

CARPENTERS' RESIDENTIAL HEALTH AND WELLNESS PLAN

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ENHANCED BENEFIT PLAN SUMMARY OF BENEFITS

UP TO DATE AS AT JULY 1, 2019



INTRODUCTION

This Summary of Benefits has been prepared as an informal reference document to summarize and help you understand the main features of the benefits provided to eligible Plan Members of the Carpenters' Residential Health and Wellness Plan's Enhanced Benefit Plan.

This Summary of Benefits is not a legal document, an insurance policy or a contract, and does not grant or confer any contractual rights.

The Carpenters' Residential Health and Wellness Plan and the Carpenters' Residential Health and Wellness Fund are governed by a Board of Trustees appointed by the Carpenters & Allied Workers Local 27.

The Board of Trustees of the Fund and the Plan reserves the right to amend the Health and Wellness Plan in their absolute and total discretion as deemed appropriate and as permitted by law. Any changes to the Plan will be communicated to Plan Members and such changes are deemed to amend and/or modify this Summary of Benefits and the Plan Member Booklet.

All Accidental Death & Dismemberment (AD&D) and Critical Illness Benefits described in this Summary of Benefits and the rights thereto, are governed by the provisions of the CHUBB Life Insurance Company of Canada Policy Number AB10403501. The Plan's Member Assistance Program (MAP) is provided and administered by Family Services Employee Assistance Program (FSEAP). Emergency Travel Assistance coverage is provided and administered by Green Shield Canada. The Plan's Weekly Indemnity, Supplementary Health Care and Dental Benefits are not insured but are provided on self-funded basis, paid for with the assets of the Trust Fund.

All other benefits described in this Summary of Benefits and the rights thereto, are governed by the provisions of the Master Insurance Policy Number 10042 (formerly Policy Numbers 10077 and 901202) issued by Manulife Financial, and applicable law, including the rules for eligibility and benefit exclusions and limitations. These insurance policies, contracts and Plan Text documents form part of the Plan's Official Documents, which are available from the Plan Administration Office.

The Board of Trustees has retained Employee Benefit Plan Services Limited as the Plan's Administrator to manage aspects of the Health and Wellness Plan including Plan administration and claims payment for many of the Plan's Benefits. You may contact the Plan Administration Office if you have any questions about the Benefits of the Plan or any of the Plan's rules and provisions.

Please review this Summary of Benefits carefully and keep it in a safe place together with the Plan Member Booklet for future reference. A *Benefits at a Glance* chart is attached at the end of this Summary of Benefits as a helpful summary.

SUMMARY OF BENEFITS

You may find that the Plan does not cover every expense you may wish the Plan to pay for. The Plan is established to provide the broadest range of coverage that is suitable for the membership of the Plan. New drugs and treatments will come into the health care environment over time and the Trustees always reserve the right to cover, or not cover any of these and to add limitations to coverage.

Subject to the limitations and exclusions of the Plan's Official Documents, and as described throughout this Booklet, eligible Plan Members and their eligible Dependents qualify for the following benefits:

LIFE INSURANCE BENEFIT

Plan Member: \$150,000

Spouse: \$50,000

Each Dependant Child: \$10,000

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (AD&D)

Plan Member:	Principal Sum	\$200,000
	Permanent & Total Disability Benefit	\$200,000
	Occupational AD&D Benefit	\$100,000
Spouse:	Principal Sum	\$50,000
Each Dependant Child:	Principal Sum	\$10,000

CRITICAL ILLNESS BENEFIT

Plan Member: \$10,000 for 4 Specific Qualified Critical Illnesses

WEEKLY INDEMNITY (WI) BENEFIT

The maximum WI benefit payable is \$500 per week. Benefit payments are integrated with Employment Insurance Sickness benefits. To qualify for WI benefit payments, a Plan Member must be "Wholly Disabled" (as defined in this Booklet and the Plan Text).

WI benefit payments are payable from the 1st day of an accident, or after a 24 hour hospitalization period, or on the 8th day of illness, for a maximum period of 26 consecutive weeks for any one cause of disability.

LONG TERM DISABILITY (LTD) BENEFIT

The maximum LTD benefit payable is \$1,000 per month. To qualify, a Plan Member must be under age 65 and be "Totally Disabled" (defined in the Plan Member Booklet and the contract of insurance) for a continuous period of 182 consecutive days. LTD benefit payments are payable until the earlier of the attainment of age 65, recovery, or death.

