

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, including pregnancy, or injury that is non-occupational.

MAXIMUM LIFETIME BENEFIT

The maximum amount payable under this benefit is \$1,000,000 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.

HEALTH PRACTITIONERS

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

- Occupational Therapist, Podiatrist / Chiropodist, Massage Therapist, Physiotherapist, Naturopath, Osteopath, Chiropractor and Acupuncturist up to a maximum charge of \$50 per visit up to an overall combined practitioner maximum of \$1,000 per calendar year.
- Clinical Psychologist and Psychotherapist up to a maximum charge of \$100 per visit up to an overall separate combined practitioner maximum of \$1,000 per insured individual per calendar year.
- Speech Therapy up to a maximum charge of \$200 per visit.
- 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.

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 \$500.
- 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 \$250 per calendar year.
- 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 \$750 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.

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 Administrative Agent 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:

- 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 per lifetime.
- Two pairs of surgical brassieres, per calendar year.
- Two pairs of custom graduated compression stockings with a minimum compression factor of 20mmgh or higher per calendar year.
- Wig once per lifetime up to a maximum of \$500.
- Sclerotherapy (Vein Injections) is limited to \$20 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. Members and eligible dependents that do not qualify for Adult Insulin Program should submit their claim for an insulin pump for pre-approval under the LiUNA Local 183 Members' Benefit 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 LiUNA Local 183 Members' Benefit Fund for consideration.

For more information on the Ontario Assistive Devices Program (ADP), please call 1-800-268-6021.

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.
- 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 will not be 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.

GENERAL INFORMATION

The eligibility and benefit provisions set out above are general and for information only. The benefit 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 the Administrative Agent.