

# CARPENTERS' RESIDENTIAL HEALTH AND WELLNESS PLAN



## ENHANCED BENEFIT PLAN SUMMARY OF BENEFITS

UP TO DATE AS OF JANUARY 1, 2021

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# INTRODUCTION

This Summary of Benefits is an informal reference document summarizing the main features of the Benefits provided to eligible Plan Members of the Carpenters' Residential Health and Wellness Plan's Enhanced Benefit Plan. For more information about the Enhanced Benefit Plan (including the eligibility rules and benefit exclusions and limitations), please refer to the Enhanced Plan Member Information Booklet.

The Carpenters' Residential Health and Wellness Fund, Legal Services Fund, the Carpenters' Local 1030 Vacation Pay Fund and all of the associated Benefit Plans (including the Bereavement/Parental Leave Benefit) are governed by Boards of Trustees appointed by the Carpenters & Allied Workers Local 27 and the Carpenters Local 1030.

The Boards of Trustees of the applicable Funds and Plans reserve 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 associated Plan Member Information Booklet.

The Life Insurance Benefit described in this Summary of Benefits and the rights thereto, are governed by the provisions of the Manulife Financial Policy Number 10042 (formerly Policy Number 901857). The 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 Emergency Travel Assistance (ETA) Benefit is provided and administered by Green Shield Canada (GSC). The Plan's Member Assistance Program (MAP) is provided and administered by Family Services Employee Assistance Program (FSEAP).

All other Benefits described in this Summary of Benefits and the rights thereto, are governed by the provisions of the applicable Plan Text document. These Plans and Benefits are provided on a non-insured, self-funded basis, with all benefit payments being made directly from the assets of the applicable Trust Fund.

The applicable insurance policies/contracts and Plan Text documents form part of the Enhanced Benefit Plan's Official Documents, which are available from the Plan Administration Office. This Summary of Benefits is not a legal document, an insurance policy or contract, and does not grant or confer any contractual rights.

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 certain Benefits. The Plan Administration Office can answer any questions about the Benefits of the Plan, or any of the Plan's rules.

Please review this Summary of Benefits carefully and keep it in a safe place together with the Plan Member Information 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

Subject to the limitations and exclusions stated within the Plan's Official Documents, and as described throughout this Summary of Benefits, eligible Plan Members and their eligible Dependents (where applicable) qualify for the Benefits of the Enhanced Benefit Plan, which are described in the following pages.

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 and/or exclusions to the coverage of the Plan.

### LIFE INSURANCE BENEFIT

**Plan Member:** \$150,000

### DEPENDENT LIFE INSURANCE BENEFIT

**Spouse:** \$50,000

**Each Dependent Child:** \$10,000

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

<b>Plan Member:</b>	Principal Sum	\$200,000
	Permanent & Total Disability Benefit	\$200,000
	Occupational AD&D Benefit	\$100,000
<b>Spouse:</b>	Principal Sum	\$50,000
<b>Each Dependent Child:</b>	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 the Member Information Booklet and 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 Information 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

<b><i>Deductible:</i></b>	None
<b><i>Reimbursement:</i></b>	100% for all eligible services and supplies
<b><i>Overall Maximum:</i></b>	Unlimited
<b><i>Prescription Drugs:</i></b>	Eligible Prescription Drugs must have a Drug Identification Number (DIN) and a Compliance Certificate both issued by Health Canada
<b><i>Reimbursement:</i></b>	Based on the lowest eligible cost between a Brand Name Drug and its Generic Drug equivalent (where a Generic equivalent is available)
<b><i>Biologic / Biosimilar Drugs:</i></b>	Reimbursement is based on Prior Authorization of the lowest cost between a Biologic Drug or its Biosimilar Drug (where available)
<b><i>Drug Maximums:</i></b>	Methadone Treatment \$1,000 Lifetime; Erectile Dysfunction \$500 per year; Fertility Drugs \$2,500 Lifetime; Smoking Cessation \$400 lifetime.
<b><i>Vision Care</i></b>	<b><i>Lenses, Frames and Contact Lenses:</i></b> Maximum of \$400 in a consecutive 24 month period. Includes prescription safety and prescription sunglasses. <b><i>Industrial Safety Glasses:</i></b> Maximum of \$200 in a consecutive 24 month period (Plan Members only) <b><i>Laser Eye Surgery:</i></b> \$2,000 Lifetime <b><i>Eye Examinations:</i></b> 1 eye examination each 12 months
<b><i>Paramedical Practitioners</i></b>	\$500 maximum per practitioner per calendar year for chiropractor, psychologist, registered massage therapist, speech therapist, physiotherapist, naturopath, osteopath, or podiatrist.
<b><i>Hearing Aids</i></b>	\$500 maximum benefit in any 36 consecutive month period for the purchase of hearing aids (batteries are 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, and necessary to correct a diagnosed physical impairment.
<b><i>Other Medical Services &amp; Supplies</i></b>	Ambulance, convalescent care, accidental dental, durable medical equipment (hospital bed, wheelchair, braces, crutches), prostheses, x-rays, lab tests, surgical stockings.
<b><i>Private Duty Nursing</i></b>	\$10,000 each calendar year

