ROOFERS LOCAL UNION 30

As at July 1, 2025

\$75,000

Maximum of \$100.000

Maximum of \$20,000

Any occupation. Taxable benefit.

\$2,000 per person each calendar year

\$100 maximum benefit every 2 calendar years

restrictions) covered at \$1,000 per year.

Up to \$10,000 every 3 calendar years

Unlimited

not confined in a hospital.

\$1.750 per month

Maximum to age 65

Nil

Unlimited

All Benefits are subject to the terms of the Insurance Policies and the official Plan Documents. The document is a summary. The final determination of Benefits is based on the rules set out in the official Plan Documents.			
BENEFITS	ACTIVE MEMBERS		

Spouse: \$10,000; Child (from birth): \$8,000

100% for basic expenses. 50% for dentures. 50% for crowns and bridges.

2024 Ontario Dental Association Suggested Fee Guide, General Practitioners

\$300 maximum benefit every calendar year for Dependant Children under 18 years of age

Psychoanalyst are covered to a combined maximum of \$2,500 per person per year.

\$400 per calendar year. New instrument allowed every 4 calendar years.

Lifetime maximum benefit of \$1,000 for dependant children under age 18 only.

Roofers Local Union 30 Benefit Plan Administration Office 45 McIntosh Drive, Markham ON, L3R 8C7 Telephone Number: 1-800-263-3564 Fax Number: (905) 946-2535 www.rooferslocal30benefitplans.com

the month. Additionally, the Member must be in Good Standing with the Local Union.

wheelchair, hospital-type bed or other durable equipment for temporary therapeutic use.

Commencing with the 17th week of continuous Total Disability. Payable to the earliest of death, recovery or attainment of age 65.

\$600 maximum benefit every 2 calendar years for Active Members, Spouses and Dependant Children 18 years of age and over

100% of most eligible expenses subject to maximums and limits below; 100% of generic drug ingredient cost; 25% of brand name

Chiropractors are covered at \$500 per year. Speech therapist are covered at \$600 per year. Physiotherapist is covered at 100%limited to reasonable and customary charges, maximum of \$2,500 per calendar year, per person. Licensed Massage Therapist

and diabetic supplies. Over the counter drugs, vitamins, birth control and minerals are not covered. Medical marijuana (with

Services of a licensed Psyhologist, Social Worker, Clinical Counsellor, Marriage & Family Therapist, Psychotherapist and

Hospital services and supplies obtained from an out-patient department of a licensed hospital or surgical supply company while

Licensed ambulance (land, air/rail (unlimited)), medical equipment & supplies, foot orthotics or orthopaedic shoes covered at \$500 per calendar year. Diagnostic x-ray and laboratory expenses. Blood serum and oxygen. Purchase of braces, crutches, surgical

stockings, artificial limbs and eyes and prosthetic devices. Rental of, or at the insurance company's option, the purchase of a

Necessary dental treatment required as a result of an accidental injury limited to a maximum benefit of \$5,000 per accident

Emergency medical coverage and travel assistance services for Members and eligible dependants while travelling for periods of up

contributions in his/her Dollar Bank. After that, the Member must have \$465 in his/her Dollar Bank to be covered for benefits for

to 60 days per trip. Must be in condition of stable health prior to departure. Unlimited maximum. Referrals are not covered.

Members will become eligible for benefits on the first day (1st) of the second (2nd) month after accumulating \$1,395 of

covered each at 100% limited to reasonable and customary charges, maximum of \$2,000 per calendar year, per person. Accupuncture is covered at \$300 per year. Podiatrists' services are covered at 100%. Naturopath covered \$500 per year. Reimbursement (as described above) for drugs which by law require the written prescription of a physician. Includes anesthetics

drug ingredient cost. If no generic drug is available, Plan will pay 100% of the brand name drug ingredient cost.

115 de july 1,
All Benefits are subject to the terms of the Insurance
The document is a summary. The final determination of Benefits is

Benefit Amount:

Principal Amount:

Benefit Amount:

Benefit Amount:

Qualifying Period:

Benefit Duration

Reimbursement:

Deductible:

Fee Guide:

Maximums:

Eveglasses):

Reimbursement:

Practitioners:

Prescription Drugs:

Outpatient Services:

Private Duty Nursing Accidental Dental:

Lifetime Maximum:

Contribution Amount:

Hearing Aids:

Coverage:

Coverage:

Medical Services and Supplies:

Mental Health:

Member Benefit Amount

Dependant Benefit Amounts Refractions (Testing for

Individual Yearly Maximum:

Maximum Benefit Amount

Life Insurance:

Dependant Life

AD & D:

Insurance: Critical Illness:

Long Term

Dental:

Vision Care:

Medical Benefit:

Provincial Health

Emergency Travel Assistance (ETA):

Othtodontic Benefit

Current Benefit

Contribution:

Enrollment in

Care Plan is

mandatory. Provincial Plan is the

first payer.

Disability Income:

SUMMARY	UF	BENEFITS
	1 4	000#