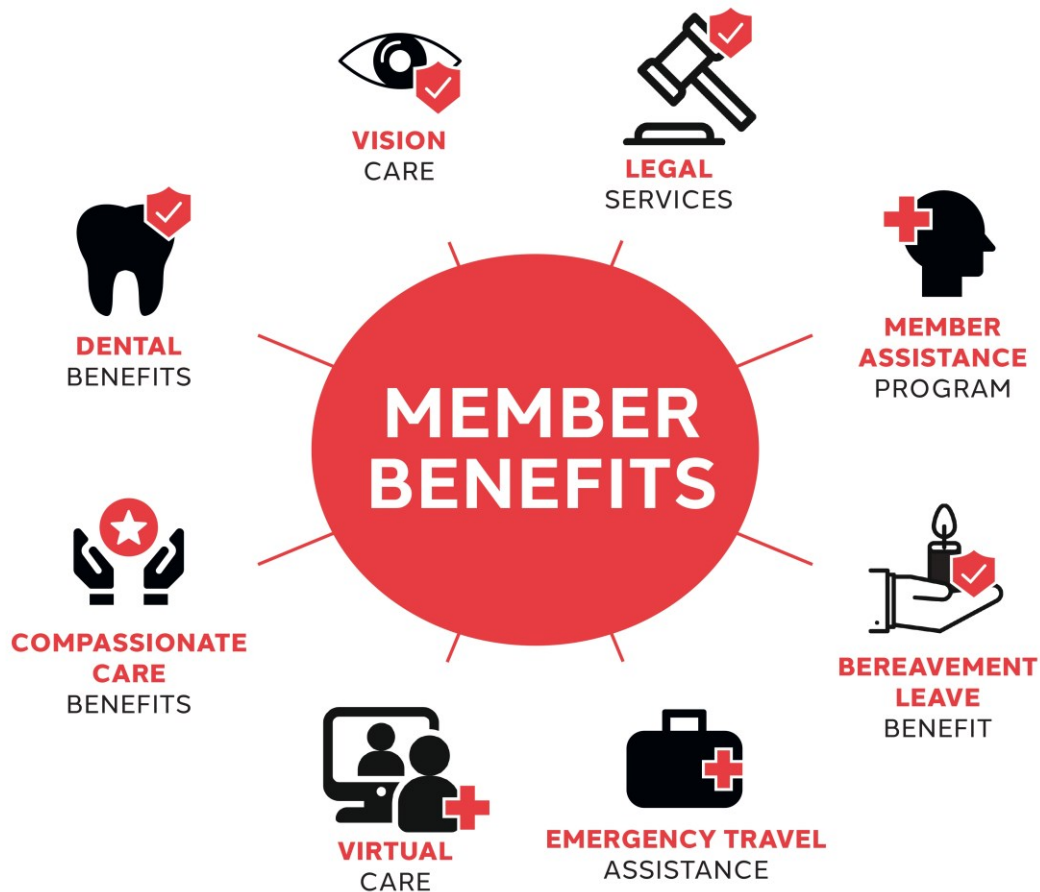




RESIDENTIAL HEALTH & WELLNESS PLAN

UP TO DATE AS OF MAY 1ST, 2024



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 Plan, the Compassionate Care Benefit, Bereavement/Parental Leave Plan, Productivity Bonus Plan, Vacation Pay Plan and Legal Services Plan, and the applicable trust funds, are governed by boards of trustees, appointed by the Carpenters & Allied Workers Local 27 and/or 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 plan's Life Insurance benefit and the rights thereto, are governed by the provisions of the Manulife Financial insurance policy number #10042. All Accidental Death & Dismemberment benefits and the rights thereto, are governed by the provisions of the CHUBB Life Insurance Company of Canada insurance policy number AB10403501. The Member Assistance Program is administered by Family Services. The Front of the Line benefit is provided by Organizational Solutions Inc. TELUS Health provides the Virtual Care benefit.

All other benefits described in this booklet are self-funded and provided through the assets of the trust funds and governed by the provisions of the plan's official Plan Text documents.

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

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 board of 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.

Subject to the limitations and exclusions stated within the plan's official documents, and as described throughout this booklet, eligible plan members and their eligible dependants qualify for the benefits of the Introductory Benefit Plan, which are described on the following pages, starting with the benefit summary below.

