



# EDMONTON PIPE INDUSTRY SUMMARY OF BENEFITS

**As At January 1, 2016**

All Benefits Are Subject To The Terms Of The Insurance Policies And The Official Plan Documents. This Is A Summary For Your Convenience.

BENEFITS		ACTIVE MEMBERS' BENEFITS
<b>Life Insurance:</b>	<b>Benefit Amounts:</b>	\$100,000 (Member Only)
		\$7,500 (Spouse Only)
		\$2,000 (Per Child)
<b>AD &amp; D:</b>	<b>Principal Amounts:</b>	\$100,000 (Member Only)
		\$15,000 (Spouse Only)
		\$4,000 (Per Child)
<b>Long Term Disability Income:</b>	<b>Maximum Benefit Amount:</b>	\$2,500 Per Month (All Source Maximum)
	<b>Qualifying Period:</b>	26 Continuous Weeks Of Total Disability Following The Date Of Your Accident Or Illness Plus Immediately Following 24 Months If You Are Prevented From Performing Any And Every Duty Of Your Own Occupation Or Employment. After This Period You Are Considered Totally Disabled If You Are Unable To Perform Any And Every Duty Of Any Occupation Or Employment For Which You Are Reasonably Qualified By Training And Education Or Experience. Where Applicable, LTD Benefits Will Commence After The Expiry Of The WI Benefit.
	<b>Benefit Duration:</b>	Maximum To Age 65
<b>Short Term Disability Income:</b>	<b>Maximum Benefit Amount:</b>	\$500 Per Week.
	<b>Qualifying Period:</b>	Benefits For Any One Period Of Disability Are Payable On The 1st Day Of A Disability Resulting From An Accident, Or Upon The 8th Continuous Day Of Disability If You Are Disabled Due To Sickness.
	<b>Benefit Duration:</b>	Maximum Of 26 Weeks (Integration With EI Is Required).
<b>Dental:</b>	<b>Deductible:</b>	Nil.
	<b>Reimbursement:</b>	Basic Expenses Are Covered At 90%. Major Expenses Are Covered At 80%. Dentures Are Covered At 90%. Orthodontics Are Covered At 65%.
	<b>Fee Guide:</b>	2014 Dental Fee Guide.
	<b>Maximums:</b>	\$3,000 Per Person Each Calendar Year For Basic, Major and Orthodontic Expenses.

	<b>Coverage Notes:</b>	A Pre-Determination Of Benefits Is Required From The Plan For Services Over \$300. Submit Your Pre-Determination Of Benefits Or Treatment Plan For Consideration To The Administration Office Prior To Starting Treatment.
<b>Vision Care:</b>	<b>Member Benefit Amount:</b>	\$450 Per Person Is Available For Purchase Of Prescription Glasses And/Or Contact Lenses. Benefit Renews Every 2 Years On January 1st. Prescription Is Required With Each Claim.
	<b>Eye Exam:</b>	Not A Covered Expense
	<b>Laser Eye Surgery:</b>	\$1,600 Lifetime Maximum. If The Laser Eye Surgery Benefit Is Utilized, There Is No Coverage For Vision Care For 5 Years.
	<b>Safety Glasses:</b>	Up To \$400 Every 2 Years From The Date Of Service For Prescription Lenses In A Safety Frame. Prescription Is Required With Each Claim.
	<b>Annual Maximum:</b>	\$40,000
<b>*Medical Benefit: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</b>	<b>Reimbursement:</b>	90% Of Most Eligible Expenses Subject To Maximums And Limits Below.
	<b>Deductible:</b>	No Deductible But There Is A Maximum Dispensing Fee Payable Based On Province Of Residence.
	<b>Practitioners:</b>	Speech Therapist, Osteopath, Podiatrist, Naturopath, Acupuncturist or Christian Science Practitioner Are Covered At 100% With An Overall Combined Maximum Of \$400/Person Per Calendar Year. Chiropractors Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year. Physiotherapist Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year. Registered Clinical Social Workers Are Covered At 100% An Overall Maximum Of \$400/Person Per Calendar Year. Maximum Charge Per Visit Is \$50. Massage Therapists Are Covered At 100% With An Overall Maximum Of \$500/Person Per Calendar Year. Massage Therapist Must Meet Standard Criteria And Be A Member In Good Standing Of The NHPCA Or Other Approved MT Associations.
	<b>Prescription Drugs:</b>	Reimbursement (As Described Above) For Drugs Which By Law Require The Written Prescription Of A Physician. Includes Oral Contraceptives, Fertility Drugs, Smoking Cessation (Covered At 90% For Prescription Medications Such As Champix Or Zyban, Lifetime Maximum Of \$1,200/Person, Nicorette, The Patch, Etc. Are Not Covered). Erectile Dysfunction Drugs Are Subject To Quantity Limitations. Over The Counter Drugs, Vitamins Or Minerals Are Not Covered.
	<b>Hospital:</b>	100% Of The Semi-Private Room Rate In Province Of Residence.
	<b>Ambulance:</b>	Ambulance By Land Is Covered From Point "A" To A Hospital. Response Fee Is Not Covered. Ambulance By Air And Rail Is Subject To Prior Approval.
	<b>Medical Services and Supplies:</b>	Accidental Dental, Medical Equipment & Supplies, Lab Tests, X-Rays, Oxygen (Covered At 90%), Rental Of Casts, Splints, Trusses, Braces, Crutches, Prostheses, Convalescent Care Facility (Maximum Of \$10 Per Day And 120 Days Of Confinement Per Disability) and Private Duty Nursing (Calendar Year Maximum Is \$20,000 Per Person) Are Covered. Diabetic Supplies (Covered At 90%, Glucometer Is Not A Covered Expense)
	<b>Orthotics:</b>	Custom Made Orthotics Are Covered To A Calendar Year Maximum Of \$400. Requires A Referral From A MD or Podiatrist Every 3 Years.

