

LONG TERM CARE INSURANCE

This Plan helps with the cost of Long Term Care during a prolonged or chronic illness such as arthritis, paralysis due to a stroke, a Cognitive Impairment due to aging, or a serious accident.

This Plan covers you and your spouse, and continues after you retire.

NOTE: Certain words in this brochure have specific meanings. Some are defined where they first appear, while others are listed in the Definitions section.

Eligibility

This plan covers all members in benefit of Local 183 Members Benefit Fund or the Labourers’ Local 183 Retiree Benefit Trust Fund. You are eligible if:

- a) you are an active or retired union member age 18 and over and in benefit; or
- b) you are a spouse of an eligible active or retired union member.

Your spouse becomes covered at the same time as you (or on becoming your spouse, if later) provided he or she does not need Long Term Care services at that time, as defined below. Your spouse’s coverage stops when your own coverage ends.

Elimination Period

For each period during which you or your spouse needs Long Term Care, no benefit is payable for the first 90 days. This waiting period, or “elimination period”, begins on the first documented date that you are considered eligible. After this continuous 90-day period, benefits will be payable as long as you continue to qualify for Long Term Care (subject to the lifetime maximum benefit).

If you require Long Term Care, recover, and then need care once again, the second period of care will be considered a continuation of the first one if the two periods are less than 180 days apart and occur as a result of related causes. For periods of care that do not meet these conditions, a new elimination period will apply each time.

Benefits

This Plan pays a **daily benefit of \$50** if you qualify as needing Long Term Care. In addition, the Plan pays up to **\$100 per day** toward the cost of your eligible Home Care services or Long Term Care Facility (see Eligible Expenses).

Benefits start after a **90-day elimination period** and continue as long as Long Term Care is needed (subject to the lifetime maximum benefit).

The lifetime maximum benefit is \$200,000 per person.

Needing Long Term Care:

To qualify as “needing Long Term Care” for the purpose of receiving benefit payments, you must:

- a) not be able to perform at least 2 of the 6 Activities of Daily Living listed below without Assistance due to a loss of functional capacity; or

- b) require Substantial Supervision to protect your health and safety due to a Cognitive Impairment.

Activities of Daily Living:

1. Bathing: washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Continence: the ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
3. Dressing: putting on and taking off all necessary items of clothing and any necessary braces, fasteners or artificial limbs;
4. Eating: feeding oneself by getting food, already prepared and made available, into the body from a receptacle (such as plate, cup or table) or by a feeding tube or intravenously;
5. Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; or
6. Transferring: moving into or out of a bed, chair or wheelchair with or without the use of equipment.

Eligible Expenses

The daily benefit of \$50 is paid regardless of your expenses. All other benefit payments are based on your actual expenses incurred each day. If the expenses are less than the daily benefit amount, the Plan will reimburse the actual expense. **If the expenses are greater than the daily benefit amount, the Plan will pay the maximum daily benefit \$150.**

The following expenses are eligible for reimbursement up to the maximum daily benefit and lifetime maximum benefit, when not covered by your provincial health plan:

Home Care: A program of medically necessary services, recommended by the Care Coordinator and provided in your home, mainly for the purpose of assisting a chronically ill person with the Activities of Daily Living. Services may be provided by a nurse, or by persons without professional skills or training working under the supervision of a Home Care Agency or Home Health Care Agency. Home Care services include:

- a) Ambulation (walking/moving) and exercise;
- b) Administration of self-administered medications;
- c) Reporting changes in condition or needs;
- d) Completing appropriate records;
- e) Maintenance or personal care services: any care with the primary purpose of providing needed Assistance to a chronically ill person (including threats to health and safety due to Cognitive Impairment);

- f) Long Term Care: a program of social and health-related services provided during the day in a community group setting (with 5 or more participants) under the supervision of a nurse for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from such care outside the home. The program should provide or arrange to provide necessary Assistance in Activities of Daily Living, physical and restorative therapy, and nutritional services and counselling. The long term care centre must be licensed, if the province in which the facility is located licenses such facilities;
- g) Home management services: for securing professional home care services;
- h) Homemaker services: services under a Plan of Care that enable the chronically ill person to remain safely in their own home, including light work and household tasks and activities such as simple household repairs; preparing meals, doing laundry and other incidental household tasks that do not require the services of a trained aide or attendant;
- i) Home health aide services; or
- j) Other services needed to maintain or improve functional ability.

