

	PRIOR COVERAGE	NEW COVERAGE
	Labourers Local 183 Industrial Benefit Fund	Labourers Local 183 Members' Benefit Fund June 1, 2025
LIFE INSURANCE (Insured Plan) - Member	\$50,000 - Principal Sum	\$100,000 - Principal Sum
Interment Benefit (Self Insured)	\$10,000 within 48 hours	\$10,000 within 48 hours
Terminal Illness Advance (24 months life expectancy)	50% of the principal sum	50% of the principal sum up to a maximum of \$50,000
Age Limitation	Up to age 75	Up to age 75
LIFE INSURANCE DEPENDENTS - Spouse	Principal Sum - \$15,000	Principal Sum - \$20,000
Dependent Child	Principal Sum - \$2,000	Principal Sum - \$10,000
Terminal Illness Advance	50% of the principal sum	50% of the principal sum
ACCIDENTAL DEATH & DISMEMBERMENT - Member	\$50,000	\$100,000
Spouse	\$15,000	\$30,000
Dependent Child	\$2,000	\$4,000
Age Limitation	Up to age 70	Up to age 70
OCCUPATIONAL ACCIDENTAL DEATH & DISMEMBERMENT- Member	-	\$100,000
Age Limitation	-	Up to age 70
SPECIAL NEEDS LIFE INSURANCE - Member	-	\$100,000
Age Limitation	-	Up to age 75
PERMANENT / TOTAL ACCIDENT DISABILITY - Member	-	\$100,000
Age Limitation	-	Up to age 70
CRITICAL ILLNESS - Member	\$11,000	\$20,000
Spouse	\$2,500	\$5,000
Child	-	\$2,500
Age Limitation	Up to age 70	Up to age 70
Survival Period	None	None
HOSPITAL CASH	Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Age Limitation	Up to age 75	Up to age 75
Daily Maximum Benefit	\$100	\$225 (50% after Age 70)
Benefit Duration	Maximum of 120 consecutive days	Maximum of 120 consecutive days
Waiting Period	3 consecutive days commencing upon arrival	3 consecutive days commencing upon arrival
Waiting Period for Birth	24 Hours	24 Hours
LONG TERM CARE	-	Member & Spouse
Age Limitation	-	Over the age of 18
Maximum Indemnity Benefit	-	\$50 per day for Long Term Care Services
Daily Reimbursement Benefit	-	\$100 per day for eligible Long Term Care Expenses
Hospice Care (In-Home)	-	\$10,000
Lifetime Maximum per person	-	\$100,000
CHILD DISABILITY	-	Dependent Child
Benefit	-	Provide protection if child develops a severe illness, disability or injury
Conditions	-	Genetic conditions -Cystic Fibrosis, Down and Rett syndromes, Autism, Cerebral Palsy, Muscular Dystrophy and many more rare diseases
SHORT TERM DISABILITY	Member (Full Time)	Member (Full Time)
Age Limitation	Up to age 65	Up to age 65
Benefits Payable	1 st day Accident	1 st day Accident
Total Period of Coverage	Maximum of 38 weeks	Maximum of 38 weeks
Integrated	EI Sickness Benefits (maximum 26 weeks)	EI Sickness Benefits (maximum 26 weeks)
Maximum Weekly Benefit	Weekly Benefit is \$300	Weekly Benefit is \$300
Approved Claims Only	\$100 initial claim form completion fee	\$100 initial claim form completion fee
SPECIAL MEDICAL / HOSPITAL COVERAGE WHILE IN CANADA	-	Members / Spouse / Dependent Child
Age Limitation	-	Up to age 70
Benefit	-	\$25,000 per occurrence
Lifetime Maximum	-	\$250,000 per individual
Coverage	-	Hospital, Surgeon, Physician Fees
EMERGENCY OUT OF PROVINCE	Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Age Limitation	Under the age of 99	Under the age of 99
Coverage	24 Hours	24 Hours
Maximum Per Trip Benefit	\$5,000,000 / up to age 80 \$2,500,000 / age 80 - up to age 99 (180 day pre-existing stability clause)	\$5,000,000 / up to age 80 \$2,500,000 / age 80 - up to age 99 (180 day pre-existing stability clause)
Period of Coverage	Maximum of 90 consecutive days per trip	Maximum of 90 consecutive days per trip
HEALTH CARE INSURANCE	Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Deductible	Nil	Nil