## EMERGENCY TRAVEL ASSISTANCE BENEFIT

The Plan provides travel coverage for a medical **Emergency** (in excess of your provincial/territorial health care plan) and travel assistance services for Plan Members and eligible Dependents who are **Canadian residents, under age 65 and properly enrolled under their provincial health care program**, and who are temporarily outside of their province of residence for vacation, business, or education.

**It is important to read and understand the rules for this benefit before departure. The ETA benefit includes requirements, limitations, and exclusions that can affect your eligibility and/or the reimbursement of incurred medical expenses.**

Please refer to the ETA section of the Plan Member Information Booklet for detailed information about the rules of this benefit. All ETA services (provided by Green Shield Canada (GSC)) are available 24 hours per day, 7 days per week.

**GSC Travel Assistance should be contacted before travelling to any destination, to ensure you and/or your Dependents meet the conditions for ETA coverage, and that the destination is a country where the ETA coverage will be provided.**

For assistance, please contact GSC Travel Assistance in Canada and the United States at 1-800-265-9977, or call collect at 1-519-741-8450 from any other location. The Plan's Benefit Card includes all of the necessary Plan and other information to contact GSC Travel Assistance to discuss a proposed trip, your or your Dependent's eligibility for coverage, to report a claim for a medical emergency, or to receive travel assistance or other information about your trip.

### ***Emergency Medical Travel Coverage Maximums***

\$5,000,000 per Covered Person, per incident

Maximum Trip Duration of 60 consecutive days per trip

### ***Emergency Travel Assistance Services***

Coverage is provided for variety of specific travel assistance and advisory services.

### ***Medical Referral Coverage Maximum***

\$50,000 per Covered Person, per calendar year (requires prior authorization).

**It is extremely important to contact GSC Travel Assistance prior to obtaining emergency medical treatment (if possible), or to have someone call on the Covered Person's behalf within 48 hours if it is medically impossible for the Covered Person to call.**

**Emergency** means a sudden, unexpected injury, illness or acute episode of disease that requires immediate medical attention and could not have been reasonably anticipated based upon the patient's prior medical condition.

There must not be a **Pre-Existing** medical condition. The Covered Person must be in **Stable** medical condition for the 90-day period prior to departure.

## DENTAL CARE BENEFIT

<b>Deductible:</b>	None
<b>Reimbursement:</b>	100% for Basic Dental Services; 60% for Major Dental Services; 60% for Orthodontic Services.
<b>Dental Fee Guide Schedule:</b>	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 Dependent***

<b>Basic and Major Dental Services:</b>	\$3,500 per calendar year for Basic & Major services combined
<b>Orthodontic Services:</b>	\$2,500 lifetime. Only for dependent children under age 19. Pre-treatment plan required.
<b>Basic Services:</b>	Diagnostic, preventative, restorative, surgery, fillings, anesthesia, 1 complete series of x-rays, 1 set of bitewing x-rays, polishing, topical fluoride treatment, periodontal scaling.
<b>Recall Examinations:</b>	1 recall examination each 6 months
<b>Complete Examinations:</b>	1 complete oral examination each 24 months
<b>Major Services:</b>	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. 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](http://www.myfseap.com) (Group Name: toloc27map / Password: myfseap1).

