



ILWU – Employer Association Health and Benefit Plan Active Members



Administered by the Waterfront Employers of British Columbia

Booklet published: January 21, 2021

PRIVACY POLICY

In administering the ILWU – Employer Association Health and Benefit Plan for Active Members, the Waterfront Employers of BC (WEBC) collects and holds personal information about Plan Members and eligible dependents. This information is used by WEBC to determine eligibility for benefits, pay claims and support administration of the Waterfront Industry Pension Plan (WIPP).

By participating in this group benefit plan, and by submitting claims under those plans, you are consenting to the collection, use and disclosure of your personal information.

Specifically you acknowledge and agree that personal information may be collected, used and exchanged between the Waterfront Employers of BC and any other person or organization related to each claim or the administration of your benefit or pension plan(s). This includes healthcare professionals, institutions, investigative agencies, insurers/re-insurers, government organizations or regulatory bodies. You also acknowledge disclosure of personal information by the Waterfront Employers of BC to your Plan Sponsor, the ILWU – Employer Association Trustees, when required or permitted by law or pursuant to contractual obligations under the benefit plan. You may revoke this consent at any time and acknowledge that should you do so, claim(s) may not be considered.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

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Need more information? Find further details and claim forms at: www.longshoreplans.ca

ILWU - EMPLOYER ASSOCIATION HEALTH AND BENEFIT PLAN

This booklet summarizes the main terms and features of the *ILWU - Employer Association Health and Benefit Plan* and the *Employer Life and Health Trust*.

Under the terms of the Collective Agreement, both the employers and the employees are required to make contributions to the Trust(s). The Trustees provide certain benefits funded by these contributions. Neither Plan is a contract of insurance.

The benefits provided by these plans are not guaranteed, and entitlement to future benefits is limited to the amount of funds available in the Trust(s).

This booklet does not modify or change the meaning or intent of the formal text of the Plans nor does it confer any contractual or other rights. In the event of conflict between this document and the Plan text, all rights with respect to an eligible Plan Member will be governed solely by the Plan text.

This booklet includes amendments made to the Plans to date and describes benefits in effect at January 1, 2021. These benefits apply only to eligible members of the Plan.

TRUSTEES

The Plan is administered by six (6) Trustees: three (3) appointed by the Union and three (3) appointed by the Association.

Union	Employers
B. Dhaliwal	T. Griffin
B. Hartley	T. Duggan
A. Pantusa	G. Gardner

TRUST FUNDING

The two Trusts are funded according to the provisions of the Memorandum of Understanding (November 13, 2015) as follows (contributions per Longshore Hour Worked):

	Association	Member
Union Member, Welfare Casual and Regular Workforce	\$4.38	\$1.35
Lower Board	\$0.63	\$0.63

Member contributions are not tax deductible as most benefits paid are non-taxable.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EMPLOYEE ASSISTANCE PROGRAM (EAP)

As part of the overall Plan, the Trustees established an Employee Assistance Program to help active Plan Members, pensioners and immediate family members with life problems that affect their wellbeing – such as:

- Alcohol and drug problems and relapse prevention
- Marriage and relationship difficulties
- Grief and anger
- Depression and other mental health issues

The Coordinator of the EAP can be reached, in confidence, at (604) 254-7911 to help with an assessment of your individual needs and to identify possible treatment options, if required.

Depending on the circumstances, Weekly Indemnity benefits may be paid for the duration of an approved stay in a residential treatment centre. Interest free loans may be available to defer the costs of treatment.

All other enquiries regarding the ILWU - Employer Association Health and Benefit Plan should be directed to the Secretary of your Union local or to the Waterfront Employers of British Columbia (WEBC) at:

In person: 400 – 349 Railway Street, Vancouver, BC V6A 1A4
Phone: (604) 689-7184
Email: info@webc.ca

Need more information? Find further details and claim forms at: www.longshoreplans.ca

ELIGIBILITY

COVERAGE BEGINS – on the first day of the month following (initial hours test):

Union Members and Welfare Casuals

- Plan Member has worked 300 hours in the immediately preceding three (3) months.

