

## **COST PLUS BENEFITS**

The Following benefits are available through the Welfare Trust Fund at the discretion of the Trustees. All claims must be paid in full. Submitted to the: Bricklayers Local No. 1 Welfare Trust Fund office.

Eff May 1, 2023

PLEASE READ CAREFULLY

Exclusions and limitations under the NexgenRx coverage also apply to the following coverage.

1. Fees of a Registered Nurse for home care (not a member of the patient's family nor living in the same house), subject to a maximum benefit of \$1,500.00 per 3 calendar years.
2. Fees of a Massage Therapist, Naturopath, Speech Therapist, Chiropractor, Osteopath, Psychologist, Podiatrist, Chiropodist subject to a maximum benefit of \$800.00 per calendar year, one treatment per day, for all specialties combined, provided that these health professionals are members in good standing of their respective professional corporations and that the treatment lies within their domain of expertise. Attending licensed Physician referral required -dated prior to first treatment for, Massage Therapist & Naturopath.
3. Fee of a PHYSIOTHERAPIST & ACUPUNCTURE provided that he/she is a member in good standing of his professional corporation, subject to a maximum benefits of \$450.00 per calendar year, one treatment per day for all specialties combined, provided that these health professionals are members in good standing of their respective professional corporations and that the treatment lies within their domain of expertise. Attending licensed Physician referral required for Physiotherapy and Acupuncture.
4. X-Ray by a chiropractor. Maximum benefit \$25.00 per calendar year.
5. MISC: Initial purchase of artificial limbs and eyes, if loss occurred while insured, hernia belts, ostomy supplies, Purchase or rental, at the discretion of the Insurer, of crutches, wheelchair (excluding an electric chair except for a quadriplegic), hospital bed (excluding an electric bed), iron lung and other therapeutic equipment, subject to a maximum benefit of \$250.00 per calendar year.
6. MEDICAL ELASTIC STOCKINGS prescribed for the treatment of varicose veins, subject to a maximum benefit of \$100.00 per calendar year. Attending licensed Physicians referral required
7. ORTHOPEDIC SHOES (for dependent children only under 12 yrs of age) Purchase of custom made orthopedic shoes, subject to a maximum benefit of \$200.00 per pair and 2 pairs per period of 12 consecutive months.
8. ORTHOTICS, modification to a regular shoes, or purchase, repair, modification or adjustment of an insert or device added to a regular shoe (made from cast/mold of the foot)  
Subject to a maximum benefit of \$300.00 per period of 12 consecutive months.
9. HEARING AIDS subject to a Life Time maximum benefit of \$250.00
10. LABORATORY FEES up to a maximum benefit of \$50.00 per calendar year
11. SURGICAL BRASSIERES up to a maximum benefit of \$100.00 per calendar year.
12. BREAST PROSTHESIS up to a maximum benefit of \$250.00 per 5 calendar years
13. CHAMPIX (Brand Name) – no other smoking aides will be considered. Lifetime maximum\$400.00 -

14 EYE EXAM maximum \$80.00 every 24 consecutive months. (EFF 1/23)

15 AMBULANCE SERVICE, including charges for emergency transportation by airline, to and from the nearest hospital qualified to provide the necessary treatment, subject to a maximum benefit of \$250.00 per calendar year. And if medically required, a medical attendant who is neither a resident in your home nor a relative of your family.

MAXIMUM BENEFIT PER FAMILY \$1,500.00 per Calendar Year. All benefits combined (excluding Registered Nurse)

SPENDING ACCOUNT \$500.00 Effective: May 1, 2024 per Family per Calendar Year

1. may be used to top up any services provided from 1 – 15
2. may be used toward : Vision Care: Eye Glasses/Contacts only (every 24 consecutive months ) copy of original invoice along with Explanation of Benefits from NexgenRx and any other Coordination of Benefit Insurance Company must be submitted with claim.
3. may be used towards: Orthodontic Services for children under the age of 18. Explanation of benefits from NexgenRx and any other Coordination of Benefit Insurance Company must be submitted with claim.
4. cannot be used toward services dated prior to May 1, 2024

**\*All referrals required by a licensed Physician must be dated prior to treatment\***

**\*WHEN SUBMITTING CLAIMS: ORIGINAL RECEIPT ARE REQUIRED AND MUST INDICATE: FULL NAME, AMOUNT, DATE OF SERVICE AND DATE PAID, DESCRIPTION OF SERVICES RENDERED/ MEDICAL TREATMENT RECEIVED ALONG WITH ATTENDING PHYSICIANS REFERRAL WHERE INDICATED.**

#### LEGAL SERVICES - Lifetime Maximum \$500.00 (MEMBER ONLY)

Wills, Divorce, Separation Agreement, Purchase Family Dwelling, Sale of Family Dwelling, Transfer of Title, Mortgage New or Renewal. Please contact the benefit office for additional information on Legal Service coverage available. 905-528-2092 8 AM – 2 PM Invoice must specify the type of "Service Rendered" Criminal Matters not covered.

JURY DUTY - maximum \$100.00 per day (Excluding weekends and periods of unemployment) less any fee received from the court Lifetime Maximum \$500.00

## **EXCLUSIONS:**

Cost Plus Benefits will not pay for the following services:

1. Charges which are considered an insured service of any Provincial Government Plan;
2. charges for general health examinations, and examinations required for use of third party;
3. charges for any surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment;
4. charges for medical treatment or surgical procedure by physician;
5. charges for transport or travel, other than as specifically provided;
6. charges not specified in the foregoing list of eligible medical expenses;
7. charges for services or supplies which are furnished without recommendation and approval of an attending licensed physician acting within the scope of his license;
8. charges which are not medically necessary for care or treatment of any existing or suspected injury, disease or pregnancy;
9. charges for services, supplies, procedures or treatments which are a result of an occupational injury or disease covered by any Workers Compensation law or similar legislation;
10. charges for services, supplies, procedures or treatments resulting from or contributed by any motor vehicle accident.
11. charges which would not normally have been incurred but for the presence of this insurance.
12. charges which the Insurer is not permitted, by any law or regulation, to cover; or legally obligated to pay.
13. charges for dental work where a third party is responsible for payment for such charges;
14. charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), Insurrection or riot or hostility in any way.
15. charges for services or supplies resulting from any intentionally self-inflicted wound;
16. charges for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare Canada or are experimental or limited in use whether or not so approved;
17. charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society;
18. charges made by a physician for travel, broken appointment, communication costs, completion of forms, or physician's supplies;

***\*Please contact the Welfare Office @ 905-528-2092 with any questions.***