Coinurance	100%	100%
Lifetime Maximum	\$3,000,000 (per insured family member)	Unlimited (per insured family member)
Medical Claim Form Reimbursement	Combined maximum amount of \$100 per calendar year	Combined maximum amount of \$100 per calendar year
Medical Exam/Test Reimbursement	Combined maximum amount of \$200 per calendar year	Combined maximum amount of \$200 per calendar year
Prescription Drugs	100% (Rx drugs prescribed by a Physician and dispensed by a Pharmacist) \$50,000 Lifetime Maximum on Opioids	100% (Rx drugs prescribed by a Physician and dispensed by a Pharmacist) \$50,000 Lifetime Maximum on Opioids
Member Advantage Card	Prescription Drugs, Paramedical, and Dental Reimbursement	Prescription Drugs, Paramedical, and Dental Reimbursement

<div>  </div>	PRIOR COVERAGE	NEW COVERAGE
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Medical Cannabis	Maximum of \$2,000 per calendar year to treat 6 pre-determined conditions	Maximum of \$500 per calendar year to treat 6 pre-determined conditions
<i>Paramedical Therapy (Prior Coverage)</i>	\$50 per visit up to an overall combined paramedical therapy Maximum of \$1,000 per calendar year	\$85 per visit up to an overall combined paramedical therapy Maximum of \$2,000 per calendar year
Podiatrist/Chiropodist, Chiropractor	\$100 1st visit / \$50 subsequent visits (chiropractor services only)	\$100 1st visit / \$85 subsequent visits (chiropractor services only)
<i>Paramedical Therapy (New Coverage)</i>	-	\$85 per visit up to an overall combined paramedical therapy Maximum of \$2,000 per calendar year
Massage Therapy (M.D. Referral), Naturopath, Osteopath, Acupuncture, Occupational Therapist, Athletic Therapy	-	-
<i>Behavioural Therapy</i>	\$100 per visit up to an overall combined behavioral therapy Maximum of \$1,000 per calendar year	\$105 per visit up to an overall combined behavioral therapy Maximum of \$2,000 per calendar year
Clinical Psychologist, Psychotherapist, Psychoanalyst, Social Worker	-	-
<i>Physiotherapy</i>	\$50 per visit up to an overall combined paramedical therapy Maximum of \$1,000 per calendar year	\$100 1st visit / \$90 subsequent visits up to an overall combined paramedical therapy Maximum of \$2,000 per calendar year
Physiotherapist (M.D. Referral)	-	-
<i>Speech Therapy</i>	Lifetime maximum of \$10,000 per dependent child only \$200 per visit maximum	Lifetime maximum of \$10,000 per dependent child only \$200 per visit maximum
Speech Therapist (M.D. or N.P. Referral) (Dependent Child Only)	-	-
Ambulance	Covered after OHIP excluding air and rail	Covered after OHIP excluding air and rail
Accidental Dental	Injury/loss to natural teeth completed within 12 months	Injury/loss to natural teeth completed within 12 months
Orthopedic Shoes (<i>Custom made</i>)	1 pair every 24 months / Maximum \$500	1 pair every 24 months / Maximum \$500
Orthotics (<i>Custom made</i>)	50% / Maximum \$250 per calendar year (including replacement, repair, batteries)	50% / Maximum \$250 per calendar year (including replacement, repair, batteries)
Hearing Aids	\$5,000 Lifetime Maximum	\$5,000 Lifetime Maximum
Private Duty Nursing	Covered	Covered
Rental of Durable Medical Equipment	Covered	Covered
Canes/Casts/Crutch/Splint	Covered	Covered
Artificial Limbs/Eyes etc.	Covered including replacement	Covered including replacement
Diabetic Supplies	Covered	Covered
Freestyle Libre Flash Glucose Monitor & Sensors (FGM)	Must be insulin dependent/Monitor reimbursement \$75.00, Sensors thru Drug Card	Must be insulin dependent/Monitor reimbursement \$75.00, Sensors thru Drug Card