Regular Workforce (RWF)

- Plan Member has been hired as a Regular Workforce Employee.

Lower Board (LCA) Workers

- Intake to benefits is on a quarterly basis, commencing three months following the LCA worker having worked a minimum of 600 hours in the immediately preceding 12 months.

Members transferring into the Plan from the Waterfront Foremen's Welfare Plan

- Plan Member has completed transition back into a Longshore Local.

COVERAGE CONTINUES – provided the Plan Member meets (ongoing hours test):

"A" Coverage

Union Members and Welfare Casuals

- Worked a minimum of 300 hours in the immediately preceding 3 months; or,
- Worked a minimum 1,200 hours in the immediately preceding 12 months.
- Is currently employed for work under the collective agreement; or
- Is a full time Union official.

Regular Workforce (RWF)

- The "initial hours test" is waived and "A" coverage is granted for the first 3 months of employment.
- Thereafter the above ongoing hours tests apply.

"B" Coverage

Union Members and Welfare Casuals

- Worked a minimum of 600 hours in the immediately preceding 12 months.

Regular Workforce (RWF)

- Subject to ongoing hours test after the first 3 months of employment.

"Lower Board" Coverage

Lower Board (LCA)

- Longshore Casual Active (LCA) worker has worked 600 hours in the immediately preceding twelve (12) months.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

ELIGIBILITY (continued)

A Plan Member must have been available for work in the current month in order to maintain benefit coverage for the following month.

Certain variations may exist regarding the minimum qualifying hours for ports with low work opportunity.

Authorized vacation time, approved leave of absence, part-time union official hours, acting Foremen hours and authenticated time loss due to sickness or injury count towards continuing eligibility only and cannot be used to upgrade coverage from "B" to "A".

DEFINITION OF DEPENDENTS – the following are covered

- a spouse to whom you are legally married and cohabiting with, or a common law spouse with whom you have lived for at least one year (a declaration is required from the member)
- an unmarried, unemployed child under 19 years of age who resides with you or is financially supported by you
- a dependent child aged 19-25, if in full-time attendance at a recognized educational institution
(note: Dental Plan coverage terminates at age 19)
- a dependent child with an ongoing disability that occurred before age 19, or before age 25 while a full time student (contact WEBC to discuss eligibility criteria)

Need more information? Find further details and claim forms at: www.longshoreplans.ca

BENEFIT COVERAGE SUMMARY

Active Members and eligible dependents are covered for the following benefits (frequency and financial limits may apply):

"A" Coverage – Union Members, Welfare Casual and Regular Work Force

Benefit Member Coverage	Active Plan Member and Eligible Dependents
Employee Assistance Program	Yes
Group Life Insurance	Yes – Plan Member only, up to age 65
Accidental Death & Dismemberment Insurance	Yes – Plan Member only, up to age 65
Disability and Wage Loss Benefits	
Weekly Indemnity	Yes – Plan Member only, up to age 65
Critical Illness	Yes
Supplemental Short Term Disability	Yes – Plan Member only, age 65 and older
Long Term Disability	Yes – Plan Member only, up to age 65
Partial Long Term Disability	Yes – Plan Member only, up to age 65
Extended Health Benefits	Yes
Vision Care	Yes
Dental Care - "A" Coverage	Yes - Children covered to age 19

"B" Coverage – Union Members, Welfare Casual and Regular Work Force

Benefit Member Coverage	Active Plan Member and Eligible Dependents
Employee Assistance Program	Yes
Group Life Insurance	Yes – Plan Member only, up to age 65
Accidental Death & Dismemberment Insurance	Yes – Plan Member only, up to age 65
Extended Health Benefits	Yes
Vision Care	Yes

