



# RESIDENTIAL HEALTH & WELLNESS PLAN

UP TO DATE AS OF MAY 1<sup>ST</sup>, 2024



**DENTAL  
BENEFITS**



**VISION  
CARE**



**LEGAL  
SERVICES**



**MEMBER  
ASSISTANCE  
PROGRAM**



**SHORT AND  
LONG TERM  
DISABILITY**



**BEREAVEMENT  
LEAVE  
BENEFIT**



**COMPASSIONATE  
CARE  
BENEFITS**



**MEMBER  
HOSPITAL  
CARE**



**VIRTUAL  
CARE**



**EMERGENCY  
TRAVEL  
ASSISTANCE**

# INTRODUCTION

This Summary of Benefits is an informal reference document summarizing the main features of the Benefits provided to eligible Plan Members of the Carpenters' Residential Health and Wellness Plan's Enhanced Benefit Plan. For more information about the Enhanced Benefit Plan (including the eligibility rules and benefit exclusions and limitations), please refer to the Enhanced Plan Member Information Booklet.

The Carpenters' Residential Health and Wellness Plan, Compassionate Care Benefit, Bereavement/Parental Leave Benefit, Legal Services Plan, Productivity Bonus Plan, Vacation Pay Plan, and the applicable trust funds, are governed by boards of trustees, appointed by the Carpenters & Allied Workers Local 27 and/or Carpenters Local 1030.

The boards of trustees of these trust funds reserve the right to amend these plans and/or benefits in their absolute and total discretion, as deemed appropriate and as permitted by law. Any change to these plans or benefits will be communicated to all plan members and such changes are deemed to amend and/or modify the plan's summary of benefits and this plan member information booklet.

All Life Insurance, Dependant Life Insurance, Accidental Death and Dismemberment (AD&D) and Long Term Disability (LTD) benefits described within this booklet and the rights thereto, are governed by the provisions of the Manulife Financial Insurance Policy Number #10042. The plan's Emergency Travel Assistance benefit (ETA) is provided by Green Shield Canada (GSC). The plan's Member Assistance Program (MAP) is provided by Family Services Employee Assistance Program (FSEAP). The Front of the Line benefit is provided by Organizational Solutions Inc. TELUS Health provides the Virtual Care benefit.

All other benefits described herein are self-funded, with benefit payments being provided from the assets of the applicable trust fund. The plan rules established to govern and adjudicate these self-funded benefits form the provisions of the plan's official Plan Text documents. The insurance policies, service contracts and the Plan Text documents, together form the plan's official documents, which are available from the plan administration office upon request.

The applicable insurance policies/contracts and Plan Text documents form part of the Enhanced Benefit Plan's Official Documents, which are available from the Plan Administration Office. This Summary of Benefits is not a legal document, an insurance policy or contract, and does not grant or confer any contractual rights.

The Board of Trustees has retained Employee Benefit Plan Services Limited as the plan's administrator to manage aspects of the Health and Wellness Plan, including plan administration and claims payment for certain benefits. The Plan Administration Office can answer any questions about the benefits of the plan, or any of the plan's rules.

Please review this Summary of Benefits carefully and keep it in a safe place together with the Plan Member Information Booklet for future reference. A Benefits at a Glance chart is attached at the end of this Summary of Benefits as a helpful summary.

# SUMMARY OF BENEFITS

You may find that the plan does not cover every expense you may wish the plan to pay for. The plan and its benefits are established and maintained to provide the broadest range of coverage that is suitable for the membership of the plan. New drugs and treatments will come into the health care environment over time and the board of trustees always reserve the right to cover, or not cover any of these, and to add limitations and/or exclusions to the coverage of the plan.

Subject to the provisions of the plan’s official documents, including any limitations and exclusions as described throughout this booklet, eligible plan members and their eligible dependants qualify for the benefits of the Enhanced Benefit Plan, which are described on the following pages, starting with the benefit summary below:

## MEMBER LIFE INSURANCE BENEFIT

**Plan Member:** \$200,000

## DEPENDANT LIFE INSURANCE BENEFIT

**Spouse:** \$50,000

**Each Dependant Child:** \$10,000

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (AD&D)

<b>Plan Member:</b>	principal sum	\$300,000
	permanent & total disability benefit	\$300,000
<b>Spouse:</b>	principal sum	\$50,000
<b>Each Dependant Child:</b>	principal sum	\$10,000

## WEEKLY INDEMNITY (WI) BENEFIT

The maximum WI benefit payable is \$500 per week. Benefit payments are integrated with Employment Insurance Sickness benefits. To qualify for WI benefit payments, a plan member must be “Wholly Disabled” (as defined in this booklet and the plan’s Plan Text).

