

USW Local 1005 ELHT

This brief summary outlines the principal features of the plan effective January 1, 2018. In the event of any discrepancies between the information in this summary and the group contract, the group contract will govern.

HEALTH BENEFIT PLAN

Deductible: \$100 per covered person, \$200 per family per calendar year for plan members 64 years of age and under (Drugs only)	
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Your Plan Covers:	Your Co-Pay:	Maximum Plan Pays:
Prescription Drugs – Pay Direct Drug Card	0%	
<ul style="list-style-type: none"> • Dispensing Fee Cap 		\$5.00 per prescription or refill for maintenance drugs only
<ul style="list-style-type: none"> • Smoking cessation drugs 		\$500 per lifetime
<ul style="list-style-type: none"> • Migraine therapy (excluding Quebec) 		\$2,800 every 12 months based on date of first paid claim
<ul style="list-style-type: none"> • All other covered drugs 		Subject to Overall Maximum
Hearing Care	0%	\$1,000 every 3 years based on date of first paid claim
Medical Items and Services	0%	
<ul style="list-style-type: none"> • Bra (mastectomy) 		3 per calendar year
<ul style="list-style-type: none"> • TENS unit (rental, purchase and supplies) 		\$500 every 5 years based on date of first paid claim
<ul style="list-style-type: none"> • Stump socks 		6 pairs per calendar year
<ul style="list-style-type: none"> • Compression stockings 		\$90.00 per pair 3 pairs per calendar year
<ul style="list-style-type: none"> • Insulin pump and insulin pump supplies 		\$5,000 combined every 5 years based on date of first paid claim
<ul style="list-style-type: none"> • Wigs for chemotherapy or radiation 		\$200 per lifetime

Your Plan Covers:	Your Co-Pay:	Maximum Plan Pays:
<ul style="list-style-type: none"> • Respiratory / Cardiology <ul style="list-style-type: none"> ▪ C.P.A.P. Machine ▪ All other eligible respiratory / cardiology equipment and supplies 		\$1,700 per claim Reasonable and customary charges
<ul style="list-style-type: none"> • Other eligible medical items and services 		\$950.00 max per knee for custom made knee braces. One every 2 years based on first paid claim.
Private Duty Nursing in the Home	0%	\$10,000 per lifetime
Professional Services	0%	
<ul style="list-style-type: none"> • Psychologist (Physician (M.D.) or nurse practitioner recommendation required) 		\$300 per calendar year
Accidental Dental	0%	Reasonable and customary charges
Vision	0%	
<ul style="list-style-type: none"> • prescription eye glasses or contact lenses, or medically necessary contact lenses, or optometric eye examinations, or laser eye surgery 		\$250 per 24 consecutive months based on date of first paid claim (if change in prescription, new \$250 benefit period begins)

DENTAL BENEFIT PLAN

Deductible:	Nil
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Fee Guide:	<p>The current minus three years Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered</p> <p>For independent Dental Hygienists, the current minus three years Provincial Dental Hygienists' Association Fee Guide in the province where services are rendered</p> <p>For Alberta, with no fee guide, reimbursement will be according to a fee schedule established by GSC for that province</p>
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Your Plan Covers:	Your Co-Pay:	Maximum Plan Pays:
Basic Services and Comprehensive Basic Services <ul style="list-style-type: none"> • Standard dentures (relining or rebasing) • All other services 	20% 0%	\$1,000 per covered person per calendar year
Major Services <ul style="list-style-type: none"> • Dentures • Crowns and Bridges 	20% 50%	\$2,000 per covered person per calendar year
Orthodontic Services	50%	\$2,500 per lifetime per covered person for dependent children 25 years of age and under only