Home Health Care: a program of professional, paraprofessional or skilled care provided through a Home Health Care Agency to the chronically ill person in their own home. Home Health Care services include:

- a) nursing services provided by a registered nurse, registered nurse assistant, or licensed practical or vocational nurse (or equivalent); and
 - b) physical therapy, speech therapy, respiratory therapy, occupational therapy and Hospice Care.
- Hospice Care:** a coordinated program of services primarily concerned with pain and symptom control for people who are terminally ill. It provides palliative and supportive medical, nursing and other health services through home care to individuals who have no reasonable prospect of a cure, and have a life expectancy of less than 6 months, as estimated by a Physician.

Long Term Care Facility: expenses incurred during confinement in a Long Term Care Facility for:

- a) room and board;
- b) ancillary services; or
- c) patient supplies provided by the Long Term Care Facility for care of their residents.

Respite Care: services provided to the chronically ill person so that an unpaid primary caregiver (e.g., a family member) can take a break from providing such care. Up to 14 days of respite care will be covered in each 12-month period of care. Unused portions of this benefit cannot be carried forward from year to year.

NOTE: Home Care services and Home Health Care services must be provided by a Home Care or Home Health Care Agency. Long Term Care and Hospice Care must be provided by a facility qualified to provide such care.

Limitations and Exclusions

The Plan does not cover or pay benefits for any claim, care or treatment directly or indirectly related to:

- a) Home Care services and Home Health Care services provided by an immediate family member (e.g., spouse, daughter or son), who may or may not be a nurse, unless provided through an agency;
- b) confinement, services or care received while in a hospital that is not a Long Term Care Facility (charges that exceed what the provincial health plan covers, such as private duty nursing, may be covered by this Plan);
- c) neurosis, psychoneurosis, psychopathy, psychosis or any other mental or nervous disorder without demonstrable organic disease. Note: Brain disorders with demonstrable organic cause (such as Alzheimer’s Disease and related dementia) are covered if symptoms are exhibited or a diagnosis is made;
- d) alcoholism, drug addiction or other chemical dependence; however, this exclusion does not apply to a drug dependency sustained or acquired at the hands of or while under treatment by a Physician in the course of treatment for an injury or sickness;
- e) confinement, services or care for which no charge is normally made in the absence of insurance;
- f) care or treatment provided outside Canada or the United States; or
- g) any charges for the comfort and convenience of the chronically ill person such as, but not limited to televisions, telephones, beauty care and entertainment. Also excluded are any charges for medications.

The Plan does not cover or pay benefits for any claim, illness, treatment or medical condition arising out of or directly or indirectly related to:

- a) war or act of war (whether declared or undeclared);
- b) participation in a felony, riot or insurrection;
- c) service in the armed forces or units auxiliary thereto;
- d) suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
- e) commission of or attempt to commit a criminal act; or
- f) an injury sustained because of involvement in an illegal occupation.

Plan of Care

If you or your spouse needs Long Term Care, please contact the Plan Administrator. The Plan Administrator will arrange for a Care Coordinator retained by the insurance company. The Care Coordinator will determine whether you are considered to need Long Term Care for the purposes of this Plan.

The Care Coordinator will then prepare a written Plan of Care, to be updated from time to time, for necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, maintenance and personal care services or homemaker services (including the type, frequency and providers of required care or services).

Beneficiary

Any benefits payable under this policy are payable to you or your spouse or your legally appointed personal representative or to the provider. All payments made to or by the insurance company will be in Canadian dollars.

