

Your Benefits at a Glance

Eligible Active CUPE 148 (PM) CGS Employees Under Age 65
(effective November 9, 2021)

Basic Life Insurance	
Employee Benefit Formula	200% of your annual earnings to a maximum of \$500,000
Optional Life Insurance	
Employee Multiple Amount	\$10,000 to a maximum of \$250,000
Spouse Multiple Amount	\$10,000 to a maximum of \$250,000
Short Term Disability	
Waiting Period	
Injury	No waiting period
Disease	3 calendar days
	If you are hospitalized or have day surgery before the last day of the waiting period, benefits will begin on the day you are hospitalized or the surgery is performed
Maximum Benefit Period	26 weeks. If you attain age 65 while on STD your maximum benefit period is 15 weeks
Benefit Formula	75% of your weekly earnings to the maximum allowable under the Employment Insurance Act or \$2,250, whichever is greater
Long Term Disability	
Benefit Waiting Period	26 weeks
Maximum Benefit Period	To age 65, retirement or when you hit the 90 factor, whichever is earlier
Benefit Formula	75% of your monthly earnings to a maximum of \$12,000
Healthcare	
Deductibles	Nil
Reimbursement Level	100%
In-Canada Prescription Drugs	Included
Deductible	\$0.35 per prescription
Basic Expense Maximums	
Out-of-Country Emergency Care Expenses (Physician's Services Only)	Included
Private Hospitals	\$10 per day to a maximum of 120 days lifetime
Home Nursing Care	720 hours each calendar year
Intrauterine Devices (IUD's)	1 each calendar year
Diaphragms	1 each calendar year
Fertility Drugs	Included
Smoking Cessation Products (including Natural Health Products)	\$400 lifetime
Hearing Aids	\$650 every 5 years
Insulin Infusion Pumps	1 pump every 5 years
Custom-made Othropic Shoes	Included
Modifications or Adjustments to Stock-Item Shoes or Regular Footwear	Included
Custom-made Foot Orthotics	2 pairs each calendar year to a maximum of \$450 per pair
Myoelectric Arms	\$10,000 per prosthesis
External Breast Prosthesis	1 every 12 months
Surgical Brassieres	6 each calendar year
Mechanical or Hydraulic Patient Lifters	\$2,000 per lifter once every 5 years
Outdoor Wheelchair Ramps	\$2,000 lifetime
Blood-glucose Monitoring Machines	1 every 4 years
Flash-glucose Monitoring Machines	1 every 4 years
Continuous Glucose Monitoring Machines (including sensors and transmitters)	1 every 4 years
Extremity Pumps for Lymphedema	Included
Custom-made Compression Hose	6 pairs each calendar year
Wigs	\$500, once per lifetime
Stump Socks	9 each calendar year
Stump Sheaths	6 each calendar year
Leg Orthosis (brace)	Included
Continuous Positive Airway Pressure Machines (CPAP) including replacement tubing and filters	Included
CPAP Replacement Masks	2 each calendar year to a maximum of \$350 per mask

Scooter and Scooter Accessories (not including replacement batteries)	Included
Incontinence Supplies	Included

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Paramedical Practitioners	
Employee Coverage	
Chiropractors	\$300 each calendar year
Dieticians	\$180 each calendar year
Naturopaths	\$180 each calendar year
Osteopaths	\$180 each calendar year
Podiatrists/Chiropodists	\$180 each calendar year
Employee and Dependent Coverage	
Massage Therapists	
Employees	\$264 each calendar year
Dependents	\$7 per visit to a maximum of 12 visits each calendar year
Physiotherapists	
Employees	\$300 each calendar year then \$12.20 per visit thereafter
Dependents	\$12.20 per visit
Psychologists	
Employees	\$380 each calendar year
Dependents	\$35 for the 1 st visit then \$20 per hour for each subsequent visit to a maximum of \$200 each calendar year
Speech Therapists	
Employees	\$380 each calendar year
Dependents	\$200 each calendar year
Visioncare Expense Maximums	
Eye Examinations	\$90 every 24 months
Eyeglasses and Contact Lenses	\$420 every 24 months
Lifetime Healthcare Maximum	Unlimited
Dentalcare	
Payment Basis	The Ontario Dental Association Fee Guide in effect on the date treatment is rendered Payment for denturists' charges is based on denturist fee guides. Payment for charges by hygienists practising independently is based on hygienist fee guides. Specialists' charges are limited to general practitioner fees
Deductibles	Nil
Reimbursement Level	
Basic	100%
Plan Maximum	
Basic	Unlimited