

# OPERATING ENGINEERS LOCAL 955 HEALTH & WELLNESS PLAN

*Benefits at-a-glance*



The Operating Engineers Local 955 Health & Wellness Plan provides comprehensive and valuable protection for you and your family in the event of sickness, accident or death. This brochure provides a brief summary of the benefits coverage provided through the OE955 Health & Wellness Plan.

Please note that this document contains only a summary of the OE955 Health & Wellness Plan. Contact 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 Plan will be governed solely by the official Plan documents and any applicable legislation.

## Eligibility

To qualify for benefits you must be a member in **Good Standing** of the International Union of Operating Engineers Local 955, and satisfy one of the following requirements:

- earn at least 350 Adjusted Hours from contributing employers within six months of joining the Union,

**OR**

- self-pay for reduced benefits (only Extended Health and Dental) for a maximum of 12 months.

It is your responsibility to make self-pay contributions on time. Failure to do so will result in immediate loss of coverage.

	COVERAGE STATUS		
	Active	Disabled	Self-Pay
Extended Health Care	✓	✓	✓
Dental	✓	✓	✓
Out-of-Country	✓	✓	✓
Life Insurance	✓	✓	
AD&D	✓	✓	
Disability (see details of eligibility)	✓		



## Extended Health Care

Your Extended Health Care (EHC) benefits are intended to cover health care costs not paid for under your Provincial health plan.

### Prescription Drugs

*Plan pays:* 80% of eligible expenses and you pay 20%.

*Limitations:* Covers eligible generic drugs requiring a written prescription. Non-generic drugs may be covered with special authorization.

Maximum per calendar year of:

- \$12,000 (for members with single coverage) or
- \$15,000 (for members with family coverage).

Dispensing fees: Maximum of \$12.30.

Pharmacy mark-ups: Maximum of 7%.

### Psychologist

*Plan pays:* 100%

*Limitations:* \$1,000 per person per year.

### Private Duty Nurse

*Plan pays:* 100%

*Limitations:* \$10,000 per year to a maximum of \$25,000 per person, per lifetime.

### Vision Care

*Plan pays:* 100% of eligible expenses.

*Limitations:*

- Maximum \$300 per 24 consecutive month period per person for glasses or contact lenses.
- \$75 per 24 consecutive month period for eye exams.

### Hearing Aids

*Plan pays:* 100% of eligible expenses.

*Limitations:* Maximum \$750 in any 36 consecutive month period.

### Ambulance

*Plan pays:* 100% of eligible expenses if transportation is provided to a hospital.

*Limitations:* Cost of air ambulance is not an eligible expense.

### Hospital

*Plan pays:* 100% of semi-private room.

*Limitations:* \$96 per day up to a maximum of 365 days for one period of disability.

### Sleep Apnea (CPAP)

*Plan pays:* 100% of eligible expenses.

*Limitations:*

- Maximum \$2,000 per lifetime.
- Supplies are not covered.

## Paramedical, Medical Supplies and Equipment, Prosthetics and Other Medical

The following extended health benefits have an overall **annual limit of \$800 per person.**

### Accidental Dental

*Plan pays:* Covers 100% of costs to repair natural teeth damaged in an accident outside of work.

### Paramedical Practitioners

*Plan pays:* \$300 per person per practitioner, including \$25 per practitioner for an x-ray.

*Limitations:* Coverage is limited to the following:

- Acupuncturist
- Chiropractor
- Naturopath
- Osteopath
- Podiatrist
- Registered Dietician
- Chiroprapist
- Massage Therapist
- Physiotherapist
- Reflexologist
- Speech Therapist

### Social Worker

*Plan pays:* \$600 per person per year.

*Limitations:* Must be an Accredited Social Worker.

### Medical Services, Supplies and Equipment\*

*Plan pays:* 100% of eligible expenses.

\* You are covered for 100% of the cost to the annual maximum for the following items **when prescribed by a doctor:**

- ostomy supplies;
- oxygen and the cost of its administration, including breathing support equipment and pulmonary aids;
- plasma or blood transfusions
- rental of (or purchase, where more economical – pre-authorization required) therapeutic equipment such as wheelchairs, hospital beds, respiratory and kidney dialysis equipment;
- artificial eyes or limbs, canes, walkers, crutches, splints, casts, catheters, trusses or braces for back, arm, leg or neck;
- breast prosthesis and two surgical brassieres per year following a mastectomy; and
- cancer wigs for members and their immediate family members who have received radiation or chemotherapy for the treatment of cancer.

### Alberta Alcohol and Drug Abuse Commission

*Plan pays:*

- Registration fee up to \$75 for medical exam required by facility.

- Up to \$40 per day in AADAC centre.

*Limitations:*

- Coverage is for Union members only.

- Maximum of \$3,000 in a member's lifetime.



---

## Other Medical (continued)

The following extended health benefits are also subject to the overall **annual limit of \$800 per person.**

### Orthotics

*Plan pays:* 100%

- Limitations:*
- \$300 per 24 consecutive month period (adults).
  - \$300 per 12 consecutive month period (children).
  - Arch supports, molds or orthotic devices when ordered by a chiroprapist, podiatrist or general practitioner.
  - Claims must be accompanied by a GAIT analysis and/or biomechanical exam.
  - No coverage for sports orthotics and off-the-shelf orthotics.

