

BOMBARDIER RETIREE'S BENEFIT INFORMATION

LOCAL 112 JULY 2018 TO JUNE 2021

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

<u>LIFE INSURANCE</u> (Less C.P.P. Death Benefit to a minimum of \$3,000)	\$4,000
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BENEFITS COVERED BY INDUSTRIAL ALLIANCE

<u>MAJOR MEDICAL</u> 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	\$650 (COMBINED LIMIT FOR ALL PER CALENDAR YEAR) DOC'S RECOMMENDATION IS REQUIRED FOR MASSAGE... (MAX \$500.00)
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<u>ORTHOPEDIC SHOES OR INSERTS:</u> ONE PAIR EVERY 18 MONTHS, 80% OF CUSTOMARY CHARGES, SUBJECT TO \$35 YRLY DEDUCTABLE	MAX \$400.00
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<u>PHYSIOTHERAPY:</u> REQUIRE'S DOCTORS (MD) RECOMMENDATION 1 st 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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<u>PSYCHOLOGIST CONSULTATIONS:</u> REQUIRES DOCTOR RECOMMENDATION 24 VISITS PER CALENDAR YEAR, SUBJECT TO \$35 YRLY DEDUCTIBLE.
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<u>NURSING CARE:</u> RECOMMENDED BY PHYSICIAN AS MEDICALLY NECESSARY, TREATMENT ADMINISTERED BY A REGISTERED NURSE. PRIOR AUTHORIZATION FROM Industrial Alliance

RETIREE`S BENEFIT PACKAGE
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NURSING HOME: PRIOR AUTHORIZATION REQUIRED BY GREEN SHIELD

HOSPICE CARE: LIFETIME MAXIMUM PER PERSON \$7,500 GREEN SHIELD COVERAGE

AMBULANCE: MAXIMUM OF\$275. PER YEAR NO DEDUCTIBLE \$70 PER TRIP

P.S.A. (PROSTATE & CA OVARIAN TEST) NO DEDUCTIBLE 100% COVERED

BREAST PROTHESTES: EVERY 3 YEARS -- \$35 DEDUCTABLE-- 80% COVERED UP TO \$1000

**OUT OF PROVINCE MEDICAL: (Industrial Alliance)
 REASONABLE & CUSTOMARY CHARGES IN AREA IN WHICH INCURRED-----100% COVERAGE
 EMERGENCY TREATMENT ONLY**

Benefits Covered by Green Shield

VISION
 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.

**ELIGIBLE PRESCRIPTION DRUGS DEDUCTIBLE \$5.00
 Dispensing fee was \$11 now only \$9 PER PRESCRIPTION
 PER PRESCRIPTION**

HOSPITALIZATION \$215.00 per dayMax. SEMI-PRIVATE

AUDIO
 CONVENTIONAL HEARING AID NO MAXIMUM OR DEDUCTIBLE
 NON-CONVENTIONAL HEARING AID THERE ARE LIMITATIONS
 PRIOR APPROVAL FROM GREEN SHIELD
ENTITLEMENT (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.

PENSION INCREASE

EFFECTIVE JANUARY 2013 AND JANUARY 2014 THE MONTHLY BASIC PENSION OF MEMBERS RETIRED PRIOR TO JUNE 23RD 2012 WILL BE ADJUSTED TO 70 %OF THE INCREASE IN THE COST OF LIVING, TO A MAXIMUM INCREASE OF 3% PER YEAR. **These increases will also apply to surviving spouse pensions**

IN THE EVENT OF DEATH :

IT IS VERY IMPORTANT WHEN EITHER THE MEMBER OR THE SURVIVING SPOUSE PASS AWAY TO GET IN CONTACT WITH THE DH BENEFIT DEPARTMENT IMMEDIATELY. THEY WILL MAIL OUT THE LIFE INSURANCE FORMS AND INSURE THE MONTHLY PENSION IS AJUSTED ACCORDINGLY.

BENEFIT YEAR:

MAJOR MEDICAL

JANUARY 1ST TO DECEMBER 31ST

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