

THE CONSTRUCTION INDUSTRIES PREMIER BENEFIT PLAN

LIFE INSURANCE

◆ For Employees \$50,000

ACCIDENTAL DEATH

◆ For Employees \$50,000

DEPENDENT LIFE

◆ Spouse \$10,000

◆ Each child \$ 5,000

Weekly Income

Not Available

LONG TERM DISABILITY

Available to eligible employees working
18 hours a week on average

\$2,200/month

Elimination Period

Accident 17 Weeks

Sickness 17 Weeks

◆ Benefit Duration To Age 65

◆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

Administration Point :

It is advisable for employee to pay the premium for this benefit from their paycheque. In the event of a claim the money received from the Insurance Company will be tax free

EXTENDED HEALTH CARE For employees and dependents

Co Insurance Level

◆ Semi private Hospital 100%

Emergency Travel Coverage

60 Days max per trip \$1,000,000 per family member 100%

Prescriptions

◆ Pay Direct drug card (Unlimited Maximum) 80%

Deductible Max. reimbursement \$8 dispensing fee

◆ Diabetic Supplies (excludes diabetic Pumps) Yes

◆Oral Contraceptives Yes

◆Smoking cessation \$250 lifetime maximum

◆Serums and vaccines Yes

◆Coverage for erectile dysfunction No

Other expenses per family member 100%

◆Paramedical Practitioners (no per visit max.)

Acupuncturist \$500 per Year

Chiropractor \$500 per Year

Massage Therapist \$500 per Year

Naturopath \$500 per Year

Osteopath \$500 per Year

Physiotherapist \$600 per Year

Podiatrist/Chiropodist \$500 per Year

Psychologist \$500 per Year

Speech Therapist \$500 per Year

Dietician \$500 per Year

◆Custom-made orthopaedic shoes maximum of \$400 per person per calendar year

◆Custom-made orthotic inserts for shoes maximum of \$200 per person per calendar year

Vision

For employees and dependents	80%
◆ Maximum	\$300/24 months
◆ Maximum for children under 18	\$300/12 months

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

Employee Assistance Program

Family, Marriage, grief counseling, etc, 12 Hours per year

DENTAL CARE (employees and dependents)

◆ Annual Deductible	No Deductible
◆ Fee Guide	The current fee guide for general practitioners approved by the Dental Association of the province of residence

Participants Coverage	Under age 19	Over Age 19
◆ Basic services coinsurance	80%	80%
Full mouth X- Rays	1 per 24 months	1 per 24 months
Bite Wing X-Rays	1 per 6 months	1 per 12 months
Routine checkups	1 per 6 months	1 per 12 months
Cleanings	1 unit per 6 months	1 unit per 12 months
Fluoride treatment	1 per 6 months	1 per 12 months
Periodontic Treatments	8 Units per yr	8 Units per yr
Endodontics	80%	80%
Denture Reline & Rebasing	80%	80%
◆ Major restorative services		
Crowns, dentures, inlays, onlays	50%	50%
Maximum per person for basic and major services combined	\$2,500/calendar year	\$2,500/calendar year
◆ Orthodontic services for children under age 19	50% of fee guide	No Coverage
Lifetime Maximum	\$2,500/lifetime	

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