WI benefit payments are payable from the 1st day of an accident, or after a 24-hour hospitalization period, or on the 8th day of illness, for a maximum period of 26 consecutive weeks for any one cause of disability.

## LONG TERM DISABILITY (LTD) & DISABILITY ASSISTANCE BENEFITS

The maximum LTD benefit payable is \$1,000 per month. To qualify, a plan member must be under age 65 and be “Totally Disabled” (as defined in this booklet and in the contract of insurance) for a continuous period of 26 consecutive weeks. LTD benefit payments are payable until the earlier of the attainment of age 65, recovery, or death.

Qualified plan members may also be eligible for a \$500 Disability Assistance Benefit from the plan, which is provided monthly in addition to any benefit paid by the insurer.

## SUPPLEMENTARY HEALTH CARE BENEFIT

<b>Deductible:</b>	none	
<b>Reimbursement:</b>	100% for all eligible services and supplies	
<b>Overall Maximum:</b>	unlimited	
<b>Prescription Drugs:</b>	eligible prescription drugs must have a Drug Identification Number (DIN) and a Compliance Certificate both issued by Health Canada	
<b>Reimbursement:</b>	based on the lowest cost between a brand name drug and its generic drug equivalent (where a generic equivalent is available)	
<b>Biologic / Biosimilar Drugs:</b>	(these drugs require the plan's prior authorization) reimbursement is based on the lowest cost, suitable biologic or biosimilar drug (where a biosimilar drug is available). The plan has an automatic switching policy that will pay for a lower cost biosimilar drug when approved by Health Canada.	
<b>Drug Maximums:</b>	methadone treatment \$1,000 lifetime; erectile dysfunction \$500 per year; fertility drugs \$2,500 lifetime; smoking cessation \$400 lifetime.	
<b>Medical Cannabis:</b>	\$500 annual maximum for specific medical conditions	
<b>Vision Care</b>	<b>Lenses, Frames and Contact Lenses:</b>	\$400 maximum / 24 months. includes prescription sunglasses and (member only) industrial safety glasses
	<b>Industrial Safety Glasses:</b>	maximum of \$400 in a consecutive 24 month period (plan member only)
	<b>Laser Eye Surgery:</b>	\$2,000 lifetime
	<b>Eye Examinations:</b>	1 eye examination each 12 months
<b>Paramedical Practitioners</b>	\$500 annual maximum per practitioner for chiropractor, massage therapist, acupuncturist, psychologist/psychotherapist/social worker (combined), physiotherapist, naturopath, osteopath, or podiatrist (speech therapist has a separate \$1,500 maximum annual benefit)	
<b>Hearing Aids</b>	\$500 maximum benefit in any 36 consecutive month period for the purchase of hearing aids (batteries are not covered)	
<b>Foot Orthotics</b>	\$500 maximum benefit in a 24 month period for orthotics which have been specially designed and molded for the covered person, and necessary to correct a diagnosed physical impairment.	
<b>Other Medical Services &amp; Supplies</b>	ambulance, convalescent care, accidental dental, durable medical equipment (hospital bed, wheelchair, braces, crutches), prostheses, x-rays, lab tests, surgical stockings.	
<b>Private Duty Nursing</b>	\$10,000 each calendar year	

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## FRONT OF THE LINE HEALTHCARE / VIRTUAL HEALTH CARE BENEFIT

The Front of the Line benefit provides fast access to medical services such as MRIs, Lab Tests, and medical Specialists that may not be readily available to you through your public health care program. The benefit is provided by Organizational Solutions Inc. (OSI). Simply call OSI to request assistance with scheduling your next appointment.

**Phone: 1-855-724-7674 ext. 5679**

**Email: [osi4navigation@orgsoln.com](mailto:osi4navigation@orgsoln.com)**

TELUS Health Virtual Care is an online virtual health and wellness service to help anytime, anywhere in Canada for assistance with medical advice, diagnosis, mental health support, referrals, prescriptions and refills, Labs, imaging, nutritional consultation, and physical therapy. Download the app, register your account & begin using TELUS Health Virtual Care.