Lower Board Coverage – LCA Plan Members

Benefit Member Coverage	Active Plan Member and Eligible Dependents
Employee Assistance Program	Yes
Group Life Insurance	Yes – Plan Member only, up to age 65
Accidental Death & Dismemberment Insurance	Yes – Plan Member only, up to age 65
Extended Health Benefits	Yes
Vision Care	Yes
Dental Care - Lower Board Coverage	Yes

Need more information? Find further details and claim forms at: www.longshoreplans.ca

GROUP LIFE INSURANCE

Active PLAN Member – to age 65

- "A" Coverage on date of death \$225,000
- "B" or Lower Board Coverage on date of death \$113,000

A conversion option is available providing application is made within 31 days of retirement or termination date of group coverage.

Insurance premiums are paid on your behalf to a third party provider who pays all claims.

The premiums for this benefit are taxable.

ACCIDENTAL DEATH & DISMEMBERMENT

A lump sum benefit is payable if a member is injured in an accident that occurs while the member is insured and the injury results in a covered loss.

A loss listed in the Table of Losses is considered a covered loss if:

1. It occurs as a direct result of the injury, independent of all other causes;
2. It occurs within 1 year after the accident;
3. In the case of a loss of use, it is continuous for 1 year.

The amount payable is the principal sum or the factor or portion of the principal sum shown in the Table of Losses.

ACTIVE PLAN MEMBER – to age 65

- "A" Coverage on date of death \$225,000
- "B" Coverage or Lower Board on date of death \$113,000

Insurance premiums are paid on your behalf to a third party provider who pays all claims.

The premiums for this benefit are taxable.

MEDICAL SERVICES PLAN OF B. C.

Effective January 1, 2020, Medical Services Plan (MSP) Premiums have been eliminated.

Plan Members must still register with MSP.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

DISABILITY BENEFITS

Weekly Indemnity, Supplemental Short Term Disability, Partial Long Term Disability and Long Term Disability benefits are not applicable to work related absences or disabilities which result from an act or omission of a Third Party. In these situations, the Trustees will consider a loan using the same provisions which apply to these benefits.

Loans received under Weekly Indemnity, Supplemental Short Term Disability, Partial LTD or LTD must be reimbursed to the Plan from any other monies the Plan Member receives due to the same injury. A reimbursement agreement must be signed by the Plan Member prior to any amounts being advanced.

Should your application for Weekly Indemnity, Supplemental Short Term Disability, Partial LTD or LTD benefits be declined, you may submit a written appeal of the decision within 31 days to the Plan Administrator (see Claims Appeal Process).

No benefit amount will be payable during a period in which the Plan Member is outside of B.C. for more than two weeks unless Trustees have approved that benefits will be continued, prior to the Plan Member leaving B.C.

DEFINITION OF A DISABILITY

To claim benefits a Plan Member must be:

- Totally unable to perform the regular duties of their occupation; and
- Under the regular care of and following treatment prescribed by a physician.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

DISABILITY BENEFITS (continued)

WEEKLY INDEMNITY BENEFIT

Plan Members must file a claim with the Plan Administrator within 30 days of initial assessment by a physician, or notification from WorkSafe BC that a member's claim has been terminated or denied.

If a claim is not filed within 30 days, the benefit period will commence a maximum of 7 days from date of disability.

Benefit Amount:	\$763.00 per week (\$109.00 per day)
Waiting period:	3 days – from initial doctor's visit
Benefit period:	52 cumulative weeks for any one period of disability related to the same cause (15 weeks where member turns 65 years old while on claim)

This benefit is non-taxable.

A Plan Member may actively engage in a Rehab Program while in receipt of Weekly Indemnity or Supplemental Weekly Indemnity provided that a Plan Member works no more than 4 days within a weekly pay period.

Note for cases resulting from or prolonged by Alcohol and/or drug Abuse

If the disability is a result of, or prolonged by, alcohol and/or drug abuse, the Plan may require an assessment of the Plan member by the EAP Coordinator prior to any benefit being paid.