	<b>Hearing Aids:</b>	\$1,500 After 2 Years. \$3,500 After 3 Years. \$5,000 After 5 Years. Audiology Report Required For Initial Claim.
	<b>Custom Fitted Ear Plugs:</b>	\$300 Every 5 Years.
	<b>Mobility Assistance Equipment Benefit:</b>	Reimbursement Of 90% Of The Expenses Associated With Specific Mobility Equipment. Require Prior Approval From Administration Office Before Purchase.
<b>Emergency Travel Assistance (ETA):</b>	<b>Lifetime Maximum:</b>	\$100,000 Per Person.
	<b>Coverage:</b>	Coverage For Any Number Of Trips Of Up To 180 Consecutive Days In The Event Of An Emergency Arising From Sudden Or Unforeseeable Circumstances While Eligible Persons Are Travelling Outside The Province Of Residence. The Charges Will Be Reasonable And Customary, In Excess Of Those Covered By The Government Health Insurance Plan Or Other Insurance Policies For Which You Have Coverage. In The Event That You Have An Emergency While Travelling, Please Call Global Excel From Canada & United States: Tel# 1.866.870.1898 Or From Elsewhere: Tel# 1.819.566.1898.
<b>Employee Assistance Program:</b>	<b>Coverage:</b>	CEFAP (Construction Employee Family Assistance Plan) - Confidential Counselling Services Providing Crisis Support, Advice And Information By Telephone, Face-To-Face, Or Online. English Tel# 1.800.663.1142, French Tel #: 1.866.398.9505, Hearing Impaired Tel #: 1.888.384.1152, Website: www.humansolutions.ca, Contact The Administration Office For Further Details.
<b>Diagnostic and Treatment Support:</b>	<b>Coverage:</b>	Best Doctors Canada - Provides access to the best medical minds so Members can be sure they have the right diagnosis and treatment plan. Best Doctors can also help you find specialists and get expert answers to medical questions. Whether you're dealing with a chronic condition, questioning surgery or facing a life-threatening illness, Best Doctors can guide you in the right direction. Website: www.bestdoctorscanada.com, Contact The Administration Office For Further Details.
<b>Current Benefit Contributions:</b>	<b>Initial Eligibility:</b>	An Employee Will First Become Eligible For Benefits On The 1st Day Of The Month Following Receipt Of At Least 320 Working Hours And Is A Member In Good Standing With The U.A. Local Union 488.
	<b>Maintaining Coverage:</b>	Each Month The Administration Office Will Deduct The Monthly Drawdown Requirement Of 130 Hours From Your Hour Bank To Continue Coverage Under This Plan.
	<b>Maximum Hour Bank:</b>	If The Amount Of Contributions Remitted In A Month Exceeds The Drawdown Requirement, The Excess Will Be Accumulated In Your Hour Bank To A Maximum Of 2,600 Hours.

<b>BENEFITS</b>		<b>ACTIVE MEMBERS' SELF-PAYMENT PLAN "A" BENEFITS</b>
<b>Life Insurance:</b>	<b>Benefit Amounts:</b>	\$100,000 (Member Only)
		\$7,500 (Spouse Only)
		\$2,000 (Per Child)
<b>AD &amp; D:</b>	<b>Principal Amounts:</b>	\$100,000 (Member Only)
		\$15,000 (Spouse Only)
		\$4,000 (Per Child)
<b>Short Term</b>	<b>Maximum Benefit Amount:</b>	\$500 Per Week.