**Group Number: 052024**

**Registration Number: Your Union ID**



## MEMBER HOSPITAL STAY BENEFIT

If a plan member is hospitalized for a minimum of 3 consecutive days, the member may be eligible for this benefit. The benefit provides:

- a \$200 daily maximum (payable from the first day, after 3 consecutive days of hospitalization)
- a maximum benefit period of 120 consecutive days of hospitalization

Once approved, benefits are payable on a weekly basis, provided ongoing proof of hospitalization is provided.

Dependants are not eligible for this benefit.

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## **EMERGENCY TRAVEL ASSISTANCE (ETA) BENEFIT**

The plan provides travel coverage for certain medical **Emergency** expenses in excess of your provincial/territorial health care program, and travel assistance services for plan members and eligible dependants who are **Canadian residents, under age 85 and properly enrolled under their provincial health care program**, and who are temporarily outside of their province of residence for vacation, business, or education.

**It is important to read and understand the rules for this benefit before departure. The ETA benefit includes requirements, limitations, and exclusions that can affect your eligibility and/or the reimbursement of incurred medical expenses.**

Please refer to the ETA section of this Plan Member Information Booklet for detailed information about the rules of this benefit. All ETA services (provided by Green Shield Canada (GSC)) are available 24 hours per day, 7 days per week.

**GSC Travel Assistance should be contacted before travelling to any destination, to ensure you and/or your dependants meet the conditions for ETA coverage, and that the destination is a country where the ETA coverage will be provided.**

For assistance contact GSC Travel Assistance in Canada & United States at **1-800-936-6226**, or call collect at **1-519-742-3556** from any other location. The plan's benefit card includes all of the necessary plan and other information to contact GSC Travel Assistance to discuss a proposed trip, your or your dependants' eligibility for coverage, to report a claim for a medical emergency, or for travel assistance or other information about your trip.

### ***Emergency Medical Travel Coverage Maximums***

- \$5,000,000 per covered person, per incident
- maximum coverage duration of 60 consecutive days per trip

### ***Emergency Travel Assistance Services***

- coverage is provided for variety of specific travel assistance and advisory services.

### ***Medical Referral Coverage Maximum***

- \$75,000 per covered person, per calendar year (requires prior authorization).

**It is extremely important to contact GSC Travel Assistance prior to obtaining emergency medical treatment (if possible), or to have someone call on the covered person's behalf within 48 hours if it is medically impossible for the covered person to call.**

**Emergency** means a sudden, unexpected injury, illness or acute episode of disease that requires immediate medical attention and could not have been reasonably anticipated based upon the patient's prior medical condition.

There must not be a **pre-existing** medical condition. The covered person must be in **stable** medical condition during the 90-day period immediately prior to departure as determined by the insurer.

## DENTAL CARE BENEFIT

<b>Deductible:</b>	none
<b>Reimbursement:</b>	100% for basic dental services; 60% for major dental services; 60% for orthodontic services.
<b>Dental Fee Guide Schedule:</b>	dental benefits are reimbursed based on the current dental association's suggested fee guide in effect on the date the expense is incurred, in the province or territory where the service is rendered.

### **Maximum Dental Benefit per covered person:**

#### **Basic and Major**

**Dental Services:** \$3,500 per calendar year for basic & major services combined

**Orthodontic Services:** \$2,500 lifetime only for dependant children under age 21 (pre-treatment plan required)

**Basic Services:** diagnostic, preventative, restorative, surgery, fillings, anesthesia, 1 complete series of x-rays, 1 set of bitewing x-rays, polishing, topical fluoride treatment, periodontal scaling.

**Recall Examinations:** 1 recall examination each 6 months

**Complete Examinations:** 1 complete oral examination each 24 months

**Major Services:** crowns, bridges, dentures  
replacement bridges / dentures covered each 5 years

## MEMBER ASSISTANCE PROGRAM (MAP) BENEFIT

Confidential counseling, information, advice and referral services are available to plan members and their eligible dependants. Services are provided by Family Services Employee Assistance Program (FSEAP) 24 hours a day, every day of the year. Contact FESAP directly at 1-800-668-9920, or online at [www.myfseap.com](http://www.myfseap.com) (group name: toloc27map / password: myfseap1).