### Orthopedic Shoes

*Plan pays:* 50%

- Limitations:*
- Maximum of \$400 per year.
  - Orthopedic shoes when ordered by a chiroprapist, podiatrist or general practitioner.
  - Claims must be accompanied by a GAIT analysis and/or biomechanical exam.
  - No coverage for off-the-shelf orthopedic devices.

---

## Dental Benefits

### Basic Coverage

*Plan pays:* 80%

- The maximum combined reimbursement for Basic and Major services is \$1,800 per year per covered person.
- If your coverage begins after June 30th the combined Basic and Major maximum is \$900 for the balance of the calendar year per covered person.
- Reimbursement rates for dental procedures are defined by each provincial dental fee payment guide.

- Limitations:*
- Routine dental exams, fluoride treatment and bitewing x-rays: once every 9 months for adults and once every 6 months for children.
  - Complete exams once every 36 months.
  - Scaling: 8 units per 9 months.
  - Panoramic x-rays: once every 24 months.

### Major Dental Services

*Plan pays:* 60%

*Limitations:* No coverage for implants.

## Orthodontic Services

- Plan pays:*
- 50% reimbursement of eligible expenses of the treatment plan.
  - Lifetime maximum payout of \$3,500 per child.

*Limitations:* Prior to commencement of your treatment, you or the orthodontic office must submit, either by mail or electronically to ClaimSecure, a copy of your orthodontic treatment plan.

---

## Out-of-Country Travel Insurance

- Plan pays:*
- 100% of emergency out-of-country medical expenses.

- Limitations:*
- \$5 million per trip.
  - Maximum trip duration is 30 days.
  - If you are over age 71, please contact the Plan Office.

---

## Life Insurance

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

**Eligibility:** Not eligible for Life Insurance benefits if you are self-paying.

### Member Basic Life Insurance

If you die while covered under the Plan, or within 31 days after your coverage stops, your beneficiary will receive \$100,000.

If you are terminally ill and your life expectancy is 12 months or less, you may request a one-time lump sum payment to a maximum of \$50,000. If you are approved for this benefit, your life insurance benefit is reduced by:

- the amount paid out under the advanced living benefit, **and**
- accrued interest on any funds advanced.

### Spousal Basic Life Insurance

If your spouse dies while covered under the Plan, or within 31 days after your coverage stops, you will receive \$5,000.

### Optional Life Insurance

You have the option of self-paying for additional Optional Life insurance coverage for yourself.

Coverage is available in units of \$25,000 up to a maximum of \$500,000.

To apply for this optional coverage, please contact Manulife at [www.manulife.ca/personalbenefits](http://www.manulife.ca/personalbenefits).



---

## Accidental Death and Dismemberment Insurance

This insurance provides a one-time, lump sum payment if you die or are dismembered as a direct result of an accident, whether the accident occurs at work or not.

**Eligibility:** Not eligible for Accidental Death and Dismemberment Insurance benefits if you are self-paying.

The accidental death benefit is \$100,000. Death benefits are paid to your beneficiary.

The maximum payable under the accidental dismemberment benefit is \$100,000. The maximum payable for paralysis is \$200,000. The amount paid for an accidental dismemberment claim is determined by the extent of the loss.

---

## Weekly Indemnity Benefits

This benefit provides you with income protection in the event of a short-term illness or injury.



**Eligibility:** Not eligible for Weekly Indemnity (WI) benefits if receiving a monthly pension or if you are self-paying.

**Application deadline:** 90 days from date of disability.

**Weekly benefit:** Equal to the current Employment Insurance sickness benefit rate.

The WI benefit may be reduced by any other income you receive.

**When benefits commence:** If your disability is the result of accident or hospitalization, payments begin immediately.

If your disability is due to illness, payments begin on the eighth day of disability.

**Benefit duration:** The WI benefit provides you with income for up to 32 weeks if you are unable to work due to illness or injury and are under the full-time care of a doctor.

---

## Long Term Disability Benefits

This benefit provides income protection if you experience a long-term illness or injury and are unable to work.

**Eligibility:** Must complete 32 weeks of WI to be eligible. Not eligible for Long Term Disability benefits if receiving a monthly pension or if you are self-paying or over 65 years old.

**Monthly benefit:**

- \$0 (Nil) if you have not accumulated at least 350 Adjusted Hours in the year immediately preceding your date of disability.
- \$2,140 if you have accumulated at least 350 Adjusted Hours in the year immediately preceding your date of disability.
- \$2,750 if you have accumulated at least 350 Adjusted Hours in each of the two years immediately preceding your date of disability.
- LTD benefit may be reduced by any other income you receive.

**When are benefits paid:** LTD benefits are paid at the end of each month.

**Benefit duration:** Your LTD coverage stops on the **earliest of the following:**

- you turn 65 years old;
- you are no longer disabled or fail to provide requested proof of continued disability;
- you fail to participate in rehabilitation employment;
- you enter the full-time service of any naval, military or air force;
- you are no longer a Union member in good standing;
- you are no longer eligible for coverage under the Plan;
- you retire with a pension from the Pension Trust Fund; or
- you die.

---

## Contact Us

For Extended Health and Dental questions, please contact ClaimSecure:

Toll-free: **1-888-513-4464**

Email: **service@claimsecure.com**

Trust Office staff are available to answer any other questions you may have about your benefits.

**Health & Wellness Trust Office**

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

Phone: **780-483-9550**

Email: **benefits@oe955.com**

Website: **www.oe955.com**

