



OPERATING ENGINEERS HEALTH & 955 WELLNESS

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 at January 1, 2024. 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 2 months coverage (270 Adjusted Hours for the **Core** Plan or 350 Adjusted Hours for the **Extended** Plan) 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.

Whether you are in the Core or Extended Plan is based on the contribution rate of the collective agreement that you work under.

	COVERAGE STATUS		
	Core	Extended	Self-Pay
Extended Health Care	✓	✓	✓
Dental	✓	✓	✓
Out-of-Country	✓	✓	✓
Life Insurance	✓	✓	
AD&D	✓	✓	
Short-Term Disability	✓	✓	
Long-Term Disability		✓	
Health Spending Account		✓	

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: \$1,500 per person per year, registered psychologists only.

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 a **total 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 registered practitioners: Acupuncturist, Chiropractor, Massage Therapist, Naturopath, Physiotherapist, Osteopath, Reflexologist, Podiatrist, Speech Therapist and Registered Dietician.

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.

Alcohol and Drug Abuse Assistance

Plan pays:

- Registration fee up to \$75 for medical exam required by facility.
- Up to \$40 per day in provincially licenced addictions centres.

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 **total 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: Children only. 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:*
- Maximum trip duration is for 30 days.
 - Maximum reimbursement of non-emergency referral expenses is \$50,000 lifetime.
 - Unlimited coverage for emergency expenses.
 - Please refer to your Travel Insurance booklet for coverage details prior to leaving Canada.

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 optional coverage, please contact the Trust Office.

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: Coverage for Union members only. 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.

Short Term Disability

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

Eligibility: Not eligible for Short Term Disability (STD) benefits if have drawn your pension (monthly or lump-sum) 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 STD 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 STD benefit provides you with income for up to 104 weeks if you are unable to work due to illness or injury and are under the full-time care of a doctor.

The STD benefit is integrated with the EI Sickness Benefits covered as follows:

Week 1:	Benefits covered by the Plan
Weeks 2 through 27:	Benefits covered by EI Sickness
Weeks 28 through 104:	Benefits covered by the Plan

Long Term Disability (Extended Plan)

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

Eligibility: Must be in the Extended Plan and complete 104 weeks of STD to be eligible. Not eligible for Long Term Disability benefits if you have drawn your pension (monthly or lump sum) or if you are self-paying or over 65 years old.

Monthly benefit:

- \$0 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 prior to your date of disability.
- \$2,750 if you have accumulated at least 350 Adjusted Hours in each of the two years prior to 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 eligible for coverage under the Plan;
- you withdraw funds from the Pension Trust Fund; or
- you die.

Health Spending Account (Extended Plan)

Plan pays:

- An annual allocation per active member.
- The amount of the allocation will vary based on the financial position of the Plan.

Limitations:

- Must be in the Extended Plan.
- Can only be used for Extended Health or Dental expenses that are eligible for the Medical Tax Credit per CRA.
- Unused allocations from a given year can be carried over for one year. If still unused, the carried over amount will be forfeited.

Contact Us

For Extended Health and Dental questions, please contact ClaimSecure:

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

Email: **service@claimsecure.com**

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

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

Phone: **780-483-9550**

Email: **benefits@oe955.com**
disability@oe955.com

Website: **www.oe955.com**