UBC BUILT
ATLANTIC CANADA REGIONAL COUNCIL

Atlantic Canada Regional Council of Carpenters, Millwrights and Allied Workers Employee Life and Health Trust Fund

UNION MEMBER BOOKLET

November 1, 2023

ABOUT THIS BENEFIT BOOKLET

This booklet provides a summary of the key facts about your Benefit Plan. It has been published and distributed to eligible members with valid address information on file with the Plan Administrator, Manion Wilkins & Associates Ltd. (Manion). This booklet is also available online. Between booklet publications, plan changes are announced by newsletter or communiqué. Every attempt is made to provide up-to-date and accurate information on an ongoing basis. However, changes may occur to the benefit plans from time to time that are not reflected in the latest booklet, newsletter or communiqué.

A complete description of the plans is contained in the legal documents that govern the plans, including the trust document, master group insurance policies, the Benefit Plan text documents. These documents are available for review in one of Manion's offices. If there are any differences between the information contained herein or in a newsletter or communiqué and the legal plan documents, the terms of the legal documents will apply.

The Board of Trustees of the Atlantic Canada Regional Council of Carpenters, Millwrights and Allied Workers Employee Life and Health Trust Fund, referred to as the "Trustees", and Manion make no warranty, guarantee, or promise, expressed or implied, concerning the content of any benefit plan booklet, newsletter or communiqué.

Please note that a new release of a booklet, newsletter or communiqué reflecting changes in the Plan may be printed and distributed or uploaded for online access at any time and without prior notification to Members and beneficiaries.

The Trustees recommend that members or beneficiaries contact Manion for confirmation of benefit levels and coverage before relying on the information contained within any booklet, newsletter or communiqué.

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IF YOU NEED INFORMATION, CONTACT MANION

➢ Contacting the Plan Administrator – Manion

For enrollment, health and dental claims, and general inquiries:

MANION WILKINS & ASSOCIATES LTD. (Manion)
500 – 21 Four Seasons Place
Etobicoke, Ontario M9B 0A5

Contact Centre:	416-234-3511
Telephone Toll-free:	1-866-532-8999
Email Inquiry:	askus@mymanion.com
Fax Claims:	416-234-2071
Email Claims:	claim@manionwilkins.com
Website:	www.manionwilkins.com
Online Services:	www.mymanion.com

Office Hours are:
Mon – Fri: 8:30 a.m. – 5:00 p.m. (Eastern)

Contact Centre is open:
Mon – Fri: 8:00 a.m. – 7:00 p.m. (Eastern)

For life and disability claims related questions and inquiries:

Manion Life & Disability Claims Department

Claims Administrator:	416-234-3633
Telephone Toll-free:	1-800-263-5621 Ext. 23633
Email Inquiry/Disability Claims:	disability@manionwilkins.com
Email Inquiry or Life and AD&D Claim Notification:	lifeclaims@manionwilkins.com
Fax to Disability Department:	416-234-0127

Office Hours are:
Mon – Fri: 8:30 a.m. - 5:00 p.m. (Eastern)

➢ Policy / Plan / Registration Numbers

Benefit Plan
- The Trust Fund provides Health and Dental benefits under Plan No. 22717.
- Life Insurance, and Dependent Life Insurance are underwritten by Medavie Blue Cross under Policy No. 10616.
- Accidental Death & Dismemberment Insurance is underwritten by Zurich Insurance Company Ltd. under Policy No. 8621773.
- Emergency Out of Province Medical Coverage is underwritten by AIG Insurance Company of Canada under Policy No. CMG 9428757.
- Member and Family Assistance Program is provided by MembersHealth.
- Inkblot Mental Health Support is provided by Green Shield Canada.

➢ Online Services – myManion

The Board of Trustees in conjunction with Manion offers you access to myManion, an online service where you can review your personal benefit information 24-hours-a-day at www.mymanion.com. In addition to the myManion online services (Portal), your account information is available 24/7 through your iPhone, iPad and similar android devices. The "myManion" App is available for FREE from the Apple App Store and Google Play Store.

myManion Portal www.mymanion.com and Mobile App

You would have been provided with a secure username (ID) and a temporary password. If you do not know your user ID or password, go to "Login" and follow the prompts. When you open the Portal or Mobile App, your digital Benefit Card and Emergency Travel Card are available upon successful login.