Claims

Information about making claims can be obtained by contacting the Plan Administrator at:

LiUNA Local 183 Trust Administration
1263 Wilson Avenue, Suite 205
Toronto, ON, M3M 3G2
416-240-7487
T: 1 888 790 3534
W: www.183membersbenefits.ca

Definitions

Certain words in this brochure have specific meanings. Some are defined where they first appear, while others are listed below:

Long Term Care Facility: an institution in Canada or the United States which:

- a) is licensed or certified to provide Long Term Care as a convalescent nursing facility, a skilled nursing facility, a convalescent hospital, a convalescent unit of a hospital, an intermediate care facility or a custodial care facility;
- b) is primarily engaged in providing, in addition to room and board accommodations, continuous nursing service by or under the supervision of a Physician or graduate registered nurse;
- c) maintains a daily record of each patient; and
- d) administers a planned program of observation and treatment by a Physician (other than the proprietor or an employee of such facility) in accordance with existing standards of medical practice for the Activities of Daily Living and/or Cognitive Impairment causing the confinement.

This does not include a facility (or part of a facility) used primarily for rehabilitation, rest care, training or education, care of the aged, or treatment of alcoholism, chemical dependency, or mental or nervous disorders without an organic cause.

Assistance: one or both of:

- a) **Hands-on Assistance:** the physical assistance of another person each time the activity is performed without which the chronically ill person would be unable to perform one or more of the Activities of Daily Living;
- b) **Stand-by Assistance:** the presence of another person within arm's reach of the chronically ill person, each time the activity is performed, that is necessary to prevent, by physical intervention, injury while performing one or more of the Activities of Daily Living;

Care Coordinator: the organization (including such organization's licensed health care practitioners) retained by the insurance company to develop a comprehensive assessment of the chronically ill person's total Long Term Care needs and Plan of Care.

Cognitive Impairment: the loss of capacity demonstrated by the inability to think, perceive, reason or remember, certified by a Physician and determined by the Care Coordinator, on the basis of clinical data and a standardized measure which at a minimum is demonstrated by an organic cause and which results in a person's inability to care for oneself without ongoing supervision from another person. A Cognitive Impairment is deemed not to have an organic cause if it is the result of neurosis, psychoneurosis, psychopathy, psychosis or another mental or nervous disease without the presence of a demonstrable organic disease.

Home Care Agency: an agency or individual that provides Home Care services.

Home Health Care Agency: an agency or individual that provides Home Health Care services and is licensed in the jurisdiction where such services are provided, if a statute exists requiring licensing. If no such provincial licensing statute exists, an agency or individual that:

- a) provides Home Health Care services pursuant to a Plan of Care;
- b) maintains a daily written record of each client who receives such services;
- c) provides care which is documented on an itemized bill listing the date of service and the type of service provided;
- d) is supervised by one or more qualified Physicians, registered nurses or licensed social workers, and
- e) meets the professional standards of practice and the provincial standards for the services rendered.

Hospice: a facility or agency licensed or certified to provide hospice care or palliative care that is primarily devoted to the care of terminally ill patients and their families.

Physician: a doctor of medicine (M.D.) duly licensed to practice medicine in Canada or the United States, who is not you or your spouse and who is not a member of your or your spouse's immediate family.

Spouse: a person of the same or opposite sex who is legally married to you and cohabitates with you, or cohabitates with you and has been publicly represented as your domestic partner for a period of at least one year in the community in which you reside and continues to be represented as such.

Substantial Supervision: continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect the chronically ill person from threats to health or safety (such as may result from wandering).

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For Members, Retired Members and Their Spouses



This brochure has been prepared in connection with a group plan underwritten by AIG Insurance Company of Canada. It provides only a brief description and does not mention every provision of the contract. Please remember that rights and obligations are determined in accordance with the contract and not this brochure. For further information about this Plan, please contact your Plan Administrator.



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