

**GROUP BENEFIT**

<b>Life Insurance</b>	Member: \$150,000 • Spouse: \$40,000 • Child: \$10,000		
<b>Accident Insurance</b>	Member: \$150,000 • Spouse: \$40,000 • Child: \$10,000		
<b>Short-Term Disability (STD)</b>	Up to 75% of basic weekly earnings to a maximum of \$750 per week, payable for up to 26 weeks. Benefits start on the first day if due to accident or hospitalization; from the eighth day if due to illness.		
<b>Long-Term Disability (LTD)</b>	75% of basic monthly earnings to a maximum of \$3,400 per month, after 26 weeks of STD.		
<b>Major Medical <i>No deductible</i></b>	<ul style="list-style-type: none"> <li>• Ambulance services</li> <li>• Medical supplies (e.g. oxygen, crutches, casts)</li> <li>• Orthopedic shoes/custom orthotics maximum of \$500 every 12 months</li> <li>• Durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Prostate Specific Antigen Test (PSA)</li> <li>• Compression hose (20mmhg or higher)</li> <li>• Sleep apnea equipment up to \$500 every five years,</li> <li>• \$600 per calendar year for supplies</li> </ul>	
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>• Eligible drugs require a DIN and must legally require a prescription</li> <li>• Dispensing fee up to \$8.00 per eligible drug</li> <li>• Some drugs subject to pre-approval</li> <li>• Hepatitis A &amp; B and shingles vaccine</li> </ul>	<ul style="list-style-type: none"> <li>• Fertility drugs (\$5,000 lifetime maximum) and erectile dysfunction drugs (maximum of \$500 per calendar year)</li> <li>• Prescribed smoking cessation medication covered up to \$500 per individual, per lifetime</li> <li>• Exclusions include, but are not limited to: weight loss drugs.</li> </ul>	
<b>Hospital Coverage</b>	Semi-Private coverage for acute care accommodations.		
<b>Vision Care</b>	Glasses, contact lenses covered to a maximum of \$750 per person every 24 consecutive months. Eye exams covered to a maximum of \$150 per person every 24 consecutive months.		
<b>Laser Eye Surgery</b>	Covered up to a lifetime maximum of \$3,000 per eye.		
<b>Hearing Aids</b>	Coverage of up \$750 per ear every 36 months after the Ontario Assistive Devices Program.		
<b>Paramedical Services</b> <i>to a maximum of \$2,500 per calendar year for all practitioners combined, per person</i>	<ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Audiologist</li> <li>• Chiroprapist</li> <li>• Chiropractor</li> <li>• Christian Science Practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• Dietician</li> <li>• Homeopath</li> <li>• Kinesiologist</li> <li>• Naturopath</li> <li>• Osteopath</li> </ul>	<ul style="list-style-type: none"> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Registered Massage Therapist</li> <li>• Registered Occupational Therapist</li> <li>• Speech Therapist</li> </ul>
<b>Mental Health Coverage</b> <i>to a maximum of \$3,000 per calendar year for all practitioners combined, per person</i>	<ul style="list-style-type: none"> <li>• Clinical Psychologist</li> <li>• IBI (Intensive behavioural intervention)</li> </ul>	<ul style="list-style-type: none"> <li>• Psychotherapist</li> <li>• Social Worker</li> </ul>	
<b>Member Assistance Program - Telus Health</b>	Provides confidential, short-term counselling for relationship and family issues, legal and financial matters, addictions and health advice, nutritional and personal well-being 24/7 availability 1-800-387-4765.		
<b>Teladoc</b>	Provides a comprehensive medical review of your doctor's diagnosis and provides treatment plans that are best for you 24/7 availability 1-877-419-2378.		
<b>Dental</b> <i>No deductible. Fees are based on the current year's Ontario Dental Association Fee Guide. Submit pre-determination to confirm coverage amount and eligibility. Annual maximum of \$10,000.</i>	<ul style="list-style-type: none"> <li>• Services covered up to 100%</li> <li>• Diagnostic &amp; Preventive Services</li> <li>• Minor Restorative &amp; Surgical Services</li> <li>• Endodontic Services</li> <li>• Dentures and Denture repairs (relining and rebasing)</li> <li>• Services covered up to 75%</li> </ul>	<ul style="list-style-type: none"> <li>• Periodontal Services</li> <li>• Orthodontic up to a lifetime maximum of \$3,500</li> <li>• Services covered up to 75%</li> <li>• Prosthodontics (fixed)</li> <li>• Restorative services (major)</li> </ul>	
<b>Travel Medical Emergency Insurance &amp; Assistance Policy# 1TR55</b>	Coverage for emergency medical expenses while travelling outside the province. Covers the first 60 days of each trip; to a maximum of \$5 million per person per trip. Coverage ends when you start collecting your IBEW Local 353 pension or age 70, whichever comes first. <b>Always call before traveling! From Canada and the U.S. toll-free at 1-855-369-5444 or from anywhere in the world call collect + 514-285-8186.</b>		

This document is a summary of the benefits provided to active members under age 65 (not in receipt of IBEW 353 pension) of the IBEW Local 353 and is to be used for information purposes only. Eligible expenses are subject to reasonable and customary limits as defined by Canada Life. If there are any discrepancies between this document and the plan documents, the plan documents will prevail. The Board of Trustees reserves the right to make changes to the benefit coverage and cost at any time.

Log in to [www.myteibas.com](http://www.myteibas.com) to review your IBEW Local 353 Benefit Booklet for more detailed information.