LIFE INSURANCE BENEFIT

Plan Member: \$100,000

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (AD&D)

Plan Member:	Principal Sum	\$100,000
	Permanent & Total Disability Benefit	\$100,000

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). The plan has an automatic switching policy that will pay for a lower cost biosimilar drug when approved by Health Canada.

Drug Maximums: methadone treatment \$1,000 lifetime; erectile dysfunction \$500 per year; fertility drugs \$2,500 Lifetime.

Dispensing Fee Maximum: \$9.00 per prescription

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

Vision Care

Lenses, Frames and Contact Lenses: maximum of \$300 in any consecutive 24 month period (includes prescription sunglasses and prescription safety glasses)

Eye Examinations: 1 eye examination each 24 months

Paramedical Practitioners:

\$350 combined for all practitioners per calendar year including chiropractor, registered massage therapist, acupuncturist, physiotherapist, naturopath, osteopath, or podiatrist (speech therapist has a separate \$1,500 maximum annual benefit)

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 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 annual maximum

FRONT OF THE LINE HEALTHCARE / VIRTUAL HEALTH CARE BENEFIT

The Front of the Line benefit provides fast access to medical services such as MRIs, Lab Tests, and medical Specialists that may not be readily available to you through your public health care program. The benefit is provided by Organizational Solutions Inc. (OSI). Simply call OSI to request assistance with scheduling your next appointment.

Phone: 1-855-724-7674 ext. 5679

Email: osi4navigation@orgsoln.com

TELUS Health Virtual Care is an online virtual health and wellness service to help anytime, anywhere in Canada for assistance with medical advice, diagnosis, mental health support, referrals, prescriptions and refills, Labs, imaging, nutritional consultation, and physical therapy. Download the app, register your account & begin using TELUS Health Virtual Care.

Group Number: 052024

Registration Number: Your Union ID



DENTAL BENEFITS

<i>Deductible:</i>	none
<i>Reimbursement:</i>	100% for basic dental services 50% for major dental services
<i>Dental Fee Guide Schedule:</i>	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
<i>Maximum Dental Benefit per covered person:</i>	
<i>Basic & Major Maximum:</i>	\$1,500 per calendar year for basic and major services combined
<i>Basic Services:</i>	diagnostic, preventative, restorative, surgery, fillings, anesthesia, 1 complete series of x-rays, 1 set of bitewing x-rays, polishing, topical fluoride treatment, periodontal scaling.
<i>Recall Examinations:</i>	1 recall examination each 6 months
<i>Complete Examinations:</i>	1 complete oral examination each 24 months
<i>Major Services:</i>	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 dependants. Services are provided by Family Services Employee Assistance Program (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 properly enrolled surviving dependant(s) (e.g., spouse and/or children) will continue to be covered under the plan for supplementary health care, Front of the Line, TELUS Health Virtual Carer, 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.

COMPASSIONATE CARE BENEFIT

If you have to be away from work temporarily to provide care or support to an eligible family member who is gravely ill, you may qualify for the plan's Compassionate Care Benefit. You must be a family member of a person who is critically ill, or injured, or in need of end-of-life care. Eligible family members include the member's spouse, child, parent, brother and sister. The Compassionate Care Benefit provides a weekly benefit of \$300, for a maximum duration of four consecutive weeks.

BEREAVEMENT / PARENTAL LEAVE BENEFITS

If you suffer the loss of a deceased eligible family member you may be eligible to receive the plan's Bereavement Benefit. 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-law).

The Bereavement Benefit provides a benefit of \$250 per day, for a maximum duration of up to three business days. The benefit 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 the plan's Parental Leave Benefit. 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 plan will provide a \$250 benefit per day, for a maximum of up to three business days, payable from the 1st day of lost earnings due to childbirth, provided you were actively at work.

PRODUCTIVITY BONUS / VACATION PAY PLAN

These plans provide 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 27 for Productivity Bonus and local 1030 for Vacation Pay). The plan makes 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 this booklet. Please review the section that applies to you.

