

BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA) SUMMARY OF BENEFITS FOR LEGACY MEMBERS ONLY - ENHANCED PENSIONER

No new entrants after December 1, 2016.

All benefits are subject to the terms of the insurance policies and the official Plan documents. This is only a summary for your convenience.

AS AT: JANUARY 1, 2024

| BENEFITS | | AS AT: JANOART 1, 2024 LEGACY MEMBERS ONLY - ENHANCED PENSIONER BENEFITS |
|---|---|--|
| Life Insurance: | Benefit Amount: | \$30,000 (member only) |
| AD & D: | Principal Amount: | \$5,000 (member only) |
| | Deductible: | \$5,000 (member only) Nil |
| | Deductible: Reimbursement: | Nil 100% for basic and major expenses |
| Dental: | Fee Guide: | Current or equivalent (Alberta) |
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| | Maximums: | \$2,500 per person each calendar year for basic and major expenses |
| | Coverage Notes: | Dental implant coverage will be reimbursed at the equivalent cost of a bridge or partial denture. No orthodontic coverage. |
| Vision Care: | Member/Dependant Benefit Amount: | Lenses - \$250 per 24 months; Frames - \$150 per 24 months |
| | Contact Lenses: | \$250 per 24 months |
| | Basic Eye Exam and Retina Exam: | One exam per calendar year (when not covered by the provincial government plan) |
| | Lifetime Maximum: | \$50,000 per covered person. |
| | Calendar Year Maximum: | After the lifetime maximum is reached, there is a maximum calendar year benefit of \$5,000. |
| **Medical Benefit: IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer. | Reimbursement: | 100% of most eligible expenses subject to maximums and limits below. 100% of generic drug ingredient cost; 80% of brand name drug ingredient cost. If no generic drug is available the Plan will pay 100% of the brand name drug ingredient cost. Automatic biologic/biosimilar switching program. |
| | Deductible: | No deductible but there is a maximum dispensing fee payable of \$9.50 per prescription |
| | Practitioners: | Massage Therapist: Expenses are reimbursed at 50%, up to a maximum of \$200 per person per year |
| | | Podiatrist: Expenses are reimbursed at 100%, up to a maximum of \$200 per person per year |
| | | Psychologist and Psychotherapist : Expenses are reimbursed up to a maximum of \$10,000 annually per person and up to a maximum of \$200 per hour. Please consider using the Plan's member assistance program for free private counselling. |
| | | Certified Athletic Therapist/Physiotherapist : Expenses are reimbursed at 100%, up to a maximum of \$250 per person per year. Maximum per treatment is \$75. |
| | Prescription Drugs: | Reimbursement (as described above) for drugs which by law require the written prescription of a physician. Includes oral contraceptives, diabetic supplies, smoking cessation(1st treatment maximum of \$400 at 100%, 2nd treatment maximum of \$400 at 50%; lifetime maximum of \$600), erectile dysfunction (\$400 per calendar year maximum), anesthetics, vaccinations and immunizations (subject to individual maximums). Over the counter drugs, vitamins or minerals are not covered. Medical cannabis including derivates is not covered. Automatic biologic/biosimilar switching program. |
| | Ambulance | Land/air/rail up to \$200 per calendar year |
| | Hospital: | \$5,000 semi-private hospital room per year |
| | Medical Services and Supplies: | Oxygen and supplies, PSA tests. |
| | Hearing Aids: | \$1,500 for each 48 month period |
| | Private Duty Nursing | \$10,000 per calendar year |
| | Mobility Assistance Equipment Benefit: | Member only reimbursement of expenses associated with mobility equipment and installation. Wheelchair lift, stair lift, ramp, ceiling hoist, elevator. Subject to a lifetime maximum of \$5,000. |
| | Over Age 65 Provincial Plan Benefit | \$200 annual maximum benefit to reimburse the actual cost incurred to enroll in the individual's provincially sponsored health care plan. Covers premium, deductibles and co-payments. |
| | Travel Costs related to Medical Treatment | Reasonable expenses associated with travelling (at least 100km) to receive medically necessary treatment otherwise unavailable. 80% of such expenses are reimbursed for Members or eligible dependants, subject to a Lifetime Maximum benefit per family of \$1,000. Includes accommodation, meal and gas/travel expenses. |
| Emergency Travel Assistance (ETA): | Coverage: | Unlimited Trips. 30 Day Trip Duration Maximum per trip. \$5,000,000 Maximum per covered person, per trip. Must be in "Stable" Medical Condition prior to departure. "stable" definition: 180 Day "Pre-Existing Medical Condition Stability Period" exclusion applies Please consult Manulife Policy documents on the Plan's ETA page. |
| Employee Assistance Program: | Coverage: | Confidential counselling services providing crisis support, advice and information by telephone, face-to-face, or online. Tel# 1.866.990.1113, TTY: 1.888.234.0414, Website: myfseap.com. Please contact the Plan Administration Office for group name and password. |
| ** Medical expenses must be medica | ally necessary, reasonable and customary in | a the circumstances. |