



Ontario Teamsters Benefit Plan Trust Fund

Benefit Summary Effective July 1, 2026

JNF Ready Mix

BENEFIT	COVERAGE
LIFE INSURANCE (Manulife)	
Member	\$50,000
Spouse	\$5,000
Child	\$2,000
ACCIDENTAL DEATH & DISMEMBERMENT (Chubb Life)	
Benefit	\$50,000
SHORT TERM DISABILITY (Manulife)	
Note	Non-occupational coverage
Payable From:	1 st day hospital
	4 th day accident
	8 th day sickness
Status RE Employment Insurance	Employment Insurance Integrated
Duration	26 weeks (inclusive of 26-week EI)
Weekly Amount	\$729
LONG TERM DISABILITY (Manulife)	
Note	Non-occupational coverage
Elimination Period	26 weeks
Duration	2 years, or retirement, or age 65
Monthly Amount	\$1,500/month
Definition	Own occupation
TOTAL PERMANENT DISABILITY	
Benefit	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 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



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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	2025 ODA Fee Guide
Deductible	NIL
Basic/Preventive	100%
Endodontic/Periodontic	100%
Oral Surgery	100%
Major Restorative	50%
Prosthodontics - Fixed	50%
Prosthodontics - Removable	50%
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	6 months
Perio Scaling/Root Planning	8 units per calendar year
Prosthetics	5 years
Dental Implants	Covered up to the cost of a crown
Oral Hygiene Instruction	6 months
Orthodontics (<19)	50% to \$1,000 lifetime maximum
EXTENDED HEALTH CARE (Manulife)	
Deductible	NIL
Coinsurance	100% except where noted
Calendar/Lifetime Maximum	\$1,000,000 individual calendar year and lifetime maximum



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ELIGIBLE HEALTH EXPENSES:	
Prescriptive Drugs (includes some Lifestyle Drugs)	90% with dispensing fee cap of \$6.50 per prescription with drug card*
	Requiring a script
	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 - No Hospital Cash
Rehabilitation Hospital	Semi-private rate to a max of 120 days
Local Ambulance	\$200 per disability (or Air)
Air Ambulance	\$200 per disability (or Local)
Paramedical Practitioners	\$1,500 per calendar year maximum per type: Chiropractor, Naturopath, Osteopath, Podiatrist/Chiropodist - Includes 1 x-ray per specialty per calendar year, Registered Massage Therapist (no referral required), Physiotherapist, Speech Therapist. Paid after OHIP.
Registered Social Worker, Registered Psychotherapist, Licensed Clinical Psychologist	\$1,500 combined per calendar year maximum
Private Duty Nursing	\$10,000 every 3 years (prior approval)
Accidental Dental	\$5,000 maximum per accident
Rental of Medical Equipment, Including Brace, Splint, Crutch, Oxygen, Artificial Eye/Limb	Covered
Surgical Brassieres	2 per calendar year (reasonable and customary fees)
Orthopaedic Shoes	One pair every 3 years to a maximum of \$500, OR orthotics (reasonable and customary fees)
Orthotics	Combined with ortho. shoes
Breast Prosthesis	80% once every 5 years
Wigs	Once per lifetime
Surgical Stockings	2 pairs per calendar year
Stump Socks	Covered
Diabetic Supplies	Covered under drug benefit



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BENEFIT	COVERAGE
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 12 months
Prescribed Lenses/Frames, Contacts OR Sunglasses – UNDER AGE 18	\$300 every 12 months
Eye Exams	1 every 12 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
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