SCAN ME

Once you Login using your username (ID) and password, or using biometrics login (face ID or fingerprint ID) via Mobile App, the Home Menu will direct you to the menus for your claims or benefits. From this Menu, you can:

- quickly access your benefit card and emergency travel card under the « My Benefits » menu via the Mobile App, or add these cards to the Apple or Google Wallet without the need to login;
- retrieve your user ID by following the prompts at "Login";
- click your name for the « My Profile » pop-up menu to reset your password and set your password hint;
- manage your « Coordination of Benefits » under the « My Benefits » menu if you have other health and dental coverage elsewhere;
- submit claims easily using the « Submit Claim » menu and following the prompts. Please ensure that you provide all the information required and that it is entered accurately. You must also upload clear photographs or copies of receipts when requested and you must be enrolled for direct deposit. Alternatively, eligible vision care and paramedical claims can be filed electronically by your health practitioner(s) if your health practitioner is enrolled on the Telus eClaims Service – Refer to page G-2;
- check your benefit coverage details under the « Check My Coverage » menu;
- access claim forms, the booklet, brochures, newsletters and communiqué updates under the « Forms and Booklets » menu;
- view and update your « Beneficiaries » for life benefits under the « My Dashboard » menu;
- view the status, explanation of benefits and history of submitted health and dental claims under the « My Claims History » menu;
- 

access message centre that provides news and updates on your benefits, self-pay notices and terminations etc. You will also see the critical message banner .! Click here to review your messages for critical information. from the Home Menu: e.g. You can click « ! Your Self Payment is Due ! » under the message centre, scroll down to the bottom of the self payment message and select « SELF PAY NOW » button and update payment information – see page G-8 for details;

- view your work history and the Benefit Plan contributions submitted on your behalf by your Contributing Employer(s) under the « My Work History » menu;
- view your Health Benefit Dollar Bank balance under the « My Trust Balances » menu;
- click your name for the « My Profile » pop-up menu to update your contact information including mailing address, telephone number and email address; and set up or update banking information under the « My Banking Info » menu for the direct deposit program which provides secure and timely reimbursement of submitted claims;
- assign an « Authorized Contact » under the « My Profile » pop-up menu. An Authorized Contact is an individual you assign who can contact Manion on your behalf to discuss the details of your benefit plan. You can assign an Authorized Contact through your online account, myManion, or by contacting Manion. You will be asked to set up a 4-digit numerical PIN code for your Authorized Contact;
- access copies of your Personalized Benefit Statements under the « My Documents » menu of « My Dashboard »;
- access or print copies of tax receipts prepared annually by Manion under the « My Documents » menu of « My Dashboard » including, as applicable:
  - T4A for taxable life insurance premiums paid plus any taxable benefits paid during the tax year. **Note:** You can « Update » the « My Communication Preferences » by clicking your name for the « My Profile » pop-up menu » to select paper or electronic statements;
  - Medical Expense Statements for those who paid direct (self-paid) for health and dental coverage during the tax year.

WHO MANAGES THE FUND AND THE PLAN

➢ Board of Trustees

The Trust Fund and the Plan are managed by a Board of Trustees consisting of representatives of each Local Union, and the Associations of Atlantic Canada and the Participating Employers. The Trustees are the "Administrator" and ultimately are responsible for the oversight, management and administration of the Trust Funds and Plan as defined by the Trust Agreements and legislation. As the "Administrator" the Trustees have a duty of care and owe fiduciary duties to the plan beneficiaries as outlined in the Trust Agreements and all applicable laws and regulations.

The Trustees are:

Union Trustees	Management Trustees
James Dawson	Geoff Colter
Mike Noseworthy	George Dalton
Colin Porter	Ken Dean
Jeff Richardson	Durck deWinter
Debbie Romero (Chair)	Bronwyn Dunphy
Jody Sewell	Kyle MacDonald
Noel Wall	Matthew Mallam
Mike Williams	Ray Phillippo
Joe Wilson	Jeremy Tucker

Under the oversight of the Trustees:
The Trustees delegate some of their responsibilities to professional service providers who are subject to the same duty of care as the Trustees.

➢ Third Party Administrator and Plan Consultant

Manion Wilkins and Associates Ltd.:

- provides plan administration, plan consulting, and runs the day-to-day operations (collections, eligibility, benefit payments);
- informs/reports on plan issues and legislation/industry developments;
- produces member communications; and
- monitors and accounts for all operations, including financial status and investment performance.

➢ Insurance Companies

Medavie Blue Cross, Zurich Insurance Company Ltd., AIG Insurance Company of Canada, MembersHealth, and Green Shield Canada provide insured benefit coverage to protect Members and their Dependents against the risk of a loss within the rules of the policies.

➢ Joining the Plan

Eligibility and coverage require that all Members:

- ☐ enroll in the ACRC Employee Life and Health Benefit Plan by filing a **completed Member Information Card (MIC)**. The completed MIC confirms that you are a Member of a Participating Local Union and provide personal data and beneficiary designation(s) required to administer your benefits within the guidelines of the Plan; **OR**

  enroll **online** at the Enrolment Welcome Page through the myManion Portal at www.mymanion.com or via the Mobile App by filing your personal data, Dependent information, beneficiary designation(s), authorized contacts, banking information and confirm with your electronic signature.

