

**BENEFIT**

<b>Death Benefit</b>	Member: \$20,000		
<b>Accident Insurance</b>	Member: \$10,000 • Spouse: \$4,000 • Child: \$1,000		
<b>Medical</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 combined maximum of \$500 every 12 months</li> <li>In-home private nursing \$10,000 per calendar year</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> <i>Exclusions include, but are not limited to: weight loss drugs.</i>	<ul style="list-style-type: none"> <li>Eligible drugs require a DIN and must legally require a prescription</li> <li>Some drugs may require pre-approval</li> <li>Dispensing fee covered up to \$8.00 per eligible drug</li> <li>Prescribed smoking cessation drugs or products up to \$500 per lifetime</li> <li>Up to \$5,000 per lifetime for fertility drugs and \$500 per calendar year for erectile dysfunction drugs</li> </ul>	<b>Drug coverage changes at age 65:</b> <ul style="list-style-type: none"> <li>Drugs covered by the Ontario Drug Benefit (ODP) program are not eligible for coverage under the plan</li> <li>ODP annual deductible of \$100 is covered</li> <li>Co-payments and/or ODP dispensing fees are not eligible</li> </ul>	
<b>Hospital Coverage</b>	Semi-Private coverage for acute care accommodations.		
<b>Hearing Aids</b>	\$750 per ear every 36 months after the Ontario Assistive Devices Program.		
<b>Vision Care</b>	Glasses, contact lenses covered to a maximum of \$750 per person every 24 months. Eye exams covered by the Ontario Drug Benefit Program starting at age 65.		
<b>Laser Eye Surgery</b>	Covered up to a lifetime maximum of \$3,000 per eye.		
<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 based on the current year's Ontario Dental Association Fee Guide. Submit pre-determination to confirm coverage amount and eligibility.</i>	<b>Services covered up to 100%:</b> <ul style="list-style-type: none"> <li>Diagnostic Services</li> <li>Preventive Services</li> <li>Minor Restorative &amp; Surgical Services</li> <li>Endodontic Services</li> <li>Dentures and Denture repairs (relining and rebasing)</li> </ul>	<b>Services covered up to 75%:</b> <ul style="list-style-type: none"> <li>Periodontal Services</li> <li>Prostodontics (fixed)</li> <li>Restorative services (major)</li> </ul>	
<b>Beneva Travel Medical Emergency Insurance &amp; Assistance Policy# 1TR55</b>	Beneva Travel Insurance coverage for emergency medical expenses while travelling outside the province or Canada. Covers the first 30 days of each trip; to a maximum of \$5 million per person per trip. Pre-existing condition/stability six months. <b>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>		

\* You are considered retired if you are collecting an IBEW Local 353 Pension, regardless of whether you are still working.

This document is a summary of the benefits provided to members of the IBEW Local 353 in receipt of the IBEW Local 353 Pension and IO Pension, 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.