

OPERATING ENGINEERS LOCAL 955 HEALTH & WELLNESS PLAN RETIREE BENEFIT PLAN



Benefits at-a-glance

The Plan's Trustees are pleased to offer the opportunity for Retired Members to purchase Life Insurance, Extended Health Care, Dental Care and Out-of-Country coverage through Manulife Financial at group insurance rates. This brochure summarizes the benefit coverage options provided through the OE955 Health & Wellness Plan – Retiree Benefit Plan.

Please note - this document contains only a summary of the OE955 Health & Wellness Plan – Retiree Benefit Plan. Contact Manulife or the Trust Office for additional information. This document does not create or confer any contractual or other rights. All rights and obligations with respect to the Retiree Benefit Plan will be governed solely by the official Plan documents, insurance contracts and any applicable legislation.

Eligibility

To qualify for benefits you must:

- be a member in Good Standing of the IUOE Local 955;
- be at least 55 years old;
- draw a monthly pension from the OE955 Pension Plan or have taken out your commuted value;
- have depleted your hour bank; and
- have finished 12 months of self-pay (optional).

If you were not a member of the OE955 Health & Wellness Plan or the OE955 Pension Plan, please reach out to the Trust Office for eligibility criteria.

Enrollment

In order to participate in the Retiree Benefit Plan, you must enroll in either the Basic Plan or the Enhanced Plan within 31 days of becoming eligible. No medical information is required if you apply in this 31-day window. Please contact the Trust Office to enroll and make the necessary premium payment arrangements.

If you apply for the Retiree Benefit Plan after the 31-day enrollment window you will need to complete a medical questionnaire, and your coverage may be denied. If you apply for coverage after the 31-day enrollment window and you are accepted, your Dental coverage under both the Basic and Enhanced options will be limited to an annual maximum of \$125 per person for the first year.

It is your responsibility to make the required premium payment to the Trust Office in the month prior to your coverage month. **If you fail to do so, your coverage will stop.**



Life Insurance

This benefit provides a tax-free, lump-sum payment in the event of your death.

Life Insurance

If you die while covered under either the Basic or Enhanced Plan, or within 31 days after your coverage stops, your beneficiary(ies) will receive \$25,000.

Survivor Coverage

If you die with Family coverage under either the Basic or Enhanced Plan, or within 31 days after your coverage stops, your dependant(s) will remain covered for Extended Health Care and Dental Benefits for two years without having to pay any premiums.

Extended Health Care

The Basic and Enhanced Extended Health Care benefits are intended to cover health care costs not paid for under your Provincial Health Plan.

These services and products include generic prescription drugs, vision care, hearing aids, professional services, paramedical practitioners, medical aids and supplies, and out-of-country coverage.

See the attached Schedule of Benefits for details about eligible expenses, maximum reimbursements and deductibles.

Dental Benefits

The Basic and Enhanced Dental Plans provide benefits to meet ongoing dental costs in retirement.

If you enroll in the Basic Plan, you will be covered for preventative dental services. Whereas, if you enroll in the Enhanced Plan, you will be covered for preventative and restorative dental services.

See the attached Schedule of Benefits for details about eligible expenses, maximum reimbursements, and deductibles.

Medical Second Opinion

As part of your Extended Health Care benefits, you will have access to Manulife's Medical Second Opinion service, provided by WorldCare Consortium. This provides second opinion services which can connect members with specialized, confidential medical advisory assistance. For more information call 1-800-875-1264.

Cost of Coverage

Your monthly premiums are based on whether you wish to participate in the Basic Plan or the Enhanced Plan and on whether you wish to purchase Single or Family coverage.

If you choose the Basic Plan you may opt up to the Enhanced Plan any time after one full year of participation in the Basic Plan. However, once enrolled in the Enhanced Plan you may not opt down to the Basic Plan.

Rates will be reviewed by Manulife and the Trustees on an annual basis and are subject to change.