## SURVIVOR EXTENSION OF BENEFITS PERIOD

Upon the death of an eligible plan member, the properly enrolled surviving dependant(s) (e.g., spouse and/or children) will continue to be covered under the plan for supplementary health care, Front of the Line, TELUS Health Virtual Carer, emergency travel assistance, dental and member assistance program benefits for a period of 30 consecutive months, commencing after the plan member's dollar bank account has been exhausted. No payments will be required to continue coverage during this extension of benefits period.



## COMPASSIONATE CARE BENEFIT

If you have to be away from work temporarily to care for or support an eligible family member who is gravely ill, you may qualify for this benefit. You must be a family member of a person who is critically ill, or injured, or in need of end-of-life care. Eligible family members include the plan member's spouse, child, parent, brother and sister. The Compassionate Care Benefit provides a weekly benefit of \$300, for a maximum duration of four consecutive weeks.

## BEREAVEMENT / PARENTAL LEAVE BENEFITS

If you suffer the loss of a deceased eligible family member you may be eligible to receive the plan's Bereavement Benefit. You must be actively working, obtain a letter from your employer indicating your last day of work and the days you did not work as a result, and provide an original death certificate or statement of death. Eligible family members include spouse, child\*, parent\*, grand parent, brother\*, sister\* (\*or any in-law).

The Bereavement Benefit provides a benefit of \$300 per day, for a maximum duration of up to three business days. The benefit is payable from the 1st day of lost earnings due to bereavement, provided you were at work the day prior.

If actively working and you have a newborn child, you may be eligible to receive the plan's Parental Leave Benefit. You must be absent from work immediately following the birth of your child, provide a letter from your employer indicating you were working, your last day of work and the days you did not work, and an original birth certificate. The plan will provide a \$300 benefit per day, for a maximum of up to three business days, payable from the 1st day of lost earnings due to childbirth, provided you were actively at work.

## LEGAL SERVICES PLAN

The legal services covered by this benefit are intended to provide plan members with financial assistance with general legal services such as wills, power of attorney documents, real estate transactions, adoption proceedings, etc.

Please review the schedule of benefits within the Legal Services Benefit section of this booklet for details of the maximum annual benefits payable, which are based on the type of legal service used. The plan also has overall calendar year maximums for all legal services combined, which are based upon on your cumulative years as an eligible plan member.

## PRODUCTIVITY BONUS / VACATION PAY PLAN

These plans provide plan members with their entitlement to any Productivity Bonus or Vacation Pay they have earned under the terms of their applicable collective agreement each benefit year (local 27 for Productivity Bonus and local 1030 for Vacation Pay). The plan makes one regular annual payout of either Productivity Bonus or Vacation Pay benefits each year. The details and processes of each of these plans are described in the applicable sections of this booklet. Please review the section that applies to you.

## BENEFITS AT A GLANCE

The following pages of this Summary of Benefits provide a more detailed, quick reference summary of the benefits available to eligible plan members and the provisions that apply.



## HOW TO SUBMIT CLAIMS TO THE PLAN

When a plan member or dependant incurs an expense covered under one of the benefits of the plan, the claim must be submitted to the plan for reimbursement. Most claims can be submitted in various ways but all claims must be submitted properly, with any required documents, before the Claim Submission Deadlines. Submit your claims by:

- using the plan's **benefit card** at the pharmacy, health care provider or dental office
- registering **online** with Green Shield Canada at [benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)
- **email** to the plan administration office at [benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)
- **fax** to the plan administration office at **1-905-946-2535**
- **visiting** the plan administration office at:

**Carpenters' Residential Benefit Plans  
45 McIntosh Drive  
Markham ON  
L3R 8C7**

Most expenses for health care and dental may be claimed for using the plan's benefit card, or online to Green Shield Canada by following the instructions in the Welcome Package provided. Members may be asked to submit their receipts to the plan administration office for claims filed electronically. These random audits ensure the plan is protected. You must therefore retain your receipts for 13 months.

