Ontario Teamsters Benefit Plan Trust Fund

Benefit Summary Effective July 1, 2026

Retirees Under Age 65 and Over Age 65

BENEFITS	EARLY RETIREES UNDER AGE 65	RETIREES AGE 65 AND OVER
	Life waivers apply to WAIVER category	Dependent children not covered
LIFE INSURANCE (Manulife)		
Retired Member	$25,000	$5,000
Spouse	$5,000	$5,000
Child	$2,000	N/A
ACCIDENTAL DEATH & DISMEMBERMENT (Chubb Life)		
Benefit	$25,000	N/A
QUIKCARE CONFIDENTIAL MENTAL HEALTH PROGRAM & EXPEDITED ACCESS TO HEALTHCARE PROGRAM (TeksMed)		
Benefit	Expedited Access to Healthcare Program upgraded to Level 3.	Expedited Access to Healthcare Program upgraded to Level 3.
DIAGNOSTIC SERVICES (Throught Trust Fund)		
MRI/CAT SCAN	Not covered	Not covered
MEMBER & FAMILY ASSISTANCE PROGRAM / LifeJourney & VIRTUAL CARE / vCare (Telus Health)		
Benefit	Combined benefits and integrated with the Home Delivery Pharmacy Program by Telus Pharmacy	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	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	Lower dispensing fees and drug costs available at a number of participating providers
DENTAL (Manulife)		
Reimbursement	3 year lag ODA Fee Guide	3 year lag ODA Fee Guide
Deductible	Nil	Nil
Basic/Preventive	100%	80%
Endodontic/Periodontic	100%	80%
Oral Surgery	100%	80%
Major Restorative	50%	Nil
Prosthodontics - Fixed & Removable	50%	80% - Denture repair only
Calendar Year Maximum	$1,500	$1,000
Specific/Recall Exams	6 months	9 months
Complete Exams, Panorex/Fam Series	24 months	24 months
3D Cone Beam Computed Tomography (CBCT)	Covered (including for dependents)	Covered (including for dependents)
Occlusal Equilibration	8 units per calendar year	8 units per calendar year
Relines/Rebases/Repairs	Once every 24 months	Once every 24 months
Polishing/Fluoride/ Scaling	6 months	9 months
Perio Scaling/Root Planning	8 units per calendar year (2 units for dependent children under age 13)	8 units per calendar year
Prosthetics	5 years	Not covered
Dental Implants	Covered up to the cost of a crown	Not covered
Oral Hygiene Instruction	Once every 6 months	Not covered
Orthodontics (<19)	50% to $1,000 lifetime maximum	Not covered
EXTENDED HEALTH CARE (Manulife)		
Deductible	NIL	NIL
Coinsurance	100% except where noted	100% except where noted
Calendar/Lifetime Maximum	$1,000,000 individual calendar year and lifetime maximum	$15,000 individual calendar year and aggregate lifetime maximum

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ELIGIBLE HEALTH EXPENSES:		
Prescriptive Drugs (includes some Lifestyle Drugs)	80% with dispensing fee cap of $6.50 per prescription with a drug card	80% for Spouses under age 65, Dispensing fee cap of $6.50 per prescription with a drug card (ODB First Payer)
	Requiring a script	Requiring a script
	Twinrix & Zostavax vaccines are covered	Twinrix & Zostavax vaccines are covered
	Continuous glucose monitors and sensors such as Free Style Libre and Dexcom 6 and 7 covered if insulin-dependent	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	Medicinal cannabis covered up to a calendar year maximum of $1,000 per insured person and each eligible dependent
Semi-Private Hospital	Not covered	Not covered
Rehabilitation Hospital	Semi-private rate to a maximum of 120 days	$3 per day for a maximum of 120 days
Local Ambulance	$200 per disability	$100 per disability
Air Ambulance	Covered	Covered
Chiropractor, Naturopath, Osteopath, Podiatrist/Chiropodist	$300 calendar year maximum for each. Includes 1 x-ray per specialty per calendar year. Paid after OHIP max is reached.	$300 calendar year maximum for each. Includes 1 x-ray per specialty per calendar year. Paid after OHIP max is reached.
Physiotherapist, Registered Massage Therapist	$250 calendar year maximum	$250 calendar year maximum
Registered Social Worker, Registered Psychotherapist, Licensed Clinical Psychologist	$200 combined per calendar year maximum	$35 initial visit, $20 per hour on subsequent visits. $200 combined calendar year maximum.
Speech Therapist	$300 per calendar year	$200 per calendar year
Private Duty Nursing	$10,000 every 3 years (prior approval)	$1,000 per calendar year (RN)
Accidental Dental	$5,000 per accident	$5,000 per accident
Rental of Durable Medical Equipment, Including Brace, Splint, Crutch, Oxygen, Artificial Eye/Limb	Covered	Covered
Surgical Brassieres	2 per calendar year maximum	2 per 12 consecutive months
Orthopaedic Shoes	One pair every 3 years to a maximum of $500, OR orthotics (reasonable and customary fees)	One pair every 3 years to a maximum of $500, OR orthotics (reasonable and customary fees)
Orthotics	Combined with ortho shoes	Combined with ortho shoes
Breast Prosthesis	80% once every 5 years	80% once every 5 years
Wigs	Once per lifetime	Once per lifetime
Surgical Stockings	2 pairs per calendar year	1 pair per 12 consecutive months
Stump Socks	Covered	2 pairs every 2 calendar years
Diabetic Supplies	Covered under drug benefit	Covered under drug benefit
Glucometers	Once per lifetime	Once per lifetime
X-Ray/Lab	Covered when medically necessary	Covered when medically necessary
Hearing Aids	$2,000 per person in any 60 consecutive months, including replacement and repairs, but not batteries	$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	$250 every 24 months	$250 every 24 months
Prescribed Lenses/Frames, Contacts OR Sunglasses – UNDER AGE 18	$250 every 12 months	N/A
Eye Exams	N/A	N/A
Retinal Eye Exams	Covered (including for dependents)	Covered (including for dependents)
Laser Eye Surgery	50% up to $1,000 maximum every 5 years	50% up to $1,000 maximum every 5 years
EMERGENCY OUT OF COUNTRY (AIG)		
Benefit	Up to $5,000,000 lifetime maximum to age 75	Up to $5,000,000 lifetime maximum to age 75
	$1,000,000 lifetime maximum from 75 to 99	$1,000,000 lifetime maximum from 75 to 99
	Terminates at the age of 99	Terminates at the age of 99
	Limited to 90 day trips	Limited to 90 day trips

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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.	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	Personalized financial planning and enhancement of benefits offering