- ☐ complete the Coordination of Benefits (COB) section of the MIC for the Benefit Plan if you or any of your Dependents have insurance coverage elsewhere (refer to page G-1). You can also manage your « Coordination of Benefits » under the « My Benefits » menu at myManion. Failure to provide COB information will result in claims payment delays for your Dependents.

- ☐ advise Manion of all changes to your status by online update or by completing the downloaded forms via myManion:
  - for marital status and/or name change;
  - for addition or deletion of Dependents;
  - for life Insurance beneficiary update under the « My Dashboard » menu via myManion;
  - for spouse update;
  - for managing supporting documents or proofs under the « Uploaded Documents » menu via myManion;
  - if you receive a document from Manion and you notice an error in any of your information, such as your date of birth or name.

- ☐ change your address and banking information online through the myManion Portal at www.mymanion.com or via the Mobile App by clicking your name for the « My Profile » pop-up menu.

Your Life Insurance continues for thirty-one (31) days following the termination of your coverage. During this thirty-one (31) day period you may be eligible to convert the amount of your Life Insurance to an individual whole life or a convertible one-year term plan or a term to age 65 plan without submitting evidence of health. The premium rate will be determined by your age and class of risk at the time of conversion. This is referred to as the **Conversion Privilege.** To take advantage of this option, it is your responsibility to contact Manion as soon as possible because the required application form and the initial premium payment must be submitted to the Insurance Company within 31 days of the date your benefit coverage under this Plan terminates. (For example, if your insurance coverage terminates on the last day of February, to convert the life insurance, the Insurance Company must receive the required application and premium by March 31st.) For more information, refer to the Conversion Privilege sections of this booklet.

CHECKLISTS

➢ Checklist, if you become disabled

- ☐ Advise your Local Union Office and the Life & Disability Claims Department at Manion.
- ☐ Is your disability work related?
  a) If yes, apply for the provincial Workers' Compensation Board (WCB) and **advise the Life & Disability Claims Department at Manion**.
  b) If no, apply for Employment Insurance (EI) disability benefits.
- ☐ Advise the Life & Disability Claims Department at Manion if you remain disabled after 23 weeks of receiving EI disability/sick benefits.
- ☐ Manion will assist you including providing the forms to apply for:
  a) Accidental Death & Dismemberment (AD&D) – loss due to an accident.
  b) Waiver of Premium (WOP) – apply within 12 months if disability is prolonged.
- ☐ Contact Service Canada and apply for CPP Disability Benefits. For eligibility, forms and application procedure, visit http://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit/apply.html.
- ☐ Ensure that Manion is provided with copies of all information related to your claim for WCB or CPP disability benefits including decision letter and annual proof of amount being received.

Note: WOP claims must be submitted within 12 months after the date you cease active work due to Total Disability (you must notify Manion/the Insurer(s) within 12 months of the last day of active work).

The definition of "totally disabled" for WOP means disability resulting from Injury or Sickness which prevents engagement in your regular occupation for 6 consecutive months when you are younger than age 65.

➢ Checklist for government benefits, when you are retiring

6 months prior to your date of retirement:

- ☐ If you are age 60 or older, you can apply for your Canada Pension Plan (CPP) Retirement Benefits by signing in or registering for a My Service Canada Account (MSCA). You can apply online by going to www.Canada.ca (services / benefits / public pensions / CPP Retirement Pension). If you are not able to apply online, you will need to complete the Application for a Canada Pension Plan Retirement Pension and include certified true copies of the required documentation, and mail them or bring them to the Service Canada Centre closest to you. Mailing addresses are provided on the form.
- ☐ Service Canada implemented a process to automatically enroll you to receive the Old Age Security (OAS) pension commencing one month after you turn age 65. If you are automatically enrolled, Service Canada will send you a notification letter the month after you turned 64. If you did not receive such a letter from Service Canada informing you that you were selected for automatic enrollment, you must apply in writing for the OAS pension. Complete and mail the Application for the Old Age Security Pension form, or bring it to the Service Canada Centre closest to you. Mailing addresses are provided on the form.
- ☐ Service Canada implemented a process to automatically enroll you to receive the Guaranteed Income Supplement (GIS). If you are a low-income senior, you will automatically be considered for the GIS based on your income tax filings. Benefits will commence for low-income seniors beginning one month after they turn 65.
- ☐ Familiarize yourself with other provincial supplements and government programs for seniors to determine if you are eligible.

➢ Checklist for ACRC benefits, if you are retiring

3 months prior to your date of retirement:

- ☐ Advise the Local Union Office and the Pension Services Team at Manion.
- ☐ Complete an Application for Benefits Form and forward it to the Local Union for certification.