<b>Disability Income:</b>	<b>Qualifying Period:</b>	Benefits For Any One Period Of Disability Are Payable On The 1st Day Of A Disability Resulting From An Accident, Or Upon The 8th Continuous Day Of Disability If You Are Disabled Due To Sickness.
	<b>Benefit Duration:</b>	Maximum Of 26 Weeks (Integration With EI Is Required).
<b>Dental:</b>	<b>Deductible:</b>	Nil.
	<b>Reimbursement:</b>	Basic Expenses Are Covered At 90%. Major Expenses Are Covered At 80%. Dentures Are Covered At 90%. Orthodontics Are Covered At 65%.
	<b>Fee Guide:</b>	2014 Dental Fee Guide.
	<b>Maximums:</b>	\$3,000 Per Person Each Calendar Year For Basic, Major and Orthodontic Expenses.
	<b>Coverage Notes:</b>	A Pre-Determination Of Benefits Is Required From The Plan For Services Over \$300. Submit Your Pre-Determination Of Benefits Or Treatment Plan For Consideration To The Administration Office Prior To Starting Treatment.
<b>Vision Care:</b>	<b>Member Benefit Amount:</b>	\$450 Per Person Is Available For Purchase Of Prescription Glasses And/Or Contact Lenses. Benefit Renews Every 2 Years On January 1st. Prescription Is Required With Each Claim.
	<b>Eye Exam:</b>	Not A Covered Expense
	<b>Laser Eye Surgery:</b>	\$1,600 Lifetime Maximum. If The Laser Eye Surgery Benefit Is Utilized, There Is No Coverage For Vision Care For 5 Years.
	<b>Safety Glasses:</b>	Up To \$400 Every 2 Years From The Date Of Service For Prescription Lenses In A Safety Frame. Prescription Is Required With Each Claim.
<b>*Medical Benefit:</b> <i>Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</i>	<b>Annual Maximum:</b>	\$40,000
	<b>Reimbursement:</b>	90% Of Most Eligible Expenses Subject To Maximums And Limits Below.
	<b>Deductible:</b>	No Deductible But There Is A Maximum Dispensing Fee Payable Based On Province Of Residence.
	<b>Practitioners:</b>	Speech Therapist, Osteopath, Podiatrist, Naturopath, Acupuncturist or Christian Science Practitioner Are Covered At 100% With An Overall Combined Maximum Of \$400/Person Per Calendar Year. Chiropractors Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year. Physiotherapist Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year. Registered Clinical Social Workers Are Covered At 100% To An Overall Maximum Of \$400/Person Per Calendar Year. Maximum Charge Per Visit Is \$50. Massage Therapists Are Covered At 100% With An Overall Maximum Of \$500/Person Per Calendar Year. Massage Therapist Must Meet Standard Criteria And Be A Member In Good Standing Of The NHPCA Or Other Approved MT Associations.
	<b>Prescription Drugs:</b>	Reimbursement (As Described Above) For Drugs Which By Law Require The Written Prescription Of A Physician. Includes Oral Contraceptives, Fertility Drugs, Smoking Cessation (Covered At 90% For Prescription Medications Such As Champix Or Zyban, Lifetime Maximum Of \$1,200/Person, Nicorette, The Patch, Etc. Are Not Covered). Erectile Dysfunction Drugs Are Subject To Quantity Limitations. Over The Counter Drugs, Vitamins Or Minerals Are Not Covered.
	<b>Hospital:</b>	100% Of The Semi-Private Room Rate In Province Of Residence.
	<b>Ambulance:</b>	Ambulance By Land Is Covered From Point "A" To A Hospital. Response Fee Is Not Covered. Ambulance By Air And Rail Is Subject To Prior Approval.
	<b>Medical Services and Supplies:</b>	Accidental Dental, Medical Equipment & Supplies, Lab Tests, X-Rays, Oxygen (Covered At 90%), Rental Of Casts, Splints, Trusses, Braces, Crutches, Prostheses, Convalescent Care Facility (Maximum Of \$10 Per Day And 120 Days Of Confinement Per Disability) and Private Duty Nursing (Calendar Year Maximum Is \$20,000 Per Person) Are Covered. Diabetic Supplies (Covered At 90%, Glucometer Is Not A Covered Expense).

