

The Construction Supplier Plan

	Starter	Basic	Enhanced
LIFE INSURANCE			
◆ For Employees	\$25,000	\$50,000	\$100,000
ACCIDENTAL DEATH			
◆ For Employees	\$25,000	\$50,000	\$100,000
DEPENDENT LIFE INSURANCE			
◆ Spouse	\$10,000	\$10,000	\$10,000
◆ Each child	\$5,000	\$5,000	\$5,000
◆ Weekly Income	Not Available	Not Available	Not Available
◆ LONG TERM DISABILITY			
66.67% of gross monthly salary up to \$1,500 to receive maximum	\$1,000/month		
66.67% of gross monthly salary up to \$3,748 to receive maximum		\$2,500/month	
66.67% of gross monthly salary up to \$7,496 to receive maximum			\$5,000/month
Elimination Period:			
Accident	17 Weeks	Same	Same
Sickness	17 Weeks		
Benefit Duration	To Age 65		
24 Hour Coverage:		Yes	
Pre-existing Exclusion:	If an employee receives medication, treatment, consultation or surgery 90 days prior to the effective date of coverage, no benefit will be paid for that condition for the first year		

It is advisable for employee to pay the premium for this benefit. If there is a claim the benefit received will be tax free.

EXTENDED HEALTH CARE

Applies to All Plans

For employees and dependents:

◆ Annual Deductible	No Deductible
Co insurance Level	80%
◆ Semi private Hospital	100%
◆ Emergency travel coverage	
60 Days max per trip \$1,000,000 per family member	100%
◆ Prescriptions (Pay Direct drug card)	80%
Unlimited Maximum, Provincial Formulary	
Generic Drugs, Dr may request alternative	
Diabetic Supplies (excludes diabetic Pumps)	
Oral Contraceptives	
No coverage for erectile dysfunction or other	
Lifestyle medications	

TCSP-2

EXTENDED HEALTH CARE cont.

◆ Other expenses per family member

Paramedical Practitioners:

Acupuncturist

Chiropractor

Massage Therapist

Naturopath

Osteopath

Physiotherapist

Podiatrist/Chiropodist

Psychologist

Speech Therapist

Applies to All Plans

80%

\$30 per visit max \$500/Year

\$30 per visit max \$500/Year

\$30 per visit max \$500/Year

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◆ Custom-made orthopaedic **shoes** prescribed by a doctor

maximum of \$500 per person in a benefit year

Custom-made orthotic **inserts** for shoes prescribed by a doctor –

maximum of \$350 per person in a benefit year

◆ Overall Maximum to age 65

Unlimited

VISION

For employees and dependents:

◆ Maximum

Basic and Enhanced Only

80%

\$200/24 months

◆ Maximum for children under 18

\$200/12 months

* \$50 eye exam fee in addition to maximum:

DENTAL CARE

◆ Annual Deductible

No Deductible

◆ Fee Guide

Current fee guide for general dental practitioners

◆ Basic services coinsurance levels

80%

Full mouth X- Rays

1 per 36 months

Bite Wing X-Rays

1 per 9 months

Routine checkups

1 per 9 months

Cleanings

1 per 9 months

Fluoride treatment

1 per 9 months

Periodontic Treatments

16 Units per 12 month period

Endodontics

80%

Denture Reline & Rebasing

80%

◆ Major restorative services

Starter

Basic /Enhanced Only

Crowns, dentures, inlays, onlays

Not Available

50%

◆ Maximum per person basic services plus major services combined

\$2,000/calendar /year

\$2,000/calendar year

◆ Orthodontic services for children under age 19

Not Available

50% of fee guide

◆ Maximum for orthodontic services

\$2,500/lifetime

Monthly Premium

Starter

Basic

Enhanced

(All Provinces except Quebec)

\$175

\$240

\$295