Emergency Travel Assistance claims must be submitted by contacting the insurer

In addition, or for any other type of claims, you may contact the plan administration office who will provide the necessary form(s) and assistance for submission of the claim to the plan or to the insurer as required. In order to quickly process claims, all claim forms must be completed fully and clearly indicate the following information:

- **the claimant's full name, residential mailing address and date of birth;**
- **the plan member's full name, residential mailing address and date of birth;**
- **the plan member's Plan Identification Number;**
- **the Manulife Financial policy number #10042 for Member Life Insurance, Dependant Life Insurance, Accidental Death and Dismemberment and Long-Term Disability claims;**
- **the Green Shield Canada Plan Member Identification Number and the claimant's provincial health care plan card number (for Emergency Travel Assistance claims);**

All claims (with claim forms, original receipts and all other required supporting documentation) should be submitted either online or to the plan administration office as soon as possible.

## PLAN ADMINISTRATION OFFICE

The board of trustees has retained a plan administrator, Employee Benefit Plan Services Limited, to handle the day to day matters of the Carpenters' Residential Health and Wellness Plan including the plan's administration and claims payment for many of the plans' benefits.

The trustees rely on the experience of the plan administrator with respect to the eligibility for benefits of the plan and whether claim expenses submitted are eligible for reimbursement.

Plan members may contact the plan administration office if there are any questions about the benefits of the plan or the administrative rules about how the plan works. The plan administration office is there to help plan members. The plan administrator is:

### EMPLOYEE BENEFIT PLAN SERVICES LIMITED

45 McIntosh Drive  
Markham, Ontario  
L3R 8C7

Toll Free: 1-800-263-3564

Tel: (905) 946-9700

Fax: (905) 946-2535

E-mail: [benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)

[www.carpentersresidential.ca](http://www.carpentersresidential.ca)

**Benefits at a Glance (as of May 1, 2024)**

Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
<b>General Plan Provisions</b>	
monthly dollar bank drawdown	Contact Plan Administration Office
dollar bank maximum	Contact Plan Administration Office (12 months worth of Health and Wellness Plan enrolment)
initial Eligibility	1st day of 2nd month, following the month the member accumulates \$1,140 in dollar bank
reinstatement eligibility	if reinstatement is within 12 months, when member has \$380 in dollar bank if reinstatement is after 12 months, initial eligibility rules apply
pay direct plan options *(plus applicable provincial tax)	Plan A - all benefits except WI, LTD & DAB - \$300 per month* Plan B - Life Insurance only - \$30 per month* Plan C - all benefits for approved disabled members - \$150 per month*
pay direct plan duration	12 month maximum (LTD/WSIB to age 65)
dependant definition - spouse	legally married, common law (12 month cohabitation)
dependant definition - children	under age 22, or under age 25 if in educational institution
termination of coverage	retirement (unless otherwise noted under each benefit provision below)
<b>Member Life Insurance</b>	
benefit amount	\$200,000
termination of coverage	retirement (other standard termination provisions apply)
<b>Dependant Life Insurance</b>	
spouse benefit amount	\$50,000
child benefit amount	\$10,000
termination of coverage	retirement (other standard termination provisions apply)
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	
member principal sum	\$300,000
spouse / child principal sum	\$50,000 / \$10,000
permanent & total disability benefit	\$300,000 lump sum benefit
termination of coverage	age 70 or earlier retirement (other standard termination provisions apply)
<b>Weekly Indemnity</b>	
weekly benefit maximum	\$500
qualifying period	1st day hospital / 1st day accident / 8th day illness.
definition of disability	"own occupation"
maximum benefit payment duration	26 weeks
benefit payment offsets/reductions	Employment Insurance (EI)
termination of coverage	retirement (other standard termination provisions apply)
<b>Long Term Disability &amp; Disability Assistance Benefit</b>	
maximum monthly benefit amounts	\$1,000 LTD maximum from insurer, \$500 DAB maximum from the plan
qualifying period	26 continuous weeks of "Total Disability"
definition of disability	"own occupation" during first 24 months of disability, "any occupation" after 24 months
maximum benefit payment duration	to age 65
benefit payment direct offsets/reductions	EI / WSIB benefits
benefit payment indirect offsets/reductions	various sources of other income - All Source Limit 85% of gross pre-disability earnings
pre-existing condition limitation	disabilities treated 90 days prior to eligibility are not eligible during first 6 months of coverage
termination of coverage	age 65 or earlier retirement - (other standard termination provisions apply)
<b>Compassionate Care Benefit</b>	
maximum benefit and payment period	\$300 maximum benefit per week, 4 week maximum duration
eligible family members	spouse, child, parent, grand parent, brother, or sister
required proof of claim	must be actively at work and provide required information to plan administrator
<b>Bereavement Pay Benefit</b>	
maximum benefit and payment period	\$300 maximum benefit per day, 3 day maximum duration
eligible family members	spouse, child, parent*, grand parent, brother*, sister* (*or any in-laws)
required proof of claim	must be actively at work, provide employer note and death certificate
<b>Parental Leave Benefit</b>	
maximum benefit and payment period	\$300 maximum benefit per day, 3 day maximum duration
eligible family members	new born child
required proof of claim	must be actively at work, provide employer note and birth certificate
<b>Legal Services Plan</b>	
	overall \$1,000 / year maximum; various eligible legal services subject to specific maximums

