

Benefits at-a-Glance

All Members of Plan 4 – J4J

Upang mag-request ng kopya ng dokumentong ito sa Tagalog, magpadala ng email sa seiubenefittrust@globalben.com
ਇਸ ਲਿਖਤ ਦੀ ਕਾਪੀ seiubenefittrust@globalben.com 'ਤੇ ਈਮੇਲ ਕਰਕੇ ਪੰਜਾਬੀ ਵਿਚ ਮੰਗੋ

The SEIU Locals 1 & 2 Benefit Trust Fund Health & Welfare Plan provides comprehensive and valuable protection for you and your family in the event of sickness, accident, or death. This brochure provides a summary of benefits coverage provided through the Plan.

Eligibility

Effective July 1st 2025 in order to qualify for benefits you must be a member in good standing of SEIU Local 2 and work a minimum of 87 hours per month to be eligible for benefit coverage. If you fall short of the 87 hour threshold, you will receive a self-pay notice that allows you the option to continue paying for your benefit plan coverage for up to a maximum of 6 months.

It is your responsibility to make your self-pay contributions on time. Failure to do so will result in immediate loss of coverage. Should you have any questions regarding your eligibility, please reach out to Global Benefits.



Contact Us

For enquiries about your claims and eligibility, contact the Trust's Administrator, Global Benefits:

1-800-663-4500

No personal information regarding any of your claims will be shared. You can view the Privacy Policy using Global's online access.

Global Benefits

901-191 The West Mall
Toronto, ON M9C 5K8

www.globalben.com

Mobile App: Global Benefits

Apple Store



Google Play



When contacting Global Benefits, you will need your Policy Number and Certificate Number from your Benefit Card:



Please note that this document contains only a summary of the SEIU Locals 1 & 2 Benefit Trust Health & Welfare Plan Schedule of Benefits. This document does not create or confer any contractual or other rights. All rights and obligations with respect to the Plan will be governed solely by the official Plan documents and any applicable legislation. Contact the Plan Administrator for additional information.

Extended Health Care

Your Extended Health Care (EHC) benefits are intended to cover health care costs not paid for under your Provincial health plan.

Prescription Drugs

Plan pays: 80% of eligible expenses and you pay 20%

Limitations: Coverage is limited to eligible generic drugs requiring a written prescription.

Dispensing fees: Maximum of \$10.00

Erectile Dysfunction drugs: \$500 per calendar year

Contraceptives: Covered

Smoking Cessation: \$500 per lifetime. Subject to reasonable and customary limits.

Private Duty Nurse

Plan pays: 100%

Limitations: Unlimited.

Vision Care

Plan pays: 100% of eligible expenses.

Limitations: Maximum \$300 per 24 consecutive month period per adult for glasses and contact lenses.

Maximum \$300 per 12 consecutive month period per dependent child under 18 for glasses and contact lenses.

\$75 every two calendar years per adult for eye exams (Age between 19-64)

Hearing Aids

Plan pays: 100% of eligible expenses.

Limitations: Maximum \$700 in any 60 consecutive month period.

Ambulance

Plan pays: 100% of eligible expenses for licensed ambulance service

Hospital

Plan pays: 100% of room and board charges to the private room level by an acute care hospital equivalent.

Limitations: Reasonable and *customary* limits apply.

Paramedical, Medical Supplies and Equipment, Prosthetics and Other Medical

The following extended health benefits are subject to reasonable and customary limits

Medical Services, Supplies and Equipment*

Plan pays: 100% of eligible expenses.

*You are covered for 100% of the cost to the annual maximum for the following items **when prescribed by a doctor:**

- Ostomy supplies;
- Oxygen and the cost of its administration, including breathing support equipment and pulmonary aids;
- Plasma or blood transfusions rental of (or purchase, where more economical) therapeutic equipment such as wheelchairs, hospital beds, respiratory and kidney dialysis equipment;
- Artificial eyes or limbs, canes, walkers, crutches, splints, casts, catheters, trusses or braces for back, arm, leg or neck;
- Breast prosthesis and two surgical brassieres per year following a mastectomy: and
- Cancer wigs for members and their immediate family members who have received chemotherapy for the treatment of cancer.

Accidental Dental

Plan pays: Covers 100% of costs to repair natural teeth damage in an accident outside of work.

Paramedical Practitioners

Plan pays: \$350 per person per practitioner.

