

GM Benefit Report

November 2020 (Active Members) New Contract Update

Please keep this leaflet for your own reference and direct any questions to your Benefit Reps.

PRESCRIPTION DRUGS

Reimbursement	90% of eligible expenses 100% after you incur \$310 for out-of-pocket expenses Coverage limited to: -The cost of the lowest-priced generic drug (or brand name drug if lower) Drugs listed on the "Controlled Drug Formulary" or by special Authorization
Dispensing fees: Over the Counter Drugs	90% of the actual dispensing fee, to a maximum of \$9 per prescription Eliminated effective January 1, 2013 (other than certain life-sustaining drugs)

DENTAL CARE

Maximum Benefit	\$3000 per person each benefit year (October 1 - September 30) for basic services, crowns and major services combined
Fee Guide:	1 year rolling lag, effective January 1, 2021 (ODA or licensed denture therapists' schedule of fees)
Basic Services:	100% of eligible dental expenses
Crowns:	Repair or Recementing of Crowns, Inlays, Bridgework or Dentures. 100% of eligible dental expenses
Major Services:	50% of eligible expenses, Initial instillation of fixed bridgework (including Inlays and Crowns as abutments)
Orthodontic	50% of eligible expenses (to a lifetime maximum of \$3800 per covered dependent under age 21)
Dental Implants	50% Of eligible expenses for standard implantology including the structure, installation, and crown (initial and replacement)

VISION CARE

Reimbursement:	Routine eye exams up to \$85 every 24 months (if OHIP plan excludes coverage) Plan maximum depends on lens type (once every 24 months per person) \$270 for single vision lenses and frames -\$280 for contact lenses \$325 for bi-focal lenses and frames -\$395 for multi-focal lenses and frames \$450 for laser eye surgery (one time)
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PARAMEDICAL SERVICES

Reimbursement:	Chiropractor: \$25 per visit to a maximum of \$465 each benefit year Chiropracist/Podiatrist: \$11.45 per visit to a maximum of \$325 each benefit year Massage Therapist: \$45 per visit to a maximum of \$200 each benefit year, <i>no Dr referral needed</i> Naturopath: \$25 per visit to a maximum of \$325 each benefit year Registered Clinical Psychologist or Master of Social Work (MSW) : \$75 per visit to a maximum of \$700 per calendar year. Master of Psychology recognized for counselling Services Speech Therapist: Up to \$1100 per calendar year (Including up to \$125 for the initial assessment) Physiotherapist: \$50 per visit to a maximum of \$200 each benefit year (need Doctor referral)
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CHILD CARE

Reimbursement:	Child Care expanded to include coverage for For-Profit Regulated and Registered Daycare facilities. \$16 on Full-day benefits for ages 0-6. \$9 on half-Day and before/after school benefits, annual maximum of \$3000 per year, per eligible child. Child Care subsidy of \$9 per day for dependent children ages 3 and up to and including 10 who do not qualify for subsidized daycare
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Durable Medical Equipment

Reimbursement:	Continue Glucose monitoring systems added to an annual maximum of \$1,600.
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In Solidarity,

**Lawrence Robson - Benefit Rep & Erika Mauro - Alternate Rep
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