Teamsters Local Union No. 155 Health Benefits Plan

c/o Convyta Partners
501 – 4445 Lougheed Hwy, Burnaby, BC V5C 0E4
Phone: 1-855-832-6155 | Fax: 604-433-8894 | teamsters155@convyta.com | te155benefits.ca

Subsidized Retirement Plan (SRP)

This plan is available to long serving Teamsters Local Union No. 155 members and retirees who meet the below eligibility criteria and who are no longer eligible for Active Plan benefits because they have no hours available in their hour bank and have exhausted the Active Plan self-pay options.

ELIGIBLITY

- Minimum age 55 at time of enrolment
- Minimum of 10 years continuous good standing with Local Union No. 155 at time of enrolment
- Minimum amount of lifetime Local Union No. 155 remittances paid of $20,000 at time of enrolment
- Member in good standing with Local Union No. 155 at time of enrolment
- Covered by a Teamsters Local Union No. 155 or related Teamsters sponsored group benefit plan immediately before enrolment

LIMITATIONS

- Rates are subject to change on an annual basis.
- Members are only permitted to opt into the Subsidized Retirement Plan once. To transfer back to the active plan, members must requalify as a new member would (200 hours in a 10 calendar month period).
- Provisions of the Extended Health Care benefits exclude out-of-country/province emergency medical coverage. It is recommended that you purchase individual medical travel coverage as needed. Pacific Blue Cross offers individual medical travel coverage at a discount to existing members. To get a quote or make a purchase, visit https://www.pac.bluecross.ca/travel-insurance/ or call 1-877-PAC-BLUE.
- Coverage will cease if payments are missed.

RATES EFFECTIVE JANUARY 1, 2026*

Single	**$153**
Couple	**$272**

* Rates are reviewed annually and may change based on the cost of providing the benefits and the Plan's funded status.

SUMMARY OF BENEFITS

The Subsidized Retirement Plan includes Employee and Family Assistance, Extended Health Care and Dental benefits only; life insurance is not included. These benefits are provided on the same terms as the active plan, except for out-of-province emergency medical coverage and the Extended Health Care overall maximums.

Extended Health Care	
In-Province Expenses	$100,000 annual maximum; $1,000,000 lifetime maximum
• Hearing & Vision Care	100% reimbursement
• All Other Eligible Expenses	80% reimbursement
Out-of-Province Expenses	**Not covered**

Dental		
	Reimbursement	***Maximum***
Plan A: Basic Services	100%	$5,000 combined (per person, per year)
Plan B: Major Restorative Services	60%	
Plan C: Orthodontic Services	50%	$5,000 (per person, per lifetime)

Employee and Family Assistance Program
Confidential counselling services as provided by FSEAP. Call 1-800-667-0993 (24/7 access)