## SURVIVOR BENEFIT

Upon the death of an eligible Plan Member, the eligible surviving Dependent(s) (e.g., Spouse and/or Children) will continue to be covered under the Plan for Supplementary Health Care, Emergency Travel Assistance, Dental and Member Assistance Program Benefits for a period of 30 consecutive months, commencing 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 an 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 1st day of lost earnings due to bereavement, provided you were at work the day prior.

If actively working and you 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 1st day of lost earnings due to childbirth, provided you were actively at work.

## **VACATION PAY PLAN**

The Plan provides Plan Members with their entitlement to any Vacation Pay they have earned under the terms of the applicable collective agreement, each benefit year. The Plan makes one regular annual payout of Vacation Pay benefits each November 1<sup>st</sup>.

Plan Members also have the option to receive their earned Vacation Pay benefits at one other time during the benefit year, as long as the requested optional payment is not within a 60 day period either before or after November 1<sup>st</sup> (i.e., optional payments will not be issued by the Plan between September 1<sup>st</sup> and February 1<sup>st</sup> of the following year).

## **LEGAL SERVICES PLAN**

The benefits of the Legal Services Plan are intended to provide Plan Members with financial assistance for general legal services such as Wills, Power of Attorney documents, Real Estate transactions, Adoption proceedings, etc.

Please review the Schedule of Benefits within the Legal Services Plan Section of the Plan Member Information Booklet for details of the maximum annual benefits payable, which are dependent on the type of legal service used. The Plan also has overall calendar year maximums for all legal services combined, which are dependent on your cumulative years as an eligible Plan Member.

## **BENEFITS AT A GLANCE**

The following pages of this Summary of Benefits provide a more detailed, quick reference summary of the Benefits available to eligible Plan Members and the provisions that apply.

## HOW TO SUBMIT CLAIMS TO THE PLAN

Most claims for the Supplementary Health Care and Dental Benefits of the Plan can be submitted by your service provider on your behalf by using the Plan's Benefit Card. You can also self-submit your claims online or directly to the Plan Administration Office. Coverage for certain Prescription Drugs may require prior authorization from the Plan.

### ONLINE CLAIM SUBMISSION

Register online at [www.carpentersresidential.ca](http://www.carpentersresidential.ca) to submit most of your claims to the Plan via the internet.

### MAIL CLAIMS TO THE PLAN ADMINISTRATION OFFICE

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

### E-MAIL CLAIMS TO THE PLAN ADMINISTRATION OFFICE

[benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)

### FAX CLAIMS TO THE PLAN ADMINISTRATION OFFICE

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 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 Address

[benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)

# Carpenters' Residential Health and Wellness Plan

## Benefits at a Glance

### Enhanced Benefit Plan Summary (as of January 1, 2021)



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
<b>General Plan Provisions</b>	
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)
<b>Life Insurance</b>	
Benefit Amount	\$150,000
Termination of Coverage	Retirement (Other Standard Termination Provisions Apply)
<b>Dependant Life Insurance</b>	
Spouse Benefit Amount	\$50,000
Child Benefit Amount	\$10,000
Termination of Coverage	Retirement (Other Standard Termination Provisions Apply)
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	
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
Termination of Coverage	Retirement (Other Standard Termination Provisions Apply)
<b>Occupational AD&amp;D</b>	\$100,000 - Same Schedule of Loss as AD&D Benefit. Terminates at Age 75.
<b>Critical Illness</b>	\$10,000 Lump Sum Benefit For 4 Qualified Critical Illnesses. Terminates at Age 65.
<b>Weekly Indemnity</b>	
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)
<b>Long Term Disability</b>	
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)
<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

Enhanced Benefit Plan Summary (as of January 1, 2021)



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
<b>Supplementary Health Care</b>	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 Reimbursement	Brand Name or Generic Drugs - 100% of the lowest cost alternative drug. Biologic or Biosimilar drugs (require Prior Authorization) - 100% of the lowest cost alternative (if available)
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)
<b>Emergency Travel Assistance</b>	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)
<b>Dental Care</b>	
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)
<b>Member Assistance Program</b>	Confidential Counselling & Advisory Services. Terminates at Retirement