Monthly Premium Rate	Basic Plan	Enhanced Plan
Single	\$168.00	\$211.00
Family	\$279.00	\$369.00

Making a Claim

Once you have been enrolled by the Trust Office, Manulife will provide you with the following:

- Your pay-direct drug card;
- Information on how to make a claim; and
- Information on how to access the Manulife website.

Contact Us

For Life Insurance, Extended Health and Dental questions, please contact Manulife:

Toll-free: 1-800-268-6195

Trust Office staff are available to answer any questions you may have about enrolling in the Plan.

Health & Wellness Trust Office

Toll-free in Alberta: **1-800-222-6410**

Phone: **780-483-9550**

Email: **benefits@oe955.com**

Website: **www.oe955.com**



Schedule of Benefits

The following Schedule of Benefits is intended to provide an overview of the coverage available under the Basic and Enhanced Plans. For further details, please contact Manulife or the Trust Office.

Benefit	Basic Plan		Enhanced Plan
Life Insurance			
This Benefit provides a tax-free, lump-sum payment in the event of your death. If you die while covered under either the Basic Plan or Enhanced Plan or within 31 days after your coverage stops, your beneficiary(ies) will receive \$25,000.			
If you die with Family coverage under either the Basic or Enhanced Plan, or within 31 days after your coverage stops, Survivor Benefits provide your dependants with Extended Health Care and Dental Benefits coverage for 24 months from your date of death without having to pay any premiums.			
Extended Health Care			
Prescription Drugs:	Covers eligible generic drugs requiring a written prescription. Non-generic drugs may be covered with special authorization.		
• Dispensing fees	Pharmacy Dispensing Fees are not covered		
• Coinsurance	80% reimbursement of eligible expenses		
• Maximum per calendar year	\$450	\$2,400	
Private Duty Nursing	100% - \$1,250 per calendar year	100% - \$3,500 per calendar year	
Vision Care	100% - \$150 per 2 calendar years	100% - \$300 per 2 calendar years	
Eye Exams	100% - \$50 per 2 calendar years		
Hearing Aids	100% - \$300 per 5 calendar years	100% - \$600 per 4 calendar years	
Ambulance	100% Ground and air transport		
Hospital	50% of semi-private room	100% of private room	
Professional Services	100% reimbursement (Up to the maximums identified below)		
Psychologist:			
• Maximum per first visit	\$80	\$80	
• Maximum per subsequent visit	\$65	\$65	
• Visit maximum per calendar year	10	12	
Speech Therapist:			
• Maximum per first visit	\$65	\$65	
• Maximum per subsequent visit	\$45	\$45	
• Visit maximum per calendar year	10	12	
Other Practitioners: Acupuncture, Chiropractor, Osteopath, Podiatrist/Chiropodist, Massage Therapist, Naturopath, Physiotherapist, and Dietician	\$15 per visit with a maximum of 20 visits per calendar year	\$650 per calendar year (combined for all practitioners)	
X-rays for Chiropractor only	\$35 per calendar year maximum		
Medical Services and Supplies	100% reimbursement		
Custom Made Orthotics	\$250 per calendar year		
Accidental Dental	100% - \$2,000 per calendar year	100% - \$3,000 per calendar year	
Health Service Navigator	Second opinion services and aids in navigating the health care system		
Out-of-Canada Emergency Coverage:	100% reimbursement to a maximum of \$5,000,000 per lifetime		
• Trip Limitation	30 days	30 days	
• Emergency Travel Assistance	Included		
Dental Care			
Fee Guide	Current Province of Residence		
Basic Services – exams, cleanings, fillings, endodontic, periodontic, basic surgical, and denture repair	80% reimbursement of eligible expenses		
Major Services – crowns, bridges, and dentures	Not covered	60% reimbursement of eligible expenses	
Combined Maximum	\$1,000 per calendar year	\$1,500 per calendar year	
Recall Frequency	9 months	6 months	
Monthly Cost*	Basic Plan	Enhanced Plan	
Single	\$168.00	\$211.00	
Family	\$279.00	\$369.00	