	<b>Orthotics:</b>	Custom Made Orthotics Are Covered To A Calendar Year Maximum Of \$400. Requires A Referral From A MD or Podiatrist Every 3 Years.
	<b>Hearing Aids:</b>	\$1,500 After 2 Years. \$3,500 After 3 Years. \$5,000 After 5 Years. Audiology Report Required For Initial Claim.
	<b>Custom Fitted Ear Plugs:</b>	\$300 Every 5 Years.
	<b>Mobility Assistance Equipment Benefit:</b>	Reimbursement Of 90% Of The Expenses Associated With Specific Mobility Equipment. Require Prior Approval From Administration Office Before Purchase.
<b>Emergency Travel Assistance (ETA):</b>	<b>Lifetime Maximum:</b>	\$100,000 Per Person.
	<b>Coverage:</b>	Coverage For Any Number Of Trips Of Up To 180 Consecutive Days In The Event Of An Emergency Arising From Sudden Or Unforeseeable Circumstances While Eligible Persons Are Travelling Outside The Province Of Residence. The Charges Will Be Reasonable And Customary, In Excess Of Those Covered By The Government Health Insurance Plan Or Other Insurance Policies For Which You Have Coverage. In The Event That You Have An Emergency While Travelling, Please Call Global Excel From Canada & United States: Tel# 1.866.870.1898 Or From Elsewhere: Tel# 1.819.566.1898.
<b>Employee Assistance Program:</b>	<b>Coverage:</b>	CEFAP (Construction Employee Family Assistance Plan) - Confidential Counselling Services Providing Crisis Support, Advice And Information By Telephone, Face-To-Face, Or Online. English Tel# 1.800,663,1142, French Tel #: 1.866.398.9505, Hearing Impaired Tel #: 1.888.384.1152, Website: www.humansolutions.ca, Contact The Administration Office For Further Details.
<b>Current Benefit Contributions:</b>	<b>Initial Eligibility:</b>	An Employee Will First Become Eligible For Benefits On The 1st Day Of The Month Following Receipt Of At Least 320 Working Hours And Is A Member In Good Standing With The U.A. Local Union 488.
	<b>Maintaining Coverage:</b>	Each Month The Administration Office Will Deduct The Monthly Drawdown Requirement Of 130 Hours From Your Hour Bank To Continue Coverage Under This Plan.
	<b>Maximum Hour Bank:</b>	If The Amount Of Contributions Remitted In A Month Exceeds The Drawdown Requirement, The Excess Will Be Accumulated In Your Hour Bank To A Maximum Of 2,600 Hours.

<b>BENEFITS</b>		<b>ACTIVE MEMBERS' SELF-PAYMENT PLAN "R" BENEFITS</b>
<b>Life Insurance:</b>	<b>Benefit Amounts:</b>	\$100,000 (Member Only)
		\$7,500 (Spouse Only)
		\$2,000 (Per Child)
<b>AD &amp; D:</b>	<b>Principal Amounts:</b>	\$100,000 (Member Only)
		\$15,000 (Spouse Only)
		\$4,000 (Per Child)

<b>BENEFITS</b>		<b>ACTIVE MEMBERS' SELF-PAYMENT PLAN "C" BENEFITS</b>
<b>Life Insurance:</b>	<b>Benefit Amounts:</b>	\$100,000 (Member Only)
		\$7,500 (Spouse Only)
		\$2,000 (Per Child)
<b>AD &amp; D:</b>	<b>Principal Amounts:</b>	\$100,000 (Member Only)
		\$15,000 (Spouse Only)

<b>Dental:</b>	Deductible:	\$4,000 (Per Child)
	Reimbursement:	Nil.
	Fee Guide:	Basic Expenses Are Covered At 70%.
	Maximums:	2014 Dental Fee Guide.
	Coverage Notes:	\$3,000 Per Person Each Calendar year for Basic Dental.
<b>Vision Care:</b>	Member Benefit Amount:	A Pre-Determination Of Benefits Is Required From The Plan For Services Over \$300. Submit Your Pre-Determination Of Benefits Or Treatment Plan For Consideration To The Administration Office Prior To Starting Treatment.
<b>*Medical Benefit:</b> <i>Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first cover</i>	Annual Maximum:	No Coverage For Vision Care.
	Reimbursement:	\$40,000
	Deductible:	70% Of Most Eligible Expenses Subject To Maximums And Limits Below.
	Prescription Drugs:	No Deductible But There Is A Maximum Dispensing Fee Payable Based On Province Of Residence.  Reimbursement (As Described Above) For Drugs Which By Law Require The Written Prescription Of A Physician. Includes Oral Contraceptives, Fertility Drugs, Smoking Cessation (Covered At 70% For Prescription Medications Such As Champix Or Zyban, Lifetime Maximum Of \$1,200/Person, Nicorette, The Patch, Etc. Are Not Covered). Erectile Dysfunction Drugs Are Subject To Quantity Limitations (Covered At 70%). Over The Counter Drugs, Vitamins Or Minerals Are Not Covered.
<b>Current Benefit Contributions:</b>	Initial Eligibility:	An Employee Will First Become Eligible For Benefits On The 1st Day Of The Month Following Receipt Of At Least 320 Working Hours And Is A Member In Good Standing With The U.A. Local Union 488.
	Maintaining Coverage:	Each Month The Administration Office Will Deduct The Monthly Drawdown Requirement Of 130 Hours From Your Hour Bank To Continue Coverage Under This Plan.
	Maximum Hour Bank:	If The Amount Of Contributions Remitted In A Month Exceeds The Drawdown Requirement, The Excess Will Be Accumulated In Your Hour Bank To A Maximum Of 2,600 Hours.