**Benefits at a Glance (as of May 1, 2024)**

Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
<b>Supplementary Health Care</b>	must be properly enrolled under applicable provincial health care plan
deductible	none
coinsurance	100% for all services & supplies
pay direct drug card	yes
prescription drug reimbursement	100% of the lowest cost brand name or generic drug; biologic and/or biosimilar drugs require prior authorization and automatic switching to a biosimilar drug if available
dispensing fee maximum	n/a
overall lifetime maximum	unlimited
prescription drug maximums	methadone \$1,000 lifetime; erectile dysfunction \$500/year; fertility drugs-\$2,500 lifetime; smoking cessation \$400 lifetime. Includes insulin and diabetic supplies, allergy serums, vaccines and toxoids, injectable drugs, sclerotherapy (maximum \$20/visit), IUDs and diaphragms, etc.
private duty nursing	\$10,000 each calendar year
paramedical practitioner services	\$500/specialist/year: chiropractor, acupuncturist, osteopath, podiatrist, physiotherapist, psychology/psychotherapy/social worker (combined), naturopath, massage therapist. \$1,500/year: speech therapist
orthotics / orthopaedic shoes	\$500/24 months For orthotics. \$500/24 months For orthopaedic shoes.
hearing aids	\$500/36 months
vision care (prescription)	\$400/24 months for lenses, frames, contact lenses, sunglasses or (member only) industrial safety glasses
industrial safety glasses (prescription)	\$400/24 months (plan member only)
laser eye surgery	\$2,000 lifetime maximum
eye examinations	1 eye exam each 12 months
medical transportation services	emergency ambulance
medical services & supplies	convalescent care, durable medical equipment (hospital bed, wheelchair, braces, crutches), prosthetics, x-rays, lab tests, diabetic equipment, surgical stockings, etc.
accidental dental services	subject to reasonable & customary charges
survivorship benefit extension (for dependants)	balance of member's dollar bank, plus a 30 month extension
termination of coverage	retirement (other standard termination provisions apply)
<b>Emergency Travel Assistance</b>	60 day maximum trip duration - must contact Green Shield within 48 hours
emergency travel medical maximum benefit	\$5,000,000 per out of province medical emergency incident
referral medical maximum benefit	\$75,000 out of province referral, per calendar year
termination of coverage	age 85 or earlier retirement - (other standard termination provisions apply)
<b>Front of the Line / TELUS Health Virtual Care</b>	Front of the Line provides faster access for appointments to medical services (telephone / email) TELUS Health Virtual Care provides a healthcare consultation & assistance via an online app
<b>Dental Care</b>	
deductible	none
coinsurance basic services	100%
coinsurance major services	60%
coinsurance orthodontic services	60%
annual maximum basic services	\$3,500
annual maximum major services	combined with basic services maximum
lifetime maximum orthodontic services	\$2,500
fee guide schedule reimbursement	current Ontario Dental Association fee guide (ODA)
basic services included	diagnostic, preventative, restorative, surgery, fillings, anaesthesia
complete examination	1 exam each 24 months
recall examinations	1 exam each 6 months
x-rays	1 complete series each 12 months
bitewing x-rays	1 set each 12 months
polishing	covered
topical fluoride treatment	covered
periodontal scaling	8 units each calendar year
major services included	crowns, bridges, dentures
replacement bridges / dentures	covered each 5 years
orthodontic services	children under age 21 (treatment plan required)
survivorship benefit extension (for dependants)	balance of member's dollar bank, plus a 30 month extension
termination of coverage	retirement (other standard termination provisions apply)
<b>Member Assistance Program</b>	confidential counselling & advisory services