SUPPLEMENTARY HEALTH CARE BENEFIT

Deductible	None
Reimbursement	100%
Overall Maximum	Unlimited
Prescription Drugs	Benefit Card; 100% for lowest cost alternative between brand name and generic prescription drugs; specific prescription drug maximums: methadone treatment \$1,000 lifetime; erectile dysfunction \$500 per year; fertility drugs \$2,500 lifetime; smoking cessation \$400 lifetime. includes insulin and diabetic supplies, allergy serums, vaccines and toxoids, injectable drugs, sclerotherapy (maximum of \$20 per visit), IUDs and diaphragms, etc. A Prescription Drug must have a drug identification number and compliance certificate both issued by Health Canada.
Vision Care	<p>Lenses, Frames and Contact Lenses: Maximum of \$400 in a consecutive 24 month period. Includes prescription safety and prescription sunglasses.</p> <p>Industrial Safety Glasses: \$200 in any consecutive 24 month period (Plan Members only)</p> <p>Laser Eye Surgery: \$2,000 Lifetime</p> <p>Eye Examinations: 1 eye examination each 12 months</p>
Paramedical Practitioners	\$500 maximum per practitioner per calendar year for chiropractor, psychologist, registered massage therapist, speech therapist, physiotherapist, naturopath, osteopath, or podiatrist.
Hearing Aids	\$500 maximum benefit in any 36 consecutive month period for the purchase of hearing aids (batteries are not covered).
Foot Orthotics	\$500 maximum benefit in a 24 month period for orthotics which have been specially designed and molded for the insured person, and necessary to correct a diagnosed physical impairment.
Other Medical Services & Supplies	Ambulance, convalescent care, accidental dental, durable medical equipment (hospital bed, wheelchair, braces, crutches), prostheses, x-rays, lab tests, surgical stockings.
Private Duty Nursing	\$10,000 each calendar year

EMERGENCY TRAVEL ASSISTANCE BENEFIT

Coverage is provided with a \$5,000,000 maximum per incident for expenses incurred as a result of a sudden and an unforeseen medical emergency and/or for emergency travel assistance services while travelling outside of your province of residence. There is no limitation on the number of trips but coverage is provided for a maximum period of 60 consecutive days per trip. Please refer to the Plan Member Information Booklet for important information on how this Benefit works. For assistance, please contact Green Shield Canada Travel Assistance (in Canada and the United States: 1-800-936-6226, elsewhere call collect: 1-519-742-3556) within **48 hours** of the start of your treatment.

DENTAL CARE BENEFIT

Deductible	None
Reimbursement	100% for Basic Dental Services; 60% for Major Dental Services; 60% for Orthodontic Services.
Dental Fee Guide Schedule	Dental benefits are reimbursed based on the current Dental Association's Suggested Fee Guide in effect on the date the expense is incurred, in the province or territory where the service is rendered.

Maximum Dental Benefit per Plan Member and per each Eligible Dependant:

Basic and Major Dental Services	\$3,500 per calendar year for basic and major services combined
Orthodontic Services	\$2,500 lifetime. Only for dependant children under age 19. Pre-treatment plan required.
Basic Services	Diagnostic, preventative, restorative, surgery, fillings, anesthesia, 1 complete series of x-rays, 1 set of bitewing x-rays, polishing, topical fluoride treatment, periodontal scaling.
Recall Examinations	1 recall examination each 6 months
Complete Examinations	1 complete oral examination each 24 months
Major Services	Crowns, bridges, dentures replacement bridges / dentures covered each 5 years

MEMBER ASSISTANCE PROGRAM (MAP) BENEFIT

Confidential counseling, information, advice and referral services are available to Plan Members and their eligible Dependents. The confidential counseling services are provided by FSEAP 24 hours a day, every day of the year. Contact FESAP directly at 1-800-668-9920, or online at www.myfseap.com, log-in using Group Name: **toloc27map** and Password: **myfseap1**.

SURVIVOR BENEFIT

Upon the death of an eligible Plan Member, the eligible surviving dependants (e.g. spouse and children) will continue to be covered under the Plan for Supplementary Health Care, Dental Care and Member Assistance Program Benefits for a period of 30 consecutive months (in addition to the period covered under the Plan Member's remaining Dollar Bank), which commences after the Plan Member's Dollar Bank has been exhausted. No payments will be required to continue coverage during this extension of benefits period.

BEREAVEMENT / PARENTAL LEAVE BENEFIT

If you suffer the loss of an eligible family member you may be eligible to receive Bereavement Pay. You must be actively working, obtain a letter from your employer indicating your last day of work and the days you did not work as a result, and provide a statement of death or a death certificate. Eligible family members include spouse, child*, parent*, grand parent, brother*, sister* (*or any in-laws). The Benefit is a maximum of \$150 per day, for a maximum of up to three business days and is payable from the 1st day of lost earnings due to bereavement, provided you were at work the day prior.

