This is a general overview and summary of benefits provided by the International Union of Operating Engineers Local 870 Health & Welfare plan, and eligibility requirements for benefit coverage. Further details can be obtained from the staff of the Trust Funds office, who will be pleased to assist you.

**SUMMARY OF BENEFITS**

**MEMBERS**

Life Insurance $50,000

Accidental Death and Dismemberment $50,000 (in addition to the $50,000 life insurance)

**DEPENDANTS**

Dependant Life Insurance
Spouse $5,000.00
Children $2,500.00

**MEMBERS**

Short Term Disability
1st day accident $415.00 per week for 26 weeks of disability except for the 15 week period that may be covered by Employment Insurance (EI) Sickness Disability benefit if you qualify. If you do not qualify for EI benefits the Weekly Indemnity benefit under our Plan will be paid for the period not covered by EI.
8th day sickness
24hr. non-occupational coverage

Long Term Disability $1950.00 per month. If your disability continues beyond the 26 week period of Weekly Disability Income benefits, the LTD benefit commences and is payable to the earlier of recovery or age 65. Disability is considered total when it prevents you from performing the regular duties of your own occupation during the qualifying period and the first 2 years that you are disabled. If you are still disabled at the end of this time, disability is considered total when it prevents you from performing any work where the requirements are within the range of your education, training or experience.

24hr. non-occupational coverage

**MEMBERS AND DEPENDANTS**

Dental Expense Subject to a $25.00 yearly deductible per year per family
Basic services covered 100%
Dentures 80%
Major Restorative Services 50%
Maximum benefit $1,500.00 per calendar year per person

**As a portion of most dental claims will be paid by you it is advisable to submit an estimate prior to any major dental procedures.**

Orthodontic Treatment

50% for Orthodontic Services
Maximum benefit $1,000.00 lifetime maximum per insured individual

Medical Expenses

Prescription drugs payable up to $5000.00 per insured individual per calendar year

Vision care: Eye Exams payable up to $135.00
Adults every 24 months
Children every 12 months

Prescription lens (including contact lens and safety lens) payable up to $300.00
Adults every 24 months
Children every 12 months

Paraprofessionals: massage, chiropractor, reflexology, naturopath, podiatry, osteopath and physiotherapy limited to $250.00 in a calendar year

Licensed ground ambulance service to the nearest hospital equipped to provide the required treatment, when the physical condition of the patient prevents another means of transportation

Emergency Air Ambulance service to the nearest hospital equipped to provide the required treatment, when the physical condition of the patient prevents the use of another means of transportation and, if the patient requires the services of a registered nurse during the flight, the services and return air fare for a registered nurse

Travel Assistance Benefit

$125.00 per calendar year
For more detailed information regarding all Supplementary Health care expenses please contact the Health & Welfare Trust Funds office.

ELIGIBILITY RULES

You must be an initiated member of Local 870 and work for an employer obligated to make contributions to the Health & Welfare Fund.

You will become eligible for enrolment in the Plan on the first day of the month following the month you have accumulated $600.00 from contributing employers, such contributions having been received and properly credited to you by the Trust Funds office. Once you have accumulated sufficient dollars so as to be entitled to be enrolled for benefits, you will be sent, to your last known address, a notice advising you of your eligibility. If you do not receive such a notice, it is your responsibility to contact the Trust Funds office to inquire as to your present status. The onus is on you to ensure that your employer is making the appropriate contributions and filing the appropriate reports with respect to your employment. The important thing is that the Trust Funds receive the contributions from an Employer on your behalf. If the contributions are not received from your employer, you will not be eligible and will not be covered for benefits under the Plan until the appropriate contributions and reports are received by the Trust Funds office even if you would have had the required amount of dollar contribution. Your cooperation here will assist the Trust Funds office to ensure that your contributions are remitted to our office by the employers, and other Locals under whose jurisdiction you may have worked on a travel card.

Your benefits under this Plan will terminate at the end of the month in which your work credits in your reserve account fall below $230.00 after the monthly premium deduction of $230.00. You may extend your coverage by making self payments. Please contact the Trust Funds office for detailed information regarding the self payment option.