Continuous Glucose Monitors (CGM)	Up to \$4,000 per year (Sensor/Transmitter/Receiver)	Up to \$4,000 per year (Sensor/Transmitter/Receiver)
Intrauterine Device (IUD's)	Covered	Covered
Extremity Pump	Once a lifetime / Maximum \$1,500	Once a lifetime / Maximum \$1,500
Apnea Monitors (CPAP Unit) / Oral (Dental) Device	Covered	Covered
Breast Prosthesis	One (1) external breast to a max of \$500 per breast once every 24 months	One (1) external breast to a max of \$500 per breast once every 24 months
Surgical Brassieres	Two pairs per calendar year	Two pairs per calendar year
Surgical Stockings/Anti-embolism Stockings	Two pairs per calendar year	Two pairs per calendar year
Wigs	\$500 Lifetime Maximum	\$500 Lifetime Maximum
Sclerotherapy (Vein Injections)	\$20 per visit / \$2,500 Calendar Year Maximum	\$20 per visit / \$2,500 Calendar Year Maximum
Nstride or Platelet-Rich Plasma (PRP) Injection (M.D. Referral)	Up to \$2,000 every 36 months (not eligible for cosmetic purposes)	Up to \$2,000 every 36 months (not eligible for cosmetic purposes)
Vaccinations / Immunization	Maximum of \$500 per calendar year	Maximum of \$500 per calendar year
Iron Drug Injectables	Iron Drug Injectables	Iron Drug Injectables
Vaccination - Hepatitis A and B	Twinrix® (3 doses) once per lifetime	Twinrix® (3 doses) once per lifetime
Vaccination - Shingles	Zostavax® or SHINGRIX (1 dose) / \$210 maximum per lifetime	Zostavax® or SHINGRIX (1 dose) / \$210 maximum per lifetime
Smoking Cessation	One (1) course treatment up to a maximum of \$350 per lifetime	One (1) course treatment up to a maximum of \$350 per lifetime
VISION COVERAGE		
Vision Care	One set (lenses & frames) / \$300 maximum every 24 months	One set (lenses & frames) / \$450 maximum every 24 months
Replacement Lenses (<i>Rx Change/Damaged</i>)	\$100 maximum within the same 24 month period	\$100 maximum within the same 24 month period
Contact Lenses	In lieu of glasses / \$300 maximum every 24 months	In lieu of glasses / \$450 maximum every 24 months
Eye Exams - Under 65 years of age (Member & Dependents)	-	Included once (with vision care coverage) within the same 24 month period
Eye Exams - Over 65 years of age (Member & Dependents)	OHIP Covered	OHIP Covered
Eye Exams - Dependents under 65 years of age/ Member is over 65 years of age	-	Included once (with vision care coverage) within the same 24 month period (Dependents only)
Laser Eye Surgery	-	\$2,000 Lifetime Maximum
Intra-ocular lens (IOL) Prep Exam - <i>Prior cataract surgery</i>	-	Maximum \$450 per eye, per lifetime
Intra-ocular lens (IOL) - <i>Post cataract surgery</i>	-	Single-focal - max \$250 per eye per lifetime / Multi-focal - max \$600 per eye per lifetime
DENTAL CARE		
Calendar Year Maximum	\$3,000 (per family member)	\$3,000 (per family member)
Reimbursement	2023 O.D.A. Fee Guide	2025 O.D.A. Fee Guide
Member Advantage Card	Dental Reimbursement	Dental Reimbursement
Coinurance		
Basic/Preventative	80%	100%
Diagnostics/Endodontics/Periodontics	80%	100%
Dentures - Partial	80%	100%
Dentures - Complete	80%	100%
Crowns/Bridgework	80%	100%
Implants	-	100%
Restorative	80%	100%
Surgical	80%	100%
Oral Exams/Light Scaling/Polishing	Up to once every 6 months per procedure	Up to once every 6 months per procedure
Scaling/Root Planing/Occlusal Equilibration	8 Units per calendar year for all procedures combined	8 Units per calendar year for all procedures combined
Repairs/Relines/Rebases	Once every 24 months	Once every 24 months
