

TERMINATION OF COVERAGE

You coverage under any of the self-payment options will cease at the earlier of:

- When you have accumulated enough hours in your Hour Bank for Active Member coverage to be reinstated
- When premium payments cease
- When you are no longer a Member in good standing
- After 18-months of self-payment (the maximum allowable)
- When you reach age 70

SELF-PAYMENT OPTIONS

If your reserve account falls below 100 hours, you may continue coverage by making self-payments provided you arrange to make your first payment prior to losing eligibility.

Payments must be made continuously and in advance of the month for which coverage is desired. You may continue to self-pay for up to 18 months.

If you decide to self-pay, 3 levels of coverage are available to you:

1. Full Benefit Package: Same benefits as Active Members, but Life & AD&D @ \$50,000
2. Reduced Benefit Package: Life & AD&D @ \$25,000 each; Prescription Drugs @ 80% coverage; Dental includes Basic services only @ 80% coverage; Vision Care @ \$240
3. Life Insurance Only Package: Life and AD&D @ \$50,000 each

Temporary Disability coverage is not available under any self-pay option.

Once you have chosen a package you cannot change your level of coverage.

COVERAGE FOR RETIREES

If you retire, you may be eligible to continue benefits up to age 70 (at a reduced coverage level), either through the Trust Fund paid option, or through self-payments.

Contact the Fund office for more information.

MISCELLANEOUS

Change in Dependent Status: Please notify the Fund office when you marry or have children (or if there is any change to who would qualify as a covered dependent).

Common-Law Spouse: To establish such a relationship your common-law spouse, must have been residing with you for at least one year.

Beneficiary: A beneficiary should be named for all plans involving a death benefit. If you have not named a beneficiary, benefits will be paid to your Estate.

Co-ordination of Benefits: The Canadian Life & Health Insurance Association guidelines dictate that for families with coverage under more than one benefit plan, each spouse must submit their own claims first to their own benefit plan for reimbursement. If there is any amount left unpaid, the remainder may then be submitted to the spouse's benefit plan. Claims for dependent children must first be submitted to the benefit plan of the parent whose birthday occurs earliest in the year.

PLEASE SEE YOUR BOOKLET FOR MORE DETAILED INFORMATION

For further information contact:

Funds Administrative Service Inc.
9TH FLOOR, 9707 - 110 STREET
EDMONTON, ALBERTA
T5K 3T4

PH: (780) 452-5161
FAX: (780) 452-5388

1-800-770-2998

For more information on the benefit plan,
or to download required forms, consult:
www.fasadmin.com



LOCAL 720 & LOCAL 725

**IRONWORKERS HEALTH & WELFARE
TRUST FUND OF WESTERN CANADA**

BENEFITS-AT-A-GLANCE

Reduced Self-Pay @ June 1, 2007

	Member Life	Member AD&D	Dependent Life	Supplementary Health Care	Vision Care	Dental Care	Temporary Disability	Member Assistance Program
Coverage Details	\$25,000 Death benefit paid to named Beneficiary <u>Optional Life:</u> Member coverage is available in units of \$10,000, subject to a maximum benefit of \$100,000. Coverage available to dependents is 10% of member's benefit to a maximum of \$10,000 for your spouse and 5% of member's benefit to a maximum of \$5,000 for each of your dependent children. Contact your Union office or the Fund office to apply for additional coverage.	\$25,000 Payable for accidental death and dismemberment, including loss/loss of use of limbs, sight, speech, hearing and for Quadriplegia, Paraplegia and Hemiplegia.	Spouse: \$40,000 Child: \$10,000	100% coverage of eligible expenses (drugs at 80%) to a lifetime maximum of \$100,000 Prescription Drugs payable at 80% to generic (lower cost alternative) price: <ul style="list-style-type: none"> ➤ \$4 per prescription is the maximum dispensing fee ➤ limited list of over-the-counter drugs covered ➤ Erectile dysfunction: \$60 per month to \$720 per calendar year ➤ Smoke Cessation Products \$100 per lifetime Private Hospital Hearing aids: \$4,000/5 years Custom fitted ear plugs: \$300/5 years Sleep Apnea treatment devices: \$2,500/5 years Paramedical Practitioners: \$35/visit to \$700/year, except Physiotherapist \$45/visit to \$900/year Psychologist: \$60/hour to \$600/year Worldwide Travel Assistance – hospital and medical coverage on an <u>emergency</u> basis only, to a maximum of \$1,000,000 per lifetime	\$240 every 2 calendar years for adults and every calendar year for children (excludes coverage for safety glasses) Corrective Eye Surgery: \$2,000 per lifetime (vision care offset)	80% for Minor procedures No coverage for Major procedures or Orthodontics Minor maximum of \$2,000/year Recall frequency: once every 6 months Fluoride coverage for children only Coverage based on the Manulife Financial Dental Fee Guide	<u>No coverage</u>	Up to 12 hours of confidential professional assessment, referral or treatment provided for Members and their families. Coverage is provided through the Construction Employee & Family Assistance Program (CEFAP).
Claiming	Notify Fund office immediately. Submit within 36 months from date of death.	Notify Fund office immediately. Submit within 12 months of accident.	Notify Fund office immediately. Submit within 36 months.	Use ClaimSecure electronic drug card at pharmacies (immediate reimbursement); for other receipts use Medical Supplies Statement (<u>forms can be obtained from Union office or Fund office</u>). Submit within 18 months of purchase.	Use Vision Care Statement. Submit within 18 months of purchase.	Use Dental Care Statement. Submit claim within 18 months of date the services were incurred.		Contact Wilson Banwell at 1-800-563-1642.

WHO IS ELIGIBLE?

Members (if they meet the self-pay eligibility criteria outlined in the next section) and their dependents are eligible to self-pay for coverage (under the Full Benefit package, Reduced Benefit package, or the Life and AD&D Only package).

Eligible dependents include:

- Spouse (legal or common-law)
- Unmarried children under age 21, or under age 25, if attending full-time school; or any children dependent on the Member due to physical or mental disability, regardless of age.

WHO CAN MAKE SELF-PAYMENTS?

If at the end of any given month, a member's Hour Bank falls below what is required to meet one month's coverage costs (currently 100 hours), he or she will have the opportunity of contributing the necessary amount of money so that he may continue to be insured. Under this provision, self-payments may be made on the following basis:

- Monthly payments equal to the coverage costs may be made for a maximum of 18 consecutive months by Active Members who have exhausted their Hour Bank Account;
- An Active Member must remain a member in good standing of the Union to qualify for the Self-Pay Provision;
- Eligible employees of either the Union or Contributing Employers cannot self-pay.
- There are self-payment options available for Retirees. Contact the Fund office, or reference your booklet, for more information.

WHAT COVERAGE DO I HAVE IF DISABLED?

If, after 6 months of disability you qualify for the Waiver of Premium under your Life Insurance benefit, your Life, Dependent Life and AD&D coverage will be continued by Manulife until you reach age 65 or until you qualify for a pension benefit.