<b>BENEFITS</b>		<b>ACTIVE MEMBERS' SELF-PAYMENT PLAN "D" BENEFITS</b>
<b>Life Insurance:</b>	Benefit Amounts:	\$100,000 (Member Only)
		\$7,500 (Spouse Only)
		\$2,000 (Per Child)
<b>AD &amp; D:</b>	Principal Amounts:	\$100,000 (Member Only)
		\$15,000 (Spouse Only)
		\$4,000 (Per Child)
<b>Vision Care:</b>	Member Benefit Amount:	No Coverage For Vision Care.
<b>*Medical Benefit:</b> <i>Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first cover</i>	Annual Maximum:	\$40,000
	Reimbursement:	70% Of Most Eligible Expenses Subject To Maximums And Limits Below.
	Deductible:	No Deductible But There Is A Maximum Dispensing Fee Payable Based On Province Of Residence.
	Prescription Drugs:	Reimbursement (As Described Above) For Drugs Which By Law Require The Written Prescription Of A Physician. Includes Oral Contraceptives, Fertility Drugs, Smoking Cessation (Covered At 70% For Prescription Medications Such As Champix Or Zyban, Lifetime Maximum Of \$1,200/Person, Nicorette, The Patch, Etc. Are Not Covered). Erectile Dysfunction Drugs Are Subject To Quantity Limitations (Covered At 70%). Over The Counter Drugs, Vitamins Or Minerals Are Not Covered.

<b>Current Benefit Contributions:</b>	<b>Initial Eligibility:</b>	An Employee Will First Become Eligible For Benefits On The 1st Day Of The Month Following Receipt Of At Least 320 Working Hours And Is A Member In Good Standing With The U.A. Local Union 488.
	<b>Maintaining Coverage:</b>	Each Month The Administration Office Will Deduct The Monthly Drawdown Requirement Of 130 Hours From Your Hour Bank To Continue Coverage Under This Plan.
	<b>Maximum Hour Bank:</b>	If The Amount Of Contributions Remitted In A Month Exceeds The Drawdown Requirement, The Excess Will Be Accumulated In Your Hour Bank To A Maximum Of 2,600 Hours.

