

# CARPENTERS' RESIDENTIAL HEALTH AND WELLNESS PLAN

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## INTRODUCTORY BENEFIT PLAN SUMMARY OF BENEFITS

UP TO DATE AS AT JANUARY 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 Introductory 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 Fund and the Carpenters' Residential Health and Wellness Plan 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 associated Plans in their absolute and total discretion as deemed appropriate and as permitted by law. Any change to any 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) 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). The Plan's 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 Number 901857) 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: \$50,000

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (AD&D)

Plan Member:	Principal Sum	\$50,000
	Permanent & Total Disability Benefit	\$50,000
	Occupational AD&D Benefit	\$50,000

## SUPPLEMENTARY HEALTH CARE BENEFIT

<b><i>Deductible</i></b>	None	
<b><i>Reimbursement</i></b>	100% for vision care, 90% for generic prescription drugs, 80% for brand name prescription drugs and all other eligible expenses	
<b><i>Overall Maximum</i></b>	Unlimited	
<b><i>Prescription Drugs</i></b>	90% Reimbursement for generic prescription drugs; 80% reimbursement for brand name prescription drugs; specific prescription drug maximums: methadone treatment \$1,000 lifetime; erectile dysfunction \$500 per year; fertility drugs \$2,500 lifetime. A Prescription Drug must have a drug identification number and compliance certificate both issued by Health Canada.	
<b><i>Vision Care</i></b>	<b><i>Lenses, Frames and Contact Lenses:</i></b>	Maximum of \$200 in any consecutive 24 month period; includes prescription sunglasses.
	<b><i>Eye Examinations:</i></b>	1 eye examination each 24 months
<b><i>Paramedical Practitioners</i></b>	\$150 Combined for all practitioners per calendar year for chiropractor, registered massage therapist, speech therapist, physiotherapist, naturopath, osteopath, or podiatrist. psychologist has a separate \$500 annual maximum.	
<b><i>Hearing Aids</i></b>	\$500 maximum benefit in any 36 consecutive month period for the purchase of hearing aids (batteries not covered).	
<b><i>Foot Orthotics</i></b>	\$500 maximum benefit in a 24 month period for orthotics which have been specially designed and molded for the insured person, 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

## DENTAL CARE BENEFITS

**Deductible** None

**Reimbursement** 100% for Basic Dental Services  
50% for Major Dental 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 Services** \$1,000 per calendar year for basic and major services combined

**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)

Confidential counseling, information, advice and referral services are available to Plan Members and their eligible Dependents. Services are provided by FSEAP 24 hours a day, every day of the year. Contact FSEAP directly at 1-800-668-9920, or online at [www.myfseap.com](http://www.myfseap.com), log-in using Group Name: **toloc27mapand** 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 that commences after the Plan Member's Dollar Bank Account 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 original death certificate or statement of death. 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 1<sup>st</sup> 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. The benefit is a maximum of \$150 per day, for a maximum of up to three business days and is payable from the 1<sup>st</sup> day of lost earnings due to childbirth, provided you were actively at work.

## PLAN ADMINISTRATION OFFICE

Claims for medical and dental benefits can be submitted by your health care provider on your behalf with your benefits card. You can also self-submit your claims online or 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](mailto:benefits@carpentersresidential.ca)

### FILE CLAIMS BY FAX

Fax: 1-905-946-2535

## PLAN ADMINISTRATION OFFICE

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

### MAILING ADDRESS

Carpenters' Residential Benefit Plans  
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](mailto:benefits@carpentersresidential.ca)

