
Lifestyle Changes	Elder Care
Anxiety	Weight Management
Relationships	Depression
Smoking Cessation	Financial Stress
Life Transitions	Other Issues

GENERAL PROVISIONS

COORDINATION OF BENEFITS (EXTENDED HEALTH CARE AND DENTAL CARE)

If a person covered under this Plan is also covered under another plan, benefits under all plans are adjusted so as to limit the combined payment to 100% of the total allowable expense. The Plans will coordinate the benefits to eliminate over-insurance or duplication of benefits.

The manner in which this is done is to determine which plan pays first (and thus determines where to submit the claim first) and which plan(s) pay next.

The plan that does not have a Coordination of Benefits provision pays before the plan that does (most, if not all, plans have such a provision).

The plan that covers the person as:

- Other than a dependent pays before the plan that covers such person as a dependent; or
- A dependent child of the parent, covered as an employee or member, whose birthday occurs first during the calendar year, pays first.

If priority cannot be established in the above manner, the benefits shall be pro-rated between or amongst the plans in proportion to the amounts that would have been paid under each plan had there been coverage by just that plan.

To implement this provision, LiUNAcare Local 506 may:

- Subject to the consent of the covered person, if required by law, obtain from or release to any other person, corporation or organization any information deemed to be needed; or
- Pay to or recover from any other person, corporation or organization any excess payment, any payment so made will be deemed to be benefits paid and, to the extent of such payment, will fully discharge LiUNAcare Local 506 from all liability under this Plan.

Spousal Plan <u>without</u> Coordination of Benefits Provisions

Retiree	*Spouse*
For Retirees whose spousal plan does not have rules on claiming from more than one plan, should, claim first to the spouse's plan then submit unpaid remaining claims to the Labourers' Union Local 506 Members Benefit Trust Fund when treatment is received.	If your spouse receives treatment, they should claim to his/her plan first then submit unpaid remaining claims to the Labourers' Union Local 506 Members Benefit Trust Fund.

Spousal Plan with Coordination of Benefits Provisions

Retiree	*Spouse*
Retirees are to claim to the Labourers' Union Local 506 Members Benefit Trust Fund first then submit unpaid remaining claims to their spouse's plan when treatment is received.	If your spouse receives treatment, they should claim to his/her plan first then submit unpaid remaining claims to the Labourers' Union Local 506 Members Benefit Trust Fund.

Dependent Children

Determination of Coverage	*What to do?*
A dependent child's primary coverage is determined by the parent/guardian whose birthday comes earlier in the calendar year.	A member living with their child's other parent should first claim to the primary coverage then submit unpaid remaining claim to the remaining plan.

If you are separated or divorced, claims for each dependent child should be made in the following order:

1. To the plan of the parent in custody
2. To the plan of the spouse of the parent in custody
3. To the plan of the parent not having custody
4. To the plan of the spouse of the parent not having custody

HOW ARE BENEFITS CALCULATED?

The group plan that determines benefits first will calculate its benefits as though duplicate coverage does not exist. The group plan that determines benefits second, limits its benefits for each individual item of expense listed on the claim, to the lesser of:

1. The amount that would have been payable had it been the group plan that determines benefits first, or;

2. 100% of the eligible expense (not the submitted expense) reduced by all other benefits payable by the group plan that determines benefits first for the same expense.

The combined payment from all group plans for a particular service/item cannot exceed 100% of the eligible expense. In some cases, the combined payment from all group plans on a particular service/item may be less than the actual expense incurred. Please note, dental expenses are based on the active fee guide for the plan at the time the expense is incurred. Services submitted provided by a specialist will be reimbursed under the current General Practitioners Fee Guide.

As such, where a visit or expense is paid in part by a group plan, the visit will count as one (1) visit, or the expense will accumulate towards any cumulative maximums applicable to that expense.

Where the eligible expense for a submitted claim is paid in full by the group plan that determines benefits first, submission to the group plan that determines benefits second is not required unless the covered individual wishes to count that expense towards any applicable deductions or maximums.

DEFINITIONS

Allowable expense means any necessary, reasonable and customary item of expense, at least a portion of which is covered under at least one of the plans covering the person for whom the claim is made. When the plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered will be deemed to be both an allowable expense and a benefit paid.

Plan means any contract of group insurance or other arrangement for members of a group (whether on an insured basis or not), prepaid health or dental care coverage.

