

## **CLAC Benefits You**

## **Compare Plans–The Numbers Speak for Themselves**

One of the many advantages of a CLAC membership is participation in our comprehensive and family-oriented benefits plan. CLAC's plan provides coverage that is superior to the Teamsters' package. Compare and see for yourself.

Coverage	<b>Current USW</b> Full-time    Part-time	CLAC Full-time	CLAC Part-time
Life Insurance			
Employee life insurance	\$50,000	\$100,000	\$100,000
Employee AD&D* coverage	Same as Life	Same as Life	Same as Life
Dependent life insurance (Family coverage on	ly)		
Spousal	\$5,000	\$5,000	\$5,000
Children (14 days and older)	\$2,500	\$2,500	\$2,500
Children (birth to 13 days)	\$2,500	\$2,500	\$2,500
Extended Health Care (EHC)			
Annual prescription drug maximum	\$15,000 per family per calendar year	Unlimited	Unlimited
Prescription drug plan	90%, drug card	90% (or 95% at a preferred provider)	90% (or 95% at a preferred provider)
Drug deductible	Nil	Nil	Nil
Private duty nursing	\$10,000 each calendar year	\$10,000 each calendar year	\$10,000 each calendar year
Medical services and supplies			
Deductible	Nil	Nil	Nil
Percentage payable	90% to benefit max, if applicable	100% to benefit max, if applicable	100% to benefit max, if applicable
Maximum	\$50,000 lifetime per person	No lifetime max	No lifetime max
Paramedical Services * Requires the prior written authorization of a physician	\$500 Physiotherapist or qualified sports therapist Clinical psychologist *Masseur *Speech therapist Chiropractor Osteopath Chiropodist Podiatrist Naturopath	\$600 paid at 100% Acupuncturist *Chiropodist/Podiatrist Chiropractor Naturopath Osteopath Physiotherapist Registered massage ther- apist Speech therapist Psychologist/Social worker (RSW)/Counsellor/Master of Social Work (MSW)	\$600 paid at 80% Acupuncturist *Chiropodist/Podiatrist Chiropractor Naturopath Osteopath Physiotherapist Registered massage therapist Speech therapist Psychologist/Social worker (RSW)/Counsellor/Master of Social Work (MSW)



Covera	age	<b>Current USW</b> Full-time    Part-time	CLAC Full-time	CLAC Part-time
Extende	ed Health Care (EHC) (cont'd	)		
Hearing aid	ds (age 19+)	\$1,000 per person in any 60 consecutive month	\$2,000 per covered person every five calendar years	\$2,000 per covered person every five calendar years
Hearing aid	ds (age 18 and under)	\$600 per hearing aid (per ear) in any 36 consecutive month	Same as above—not separated by age	Same as above–not separated by age
Vision care	2			
Dedu	ctible	Nil	Nil	Nil
Perce	ntage payable	90%    90%	100%	100%
Maxin lense	num (lenses and frames or contact s)	\$250	\$350	\$350
Age 1	.8 and over	24 consecutive months	24 consecutive months	24 consecutive months
Under	rage 18	12 months, if applicable	12 consecutive months	12 consecutive months
Eye e	xams: Age 19-64    all ages	Once in 24 months    Once in 12 months	Once every 24 months—all ages usual and customary dispensing fee max	Once every 24 months—all ages usual and customary dispensing fee max
Out of P	Province / Canada Medical Er	nergencies		
Deductible		Nil	Nil	Nil
Percentage	e payable	100%	100%	100%
Coverage Level		\$5,000,000 lifetime per person	\$1,000,000 per covered person per trip, first 60 days	\$1,000,000 per covered persor per trip, first 60 days
Dental (	Care			
Deductible		Nil if Regular / \$20 Family, \$10 Single if union dental (alternate)	Nil	Nil
Basic Sup	plementary			
Regular	Reimbursement %	80%	100%	100%
	Yearly maximum	Combined with below	\$1,500	\$1,500
	Recall	6 months	9 months	9 months
	Scaling	8 units	16 units	16 units
Major Res	torative			
Regular	Reimbursement %	70%	50%	50%
	Yearly maximum	\$1,500 total, combined with above	\$1500	\$1500
Alternate	Reimbursement % Restriction: Union dental office NOTE: Not combined with Regular above. Member chooses one coverage or the other.	100% to \$1,000    100% to \$500 Standalone from Regular plan/ can't have both coverages	N/A. See above reimbursement % depending on dental service/ category	N/A. See above reimbursement % depending on dental service/ category



Coverage	Current USW Full-time    Part Time	CLAC Full-time	CLAC Part-time
Short Term Disability			
	Full-time only: 60% of weekly earnings, to max \$500/week. Payable only until 7th day of absence.*	No	N/A
Long Term Disability			
	Full-time only: \$1,000/month	\$1,300 **	N/A
Critical Illness Benefit			
	Yes	No (partial access to life insur- ance for critical illness)	No (partial access to life insur- ance for critical illness)
Survivor Extended Benefit			
	If on long term disability, three months at \$1,000 each	Dependent Life, Extended Health Care, and Dental Care benefits for two years from date of death	Dependent Life, Extended Health Care, and Dental Care benefits for two years from date of death

\*USW short term disability begins on 1st day of accident/4th day of illness, and only until 7th day of absence. No payment while drawing Garda Sick Pay.

\*\*CLAC long term disability calculated as 60% of monthly earnings to a maximum of \$1,300.

## We're on your side, because you deserve better

For more information, visit **vote4clac.ca/yow**.