If you are actively working and have a newborn child, you may be eligible to receive Parental Leave Benefits. You must be absent from work immediately following the birth of your child, provide a letter from your employer indicating you were working, your last day of work and the days you did not work and an original birth certificate for your newborn. The Benefit is a maximum of \$150 per day, for a maximum of up to three business days and is payable from the 1st day of lost earnings due to childbirth, provided you were actively at work.

Carpenters' Residential Health and Wellness Plan

Benefits at a Glance

Enhanced Benefit Plan Summary



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
General Plan Provisions	
Monthly Dollar Bank Drawdown	\$380
Dollar Bank Maximum	\$4,560 (12 months of benefits)
Initial Eligibility	1st day of 2nd month, following the month the Member accumulates \$1,140 in Dollar Bank
Reinstatement Eligibility	If reinstatement is within 12 months, When Member has \$380 in Dollar Bank If Reinstatement is After 12 Months, Initial Eligibility Rule Applies
Pay Direct Plan Options *(plus applicable provincial tax)	Plan A - All benefits except WI & LTD - \$300 per month* Plan B - Life Insurance Only - \$30 Per Month*
Pay Direct Duration	12 month maximum (WSIB to age 65)
Dependant Definition - Spouse	Legally married, common law with 12 month cohabitation
Dependant Definition - Children	Under age 22, or under age 25 if in educational institution
Termination of Coverage	Retirement (unless otherwise noted under each benefit provision)
Life Insurance	
Benefit Amount	\$150,000
Waiver of Premium	Must be disabled for 6 months. "Any Occupation" definition of disability. Terminates at age 65.
Termination of Coverage	Retirement (other standard termination provisions apply)
Dependant Life Insurance	
Spouse Benefit Amount	\$50,000
Child Benefit Amount	\$10,000
Waiver of Premium	Must be disabled for 6 months. "Any Occupation" definition of disability. Terminates at age 65.
Termination of Coverage	Retirement (other standard termination provisions apply)
Accidental Death & Dismemberment (AD&D)	
Member Principal Amount	\$200,000
Spouse Principal Amount	\$50,000
Child Principal Amount	\$10,000
Permanent & Total Disability Benefit	\$200,000 lump sum benefit. "Any Occupation" definition of disability. Terminates at age 65.
Schedule of Loss	Comprehensive
Peripheral AD&D Benefits	Comprehensive
Waiver of Premium	Must be disabled for 6 months. "Any Occupation" definition of disability. Terminates at age 65.
Termination of Coverage	Retirement (other standard termination provisions apply)
Occupational AD&D	\$100,000 - Same Schedule of Loss as AD&D benefit. Terminates at age 75.
Critical Illness	\$10,000 Lump Sum benefit for qualified critical illnesses. Terminates at age 65.
Weekly Indemnity	
Weekly Benefit Amount	\$500
Qualifying Period	1st day hospital. 1st day accident. 8th day illness.
Definition of Disability	"Own Occupation"
Maximum Benefit Duration	26 weeks
Direct Benefit Offsets	Employment Insurance
Termination of Coverage	Retirement (other standard termination provisions apply)
Long Term Disability	
Monthly Benefit Amount	\$1,000
Qualifying Period	26 continuous weeks of total disability.
Definition of Disability	"Own Occupation" during first 24 months of disability, "Any Occupation" after 24 months
Maximum Benefit Duration	To age 65
Direct Benefit Offsets	WSIB benefits
Indirect Benefit Offsets	Various Sources of Income - All Source Limit 85% of gross pre-disability earnings
Pre-Existing Condition Limitation	Disabilities treated 90 days prior may not be claimed during first 6 months
Termination of Coverage	Age 65 or earlier retirement - (other standard termination provisions apply)
Bereavement Pay Benefit	
Maximum Benefit and Payment Period	\$150 maximum benefit per day, 3 day maximum
Eligible Family Members	Spouse, child*, parent*, grand parent, brother*, sister* (*or any in-laws).
Required Proof of Claim	Must be actively at work, provide employer note and Death Certificate
Parental Leave Benefit	
Maximum Benefit and Payment Period	\$150 maximum benefit per day, 3 day maximum
Eligible Family Members	New born child
Required Proof of Claim	Must be aively at work, provide employer note and Birth Certificate