# Carpenters' Residential Health and Wellness Plan

## Benefits at a Glance

### Introductory Benefit Plan Summary



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
<b>General Plan Provisions</b>	
Monthly Dollar Bank Drawdown	\$150
Dollar Bank Maximum	\$1,800
Initial Eligibility	1st day of 2nd month, following the month the Member accumulates \$450 in Dollar Bank
Reinstatement Eligibility	1st day of the month after accumulation of \$300 in Member's Dollar Bank
Pay Direct Plan Options	All benefits - \$150 per month (plus applicable provincial tax)
Pay Direct Duration	3 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 under each benefit provision)
<b>Life Insurance</b>	
Benefit Amount	\$50,000
Waiver of Premium	After 6 months. Waiver terminates at age 65. "Any Occupation" definition of disability
Termination of Coverage	Retirement - (other standard termination provisions apply)
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	
Member Principal Amount	\$50,000
Permanent & Total Disability Benefit	\$50,000 Lump Sum Benefit - terminates at age 65
Schedule of Loss	Comprehensive
Peripheral AD&D Benefits	Comprehensive
Waiver of Premium	After 6 months. Waiver terminates at age 65. "Any Occupation" definition of disability
Termination of Coverage	Retirement - (other standard termination provisions apply)
<b>Occupational AD&amp;D</b>	
	\$50,000 - Same Schedule of Loss as AD&D benefit - terminates at age 75 or earlier retirement
<b>Bereavement Pay Benefit</b>	
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
<b>Parental Leave Benefit</b>	
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 actively at work, provide employer note and birth certificate



# Carpenters' Residential Health and Wellness Plan

## Benefits at a Glance

### Introductory Benefit Plan Summary



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
<b>Supplementary Health Care</b>	
Deductible	None
Coinsurance	100% for Vision Care, 80% for all other Services And Supplies (except where noted below)
Pay Direct Drug Card	Yes
Prescription Drug Coinsurance - Tier 1	90% reimbursement for generic drugs
Prescription Drug Coinsurance - Tier 2	80% reimbursement for brand name drugs
Dispensing Fee Maximum	\$9.00
Overall Health Care Lifetime Maximum	Unlimited
Prescription Drug Maximums	Methadone treatment-\$1,000 lifetime. Erectile dysfunction-\$500/year. Fertility drugs-\$2,500 lifetime.
Private Duty Nursing	\$10,000 each calendar year
Paramedical Practitioner Services	\$150 combined for all practitioner each calendar year - chiropractor, osteopath, podiatrist, physiotherapist, naturopath, speech therapist and massage therapist. Psychologist has a separate \$500 annual maximum.
Orthotics / Orthopaedic Shoes	\$500/24 months for orthotics - reasonable & customary charges for orthopaedic shoes
Hearing Aids	\$500/36 months
Vision Care	\$200/24 months for lenses, frames, or contact lenses
Eye Examinations	1 eye exam each 24 months
Medical Transportation Services	Emergency ambulance
Medical Supplies and Services	Convalescent care, durable medical equipment - hospital bed, wheelchair, braces, crutches, prosthetics, x-rays, lab tests, diabetic supplies, surgical stockings, etc.
Accidental Dental Services	\$5,000 per accident - dental work must be completed within 12 months
Survivorship Benefit (For Dependants)	Balance of Member's Dollar Bank, plus a 30 month extension
Termination of Coverage	Retirement - (other standard termination provisions apply)
<b>Dental Care</b>	
Deductible	None
Coinsurance Basic Services	100% Reimbursement
Coinsurance Major Services	50% Reimbursement
Annual Maximum Basic Services	\$1,000
Annual Maximum Major Services	Combined with basic services maximum
Fee Guide Schedule	Current Dental Fee Guide
Basic Services Included	Diagnostic, preventative, restorative, surgery, fillings, anaesthesia
Complete Examination	1 exam each 24 months
Recall Exams	1 exam each 6 months
1 Complete Series of X-rays	Covered
1 Set of Bitewing X-rays	Covered
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
Survivorship Benefit (For Dependants)	Balance of Member's Dollar Bank, plus a 30 month extension
Termination of Coverage	Retirement - (other standard termination provisions apply)
<b>Member Assistance Program</b>	
	Confidential Counselling & Advisory Services