Implants	-	\$7,500 per family member once every 5 years (excluding all other dental services)
Orthodontics (Dependent Child Only)	60% (Under the age of 21)	60% (Under the age of 21)
Orthodontics Lifetime Maximum	\$2,500	\$2,500
HEALTHCARE NAVIGATION	Members / Spouse / Dependent Child	Members / Spouse / Dependent Child

		PRIOR COVERAGE	NEW COVERAGE
		Labourers Local 183 Industrial Benefit Fund	Labourers Local 183 Members' Benefit Fund June 1, 2025
Benefit		Navigation of Healthcare System	Navigation of Healthcare System
CANCER ASSISTANCE		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Specializing in Cancer Care Assistance / Navigation	Specializing in Cancer Care Assistance / Navigation
SECOND OPINION MEDICAL		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Second Medical Opinion Benefit	Second Medical Opinion Benefit
MENTAL HEALTH		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Confidential Counselling for Mental Wellness Anxiety, Addiction, Depression, Stress & Substance Abuse	Confidential Counselling for Mental Wellness Anxiety, Addiction, Depression, Stress & Substance Abuse
INPATIENT SERVICES - MENTAL HEALTH AND ADDICTION		Member Only	Member Only
Benefit		Immediate access to residential treatment beds Prompt treatment for all forms of mental health and substance abuse	Immediate access to residential treatment beds Prompt treatment for all forms of mental health and substance abuse
SMART BENEFIT		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Online Substance Management & Recovery Program	Online Substance Management & Recovery Program
ADDICTION CENTRE - Opioid Program		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Outpatient Treatment Service for confidential opioid therapy and treatment	Outpatient Treatment Service for confidential opioid therapy and treatment
EXPEDITED HEALTHCARE		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Diagnostics Healthcare Services		MRI / CT Scans / Ultrasound / Endoscopy / Colonoscopy	MRI / CT Scans / Ultrasound / Endoscopy / Colonoscopy
Specialists Healthcare Services		Dermatologist, Endocrinologist, Gynecologist, Podiatrist, Respiriologist, Cardiology, Gastroenterology, General Surgery, Neurosurgery, Ear, nose & throat, Orthopedics, Ophthalmology, Rheumatology, Urology, Neurology	Dermatologist, Endocrinologist, Gynecologist, Podiatrist, Respiriologist, Cardiology, Gastroenterology, General Surgery, Neurosurgery, Ear, nose & throat, Orthopedics, Ophthalmology, Rheumatology, Urology, Neurology
Surgeries Healthcare Services (MEMBER ONLY)		<u>Orthopedic Surgery</u> - ACL, Elbow, Foot, Ankle, Toe, Hand, Wrist, Hip, Knee & Shoulder <u>General Surgery</u> - Cataract, Ear, Nose & Throat, Gallbladder & Hernia	<u>Orthopedic Surgery</u> - ACL, Elbow, Foot, Ankle, Toe, Hand, Wrist, Hip, Knee & Shoulder <u>General Surgery</u> - Cataract, Ear, Nose & Throat, Gallbladder & Hernia <u>Joint Replacement Surgeries</u> - Hip, Knee, Shoulder, Elbow, Ankle & Wrist
vCARE VIRTUAL HEALTHCARE		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Online platform for Non-Emergency Medical Support	Online platform for Non-Emergency Medical Support
MEMBER FAMILY ASSISTANCE PROGRAM - LIFE JOURNEY		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Virtual / Phone Counselling Services	Virtual / Phone Counselling Services
SELF HELP WORKS		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Online training platform for Smoking Cessation/Weight Loss/ Alcohol/Stress/Diabetes/Sleep etc.	Online training platform for Smoking Cessation/Weight Loss/ Alcohol/Stress/Diabetes/Sleep etc.
