



THE UNITED STEELWORKERS  
LOCAL 1998

**Casual Unit**  
**HEALTH CARE**  
**BENEFIT PLAN**



January 1, 2026





## District 6 Steelworkers Benefit Plan



The Casual Unit's paramedical and prescription Health Care plan is now part of the District 6 Steelworkers Benefit Plan, which is an Employer Life and Health Trust managed by a Board of Trustees and Chaired by the USW District 6 Director.



The plan includes paramedical services and prescription medication coverage.

### Questions?

Contact: W.A. Health Inc., 149 Main St. E.  
Hamilton, ON L8N 1G4

Local: (289) 768-3621 | Toll Free: 1-877-207-8234  
Fax: (289) 768-3620  
E-mail: [admin@wahealth.ca](mailto:admin@wahealth.ca)

**Eligible casual members can claim up to \$400 for paramedical services and up to \$400 for prescription medication per calendar year.**



## How the Plan Works

Your benefit plan provides coverage with the financial contributions made by your employer. The financial contributions are made to a trust fund as a result of the Casual Unit's collective agreement.

Payment of benefits is entirely dependent on financial contributions made to the benefit plan. Therefore, if the employer stops contributing to the benefit plan for any reason, benefits will terminate.

This pamphlet is intended as a summary only of the benefits that may be available through the Local 1998 Casual Unit Health Care Benefit Plan.

## **Benefits are for Members of the USW Local 1998 Casual Unit only.**

A member is eligible for this plan if they are not eligible for:

**A**

**Coverage under one of the University's student union programs.**

**B**

**Benefits through employment with another employer group at the University of Toronto.**

**C**

**Benefits through a Retirement Benefit Plan at the University of Toronto.**

## **To be eligible for the benefit plan, you must meet the following work criteria:**

- ①** Be an active casual employee of the University of Toronto.
- ②** Have an appointment of 20% FTE or more or have worked 7.25 hours each week for four consecutive months in the past 12 months.

**OR**

If you work on an irregular or intermittent basis, have worked at least five shifts per month for any four consecutive or non-consecutive months in the past 12 months.

You become eligible for benefits after the month in which you meet the work criteria. Claims can be made for expenses incurred in the 12-month period starting from the month in which you worked the first shift that led you to being eligible for the benefit plan.

### **Example #1 - Regular work - 4 consecutive months**

Jan 2025	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
				Works	Works	Works	Works <b>Hits the thres- hold</b>	<b>Can now submit a claim</b>			

These dates are used for reference only.

- The eligibility period for claims is 12 months from the start of the work period in which they qualify. In this example, it is May 2025 – April 2026.
- Claims can be submitted starting in the month **after** the work threshold is met. In this example, claims can be submitted starting in September.
- Health care expenses that date back to the start of the qualifying work period can be submitted. In this example, claims can be submitted for medical expenses incurred back to May.
- There is a \$400 reimbursement cap for each type of claim (prescription & paramedical for the calendar year in which a member submits their first claim. In this example, a member could be reimbursed up to \$400 from May to December.
- In this example, a member would be eligible for up to another \$400 for prescription and \$400 for paramedical from January 2026 to April 2026. That \$400 cannot be stacked or rolled over.

## Example #2 – Irregular or intermittent work

Jan 2025	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Works at least 5 shifts		Works at least 5 shifts			Works at least 5 shifts			Works at least 5 shifts. Meets the threshold	CAN NOW SUBMIT A CLAIM

- The eligibility period for claims is 12 months from the start of the work period in which they qualify. In this example, it is March 2025 – February 2026.
- They can start submitting claims the month AFTER they hit the threshold.
- They can submit health care expenses that date back to the start of the qualifying work period (March).
- The cap is \$400 for prescriptions and \$400 for paramedical services for the calendar year in which they can submit their first claim. In this example, eligibility would run from March until the end of December.
- They would receive a new \$400 for prescriptions and for paramedical as of January 2026 which they can use up to March 2026. They cannot stack or rollover the money.

# Paramedical Service Benefits

The paramedical benefit will cover the services provided by a:

- Acupuncturist
- Chiropodist
- Chiropractor
- Dietitian or Nutritionist
- Homeopath
- Naturopath, Osteopath
- Occupational Therapist
- Physiotherapist
- Podiatrist
- Psychologist, Master of Social Work or Psychotherapist
- Registered Massage Therapist

The eligibility rules and documentation requirements for the paramedical benefit will be the same as they are for the prescription drug plan.

The paramedical benefit and prescription drug benefit will each have a maximum total payout of \$400 per eligible member for each calendar year.



## Prescription Drug Benefits

You are covered for:

- All drugs which by law or convention require a Physician or Dentists prescription.
- Insulin supplies (needles, syringes and diagnostic tests). But excluding swabs and rubbing alcohol.
- All injectables including serums, vaccines and injectable vitamins.

Extemporaneous compounds prepared by a pharmacist.

### **Exclusions:**

Any drug or medication which may be purchased without a prescription. This also excludes over the counter (OTC) products, whether prescribed or not.

The maximum benefit is \$400 per calendar year and claims are paid at 100%.

Note: If your Spouse has a benefit program through his/her place of work, all claims must be submitted to their program first; that portion of the claim not reimbursed by your spouse's plan can be submitted to this plan.



## How to File Claims

Please note that paramedical and prescription drug claims are not handled by USW Local 1998. For assistance with these claims, please contact W.A. Health directly by telephone, email, or regular mail.

All claims should clearly indicate the following:

- a) The name of your plan, which is “The United Steelworkers Local 1998 Casual Unit Health Care Benefit Plan.”
- b) Your name, full address and your social insurance number.

### **For paramedical and prescription medication claims**

Details on how to apply and submit claims can be found on our website under **Member Resources** and then **Resources and FAQs** and by selecting **University of Toronto Casual Unit**.

Please submit your completed claim form, receipt of payment and time sheets to show you have met the work criteria for eligibility to:

**The United Steelworkers Local 1998  
Casual Unit Health Care Benefit Plan  
c/o W.A. Health Inc.  
149 Main St. E., Hamilton, ON L8N 1G4**

**Local: (289) 768-3621 | Toll Free: 1-877-207-8234  
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