Note for cases resulting from Motor Vehicle Accidents/Injuries (ICBC)

If the disability is the result of a motor vehicle accident, with a claim filed with ICBC, or another insurer, Plan Members must file a claim with the Plan Administrator within 30 days of initial assessment by a physician.

If a claim is not filed within 30 days, the benefit period will commence a maximum of 7 days from date of disability.

Benefit Amount:	Equivalent to the Employment Insurance benefit rate
Waiting period:	3 days – from initial doctor's visit
Benefit period:	Maximum of 15 cumulative weeks for any one period of disability related to the same cause

This benefit is non-taxable.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

DISABILITY BENEFITS (continued)

SUPPLEMENTAL SHORT TERM DISABILITY

Plan Members must file a claim with the Plan Administrator within 30 days of initial assessment by a physician, or notification from WorkSafe BC that a Plan Member's claim has been terminated or denied.

Benefit Amount:	Equivalent to the Employment Insurance benefit rate
Waiting period:	Maximum of 7 days from onset of disability
Benefit period:	Maximum of 15 cumulative weeks for any one period of disability related to the same cause

This benefit is taxable.

If the disability is a result of, or prolonged by, alcohol or drug abuse, the Plan may require an assessment of the Plan Member by the EAP Coordinator prior to any benefit being paid.

LONG TERM DISABILITY

To claim LTD benefits a Plan Member must be approved for Canada Pension Plan (CPP) disability benefits and unable to perform regular work duties.

A Plan Member who has been in receipt of a CPP pension for more than 6 months will not be eligible for CPP Disability benefits and, therefore, must undergo an independent evaluation to determine eligibility.

A claim must be filed with the Plan Administrator within 6 months after the end of the waiting period or from the date of notification of approval for CPP disability benefits.

Benefit Amount:	\$2,805 per month less any WCB or ICBC or other third party benefit payments received by the Plan Member pertaining to this disability.
Waiting period:	Benefits will commence on the first day following the expiration of the maximum Weekly Indemnity Benefit Period under the provisions of the ILWU - Employer Association Health & Benefit Plan; provided the Plan Member has received benefits from any of or a combination of the Health and Benefit Plan and Third Party Claims for the entire period.
Benefit period:	Up to the earlier of age 65, recovery, retirement or death.

This benefit is taxable.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

DISABILITY BENEFITS (continued)

PARTIAL LONG TERM DISABILITY

To claim partial LTD benefits a Plan Member must have applied for Canada Pension Plan (CPP) disability benefits and received an Employment Insurance (EI) benefit for 15 weeks (receipt of EI may be waived if a Plan Member fails to qualify for EI benefits for any reason other than medical condition).

A claim must be filed with the Plan Administrator within 6 months after the end of the WI waiting period together with a complete copy of the CPP disability benefit application and proof of application for EI benefits.

Benefit Amount:	\$2,805 per month.
Waiting period:	Benefit is payable upon the expiration of the 52-week Weekly Indemnity benefit and the 15 week Employment Insurance period.
Benefit period:	Starts the 68th week of disability. Concludes on the earlier of 104th week or disability, confirmation of approval for CPP disability benefit, age 65, recovery, retirement, or death.

This benefit is taxable.

A Plan Member may actively engage in a Rehab Program while in receipt of Partial Long-Term Disability provided that a member's earnings for the days worked within a disability month do not exceed \$2,750. The Rehab Program is not intended for Plan Members on Long Term Disability.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

OTHER WAGE LOSS BENEFITS

WEEKLY INDEMNITY – CRITICAL ILLNESS

The Weekly Indemnity Critical Illness benefit is payable to a Plan Member who would otherwise be normally available for work, but has been advised by a Physician that his/her Spouse has been diagnosed with a listed critical illness which complies with the insurance industry's Critical Illness definitions, or will likely result in death within 26 weeks. (Contact WEBC to discuss eligibility criteria.)

