



YEARS-OF-SERVICE BANK

When you retire you may have a Years-of-Service Bank (YSB).

Here's how it works:

Upon retirement, for each year you remained a Plan Member, you may qualify for 1.5 months of Coverage.

The maximum allocation to your YSB is 60 months. It's available at age 55, or when you retire, whichever is later.

Each Plan Member must maintain eligibility each and every month after Jan 1, 2004.

Example:

If you were a Plan Member for 5 years and you retire, your YSB is equal to (1.5 x 5 years) eight months of benefit Coverage.



EMPLOYEE ASSISTANCE PROGRAM

Your EAP program provides confidential counseling 24-hours a day, for personal and family issues for you and your Dependents. You will be asked to provide basic information to establish your eligibility, and then you can schedule an appointment with a counsellor who will provide assistance.

SERVICES INCLUDE:

- Childcare and Parenting
- Eldercare and Family Care
- Financial Counselling
- Legal Referral
- Smoking Cessation
- Weight Management
- Nutrition
- Career Planning
- Work-place issues

1-(877) 207-8833 or
www.lifeworks.com



IMPORTANT CLAIMS INFORMATION

Your EBFA Stakeholder Number is provided when you are eligible for benefits. You must use this number when submitting claims.

SUBMITTING CLAIMS

All claims must be submitted within 12 months from the date the expense was incurred.

CLAIM FORMS ARE AVAILABLE online at:

www.ebfa.ca

PRESCRIPTION CLAIMS

If you are unable to use your Drug Card at the pharmacy, send your completed prescription drug claim by regular mail to:

ClaimSecure Inc.
P.O. Box 6500 Station A
Sudbury, ON
P3A 5N5 Phone: 1-888-513-4464

Or Online through your "eProfile" account:

www.claimsecure.com/#eProfileLogin

ALL OTHER CLAIM FORMS MUST BE SENT TO EBFA

Via email: claims@ebfa.ca
Via facsimile: (780) 465-0808
Via regular mail to:

Employee Benefit Funds Administration Ltd. (EBFA)

4211 – 95 Street NW,
Edmonton, AB T6E 5R6

Phone:

Fund Office: (780) 465-2882
Toll free: 1-(800) 268-3649



Benefits-At-A-Glance

*For Plan Members
and eligible Dependents*

HR HOUR BANK

You begin to accumulate your hours on day 1 of your employment with a Contributing Employer. The hours you work are accumulated in an Hour Bank.

- You can accumulate up to a maximum of 1,080 hours.
- 120 hours are deducted from your Hour Bank for each month of Coverage.

If you are no longer working for a Contributing Employer, you continue to be covered for benefits based on the accumulated hours in your Hour Bank.

Example:

If you have 1,080 hours accumulated in your Hour Bank when you become unemployed, you will be entitled to nine months of Coverage.

120 hours = 1 month of Coverage
1,080 / 120 hours = 9 months of Coverage

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BENEFITS-AT-A-GLANCE *(Plan Member and eligible Dependents)*

EXTENDED HEALTH CARE

PRESCRIPTION DRUGS	90% of Lowest Cost Alternative, direct bill using Drug Card; no deductible; calendar year maximum is \$10,000 per person (includes \$500 for erectile dysfunction drugs) prescriptions must be dispensed through a pharmacy; dispensing fees up to a maximum of \$13.00
PARAMEDICAL SERVICES	Services of a qualified Acupuncturist, Chiropracist, Chiropractor, Christian Science Practitioner, Massage Therapist, Naturopath, Osteopath, Physiotherapist or Podiatrist, to a maximum of \$500 per person, per calendar year, per specialty. A physician's referral is required each year and for each type of service / practitioner. The referral is valid for one year from the date issued. Reasonable and Customary charges may apply.
VISION CARE	Adults – \$500 every two calendar years – no change in prescription required. Under 18 – \$500 each calendar year provided there is a change in prescription since the last claim paid in the previous calendar year. Includes eyeglasses, contacts and, if over 18 years of age, laser eye surgery.
EYE EXAM	One visual acuity eye exam every two calendar years, to a maximum of \$90.
HOSPITAL	Reasonable and Customary Charges for semi-private accommodation.
SUPPLEMENTARY HEALTH EXPENSES	Reasonable and Customary Charges – certain rules apply. Including ambulance, CPAP machines, diabetic supplies, hearing aids, mastectomy supplies, orthotic inserts, orthopedic boots, and support hose.

DENTAL CARE

DENTAL CARE	Routine and major dental services payable at 90% of the Schedule of Fees, to a maximum of \$3,000 per person, per calendar year. Cleanings are allowed once per person, per calendar year. Recall/bitewing/prophylaxis allowed once per calendar year. Panoramic xrays allowed once every two calendar years.
ORTHODONTIC CARE	Payable at 90% of the Schedule of Fees, to a lifetime maximum of \$2,500 per person.

INCOME REPLACEMENT, INSURANCES, EAP

LIFE INSURANCE	\$150,000 for Plan Members, Dependents: \$10,000 for Spouse and \$2,000 for Children.
ACCIDENTAL DEATH AND DISMEMBERMENT	\$150,000 for Plan Members. See booklet for details on Dismemberment claims.
EMERGENCY OUT-OF-PROVINCE	Covers semi-private hospital accommodation, services of a physician and hospital services and supplies required during hospitalization, for emergency (non-elective) services only. Plan Members and Dependents must have valid provincial health care coverage. Retired Plan Members and their Dependents are limited to a period of twelve consecutive weeks.
WEEKLY DISABILITY	Maximum of \$524 per week commencing on the 8 th day of disability. Integrated with employment sickness and accident benefits. Combined maximum of 51 weeks.
LONG TERM DISABILITY	Maximum of \$2,269 per month commencing on 53 rd week of disability. Non-occupational accidents are payable until recovery or age 60, whichever occurs first. Non-occupational sickness claims payable until recovery, 10 years, or age 60, whichever occurs first.
EMPLOYEE ASSISTANCE PROGRAM (EFAP)	Provides Plan Members and Dependents with confidential personal counselling and wellness services, 24 hours a day, 7 days a week. English: 1-877-207-8833 French: 1-877-370-1080 TTY: 1-877-371-9978
YEARS-OF-SERVICE BANK	Health and Welfare Coverage provided to retired Plan Members. Provides 1.5 months of Health & Welfare Coverage for each year of plan membership, to a maximum of 60 months. Certain requirements apply.

This Benefits-At-A-Glance is for general information only. It does not constitute a contractual document. In any circumstances where the wording of this summary differs from the insurance policies, the Direct Reimbursement Agreement, and policies and other provisions adopted by the Trustees, the terms contained in these latter Plan documents govern. Visit www.ebfa.ca.