

Eligibility

Should you elect to retire, you may remit your own contributions directly to the Trust Fund, providing all of the following conditions are met:

- a) You are a Member paying Union Dues to Teamsters Local Union 230 at the time of your retirement,
- b) You have participated in a Teamsters Benefit Plan for a minimum of 10 years,
- c) You have participated in the Teamsters and Toronto Ready Mix Producers Benefit Plan Trust Fund for the preceding 5 years,
- d) You are at least 55 years of age at the date of retirement,
- e) You are not actively employed elsewhere,
- f) You notify a staff member at the Administrative Agent's office of your retirement within 31 days of the date of retirement or within 31 days of depleting your hour bank, and
- g) You must choose the full package of benefits available.

TERMINATION OF COVERAGE

Your insurance will be discontinued on the earliest of the following dates:

- The date the insurance contract is cancelled or terminated,
- The last day of the month in which you cease to make contributions,
- The date you cease to be a Member in good standing with the Union, or
- Your death.

Coverage Summary

The Coverage Summary is for illustration purposes only and does not contain all terms, exclusions and conditions.

For full details, recourse should be made to the insurance contract.

Benefits for Retired Members under age 65 are the same as benefits for Active Members, except benefits for both Short-Term and Long-Term Disability have been excluded.

Please see Active Union Teamsters Toronto & Vicinity Ready Mix Producers Benefit Trust Booklet for details.

EXTENDED HEALTH CARE

On January 1, 2013, the Reimbursement Drug Benefit was replaced by the Prescription Drug Card. When you drop off a prescription, present your Prescription Drug Card to the pharmacist.

DENTAL CARE

Dental reimbursement is based on the Province of Residence Dental Fee Guide as determined time to time by the Trustees. If the cost of dental services is expected to exceed \$500, predetermination of benefits, which is defined on the next page, is strongly advised.

MEMBER & FAMILY ASSISTANCE PROGRAM

A separate brochure that contains further detail is available from the Administrative Agent or from the Trust Fund's website.

EMERGENCY TRAVEL MEDICAL COVERAGE

\$5,000,000 Lifetime Max. to age 75
\$1,000,000 Lifetime Max. ages 75-80
Terminates at the age of 80

A separate brochure that contains further details is available from the Administrative Agent or from the Trust Fund's website.

GOVERNMENT BENEFIT

If you or any of your Dependents have a long-term physical disability, you may be able to maximize your reimbursement for medical equipment and medical supplies through the provincially-funded Ontario Assistive Devices Program (ADP).

To file a claim with the ADP, speak to the qualified health care professional who has provided your diagnosis. He or she may initiate the application process on your behalf. A list of vendors registered with the ADP is available through the ADP link on the Trust Fund's website.

Definitions

Definition of Coordination of Benefits "Coordination of Benefits" is a process for reimbursing families who are insured under multiple benefit plans. This procedure ensures that the reimbursed amount does not exceed the expenses you originally incurred by determining which plan pays first (and thus where to submit the claim first) and which plan(s) pays next.

For example, your benefits will be payable first under the plan where you are the insured Member and second where you are covered as a Dependent. If the Trust Fund is paying first, original receipts are required. If the Trust Fund is not paying first, an Explanation of Benefits (EOB), or breakdown of what the previous insurer paid, may replace receipts.

Definition of Predetermination of Benefits

"Predetermination of Benefits" tells you how much the Trust Fund will reimburse you for dental work before the work is done. If the cost

of services is expected to exceed \$500, we strongly recommend that you ask your dentist to submit a Treatment Plan to the Claims Office. A Treatment Plan contains the following information:

- the dentist's recommended services,
- the dentist's charge for each service, and
- supporting X-Rays or a letter of expertise.

Your Privacy

The Trustees and Administrative Agent operate according to a strict Privacy Policy that complies with the *Personal Information Protection and Electronic Documents Act* ("PIPEDA"). If you have any concerns, contact the Privacy Officer through the toll-free number 1-888-840-1045 or through e-mail Privacy@ellement.ca.

How to File Claims

The time limit for filing claims is 12 months from the date the services were rendered. Claims are processed within one business week. If you do not receive your cheque in the mail within three weeks from mailing your claim, you should follow up with the Claims Office.

You may obtain Extended Health and Dental claim forms from your Union Office, the Administrative Agent, or the Trust Fund's website. Generic Dental claim forms obtained from your dentist are also acceptable.

To ensure fast processing of your claim, confirm that you have included your full name, the date, and your signature on your claim form. If the claim is for a Dependent, provide his/her name and date of birth. All claims require original receipts. Dental claims require the original form signed by your dentist.

In the event of your death or dismemberment, your beneficiary should contact the Administrative Agent immediately. Claim forms for Life Insurance and Accidental Death & Dismemberment Insurance will be returned with specific instructions.

Electronic and Online Filing

You and your spouse may use your Benefit Card for all covered prescription drug, dental, or health care practitioner services. Every time you or your spouse have a prescription filled, or a dental or health service performed, present your Benefit Card to the

pharmacist, dentist or health care practitioner who will electronically submit a claim on your or your spouse's behalf. Immediately, your claim will be processed and you will be notified of which expenses are reimbursable. You may use any pharmacy, dental care office or health care practitioner in Canada that will accept your card.

You may also submit your claims online with the Ellement Online Claims mobile app and web app. To get started, all you need to do is register. You can do so by downloading the app to your phone or by accessing Ellement Online Claims from our website. To download the mobile app to your phone or tablet, go to the App Store (iPhone) or Google Play (Android) and search "Ellement Group Benefits". To access claims from your computer, enter <https://ellement.onlineclaimsaccess.net/> on your web browser and click "Register" in the top right corner. To register your account, you will need your Benefit Card. You will be asked to provide your Group Number, which consists of five digits as shown on your Benefit Card, as well as your Certificate Number, which consists of nine digits.

Customer Service

The Trust Fund's Administrative Agent is Ellement Consulting Group ("Ellement") and its staff is available to assist you Monday through Friday from 8:30 am to 4:30 pm. From understanding your benefits to receiving your cheque in the mail, staff members will guide you through the claims process. Contact them any time you

- Have questions regarding your eligibility for benefits,
- Need to obtain a Registration Form (also available through your Union Office),
- Need to obtain a claim form (also may be available through the Trust Fund's website),
- Have questions about any of the benefits described in this brochure,
- Have questions about the claims process, or
- Need to follow up on a claim.

All phone and e-mail messages will be returned no later than the end of the next business day.

TEAMSTERS AND TORONTO READY MIX PRODUCERS BENEFIT PLAN TRUST FUND



RETIREES UNDER AGE 65

CLAIMS OFFICE ELLEMENT CONSULTING GROUP

6 Ronrose Drive, Suite 303
Vaughan ON L4K 4R3

Phone: 365-363-7578 Toll-free:
1-866-488-9135 Fax: 780-452-5388

Email:
teamsters230@ellement.ca

TRUST FUND'S WEBSITE
www.readymix230benefits.ca

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Possession of this brochure does not constitute eligibility for benefits.