Up to Age 65

Benefit Amount:	The WI Critical Illness benefit provides a top-up to the Employment Insurance Caregiver Benefit with the total combined benefit equal to a maximum of \$763.00 per week (\$109.00 per day)
Waiting period:	0 days from first day of wage loss
Benefit period:	Up to 8 continuous weeks (lifetime maximum)

Up to age 65, you may apply for a Critical Illness benefit top up, administered through the Weekly Indemnity plan. Under this benefit, you may claim to eight (8) weeks of top up wage loss benefits once you have been approved for Employment Insurance Caregiver benefit.

If you are denied for Employment Insurance Caregiver benefit, you can submit your application for WI Critical Illness and proof of EI Caregiver benefit denial.

This benefit is non-taxable.

Age 65 and Older

Benefit Amount:	Equivalent to the Employment Insurance benefit rate
Waiting period:	0 days from first day of wage loss
Benefit period:	Up to 8 continuous weeks (lifetime maximum)

If you are age 65 and older, and you are denied Employment Insurance Caregiver benefits, you may claim a Critical Illness benefit administered through the Weekly Indemnity plan. Under this benefit, you may claim up to eight (8) weeks of top up wage loss benefits at a rate equivalent to the Employment Insurance benefit.

If you are denied the Employment Insurance Caregiver benefit, you can submit your application for WI Critical Illness and proof of EI Caregiver benefit denial.

This benefit is taxable.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EXTENDED HEALTH BENEFITS

Claims incurred in the calendar year must be filed by December 31st of the year immediately following.

Benefit Amount: Reimburse 100% of eligible covered expenses. There is no deductible.

Lifetime Maximum:

- \$60,000 per family is the maximum cumulative amount reimbursed by the Plan.
- The Lifetime Maximum extends into retiree coverage
- The following are not calculated within the Extended Health Benefit Lifetime Maximum:
 - Prescription Drug claims for Active Members only (retiree claims are included).
 - Dental claims

ELIGIBLE COVERED MEDICAL EXPENSES

The covered medical expenses listed in this section may have additional limitations and/or be subject to further medical requirements. We recommend you contact WEBC to confirm coverage prior to purchase.

The Plan will reimburse reasonable and customary costs for eligible expenses as follows:

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EXTENDED HEALTH BENEFITS (continued)

PRESCRIPTION DRUGS

The Prescription Drug Benefit is administered by Canada Life (Policy 168922). All other Extended Health Benefits are administered directly by WEBC.

To determine what drugs are covered, contact Canada Life:

Canada Life

Phone: 1-800-957-9777

Website: www.CanadaLife.com (mobile app also available)

There is no annual financial limit. All prescription drugs will be reimbursed at the pharmacy in coordination with BC Pharmacare.

- **All Plan Members must show proof of Fair Pharmacare Registration to qualify for full benefit.**
- **The Plan will reimburse Plan Members up to the cost of any applicable generic prescription drug alternative.**
- Certain drugs may require special or prior authorization
- If applicable, vaccines and smoking cessation products are accessed via the drug card.

REGISTRATION WITH FAIR PHARMACARE

The Plan requires evidence of Fair Pharmacare registration for all Plan Members.

Coverage will be suspended where Plan Members fail to provide registration information to the Enrolments department at WEBC.

For additional information contact:

WEBC Enrolments

Phone: (604) 689-7184 ext. 3

Email: enrolments@webc.ca

For information on registration with BC Pharmacare contact:

BC PharmaCare

Phone: 604 683-7151 (Lower Mainland)

From the rest of B.C., call toll-free **1 800 663-7100**

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EXTENDED HEALTH BENEFITS (continued)

PARAMEDICAL SERVICES

The following Paramedical Services are subject to \$900 per person maximum reimbursement per calendar year and are subject to reasonable and customary fee as indicated below.

Service Provider	Maximum Reimbursement per visit
Acupuncturist	\$85.00
Chiropractor	\$65.00
Naturopath	\$155.00
Osteopath	\$130.00
Physiotherapy	\$95.00
Podiatry	\$100.00
Registered Massage Therapy	\$120.00
Speech Therapy	\$140.00

The following additional Practitioner Services are subject to \$240 per person maximum reimbursement per calendar year and are subject to reasonable and customary fee as indicated below.