<b>BENEFITS</b>		<b>RETIRED MEMBERS' (UNDER 65 - FULL PAYMENT) BENEFITS</b>
<b>Life Insurance:</b>	<b>Benefit Amounts:</b>	\$100,000 (Member Only)
		\$7,500 (Spouse Only)
		\$2,000 (Per Child)
<b>AD &amp; D:</b>	<b>Principal Amounts:</b>	\$100,000 (Member Only)
		\$15,000 (Spouse Only)
		\$4,000 (Per Child)
<b>Dental:</b>	<b>Deductible:</b>	Nil.
	<b>Reimbursement:</b>	Basic Expenses Are Covered At 90%. Major Expenses Are Covered At 80%. Dentures Are Covered At 90%. Orthodontics Are Covered At 65%.
	<b>Fee Guide:</b>	2014 Dental Fee Guide.
	<b>Maximums:</b>	\$3,000 Per Person Each Calendar Year For Basic, Major and Orthodontic Expenses.
	<b>Coverage Notes:</b>	A Pre-Determination Of Benefits Is Required From The Plan For Services Over \$300. Submit Your Pre-Determination Of Benefits Or Treatment Plan For Consideration To The Administration Office Prior To Starting Treatment.
<b>Vision Care:</b>	<b>Member Benefit Amount:</b>	\$450 Per Person Is Available For Purchase Of Prescription Glasses And/Or Contact Lenses. Benefit Renews Every 2 Years On January 1st. Prescription Is Required With Each Claim.
	<b>Eye Exam:</b>	Not A Covered Expense
	<b>Laser Eye Surgery:</b>	\$1,600 Lifetime Maximum. If The Laser Eye Surgery Benefit Is Utilized, There Is No Coverage For Vision Care For 5 Years.
	<b>Safety Glasses:</b>	Up To \$400 Every 2 Years From The Date Of Service For Prescription Lenses In A Safety Frame. Prescription Is Required With Each Claim.
	<b>Annual Maximum:</b>	\$40,000
	<b>Reimbursement:</b>	90% Of Most Eligible Expenses Subject To Maximums And Limits Below.
	<b>Deductible:</b>	No Deductible But There Is A Maximum Dispensing Fee Payable Based On Province Of Residence.
	<b>Practitioners:</b>	Speech Therapist, Osteopath, Podiatrist, Naturopath, Acupuncturist or Christian Science Practitioner Are Covered At 100% With An Overall Combined Maximum Of \$400/Person Per Calendar Year.
		Chiropractors Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year. Physiotherapist Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year. Registered Clinical Social Workers Are Covered At 100% To An Overall Maximum Of \$400/Person Per Calendar Year. Maximum Charge Per Visit Is \$50. Massage Therapists Are Covered At 100% With An Overall Maximum Of \$500/Person Per Calendar Year. Massage Therapist Must Meet Standard Criteria And Be A Member In Good Standing Of The NHPCA Or Other Approved MT Associations.

<b>*Medical Benefit:</b> <i>Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</i>	<b>Prescription Drugs:</b>	Reimbursement (As Described Above) For Drugs Which By Law Require The Written Prescription Of A Physician. Includes Oral Contraceptives, Fertility Drugs, Smoking Cessation (Covered At 90% For Prescription Medications Such As Champix Or Zyban, Lifetime Maximum Of \$1,200/Person, Nicorette, The Patch, Etc. Are Not Covered). Erectile Dysfunction Drugs Are Subject To Quantity Limitations. Over The Counter Drugs, Vitamins Or Minerals Are Not Covered.
	<b>Hospital:</b>	100% Of The Semi-Private Room Rate In Province Of Residence.
	<b>Ambulance:</b>	Ambulance By Land Is Covered From Point "A" To A Hospital. Response Fee Is Not Covered. Ambulance By Air And Rail Is Subject To Prior Approval.
	<b>Medical Services and Supplies:</b>	Accidental Dental, Medical Equipment & Supplies, Lab Tests, X-Rays, Oxygen (Covered At 90%), Rental Of Casts, Splints, Trusses, Braces, Crutches, Prostheses, Convalescent Care Facility (Maximum Of \$10 Per Day And 120 Days Of Confinement Per Disability) and Private Duty Nursing (Calendar Year Maximum Is \$20,000 Per Person) Are Covered. Diabetic Supplies (Covered At 90%, Glucometer Is Not A Covered Expense).
	<b>Orthotics:</b>	Custom Made Orthotics Are Covered To A Calendar Year Maximum Of \$400. Requires A Referral From A MD or Podiatrist Every 3 Years.
	<b>Hearing Aids:</b>	\$1,500 After 2 Years. \$3,500 After 3 Years. \$5,000 After 5 Years. Audiology Report Required For Initial Claim.
	<b>Custom Fitted Ear Plugs:</b>	\$300 Every 5 Years.
	<b>Mobility Assistance Equipment Benefit:</b>	Reimbursement Of 90% Of The Expenses Associated With Specific Mobility Equipment. Require Prior Approval From Administration Office Before Purchase.
<b>Emergency Travel Assistance (ETA):</b>	<b>Lifetime Maximum:</b>	\$100,000 Per Person.
	<b>Coverage:</b>	Coverage For Any Number Of Trips Of Up To 180 Consecutive Days In The Event Of An Emergency Arising From Sudden Or Unforeseeable Circumstances While Eligible Persons Are Travelling Outside The Province Of Residence. The Charges Will Be Reasonable And Customary, In Excess Of Those Covered By The Government Health Insurance Plan Or Other Insurance Policies For Which You Have Coverage. In The Event That You Have An Emergency While Travelling, Please Call Global Excel From Canada & United States: Tel# 1.866.870.1898 Or From Elsewhere: Tel# 1.819.566.1898.
<b>Employee Assistance Program:</b>	<b>Coverage:</b>	CEFAP (Construction Employee Family Assistance Plan) - Confidential Counselling Services Providing Crisis Support, Advice And Information By Telephone, Face-To-Face, Or Online. English Tel# 1.800.663.1142, French Tel #: 1.866.398.9505, Hearing Impaired Tel #: 1.888.384.1152, Website: www.humansolutions.ca, Contact The Administration Office For Further Details.
<b>Current Benefit Contribution:</b>	<b>Maintaining Full Coverage:</b>	Once The Hour Bank Has Been Depleted, You Will Have The Option To Make The Applicable Self Payment To Maintain These Benefits. Payments Can Be Made For A Maximum Of 12 Consecutive Months. You Must Maintain A Member In Good Standing With The U.A. Local Union 488.
	<b>Maximum Hour Bank:</b>	If The Amount Of Contributions Remitted In A Month Exceeds The Drawdown Requirement, The Excess Will Be Accumulated In Your Hour Bank To A Maximum Of 2,600 Hours.
<b>*Medical Expenses Must Be Medically Necessary, Reasonable And Customary (R&amp;C) In The Circumstances.</b>		