Limitations: Coverage is limited to the following:

- Acupuncturist
- Chiropractor
- Massage Therapist
- Naturopath
- Osteopath
- Physiotherapy
- Podiatrist
- Psychologist
- Speech Therapist

Health Care Spending Account

The annual Health Care Spending Account limit is \$200 every calendar year per family with a carry forward provision of 1 calendar year. You can accumulate up to a maximum of \$400 per family across any 2 years. Items that can be claimed in the HCSA are deemed to be any eligible medical expenses that can be claimed on your income tax and as defined by CRA. Please visit the website below for a list of covered items:

Lines 33099 and 33199 – Eligible medical expenses you can claim on your tax return - Canada.ca

Orthotics and Orthopedic Shoes

Plan pays: 100%

Limitations: \$300 per 12 consecutive month period.

- Arch supports, molds, orthotic devices or orthopedic shoes when ordered by a podiatrist or general practitioner.
- Claims must be accompanied by a GAIT analysis and/or biomechanical exam.
- No coverage for sports orthotics and off-the-shelf orthopedic devices.

Dental Benefits

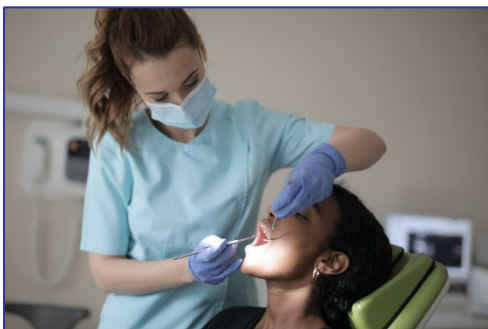
Basic Coverage

Plan pays: 80%

- The maximum reimbursement for Basic services is \$1000 per year per covered person.
- Reimbursement rates for dental procedures are defined by each provincial dental fee payment guide.

Limitations:

- Routine dental exams, fluoride treatment and bitewing x-rays: 2 per calendar year per person.
- Complete exams once every 36 months.
- Scaling: 8 units twice in a calendar year
- Panoramic x-rays: once every 24 months



Life Insurance

This benefit provides a tax-free, lump-sum payment in the event of your death.

Member Basic Life Insurance

If you die while covered under the Plan, or within 31 days after your coverage stops, your beneficiary will receive \$30,000. This amount reduces to \$15,000 when you reach age 65 and coverage terminates at age 70 or retirement, whichever comes first.

Optional Life Insurance

You have the option of self-paying for additional Optional life insurance coverage for yourself.

Coverage is available in units of \$10,000 up to a maximum of \$300,000. Coverage terminates at age 70 or retirement, whichever comes first.

Accidental Death and Dismemberment Insurance

This insurance provides a one-time, lump sum payment if you die or are dismembered as a direct result of an accident, whether the accident occurs at work or not.

The accidental death benefit is the same as your Member Basic Life Insurance coverage. Death benefits are paid to your beneficiary.

The maximum payable under the accidental dismemberment benefit is \$3,000,000. The amount paid for an accidental dismemberment claim is determined by the extent of the loss. The benefit reduces to 50% at age 65. Coverage terminates at age 70 or retirement, whichever comes first.

Short Term Disability Benefit

This benefit provides you with income protection in the event of a short-term illness or injury.



Eligibility: Not eligible for Short Term Disability (STD) benefits if receiving a monthly pension or you are self-paying.

Weekly benefit: Equal to 75% of weekly earnings up to the current Employment Insurance sickness benefit rate

The STD benefit may be reduced by another income you receive.

When benefits commence: If your disability is the result of accident or hospitalization, payments begin immediately.

If your disability is due to illness, payments begin on the third day of disability.

Benefit duration: The STD benefit provides you with a taxable benefit income for up to 26 weeks if you are unable to work due to the illness or injury and are under the full-time care of the doctor.

This benefit is integrated with disability benefits Payable by Employment Insurance (EI).

- Week 1: Benefits paid by the Plan
- Weeks 2-26: Benefits paid by EI

Your STD coverage stops on the earliest of the following:

- You are longer disabled or fail to provide requested proof of continued disability;
- You are no longer receiving continuing medical care and treatment from your doctor;
- You refuse a medical examination by a physician chosen by the Administrator;
- You are no longer following the treatment recommended for your disability;
- You leave Canada, for reasons other than to obtain treatment that is unavailable locally or that may be available sooner elsewhere. Such treatments must be approved by the Administrator;
- You perform any work for compensation or profit;
- You are no longer eligible for coverage under the Plan; you retire; or you die.