Carpenters' Residential Health and Wellness Plan

Benefits at a Glance

Enhanced Benefit Plan Summary



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
Supplementary Health Care	Must Be Properly Enrolled Under Applicable Provincial Health Care Plan
Deductible	None
Coinsurance	100% For All Services & Supplies
Pay Direct Drug Card	Yes
Prescription Drug Coinsurance - Tier 1	100% for Lowest Cost Alternative Brand Name or Generic Drug
Prescription Drug Coinsurance - Tier 2	N/A
Dispensing Fee Maximum	N/A
Overall Health Care Lifetime Maximum	Unlimited
Prescription Drug Maximums	Methadone \$1,000 Lifetime; Erectile Dysfunction \$500/Year; Fertility Drugs-\$2,500 Lifetime; Smoking Cessation \$400 Lifetime. Includes Insulin and Diabetic Supplies, Allergy Serums, Vaccines and Toxoids, Injectable Drugs, Sclerotherapy (Maximum \$20/Visit), IUDs and
Private Duty Nursing	\$10,000 Each Calendar Year
Paramedical Practitioner Services	\$500 Per Practitioner Each Calendar Year - Chiropractor, Osteopath, Podiatrist, Physiotherapist, Naturopath, Speech Therapist, Massage Therapist, Psychologist
Orthotics / Orthopaedic Shoes	\$500/24 Months For Orthotics. \$500/24 Months For Orthopaedic Shoes.
Hearing Aids	\$500/36 Months
Vision Care (Prescription)	\$400/24 Months for Lenses, Frames, Contact Lenses, Sunglasses or Industrial Safety Glasses
Laser Eye Surgery	\$2,000 Lifetime Maximum for Laser Surgery
Industrial Safety Glasses (Prescription)	\$200/24 Months (Plan Members Only)
Eye Examinations	1 Eye Exam Each 12 Months
Medical Transportation Services	Emergency Ambulance
Medical Services & Supplies	Convalescent Care, Durable Medical Equipment (Hospital Bed, Wheelchair, Braces, Crutches), Prosthetics, X-Rays, Lab Tests, Diabetic Supplies, Surgical Stockings, etc.
Accidental Dental Services	Subject to Reasonable & Customary Charges
Survivorship Benefit (For Dependents)	Balance of Member's Dollar Bank, plus a 30 Month Extension
Termination of Coverage	Retirement (Other Standard Termination Provisions Apply)
Emergency Travel Assistance	60 Day Maximum Trip Duration - Must Contact Green Shield Within 48 Hours
Emergency Travel Medical Maximum Benefit	\$5,000,000 per Out of Province Medical Emergency Incident
Referral Medical Maximum Benefit	\$50,000 Out of Province Referral Coverage per Calendar Year
Termination of Coverage	Age 65 or Earlier Retirement - (Other Standard Termination Provisions Apply)
Dental Care	
Deductible	None
Coinsurance Basic Services	100%
Coinsurance Major Services	60%
Coinsurance Orthodontic Services	60%
Annual Maximum Basic Services	\$3,500
Annual Maximum Major Services	Combined With Basic Services Maximum
Lifetime Maximum Ortho Services	\$2,500
Fee Guide Schedule	Current Ontario Dental Fee Guide (ODA)
Basic Services Included	Diagnostic, Preventative, Restorative, Surgery, Fillings, Anaesthesia
Complete Examination	1 Exam Each 24 Months
Recall Exams	1 Exam Each 6 Months
X-rays	1 Complete Series Each 12 Months
Bitewing X-rays	1 Set Each 12 Months
Polishing	Covered
Topical Fluoride Treatment	Covered
Periodontal Scaling	8 Units Each Calendar Year
Major Services Included	Crowns, Bridges, Dentures
Replacement Bridges / Dentures	Covered Each 5 Years
Orthodontic Services	Children Under Age 19. Treatment Plan Required.
Survivorship Benefit (For Dependents)	Balance of Member's Dollar Bank, plus a 30 Month Extension
Termination of Coverage	Retirement (Other Standard Termination Provisions Apply)
Member Assistance Program	Confidential Counselling & Advisory Services. Terminates at Retirement

PLAN ADMINISTRATION OFFICE

Claims for medical and dental benefits can be submitted by your health care provider on your behalf. You can also self-submit your claims directly to the Plan Administration Office.

FILE CLAIMS BY MAIL TO THE PLAN ADMINISTRATION OFFICE

Carpenters' Residential Benefit Plans
45 McIntosh Drive
Markham ON
L3R 8C7

FILE CLAIMS BY E-MAIL

benefits@carpentersresidential.ca

FILE CLAIMS BY FAX

Fax: 1-905-946-2535

HOW TO FILE CLAIMS

If you have any questions regarding your Carpenters' Residential Health and Wellness Plan, please contact the Plan Administration Office.

MAILING ADDRESS

Carpenters' Residential Health and Wellness Plan
45 McIntosh Drive
Markham ON
L3R 8C7

TELEPHONE NUMBERS

Local: 1-905-946-9700
Toll-Free: 1-800-263-3564

FAX NUMBER

Fax: 1-905-946-2535

E-MAIL

benefits@carpentersresidential.ca