HEALTH COACHING		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Confidential one-on-one coaching support around diabetes & heart health	Confidential one-on-one coaching support around diabetes & heart health
VIRTUAL HOME DELIVERY PHARMACY		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Home delivery for prescription medications	Home delivery for prescription medications
FINANCIAL WELLNESS PORTAL		Members / Spouse / Dependent Child	Members / Spouse / Dependent Child
Benefit		Access to tools / information to assist in educating and providing guidance for financial goals and assist in alleviating stress from financial uncertainty	Access to tools / information to assist in educating and providing guidance for financial goals and assist in alleviating stress from financial uncertainty
PARENTING / ELDER CAREGIVING		-	Member
Benefit		-	Provide supportive services (telephone or video conference) for the caregiving needs of the elderly no matter age, stage, crisis or concern
MENTAL HEALTH LIVE VIDEO THERAPY		-	Members / Spouse / Dependent Child
Benefit		-	Online portal to assist with mental health issues with convenience and privacy of at-home support
Duration		-	Six (6) sessions to address most prominent mental health issues
MENTAL HEALTH INTENSIVE OUTPATIENT THERAPY		-	Members / Spouse / Dependent Child
Benefit		-	Assist with mild to moderate mental health symptoms, including mood and anxiety disorders, depression, or bipolar disorders
Duration		-	Eight (8) week (9 hours per week) intensive outpatient program, followed by 10 weeks of aftercare
PREMIUM HEALTH ASSESSMENT CENTRE @ LOCAL 183		-	Members / Spouse / Dependent Child
Benefit		-	Perform comprehensive annual health assessments through a preventative medical care assessment. Designed to detect early signs of illness and focus on preventative, diagnostic and curative measures
Screenings		-	Screenings performed with Health Assessment will be - Temperature, Heart Rate, Blood Pressure, Oxygen Saturation, Height and Weight, Cholesterol, HDL, Non-HDL, Triglycerides, LDL and HB-A1c
R.E.S.P. BENEFIT (Active Members Only, Not Retirees)		-	\$500 for each child/grandchild born on or after January 1, 2017
R.E.S.P. BENEFIT (Active Members Only, Not Retirees)		-	\$100 for each child/grandchild born on or after January 1, 2000
JURY DUTY		-	Member
Benefit		-	\$200 per day
Duration		-	Maximum of 100 days
PARENTAL LEAVE		-	Member
Benefit		-	\$300 per day

	PRIOR COVERAGE Labourers Local 183 Industrial Benefit Fund	NEW COVERAGE Labourers Local 183 Members' Benefit Fund <i>June 1, 2025</i>
Duration	-	Maximum of 3 days immediately following the birth of a newborn
DISABILITY MANAGEMENT SERVICES Benefit	Members WSIB / STD Integration	Members WSIB / STD Integration
GROUP LEGAL BENEFITS Benefit	Member / Spouse Wills, Power of Attorney, Real Estate, Separation Agreements, Divorce, Cohabitation Agreement Benefit, Highway Traffic Act *Subject to the limitations as set out under the Pre-Paid Legal Benefit Trust	Member / Spouse Wills, Power of Attorney, Real Estate, Separation Agreements, Divorce, Cohabitation Agreement Benefit, Highway Traffic Act *Subject to the limitations as set out under the Pre-Paid Legal Benefit Trust

The above is for general information only. All benefits are subject to the terms of the insurance policies and eligibility provisions of the Trust Fund.