

Benefit Summary - IAM & IAM FINANCE

Permanent & Temporary Health and Dental Care



Health Care

DEDUCTIBLE	ALL: \$10 PER PERSON; MAX. \$20 PER FAMILY PER YEAR	PSYCHOLOGIST	ALL: 50% OF FEE PER VISIT MAX \$500 PER PERSON/\$1000 PER FAMILY PER YEAR
CO-INSURANCE	ALL: 100% - CERTAIN LIMITS	ORTHO APPLIANCES	ALL: 100% - CERTAIN LIMITS
LIFETIME MAXIMUM	IAM: \$30,000 (FULL TIME IAM) \$15,000 (PART TIME IAM) IAM FINANCE: \$20,000	ORTHO PAEDIC SHOES	ALL: REDUCED BY COST OF ORDINARY SHOES; \$75 - MEN - \$68 WOMEN - \$36 CHILDREN
BASIC HOSPITAL	IAM: 100% SEMI -PRIVATE ROOM IAM FINANCE: 100% SEMI -PRIVATE ROOM; 80% DIFF. IN COST FOR PRIVATE ROOM (UNLIMITED)	HEARING AIDS	IAM: NOT COVERED IAM FINANCE: \$500/5 CONSECUTIVE YEARS
VISION CARE:	IAM: VISION EXAM \$50/24 MONTHS, EYE GLASSES / CONTACTS \$200 / 24 months IAM FINANCE: VISION EXAM \$50/24 MONTHS, EYE GLASSES / CONTACTS \$225 / 24 months	SPEECH THERAPIST	ALL: ONLY IN AFTERMATH OF STROKE OR ACCIDENT
COORD BETWEEN EMPS.	ALL: YES	AMBULANCE	ALL: 100% - CERTAIN LIMITS
REGISTERED NURSE	ALL: 60% TO MAX OF \$30 PER DAY (NO LIMIT)	DIAGNOSTIC - X-RAYS - LAB. TESTS	ALL: 100% - CERTAIN LIMITS
DRUGS	ALL: PRESCRIBED ONLY	THERAPEUTIC EQUIP.	ALL: 100% - CERTAIN LIMITS
PARAMEDICAL SERVICES (DIFFERENCE BETWEEN PROVINCIAL 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)	OXYGEN & ITS ADMIN.	ALL: 100% - CERTAIN LIMITS
OUT-OF-COUNTRY:	IAM: SEMI -PRIVATE COVERED, LIFETIME MAX \$25,000 IAM FINANCE: SEMI-PRIVATE COVERED, LIFETIME MAX \$50,000		

Dental Care

DEDUCTIBLE	ALL: \$25 PER PERSON; MAX. \$50 PER FAMILY PER YEAR	FEE SCHEDULE	ALL: "CURRENT" IN PROVINCE OF RESIDENCE
ANNUAL MAXIMUM	ALL: \$1,500	COORDINATION BETWEEN EMPS.	ALL: YES
CARRY-OVER PROVISION	ALL: LAST 3 MONTHS	ORTHODONTICS: CHILDREN UNDER AGE 21 ONLY - LIFETIME MAXIMUM PER CHILD	ALL: \$2,000
CO-INSURANCE:	ALL: PREVENTIVE SERVICES* 100% BASIC SERVICES** 90% MAJOR SERVICES 50%		

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

NO DEDUCTIBLE APPLIED TO PREVENTATIVE SERVICES

BASIC SERVICES INCLUDE: PERIODONTICS, ENDODONTICS, RELINING, REBASING AND REPAIRS

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