

**Benefit Summary – IAM & IAM Finance Permanent & Temporary
Health and Dental Care**

HEALTH CARE

DEDUCTIBLE	ALL: \$10 Per person; Max, \$20 per family per year
CO-INSURANCE	ALL: 100%-Certain limits
Lifetime maximum	IAM: \$30,000 (Full Time IAM) \$15,000(Part Time IAM) IAM FINANCE: \$20,000
BASIC HOSPITAL	IAM: 100% Semi-private room IAM FINANCE: 100% Semi-Private Room; 80% DIFF. In cost for private room (UNLIMITED)
VISION CARE	IAM: VISION EXAM \$50/24 Months, Eye glasses / Contact \$200 / 24 months IAM FINANCE: VISION EXAM \$50/24 Months/ eye glasses / Contacts \$225/24 months
COORD BETWEEN EMPS REGISTERED NURSE	ALL: Yes
DRUGS	ALL: Prescribed only
PARAMEDICAL SERVICES (DIFFERENCE BETWEEN PROVENCIAL MEDICARE & PLAN WILL BE PAID WHERE PERMITTED)	ALL: Chiropractor; Osteopath; Naturopath; Podiatrist \$25 per visit; max \$500 per person/\$1000 /Family/year(\$50 for X-Rays)
OUT-OF-COUNTRY	IAM: Semi-Private covered, Lifetime max \$25,000 IAM FINANCE: Semi-Private covered, Lifetime max \$50,000

PSYCHOLOGIST	ALL: 50% of fee per visit Max \$500 per Person/\$1000 per family Per year
ORTHO APPLIANCES	ALL: 100%-certain limits
ORTHOPEDIC SHOES	ALL: Reduced by cost of ordinary shoes; \$75-men- \$68 women- \$36 children
HEARING AIDS	IAM: Not covered IAM FINANCE: \$500/5 Consecutive years
SPEECH THERAPIST	ALL: Only in aftermath of stroke or accident
AMBULANCE	ALL: 100% - Certain limits
DIAGNOSTIC – X-RAYS – LAB. TESTS	ALL: 100% - Certain limits
THERAPEUTIC EQUIP.	ALL: 100% - Certain limits
OXYGEN & ITS ADMIN.	ALL: 100% - Certain limits

DENTAL CARE

DEDUCTIBLE	ALL: \$25 per person; max. \$50 per Family per year
ANNUAL MAXIMUM	ALL: \$1500
CARRY-OVER PROVISION	ALL: Last 3 months
Co-INSURANCE:	ALL: Preventative serviced *100% Basic Services ** 90% Major Services 50%

FEE SCHEDULE	ALL: "Current in province Of residence
COORDINATION BETWEEN EMPS.	ALL: Yes
ORTHODONTICS: CHILDREN UNDER AGE 21 ONLY – LIFETIME MAXIMUM PER CHILD	ALL: \$2000

*****ONLY IAMAW EMPLOYEES WITH FULL-TIME BENEFIT ENTITLEMENT ELIGIBLE FOR DENTAL*****

NO DEDUCTIBLE APPLIED TO PREVENTATIVE SERVICES

****BASIC SERVICES INCLUDE: PERIODONTICS, ENDODOTICS, RELINING, REBASING AND REPAIRS****

NOTE: TEMPORARY EMPLOYEES WILL BE ELIGIBLE TO BENEFITS AFTER 6 MONTHS OF CONTINUOUS SERVICES

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