

CARPENTERS' RESIDENTIAL HEALTH AND WELLNESS PLAN



INTRODUCTORY 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 Introductory Benefit Plan. For more information about the Introductory Benefit Plan (including the eligibility rules and benefit exclusions and limitations), please refer to the Introductory Plan Member Information Booklet.

The Carpenters' Residential Health and Wellness Fund, Productivity Bonus 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 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 Introductory 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 Introductory 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: \$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

Deductible: None

Reimbursement: 100% for Vision Care; 90% for Generic Prescription Drugs; 80% for Brand Name, Biologic and Biosimilar Prescription Drugs; 80% for all other eligible expenses

Overall Maximum: Unlimited

Prescription Drugs: Eligible Prescription Drugs must have a Drug Identification Number (DIN) and a Compliance Certificate both issued by Health Canada

Biologic / Biosimilar Drugs: These Drugs require the Plan's Prior Authorization. Reimbursement is based on the lowest cost, suitable Biologic or Biosimilar drug (where a Biosimilar drug is available)

Drug Maximums: Methadone Treatment \$1,000 Lifetime; Erectile Dysfunction \$500 per year; Fertility Drugs \$2,500 Lifetime.

Dispensing Fee Maximum: \$9.00

Medical Cannabis: \$500 annual maximum for specific medical conditions

Vision Care

Lenses, Frames and Contact Lenses: Maximum of \$200 in any consecutive 24 month period (includes prescription Sunglasses; excludes Safety Glasses)

Eye Examinations: 1 eye examination each 24 months

Paramedical Practitioners: \$150 Combined for all practitioners per calendar year including Chiropractor, Registered Massage Therapist, Speech Therapist, Physiotherapist, Naturopath, Osteopath, or Podiatrist.

Psychologist: \$500 annual maximum

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 covered 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 annual maximum

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 suggested fee guide for general practitioners 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:

Basic & Major Maximum: \$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 eligible 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 (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, 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.

PRODUCTIVITY BONUS / VACATION PAY PLAN

These Plans provides Plan Members with their entitlement to any Productivity Bonus or Vacation Pay they have earned under the terms of their applicable collective agreement each benefit year (Local Union 27 for Productivity Bonus and Local Union 1030 for Vacation Pay). The Plans make one regular annual payout of either Productivity Bonus or Vacation Pay benefits each year.

The details and processes of each of these Plans are described in the applicable Sections of the Plan Member Information Booklet. Please review the Section(s) that applies to you.

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 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

FAX CLAIMS TO THE PLAN ADMINISTRATION OFFICE

Fax: 1-905-946-2535

PLAN ADMINISTRATION OFFICE

If you have any questions about the Benefits of 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

Carpenters' Residential Health and Wellness Plan

Benefits at a Glance

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



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
General Plan Provisions	
Monthly Dollar Bank Drawdown	\$150
Dollar Bank Maximum	\$1,800 (12 months of monthly Dollar Bank Drawdown)
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	Plan A (all benefits provided): \$150 payment per month (plus applicable provincial tax)
Pay Direct Duration	3 month maximum (WSIB recipients 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 approved educational institution
Termination of Coverage	Retirement - (unless otherwise indicated under each benefit description)
Life Insurance	
Benefit Amount	\$50,000
Termination of Coverage	Retirement - (other standard termination rules apply)
Accidental Death & Dismemberment (AD&D)	
Member Principal Amount	\$50,000 benefit paid for Accidental Death; various percentages paid for Dismemberment
Occupational AD&D Benefit	\$50,000 additional work related AD&D benefit (this provision terminates at age 75)
Permanent & Total Disability Benefit	\$50,000 lump sum benefit when "Totally Disabled" (this provision terminates at age 65)
Schedule of Loss	percentage of Principal Amount paid for specific losses (also applies to Occupational AD&D)
Peripheral AD&D Benefits	various additional services and benefits available in relation to an approved claim
Termination of Coverage	Retirement - (other standard termination rules apply)
Bereavement Pay Benefit	
Maximum Benefit and Payment Period	\$150 maximum benefit per day with a 3 day maximum
Eligible Family Members	Spouse, Child*, Parent*, Grand Parent, Brother*, Sister* (*or any in-laws).
Required Proof of Claim	must be actively working, provide employer note and death certificate
Parental Leave Benefit	
Maximum Benefit and Payment Period	\$150 maximum benefit per day with a 3 day maximum
Eligible Family Members	new born child
Required Proof of Claim	must be actively working, provide employer note and birth certificate

Carpenters' Residential Health and Wellness Plan

Benefits at a Glance

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



Benefit / Benefit Provision	Health Benefit Plan Coverage / Rule
Supplementary Health Care	
Deductible	None
Reimbursement Level	100% for Vision Care; 80% for all other services and supplies (except where noted below)
Benefit / Prescription Drug Card	For direct payment of Prescription Drugs and other Health Care services and supplies
Prescription Drug Reimbursement Level - Tier 1	90% Reimbursement for Generic Prescription Drugs
Prescription Drug Reimbursement Level - Tier 2	80% Reimbursement for Brand Name, Biologic and Biosimilar Prescription Drugs
Dispensing Fee Maximum	\$9.00
Overall Health Care Lifetime Maximum	Unlimited
Prescription Drug Reimbursement & Maximums	Based on the lowest eligible cost between a Biologic drug and its Biosimilar drug (where a Biosimilar drug is available). Prior Authorizations is required. Methadone Treatment: \$1,000 Lifetime. Erectile Dysfunction: \$500/Year. Fertility Drugs: \$2,500 Lifetime.
Medical Cannabis	\$500 annual maximum (only for specific medical conditions)
Private Duty Nursing	\$10,000 each calendar year
Paramedical Practitioner Services	\$150 combined for all Practitioners per calendar year - Chiropractor, Osteopath, Podiatrist, Physiotherapist, Naturopath, Speech Therapist and Massage Therapist.
Psychologist	\$500 each calendar year
Orthotics / Orthopaedic Shoes	\$500/24 months for Orthotics - Reasonable & Customary Charges for Orthopaedic Shoes
Hearing Aids	\$500 each 36 months
Vision Care	\$200/24 months for Lenses, Frames, or Contact Lenses (includes Prescription Sunglasses; excludes Safety Glasses)
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 Dependents)	balance of Member's Dollar Bank, plus a 30 month extension
Termination of Coverage	Retirement - (other standard termination provisions apply)
Dental Care	
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 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