

PRINTING INDUSTRY HEALTH & WELFARE PLAN

SUMMARY OF BENEFITS

EMPLOYEES AND DEPENDENTS

Dental

Basic	80% reimbursement
Major Restorative	50% reimbursement
Orthodontics	50% reimbursement - dependent children only
Maximums	Unlimited for Basic and Major Restorative \$1,500 lifetime for Orthodontics

Extended Health Care

Deductible	\$25 per calendar year (single or family)
Reimbursement	80% eligible in-province expenses* 100% eligible out-of-province expenses * After \$1,000 has been paid for one person in a calendar year, further eligible expenses for that person within that year will be reimbursed at 100%
Foot Orthotics	\$200 per calendar year
Physiotherapy/Massage	\$275 per calendar year (combined)
Chiropractor/Naturopath	\$300 per calendar year (combined)
Acupuncture	\$200 per calendar year
Lifetime maximum	\$1,000,000

Vision Care

Lenses/frames/contacts	80% reimbursement to a maximum of \$225 in any two calendar years*
Eye exams	\$100 every 24 months for persons not eligible for coverage through MSP* * Subject to the same deductible as Extended Health Care benefit

EMPLOYEES ONLY

Weekly Indemnity

Benefit	60% of regular weekly earnings
Maximum benefit	\$448 per week or E.I. maximum if greater

Group Life and Accidental Death & Dismemberment

Benefit	\$75,000
Benefit reduction and termination	50% reduction at age 65 and terminates at age 65 for Early Retirees or at age 70 for Active Employees

NOTE: This Summary overrides if discrepancy in standard booklet text.