Service Provider	Maximum Reimbursement per visit
Dietician	\$120.00

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EXTENDED HEALTH BENEFITS (continued)

MEDICAL EQUIPMENT (RENTAL OR PURCHASE) AND SUPPLIES

The plan requires a copy of medical doctor recommendation attached with the claim form and itemized receipts for the following:

- Aquatic lifts - \$3000 lifetime maximum reimbursement
- Braces - \$1250 maximum reimbursement every two years
 - Must be made of rigid construction and not stretchable material.
 - This item applies for serious health conditions only.
 - Over the counter items and sports braces are not covered.
- CPAP machine - \$3,000 maximum reimbursement every 5 years
- CPAP Equipment Maintenance – maximum reimbursement \$300 annually
 - Medical doctor recommendation not required
- Hearing aids - \$500 maximum reimbursement every 5 years
 - Ear plugs are not a benefit
 - Active Plan Members must apply to WorkSafe BC first and provide supporting documentation to WEBC confirming their claim was rejected and hearing loss is deemed non-work related
- Hospital bed - \$2,500 maximum reimbursement per family every 10 years
- Hospital rooms – private (emergency isolation only) / semi-private
- Medical Report fees – maximum reimbursement \$100 per report
 - Coverage only applies where required by the Plan for Weekly Indemnity, Long Term Disability and Partial Long Term Disability
- MRI (Magnetic Resonance Imaging) - \$1200 while in receipt of Weekly Indemnity only
- Orthopaedic shoes - maximum reimbursement per year - \$500/adult and \$250/child
 - Prescribed by medical doctor, chiropractor or podiatrist
 - Custom-made, molded and cast from the foot.
 - Off the shelf orthopedic shoes are not covered.
- Orthotics - \$500 maximum reimbursement per year
 - Prescribed by medical doctor, chiropractor or podiatrist
 - Over the counter orthotics are not covered.
- Wheelchair and related expenses - \$6,875 electric, \$1,500 manual – lifetime maximum reimbursement
- Wigs - \$625 lifetime maximum reimbursement, as a result of medical treatment
- *Miscellaneous items such as:* oxygen, artificial limbs and eyes, casts, crutches, splints, trusses, braces, catheters, diabetic supplies, etc

Note: Additional items may be covered under the plan. If you are unsure if an item is covered, contact WEBC prior to rental or purchase.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EXTENDED HEALTH BENEFITS (continued)

VISION CARE

The Plan will reimburse 100% of reasonable and customary costs for eligible expenses when performed by a licensed ophthalmologist, optometrist or optician:

The maximum reimbursement benefit amount per person every 24 months, (commencing January 1, 2020) is \$800 for glasses, contact lenses and exams. The maximum reimbursement benefit amount including laser eye surgery and/or Intraocular Lenses is \$1,600 per person (\$800 per eye) every 48 months.

Eligible Expenses:

- Glasses – cost of frames and lenses and repairs
- Contact lenses
- Laser eye surgery (for corrective measures)
- Prescription Safety Glasses
- Periodic eye exams not covered by MSP
 - those under 18 and over 65yo must claim with MSP first
- Intraocular Lenses following cataract surgery

The Plan will not cover the following expenses:

- Non-prescription Sunglasses
- Costs in excess of reasonable and customary charges for eye exams, glasses and contact lenses
- Cataract surgery covered by MSP

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EXTENDED HEALTH BENEFITS (continued)