<b>BENEFITS</b>	<b>RETIRED MEMBERS' BENEFITS (OVER &amp; UNDER AGE 65) RETIRED PAYMENT</b>
	\$10,000 (Member Only)



<b>Life Insurance:</b>	<b>Benefit Amounts:</b>	\$7,500 (Spouse Only)
		\$2,000 (Per Child)
<b>AD &amp; D:</b>	<b>Principal Amounts:</b>	\$20,000 (Member Only)
		\$15,000 (Spouse Only)
		\$4,000 (Per Child)
<b>Dental:</b>	<b>Deductible:</b>	Nil.
	<b>Reimbursement:</b>	Basic Expenses Are Covered At 90%. Major Expenses Are Covered At 90%. Dentures Are Covered At 90%. Orthodontics Are Covered At 65%.
	<b>Fee Guide:</b>	2014 Dental Fee Guide.
	<b>Maximums:</b>	\$3,000 Per Person Each Calendar Year For Basic, Major and Orthodontic Expenses.
	<b>Coverage Notes:</b>	A Pre-Determination Of Benefits Is Required From The Plan For Services Over \$300. Submit Your Pre-Determination Of Benefits Or Treatment Plan For Consideration To The Administration Office Prior To Starting Treatment.
<b>Vision Care:</b>	<b>Member Benefit Amount:</b>	\$450 Per Person Is Available For Purchase Of Prescription Glasses And/Or Contact Lenses. Benefit Renews Every 2 Years On January 1st. Prescription Is Required With Each Claim.
	<b>Eye Exam:</b>	Not A Covered Expense
	<b>Laser Eye Surgery:</b>	\$1,600 Lifetime Maximum. If The Laser Eye Surgery Benefit Is Utilized, There Is No Coverage For Vision Care For 5 Years.
	<b>Safety Glasses:</b>	Up To \$400 Every 2 Years From The Date Of Service For Prescription Lenses In A Safety Frame. Prescription Is Required With Each Claim.
<b>*Medical Benefit:</b> <i>Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is</i>	<b>Annual Maximum:</b>	\$40,000
	<b>Reimbursement:</b>	90% Of Most Eligible Expenses Subject To Maximums And Limits Below.
	<b>Deductible:</b>	No Deductible But There Is A Maximum Dispensing Fee Payable Based On Province Of Residence.
	<b>Practitioners:</b>	Speech Therapist, Osteopath, Podiatrist, Naturopath, Acupuncturist or Christian Science Practitioner Are Covered At 100% With An Overall Combined Maximum Of \$400/Person Per Calendar Year.
		Chiropractors Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year.
		Physiotherapist Are Covered At 100% With An Annual Maximum Of \$700/Person Per Calendar Year.
		Registered Clinical Social Workers Are Covered At 100% To An Overall Maximum Of \$400/Person Per Calendar Year. Maximum Charge Per Visit Is \$50.
	Massage Therapists Are Covered At 100% With An Overall Maximum Of \$500/Person Per Calendar Year. Massage Therapist Must Meet Standard Criteria And Be A Member In Good Standing Of The NHPCA Or Other Approved MT Associations.	
<b>Prescription Drugs:</b>	Reimbursement (As Described Above) For Drugs Which By Law Require The Written Prescription Of A Physician. Includes Oral Contraceptives, Fertility Drugs, Smoking Cessation (Covered At 90% For Prescription Medications Such As Champix Or Zyban, Lifetime Maximum Of \$1,200/Person, Nicorette, The Patch, Etc. Are Not Covered). Erectile Dysfunction Drugs Are Subject To Quantity Limitations. Over The Counter Drugs, Vitamins Or Minerals Are Not Covered.	
<b>Hospital:</b>	100% Of The Semi-Private Room Rate In Province Of Residence.	
<b>Ambulance:</b>	Ambulance By Land Is Covered From Point "A" To A Hospital. Response Fee Is Not Covered. Ambulance By Air And Rail Is Subject To Prior Approval.	

