



Ontario Teamsters Benefit Plan Trust Fund

Benefit Summary Effective July 1, 2026

Attridge Coachlines / ILSCI (International Logistec Solutions Canada)

BENEFIT	COVERAGE
LIFE INSURANCE (Manulife)	
Member	\$50,000
Spouse	\$2,000
Child	\$1,000
ACCIDENTAL DEATH & DISMEMBERMENT (Chubb Life)	
Benefit	\$50,000
SHORT TERM DISABILITY (Manulife)	
	Not Covered
LONG TERM DISABILITY (Manulife)	
	Not Covered
TOTAL PERMANENT DISABILITY	
	Not Covered
CRITICAL ILLNESS (AIG)	
Benefit	\$30,000 to age 70
HOSPITAL CASH (AIG)	
Benefit	Not Covered
QUICKCARE CONFIDENTIAL MENTAL HEALTH PROGRAM & EXPEDITED ACCESS TO	
Benefit	Expedited Access to Healthcare Program upgraded to Level 3
DIAGNOSTIC SERVICES (Through Trust Fund)	
MRI/CAT Scan	Trust covers 50% of the cost up to a maximum of \$500 per lifetime for members and their spouse
MEMBER & FAMILY ASSISTANCE PROGRAM / LifeJourney & VIRTUAL CARE / vCare (Telus Health)	
Benefit	Combined benefits and integrated with the Home Delivery Pharmacy Program by Telus Pharmacy
COMPASS HEALTH CARE NAVIGATION (Carepath)	
Benefit	Includes Health Care Navigation as well as Cancer Assistance, and MyConsult Online Medical Second Opinion with the Cleveland Clinic
PRESCRIPTION DRUG SAVINGS PROGRAM (Through AdjudiCare Drug Card)	
Benefit	Lower dispensing fees and drug costs available at a number of participating providers
DENTAL (Manulife)	
Reimbursement	3 year lag ODA Fee Guide
Deductible	NIL
Basic/Preventive	80%



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Endodontic/Periodontic	80%
Oral Surgery	80%
Major Restorative	50%
Prosthodontics - Fixed	50%
Prosthodontics - Removable	80%
Calendar Year Maximum	\$2,000
Specific/Recall Exams	6 months
Complete Exams, Panorex/Fam Series	24 months
3D Cone Beam Computed Tomography (CBCT)	Covered (including for dependents)
Occlusal Equilibration	8 units per calendar year
Relines/Rebases/Repairs	24 months
Polishing/Fluoride/Scaling	Once every 6 months
Perio Scaling/Root Planning	10 units per calendar year
Prosthetics	5 years
Dental Implants	Covered up to the cost of a crown
Oral Hygiene Instruction	Every 6 months
Orthodontics (<19)	No Coverage
EXTENDED HEALTH CARE (Manulife)	
Deductible	NIL
Coinsurance	80% except where noted
Calendar/Lifetime Maximum	\$1,000,000 lifetime maximum
ELIGIBLE HEALTH EXPENSES:	
Prescriptive Drugs (includes some Lifestyle Drugs)	80% with dispensing fee cap of \$6.50 per prescription with drug card*
	Requiring a script
continued...Prescriptive Drugs (includes some Lifestyle Drugs)	Twinrix & Zostavax vaccines are covered
	Continuous glucose monitors and sensors such as Free Style Libre and Dexcom 6 and 7 covered if insulin-dependent
	Medicinal cannabis covered up to a calendar year maximum of \$1,000 per insured person and each eligible dependent
Semi-Private Hospital	Not covered
Rehabilitation Hospital	Semi-private rate to a max of 120 days
Local Ambulance	Charges in excess of OHIP
Air Ambulance	Not covered



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Paramedical Practitioners	\$1,500 calendar year maximum for each: Chiropractor, Naturopath, Osteopath, Podiatrist/Chiropodist, Christian Scientist Practitioner - Includes 1 x-ray per calendar year at \$25, Registered Massage Therapist, Physiotherapist, Speech Therapist. Paid after OHIP.
Registered Social Worker, Registered Psychotherapist, Licensed Clinical Psychologist	\$1,500 combined per calendar year maximum
Private Duty Nursing	\$5,000 per lifetime (prior approval)
Accidental Dental	Must occur while insured
Rental of Medical Equipment, Including Brace, Splint, Crutch, Oxygen, Artificial Eye/Limb	Covered
Surgical Brassieres	2 per calendar year (\$20/maximum each)
Orthopaedic Shoes	One pair per calendar year at 50%, or 80% if part of brace (reasonable and customary fees)
Orthotics	Once per lifetime
Breast Prosthesis	\$300 maximum every 5 years
Wigs	Once per lifetime
Surgical Stockings	2 pairs per calendar year
Stump Socks	2 pairs per calendar year
Diabetic Supplies	Covered under drug benefit
Glucometers	Once per lifetime
X-Ray/Lab	Covered
Hearing Aids	\$2,000 per person in any 60 consecutive months, including replacement and repairs, but not batteries
VISION CARE (Manulife)	
Prescribed Lenses/Frames, Contacts OR Sunglasses – ADULTS	\$500 every 24 months (from \$300)
Prescribed Lenses/Frames, Contacts OR Sunglasses – UNDER AGE 18	\$300 every 12 months
Eye Exams	1 every 24 months (reasonable and customary fees), part of vision care maximum
Retinal Eye Exams	Covered (including for dependents)
Laser Eye Surgery	50% up to \$1,000 maximum every 5 years



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EMERGENCY OUT OF COUNTRY (AIG)	
Benefit	Up to \$5,000,000 lifetime maximum to age 75
	\$1,000,000 lifetime maximum from 75 to 99
	Terminates at the age of 99
	Limited to 90 day trips
VOLUNTARY INSURANCE BENEFITS (Through BPA)	
Benefit	Benefits for purchase to complement existing insurance coverage. Terminates at the end of the policy year coincident with or following age 75.
INDIVIDUAL FINANCIAL SERVICES (Through BPA)	
Benefit	Personalized financial planning and enhancement of benefits offering