OTHER EXTENDED HEALTH SERVICES

- Ambulance charges not covered by MSP (emergency only)
- Certain prescribed diagnostic procedures, including but not limited to:
 - Prostate Specific Antigen (PSA blood test)
- Long Term Care – maximum reimbursement of \$2,500.00 lifetime
- Medical Travel
 - If required to be away from home for medical treatment:
 - Accommodation (\$600 maximum reimbursement per year) - \$150 per day
 - Reasonable transportation costs (\$600 maximum reimbursement per year)
 - Travel – Ferry covered under MSP Travel Assistance Program (TAP) - \$150 per day
 - Claim submissions must include a form from the physician
- Out of province – emergency only for reasonable physician and hospital services in excess of amounts covered by MSP of BC. (If similar coverage has been arranged by the member, no benefits payable by the Plan.)
- Psychological assessments (dependent child only - \$2,500 lifetime maximum reimbursement).
 - Adult counselling or family counselling refer to Employee Assistance Program (EAP)
- Registered nurse (in hospital only)
- Semi-private hospital room, chronic or long term hospital care (within limitations)
 - Claim submissions require written medical recommendation from the physician

Need more information? Find further details and claim forms at: www.longshoreplans.ca

EXTENDED HEALTH BENEFITS (continued)

EXPENSES NOT COVERED

- Easy lift chairs
- Cosmetic and certain elective surgery
- Expenses recoverable from Workers' Compensation or third parties
- Homemakers
- Private clinics
- Viagra and similar lifestyle drugs

If you or any dependents are covered by another plan, benefits will be co-ordinated so that the total reimbursement from both plans does not exceed 100% of the eligible costs incurred. If applicable, Plan Members must submit an Explanation of Benefits or Summary Statement Form from the spouse's insurance carrier with each submission of Extended Health Benefits claims.

OUT-OF-PROVINCE AND OUT-OF-COUNTRY TRAVEL

You are encouraged to purchase emergency medical travel insurance if you and your dependents are travelling outside of British Columbia.

If you have a medical emergency requiring treatment in a hospital or transportation to a medical facility in another province or country, you may be faced with high medical bills. Your extended health plan has a lifetime limit of \$60,000. It only covers reasonable and customary charges for physicians and hospital services over and above the amounts payable by the MSP of BC and BC Hospital Programs.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

DENTAL BENEFITS

Claims incurred in the calendar year must be filed by December 31st of the year immediately following.

“A” Coverage

Benefit Amounts:	Reimburse 100% of claimed eligible expenses (excluding orthodontic services) for Plan Member and spouse. Reimburse 50% of orthodontic services for Plan Member, spouse, and child up to a lifetime reimbursement limit of \$3,500 per person
Financial Limits:	The maximum amount that can be claimed by a family is \$10,000 annually for all eligible expenses combined (excluding orthodontic services).

Lower Board Coverage

Benefit Amounts:	Reimburse 100% of claimed eligible expenses (excluding orthodontic services) for Plan Member and spouse. Reimburse 50% of orthodontic services for Plan Member, spouse, and child
Financial Limits:	The maximum amount that can be claimed is \$800 per person annually for all eligible expenses combined (including, basic, major and orthodontic services).

Reimbursement

The Plan will reimburse customary and reasonable costs for eligible expenses as follows:

- At 100% of the applicable British Columbia Dental Association Fee Schedule (certain claims maximums may apply)
- An additional 10% will be applied to the applicable dental fee schedules for a limited number of specialized basic dental treatments, excluding x-rays, when performed by a certified specialist, in accordance with approved dental procedures.
- Payment will be made directly to you or your dentist. You are responsible for the remaining costs.
- **Pre-authorization is required for all major restorative and orthodontic dental work. Failure to obtain pre-authorization may result in your claim being denied.**

Need more information? Find further details and claim forms at: www.longshoreplans.ca

DENTAL BENEFITS (continued)

ELIGIBLE COVERED EXPENSES

ROUTINE

- Oral examinations, cleaning and fluoride applications twice per person per year
- Implants, partial coverage (pre-authorization required)
- Bite wing and full mouth x-ray (subject to annual maximum)
- Scaling, extractions, anaesthesia, endodontics & periodontal treatments
- Amalgam and composite fillings (5 surfaces per tooth per 2 years)
- Tooth coloured restoration on front teeth only, no composite fillings on molars
- Dental Surgery, diagnostic x-ray and lab procedures
- Space maintainers, relines and rebases to dentures