<i>the first payer.</i>	<b>Medical Services and Supplies:</b>	Accidental Dental, Medical Equipment & Supplies, Lab Tests, X-Rays, Oxygen (Covered At 90%), Rental Of Casts, Splints, Trusses, Braces, Crutches, Prostheses, Convalescent Care Facility (Maximum Of \$10 Per Day And 120 Days Of Confinement Per Disability) and Private Duty Nursing (Calendar Year Maximum Is \$20,000 Per Person) Are Covered. Diabetic Supplies (Covered At 90%, Glucometer Is Not A Covered Expense).
	<b>Orthotics:</b>	Custom Made Orthotics Are Covered To A Calendar Year Maximum Of \$400. Requires A Referral From A MD or Podiatrist Every 3 Years.
	<b>Hearing Aids:</b>	\$1,500 After 2 Years. \$3,500 After 3 Years. \$5,000 After 5 Years. Audiology Report Required For Initial Claim.
	<b>Custom Fitted Ear Plugs:</b>	\$300 Every 5 Years.
	<b>Mobility Assistance Equipment Benefit:</b>	Reimbursement Of 90% Of The Expenses Associated With Specific Mobility Equipment. Require Prior Approval From Administration Office Before Purchase.
<b>Emergency Travel Assistance (ETA):</b>	<b>Lifetime Maximum:</b>	\$100,000 Per Person.
	<b>Coverage:</b>	Coverage For Any Number Of Trips Of Up To 180 Consecutive Days In The Event Of An Emergency Arising From Sudden Or Unforeseeable Circumstances While Eligible Persons Are Travelling Outside The Province Of Residence. The Charges Will Be Reasonable And Customary, In Excess Of Those Covered By The Government Health Insurance Plan Or Other Insurance Policies For Which You Have Coverage. In The Event That You Have An Emergency While Travelling, Please Call Global Excel From Canada & United States: Tel# 1.866.870.1898 Or From Elsewhere: Tel# 1.819.566.1898.
<b>Employee Assistance Program:</b>	<b>Coverage:</b>	CEFAP (Construction Employee Family Assistance Plan) - Confidential Counselling Services Providing Crisis Support, Advice And Information By Telephone, Face-To-Face, Or Online. English Tel# 1.800,663,1142, French Tel #: 1.866.398.9505, Hearing Impaired Tel #: 1.888.384.1152, Website: www.humansolutions.ca, Contact The Administration Office For Further Details.
<b>Diagnostic and Treatment Support:</b>	<b>Coverage:</b>	Best Doctors Canada - Provides access to the best medical minds so Members can be sure they have the right diagnosis and treatment plan. Best Doctors can also help you find specialists and get expert answers to medical questions. Whether you're dealing with a chronic condition, questioning surgery or facing a life-threatening illness, Best Doctors can guide you in the right direction. Website: www.bestdoctorscanada.com, Contact The Administration Office For Further Details.
<b>Current Benefit Contributions:</b>	<b>Eligibility:</b>	A Retired Employee Who Remains A Member In Good Standing With Local Union 488 And At The Time Of Retirement Has Accumulated 15 Years Of Credited Service In The Edmonton Pipe Industry Pension Plan. The Accumulated Number Of Years Must Be Earned Through Employment With A Contributing Employer, And Within The Jurisdiction Of U.A. Local 488. Any Transfer Of Credited Service To The Edmonton Pipe Industry Pension Plan Via A Reciprocal Agreement Will Not Qualify Towards The Requirements For Coverage.
	<b>Maintaining Coverage:</b>	Retired Payments Must Be Made Each Month To Maintain Coverage. As A Convenience To The Retired Member, This Payment May Be Deducted From The Edmonton Pipe Industry Pension Payment Each Month To Be Remitted To The Edmonton Pipe Industry Health And Welfare Plan.
<b>Edmonton Pipe Industry Administration Office</b> Address: 16214-118 Ave, Edmonton AB T5V 1M6 E-Mail: <a href="mailto:questions@epibenefitplans.com">questions@epibenefitplans.com</a> Phone: 1-780-452-1331    Fax: 1-780-487-4063    Website: <a href="http://www.epibenefitplans.com">www.epibenefitplans.com</a>		