ONTARIO HEALTH PLAN (OHIP)

The Ontario Health Plan (OHIP) pays most medical and surgical services required by residents of Ontario and their eligible dependents. It also pays for standard ward hospital charges. Regulations for the Ontario Health Plan are made under the Ontario Health Insurance Act and will change from time to time.

Should you have any questions relating to the commencement date or termination procedures of your OHIP coverage, you should contact OHIP directly.

PROOF OF LOSS

Written proof stating the occurrence, character and extent of loss must be submitted for each Benefit to LiUNAcare Local 506 within:

- 6 months after the date of death for Life Insurance Benefits.
- 18 months after the date of the loss, but not more than 6 months after the date coverage terminates, for Major Medical, Prescription Drugs, Vision Care and Dental Care benefits.
- Legal action to recover benefits under this plan must begin within 3 years (6 years for Life Insurance) of the date of loss.
- 90 days after the date of loss for Emergency Out of Province and Hospital Cash.

LiUNAcare Local 506 shall have the right and opportunity to examine any person whose injury or illness is the basis of claim, when and as often as it may reasonably be required during the pendency and payment period, if any of such claim.

OVERPAYMENT OF BENEFITS

In the event where the Plan has paid more benefits to a Retiree than entitled to, the following measures apply:

- The Retiree will be notified of the overpayment by LiUNAcare Local 506 and asked to repay the Plan within 30 days after notice or within a longer period if agreed in writing.
- If the Retiree doesn't make the repayment within 30 days, the Trustees may decide the overpayment be treated as a lien against any future benefit claimed by the Retiree and deducted from any future payments paid to the Retiree.

HOW TO SUBMIT A CLAIM

Claim forms are available online or from the LiUNAcare Local 506 office. Please be sure to complete them fully, attach necessary original paid in full invoices along with any other original documentation where applicable and keep a copy for your records to substantiate your claims, and submit to the following mailing address:

LiUNAcare Local 506
3750 Chesswood Drive, Suite #1
Toronto, ON M3J 2W6

Dental & Extended Health Care Claims can be submitted online via the LiUNAcare Local 506 eClaims app from the App Store or Google Play.

INSURANCE PROVIDERS

The benefits described under this plan may be revised from time to time or discontinued. Detailed information about benefits or other provisions of the policies may be obtained from LiUNAcare Local 506.

The Group Insurance Benefits described in this booklet are insured as follows:

CANADA LIFE ASSURANCE COMPANY - POLICY NO. 177709

- Retiree Life Insurance
- Dependent Life Insurance
- Extended Health Care
- Prescription Drug
- Vision Care
- Dental Care

AIG INSURANCE COMPANY OF CANADA

- Emergency Out of Province Medical – Policy No. **SRG9426170**

CHUBB INSURANCE COMPANY OF CANADA

- Hospital Cash – Policy No. **SG10395007**

The eligibility and benefit provisions set out in this booklet are general and for information only. The booklet is not, in itself, a legal contract. The terms and conditions of the insurance policies take precedence in case of dispute.

CONTACT INFORMATION

If you have any questions regarding your coverage, you should contact:

LiUNAcare Local 506
3750 Chesswood Drive, Suite #1
Toronto, ON M3J 2W6

Telephone Directory:

General Information	416-506-8841
General Fax	416-506-8833
Digital Benefits Help Desk	416-506-4357
Website	www.liunacare506.com
General Email	info@liunacare506.com

Additional Phone Numbers:

Ontario Assistive Devices Program (ADP)	1-800-268-6021
Trillium Drug Program	1-800-575-5386
Ontario Drug Benefit (ODB) Program	1-866-532-3161
AIG – Emergency Out of Province Coverage	
Canada & U.S.A.	1-877-490-7228
Elsewhere (Collect Call)	647-258-7274
Expedited Healthcare	1-844-900-8357
mHealth Mental Healthcare	1-844-900-8357
Healthcare Navigation	1-866-883-5956
Cancer Assistance	1-866-599-2720
MyConsult Second Opinion Medical	1-866-883-5956
Canadian Addiction Treatment Centres	1-877-937-2282
De Novo	1-800-933-6686
Member Family Assistance Program	1-800-254-7223
Member Health Management Services	1-866-315-6011
Workplace Safety Insurance Board (WSIB)	1-800-387-0750
Employment Insurance (EI)	1-800-206-7218
Canada Pension Plan (CPP)	1-800-277-9914
Suicide Crisis Line	9-8-8

LiUNA! care
LOCAL 506
BUILDING HEALTHY FUTURES

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL 506
TORONTO

GCAT General Contractors' Association of toronto

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