

# BOMBARDIER RETIREE'S BENEFIT INFORMATION

## LOCAL 112 JULY 2021 TO JUNE 2024

AL GALE BENEFIT REPRESENTATIVE  
EXT.34456 OUTSIDE 416-375-4456  
E-mail: al.gale@aero.bombardier.com

THE FOLLOWING DISPLAYS YOUR BASIC BENEFIT PLAN. THIS INCLUDES ALL BENEFIT COVERAGES AND BENEFIT OPTIONS. IF YOU ARE EXPERIENCING ANY PROBLEMS OR QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT THE ABOVE NUMBER 24 HOURS A DAY. LEAVE A MESSAGE AND A RETURN NUMBER WHERE I WILL BE ABLE TO CONTACT YOU

<b><u>LIFE INSURANCE</u></b> (Less C.P.P. Death Benefit to a minimum of \$3,000)	\$5,000
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### BENEFITS COVERED BY INDUSTRIAL ALLIANCE

<b><u>MAJOR MEDICAL</u></b> POLICY # 28202, CERTIFICATE #- 99 + CLOCK NUMBER (MAX LIFETIME) \$35.00 YEARLY DEDUCTIBLE WITH 80% ELIGIBLE COVERAGE	\$35,000
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ACUPUNCTURE MASSAGE...(MAX \$500.00) HOMEOPATHS SPEECH THERAPISTS NATUROPATHS OSTEOPATHS PODIATRISTS CHIROPRACTOR	<b>\$650</b> <b>(COMBINED LIMIT FOR ALL PER CALENDAR YEAR)</b> <b>DOC'S RECOMMENDATION IS REQUIRED</b> <b>FOR MASSAGE... (MAX \$500.00)</b>
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<b><u>ORTHOPEDIC SHOES OR INSERTS:</u></b> ONE PAIR EVERY 18 MONTHS, 80% OF CUSTOMARY CHARGES, SUBJECT TO \$35 YRLY DEDUCTABLE	MAX \$400.00
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<b><u>PHYSIOTHERAPY:</u></b> REQUIRE'S DOCTORS (MD) RECOMMENDATION 1 <sup>st</sup> visit Max \$160.00 @80%, 23 visits Max\$100.00 @ 80%. SUBJECT TO \$35 YRLY DEDUCTIBLE	24 VISITS PER 24 VISITS PER CALENDAR YEAR
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<b><u>PSYCHOLOGIST CONSULTATIONS:</u></b> REQUIRES DOCTOR RECOMMENDATION 24 VISITS PER CALENDAR YEAR, SUBJECT TO \$35 YRLY DEDUCTIBLE.
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<b><u>NURSING CARE:</u></b> RECOMMENDED BY PHYSICIAN AS MEDICALLY NECESSARY, TREATMENT ADMINISTERED BY A REGISTERED NURSE. <b>PRIOR AUTHORIZATION FROM Industrial Alliance</b>
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RETIREE`S BENEFIT PACKAGE  
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<b><u>NURSING HOME:</u></b>	<b>PRIOR AUTHORIZATION REQUIRED BY GREEN SHIELD</b>
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<b><u>HOSPICE CARE:</u></b>	LIFETIME MAXIMUM PER PERSON	\$7,500 GREEN SHIELD COVERAGE
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<b><u>AMBULANCE:</u></b>	MAXIMUM OF \$275. PER YEAR NO DEDUCTIBLE	\$70 PER TRIP
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<b><u>P.S.A.</u></b> (PROSTATE & CA OVARIAN TEST)	<b>NO DEDUCTIBLE</b>	100% COVERED
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<b><u>BREAST PROTHESTES:</u></b>	EVERY 3 YEARS -- \$35 DEDUCTABLE-- 80% COVERED UP TO \$1000
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<b><u>OUT OF PROVINCE MEDICAL:</u></b> (Industrial Alliance)
REASONABLE & CUSTOMARY CHARGES IN AREA IN WHICH INCURRED-----100% COVERAGE
EMERGENCY TREATMENT ONLY

## **Benefits Covered by Green Shield**

<b><u>VISION</u></b>
VISION BENEFITS INCLUDE THE ACQUISITION COST OF FRAMES, LENSES & THE FITTING OF PERSCRIPTION GLASSES UP TO A TOTAL PAYMENT OF:
\$230 PER PERSON FOR SINGLE LENSES
\$250 PER PERSON, FOR BIFOCAL LENSES
\$270 PER PERSON FOR MULTIFOCAL LENSES
\$195 PER PERSON FOR CONTACT LENSES
COMMENCEMENT OF THE BENEFIT PERIOD IS BASED ON THE INITIAL DATE VISION SERVICE`S ARE RECEIVED.

<b><u>ELIGIBLE PRESCRIPTION DRUGS</u></b>	DEDUCTIBLE	\$5.00
Dispensing fee was \$11 now only \$9		PER PRESCRIPTION
<b>PER PRESCRIPTION</b>		

<b><u>HOSPITALIZATION</u></b> \$215.00 per dayMax.	SEMI-PRIVATE
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<b><u>AUDIO</u></b>	
CONVENTIONAL HEARING AID	NO MAXIMUM OR DEDUCTIBLE
NON-CONVENTIONAL HEARING AID	THERE ARE LIMITATIONS
PRIOR APPROVAL FROM GREEN SHIELD	
<b><u>ENTITLEMENT</u></b> (BI-LATERAL) ONCE EVERY 24 MTHS FROM DATE OF LAST PURCHASE	

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**DEPENDENTS, SPOUSE OR COMMON-LAW (AFTER ONE YEAR OF CO-HABITATION) & CHILDREN UNDER AGE OF 21. FOR CHILDREN ATTENDING SCHOOL FULL TIME OR IF DISABLED, BENEFITS APPLY TO AGE 25.**

**BENEFIT YEAR:**

MAJOR MEDICAL

JANUARY 1<sup>st</sup> TO DECEMBER 31<sup>st</sup>

**CONTACT PHONE NUMBERS**

INDUSTRIAL ALLIANCE	1-888-295-6555
GREENSHIELD	1-888-711-1119
BMO	1-855-208-3686
RBC	1-800-668-1320
BOMBARDIER BENEFITS	1-416-375-3333
UNIFOR UNION HALL	1-416-635-5988