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TEL: 416-375-3176 E-mail: arnel.x.sanchez@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 OUESTIONS 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

BOMBARDIER RETIREE'S BENEFIT INFORMATION

LOCAL 112 JULY 2024 TO JUNE 2027

ARNEL SANCHEZ BENEFIT REPRESENTATIVE

LIFE INSURANCE (Less C.P.P. Death Benefit to a minimum of \$3,000)

BENEFITS COVERED BY INDUSTRIAL ALLIANCE

MAJOR MEDICAL POLICY # 28202, CERTIFICATE #= 99 + CLOCK NUMBER

\$35.00 YEARLY DEDUCTIBLE WITH 80% ELIGIBLE COVERAGE

ACUPUNCTURE

MASSAGE...(MAX \$500.00) (COMBINED LIMIT FOR ALL PER CALENDAR YEAR)

HOMEOPATHS SPEECH THERAPISTS NATUROPATHS **OSTEOPATHS** PODIATRISTS CHIROPRACTOR

DOC'S RECOMMENDATION IS REQUIRED FOR MASSAGE... (MAX \$500.00)

ORTHOPEDIC SHOES OR INSERTS:

ONE PAIR EVERY 18 MONTHS. 80% OF CUSTOMARY CHARGES, SUBJECT TO \$35 YRLY DEDUCTABLE

PHYSIOTHERAPY: REQUIRE'S DOCTORS (MD) RECOMMENDATION

1st visit Max \$160.00 @80%, 23 visits Max\$100.00 @ 80%. SUBJECT TO \$35 YRLY DEDUCTIBLE

PSYCHOLOGIST CONSULTATIONS: REQUIRES DOCTOR RECOMMENDATION 24 VISITS PER CALENDAR YEAR, SUBJECT TO \$35 YRLY DEDUCTIBLE.

NURSING CARE:

RECOMMENDED BY PHYSICIAN AS MEDICALLY NECESSARY. TREATMENT ADMINISTERED BY A REGISTERED NURSE. PRIOR AUTHORIZATION FROM Industrial Alliance

MAX \$400.00

\$5.000

24 VISITS PER CALENDAR YEAR

\$650

(MAX LIFETIME)

\$35,000

<u>NURSING HOME:</u> 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 PER PERSON UP TO A TOTAL PAYMENT OF: \$280 FOR SINGLE LENSES OR \$280 BIFOCAL LENSES OR \$280 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 Dispensing fee was \$11 now only \$9 PER PRESCRIPTION DEDUCTIBLE \$5.00 PER PRESCIPTION

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

NS PRIOR APPROVAL FROM GREEN SHIELD

ENTITLEMENT (BI-LATERAL) ONCE EVERY 24 MTHS FROM DATE OF LAST PURCHASE

RETIREE`S BENEFIT PACKAGE Arnel Sanchez BENEFIT REPRESENTATIVE, LOCAL 112 TEL: 416-375-3176 e-mail: arnel.x.sanchez@aero.bombardier.com

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 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 |