

Benefits at a Glance

Benefits at a Glance is a resource that has been developed to assist AOMBT plan members in understanding your benefit plan provisions and coverage details, which change from time to time. Should you have any questions about your benefit plan, you are encouraged to contact the AOM Benefits Trust at 1-866-418-3773 or (416) 425-9974, or by emailing: info@midwivesbenefits.ca.

Extended Health Care

Your spouse/partner may qualify for health and dental coverage if you are legally married or if you have been living in a common-law relationship for more than 12 months. Dependent children are eligible for health and dental coverage if they are under age 21 and not working more than 30 hours a week, unless a full-time student, or if they are under age 26 and registered as a student at a college, university, trade school or similar educational facility, or if they are permanently incapacitated either prior to age 21 or while an eligible student.

<i>Prescriptions</i>	Covered at 80%, until you have paid \$1,200 out-of-pocket per year. After \$1,200, prescriptions are covered at 100%. Mandatory generic drug program. Dispensing fees are capped at \$8 per prescription.
<i>Hospital</i>	100% coverage for a semi-private room.
<i>Paramedical services</i>	<p>Paramedical service claims for midwife members are covered at 90%, up to a maximum of \$2,500/year.</p> <p>There is no maximum per paramedical discipline; you can use your maximum paramedical coverage on one practitioner or on several.</p> <p>Covered services: Acupuncturist, Chiropractor, Physiotherapist, Massage Therapist, Psychologist, Osteopath, Naturopath, Speech Therapist, Chiropodist/ Podiatrist, Athletic Therapist, Dietician, Social Worker/ Counsellor.</p>
<i>Private duty nursing</i>	\$10,000 per calendar year.
<i>Medical supplies</i>	Medical supplies are covered at 100%; maximums vary (e.g. \$500 every 60 months for hearing aids, \$450 every 3 calendar years for custom-made orthotics). Full list available in the Benefits Booklet.
<i>Vision</i>	Eye exams performed by a licensed optometrist, ophthalmologist or physician are covered at 100% every 24 months (age 21+) or once every 12 months (under 21).
<i>Emergency Travel Coverage</i>	Coverage for a maximum of 180 days, up to \$5,000,000 per lifetime for emergency services required as a result of emergency illness or injuries that occur while vacationing or travelling outside of Ontario/Canada. This includes hospital services, emergency transportation, diagnostic laboratory tests and x-rays, emergency dental treatments and reimbursement of prescriptions.

Important notes

If a discrepancy is found between this summary and the Benefits Booklet, provisions of the booklet will govern. Your Benefits Booklet can be found online (midwivesbenefits.ca) or by request from the AOM Benefits Trust.

All health benefits, including dental services, are subject to reasonable and customary maximums as defined by SSQ Insurance. SSQ Insurance can provide members with these amounts upon request.

New registrants have 30 days from the date of registration to complete and submit the enrollment paperwork. Late applicants are subject to approval based on medical evidence and may have benefits restricted.

Your benefits coverage begins on your date of registration.

Insurance coverage is mandatory. You can opt out of health and dental benefits only with proof of comparable coverage elsewhere, or if you anticipate having less than 10 Courses of Care in the upcoming calendar year.

To be an eligible plan member, you need to be an actively working midwife under age 65 and a registered member of the Association of Ontario Midwives.

Health and dental coverage can be single, two-party or family coverage.

Dental Services

Before proceeding with any significant or non-routine dental work, it is recommended that you contact SSQ Insurance to confirm coverage as per SSQ Insurance's reasonable and customary maximums.

<i>Basic services</i>	Basic services are covered at 90%, to a maximum of \$2,000 per calendar year. Recall exams are covered every 5 months. Basic services include diagnostic, preventative, routine restoration, routine surgical, endodontic (such as root canals) and periodontal (such as gum scaling).
<i>Major services</i>	Major services are covered at 50% to a maximum of \$2,000 per calendar year. Major services include dentures, bridges, crowns, inlays and onlays.
<i>Orthodontics</i>	Orthodontic services (braces) are covered at 50%, to a maximum of \$2,500 per lifetime.

Insurances (Income Protection)

With the exception of optional insurances as noted below, insurance coverage is for plan members only. Basic life, AD&D, critical illness, short-term disability and long-term disability are all mandatory for midwife plan members.

<i>Basic life insurance</i>
Basic life insurance coverage is \$250,000. At age 65, coverage reduces by 50%. Coverage terminates at age 70.
<i>Optional life insurance</i>
You have the option of purchasing additional life insurance in units of \$10,000 to a maximum of \$250,000, for either yourself and/or your eligible spouse/partner.
<i>Accidental death & dismemberment</i>
AD&D coverage is \$250,000 following a loss or severe injury caused by accidental means.
<i>Optional accidental death & dismemberment</i>
You have the option of purchasing additional AD&D coverage for yourself, your eligible spouse/partner and/or child(ren).
<i>Basic critical illness</i>
Basic critical illness coverage provides a lump sum payment of \$10,000 after confirmed diagnosis of a critical condition covered under the plan. Coverage terminates at age 65.
<i>Optional critical illness</i>
You have the option of purchasing additional critical illness coverage for yourself or your eligible spouse/partner, in units of \$5,000, up to \$25,000 (without medical evidence if applied for within 30 days of registration) or \$100,000 (subject to approval based on medical evidence). Coverage can also be purchased for children (\$5,000 or \$10,000).
<i>Short-term disability</i>
You are eligible for short-term disability at 66.67% of weekly earnings, to a weekly maximum of the lesser of \$924 or 85% of pre-disability net earnings from all sources. Commences 31 st day after last day worked. Maximum 6 months.
<i>Long-term disability</i>
You are eligible for long-term disability with coverage at 66.67% of the first \$2,500 of monthly earnings, 57.5% of the next \$4,167 and 45% of the balance, up to a maximum of the lesser of \$4,000 monthly or 85% of pre-disability net earnings from all sources. To meet the definition of disability, <i>you must be unable to perform essential duties of any occupation that you're qualified to do</i> or that you might reasonably become qualified for through education, training or experience, with earnings equivalent to the LTD benefit amount. Coverage terminates at 65.