RESTORATIVE – PRE-AUTHORIZATION REQUIRED

- Crowns, inlays, onlays, and bridgework
- Major oral surgery
- Grafts – restrictions apply

DENTURES

- Set of dentures (limited to one upper and one lower complete every 3 years or partial in a 5 year period)

ORTHODONTIC

- Treatment plan is required for all Orthodontic services

EXPENSES NOT COVERED

- Replacement of stolen or lost dentures
- Cosmetic services, transplanting of teeth, oral hygiene instruction
- Charges for missed appointments or for completion of forms
- Treatments commenced prior to the date of coverage
- Claims submitted after Dec. 31 of the year following treatment
- Claims which are recoverable from WCB or third parties
- Subsequent work to crowns for a period of 5 years from initial placement

If you or any dependents are covered by another plan, benefits will be co-ordinated so that the total reimbursement from both plans does not exceed 100% of the eligible costs incurred. If applicable, members must submit an Explanation of Benefits or Summary Statement from the spouse's insurance carrier with a standard dental claim form from your dental office.

Please contact WEBC if you have questions regarding coverage and restrictions.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

APPEAL PROCESS

In the event that a Plan Member's claim is denied by the Plan Administrator, the Plan Member may appeal the decision in writing to the Plan Administrator within 31 days of notification of the claim decision.

The Administrator will review the appeal and refer it to the Administrative Committee for consideration.

The Administrator will communicate the decision of the Administrative Committee to the Plan Member in writing within 15 days of the Administrative Committee's decision.

A Plan Member may appeal a decision of the Administrative Committee in writing to the Plan Administrator within 15 days of notification of the appeal decision.

Appeals of Administrative Committee decisions will be scheduled for the next available Trust meeting.

The Plan Administrator will notify a Plan Member in writing of the decisions of the Board of Trustees within 15 days of the decision.

The Board of Trustees reserves the right to waive the preceding timelines.

Decisions of the Board of Trustees will be final.

Need more information? Find further details and claim forms at: www.longshoreplans.ca

CLAIMING INFORMATION

FORMS

Plan Members may obtain claim forms from:

- **Online:** www.longshoreplans.ca
- **In-person: Waterfront Employers of BC**
400 – 349 Railway Street

Vancouver, BC V6A 1A4

SUBMISSIONS

Plan Members are encouraged to submit claims electronically to expedite processing.

- **Email**

Dental	dental@webc.ca
Extended Health	extendedhealth@webc.ca
Long-term Disability	ltd@webc.ca
Weekly Indemnity	weeklyindemnity@webc.ca

- **Fax - (604) 681-7447**

- **Mail or In-Person:** **Waterfront Employers of BC**
400 – 349 Railway Street
Vancouver, BC V6A 1A4

CLAIM FILING DEADLINES

Claim submissions must be received by the Waterfront Employers of BC by the following dates:

Dental	By December 31 st of year immediately following <i>For claims requiring preauthorization, all work must be complete within 6 months of the approval date.</i>
Extended Health	By December 31 st of year immediately following
Long Term Disability	Within 6 months after end of the waiting period
Vision Care	By December 31 st of year immediately following
Weekly Indemnity	Within 30 days of initial assessment by a physician

Need more information? Find further details and claim forms at: www.longshoreplans.ca

ADDITIONAL QUESTIONS?

Phone:	(604) 689-7184
General Enquiries:	info@webc.ca
Credited time applications:	creditedtime@webc.ca
Dental:	dental@webc.ca
Enrolments, Prescription Drugs & coverage enquiries:	enrolments@webc.ca
Extended Health:	extendedhealth@webc.ca
Long-term Disability:	ltd@webc.ca
Pensions:	pensions@webc.ca
Weekly Indemnity	weeklyindemnity@webc.ca

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