LEGAL SERVICES PLAN

Legal services covered by the 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 legal services benefit section of this 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 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

When a plan member or dependant incurs an expense covered under one of the benefits of the plan, the claim must be submitted to the plan for reimbursement. Most claims can be submitted in various ways but all claims must be submitted properly, with any required documents, before the Claim Submission Deadlines. Submit your claims by:

- using the plan's **benefit card** at the pharmacy, health care provider or dental office
- registering **online** with Green Shield Canada at benefits@carpentersresidential.ca
- **email** to the plan administration office at benefits@carpentersresidential.ca
- **fax** to the plan administration office at **1-905-946-2535**
- **visiting** the plan administration office at:

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

Most expenses for health care and dental may be claimed for using the plan's benefit card, or online to Green Shield Canada by following the instructions in the Welcome Package provided. Members may be asked to submit their receipts to the plan administration office for claims filed electronically. These random audits ensure the plan is protected. You must therefore retain your receipts for 13 months.

In addition, or for any other type of claims, you may contact the plan administration office who will provide the necessary form(s) and assistance for submission of the claim to the plan or to the insurer as required. In order to quickly process claims, all claim forms must be completed fully and clearly indicate the following information:

- **the claimant's full name, residential mailing address and date of birth;**
- **the plan member's full name, residential mailing address and date of birth;**
- **the plan member's Plan Identification Number;**
- **the Manulife Financial policy number #10042 for member Life Insurance and Accidental Death and Dismemberment.**

All claims (with claim forms, original receipts and all other required supporting documentation) should be submitted either online or to the plan administration office as soon as possible.

PLAN ADMINISTRATION OFFICE

The board of trustees has retained a plan administrator, Employee Benefit Plan Services Limited, to handle the day to day matters of the Carpenters' Residential Health and Wellness Plans including plan administration and claims payment for many of the plans' benefits.

The trustees rely on the experience of the plan administrator with respect to the eligibility for benefits of the plans and whether claim expenses submitted to the plan are eligible for reimbursement.

Plan members may contact the plan administration office if there are any questions about the benefits of the plans or the administrative rules about how the plans work. The plan administration office is there to help plan members. The plan administrator is:

EMPLOYEE BENEFIT PLAN SERVICES LIMITED

45 McIntosh Drive
Markham, Ontario
L3R 8C7

Toll Free: 1-800-263-3564

Tel: (905) 946-9700

Fax: (905) 946-2535

E-mail: benefits@carpentersresidential.ca

www.carpentersresidential.ca

Benefits at a Glance (as of May 1, 2024)

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 plan duration	3 month maximum (WSIB recipients to age 65)
dependant definition - spouse	legally married, common law with 12 month cohabitation
dependant definition - child	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	\$100,000
termination of coverage	retirement - (other standard termination rules apply)
Accidental Death & Dismemberment (AD&D)	
member principal amount	\$100,000 benefit paid for Accidental Death; various percentages paid for Dismemberment
permanent & total disability benefit	\$100,000 lump sum benefit when "Totally Disabled" (this provision terminates at age 65)
schedule of loss	percentage of principal amount paid for specific losses
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)
Compassionate Care Benefit	
maximum benefit and payment period	\$300 maximum benefit per week, 4 week maximum duration
eligible family members	spouse, child, parent, grand parent, brother, or sister
required proof of claim	must be actively at work and provide required information to plan administrator
Bereavement Pay Benefit	
maximum benefit and payment period	\$250 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	\$250 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
Legal Services Plan	
	overall \$1,000 / year maximum; various eligible legal services subject to specific maximums

Benefits at a Glance (as of May 1, 2024)

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 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 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 authorization 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	\$350 all practitioners combined / year - chiropractor, acupuncturist, osteopath, podiatrist, physiotherapist, naturopath and massage therapist (speech therapist \$1,500 / year)
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	\$300/24 months (includes prescription sunglasses and industrial 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 dependants)	balance of member's dollar bank, plus a 30 month extension
termination of coverage	retirement - (other standard termination provisions apply)
Front of the Line / TELUS Health Virtual Care	
	Front of the Line: fast access for appointments to medical services (telephone / email)
	TELUS Health Virtual Care: a healthcare consultation & assistance via an online app
Dental Care	
deductible	none
reimbursement level: basic services	100% reimbursement
reimbursement level: major services	50% reimbursement
annual maximum: basic services	\$1,500
annual maximum: major services	combined with basic services maximum
fee guide schedule	current ODA dental fee guide
basic services included	diagnostic, preventative, restorative, surgery, scaling, fillings, polishing, routine, anaesthesia
examinations	1 complete exam each 24 months; 1 recall examination each 6 months
X-rays	1 complete series of X-rays / year; 1 set of bitewing X-rays / year
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)
Member Assistance Program	
	confidential counselling & advisory services