  Note: The earliest date of retirement is the first of the month following the month in which application is received by Manion.

- ☐ Your application is to be accompanied by a copy of your proof of age, and when applicable, proof of age for your Spouse, and your marriage certificate.
- ☐ As applicable, your application is to be accompanied by proof of separation and/or divorce from former spouse(s), or proof of death for your spouse.
- ☐ Eligible retirees who remain "in good standing" with a participating Local Union will receive Retiree Health Plan coverage through their Dollar Bank Account balance and will be given the option to continue retired coverage (reduced retiree life, health, dental, and MFAP benefits) through direct debit from their monthly pension.
- ☐ To initiate payment of your pension benefits, you must provide Manion with a fully completed Election of Retirement Benefit Form and all required documentation including, when applicable, a Spousal Waiver Form and/or a Post-Retirement Beneficiary Appointment Form.

➢ Checklist, upon death of your Spouse, Beneficiary or Dependent

- ☐ Notify your Local Union office and the Disability Department at Manion.
- ☐ Apply for Dependent Life Insurance benefit, if applicable.
- ☐ Fully complete and submit to Manion a Member Information Change Form for the Benefit Plan and a new Member Information Card for the Pension Program noting any change in marital status, beneficiary and/or Dependents.

➢ Checklist, upon Member's death

Spouse, beneficiary or executor of estate should:

- ☐ Advise the Member's Local Union Office and the Disability Department at Manion of the date of death.
- ☐ Contact Service Canada to obtain information and forms to apply for survivor and death benefits under the Canada Pension Plan and the Spouse's Allowance under the Old Age Security Plan, if applicable.
- ☐ When received from Manion,
  a) complete an Application for Life Insurance;
  b) if death is accidental, complete an Application for Accidental Death & Dismemberment Insurance.
- ☐ If the Member was in-benefit under the Benefit Plan at the date of death, eligible Dependent(s) will have Health, Dental, Out of Province/Canada Medical Coverage, Member and Family Assistance Program, and Mental Health Inkblot extended, without premium payment, up to a maximum of 24 months from the date of the Member's death.
- ☐ Be advised that the life insurance on the deceased Member's Dependents will continue at no cost for 31 days after the Member dies. During this 31-day period, the Spouse has the right to convert the group Dependent Life Insurance coverage into an individual policy.
- ☐ **Manion's Personal Financial Consulting Department** is available to work with the surviving family members to obtain required insurance coverage once benefits under this Benefit Plan terminate. Contact Manion to learn more.

BENEFIT PLAN

Eligibility: You will be covered by the Plan provided -

- you are a Member "in good standing" with a participating Local Union; and
- you are "eligible" - refer to pages G-4 and G-5; and
- you or your eligible Dependent(s) qualify for the benefit and coverage under the Plan and/or a benefit has not terminated.

To be **"in good standing"** means your union dues are up to date with a participating local union of Atlantic Canada Regional Council of Carpenters Millwrights and Allied Workers Employee Life and Health Trust Fund.

➢ Summary of Benefits

Further details are discussed in the Description of Benefits – Section B.

Life Insurance *Pg. B-1*	$60,000
Waiver of premium-WOP	Up to age 65
Waiver qualifying period	6 months prior to attainment of age 65
Termination Age	
– Union Members	Coverage reduces to $10,000 at the earliest of retirement, the date the Member's ACRC Pension benefit begins or at the end of the year in which the Member attains age 71. Coverage terminates at the later of the depletion of Dollar Bank Account or at the end of self-pay period.
– Permit Workers	The earlier of retirement, employment termination or lay-off.
Accidental Death and Dismemberment *Pg. B-3*	$75,000 Principal Sum – Schedule included ($25,000 when working toward initial eligibility)
Waiver of premium	Same as Life Insurance WOP
Termination Age	
– Union Members	The earlier of age 75, retirement, the depletion of Dollar Bank Account and/or at the end of self-pay period
– Permit Workers	The earlier of age 75, retirement, employment termination or lay-off.
Dependent Life Insurance *Pg. B-1*	Spouse: $10,000 Each Child: $10,000
Waiver of premium	Same as Life Insurance WOP
Termination Age	
– Union Members	The earliest of retirement, the date the Member's ACRC pension benefit begins, at the end of the year in which the Member attains age 71, the depletion of Dollar Bank Account, or at the end of self-pay period.
– Permit Workers	The earlier of retirement, employment termination or lay-off.

Maximum Benefit Coverage (per covered person)	
Health Benefit *Pg. B-10*	
Overall Maximum	Unlimited lifetime benefit maximum
Deductible	Nil
Covered Percentage	100%
Termination Age	
– Union Members	The earlier of depletion of Dollar Bank Account and/or at the end of self-pay period
– Permit Workers	The earlier of retirement, employment termination or lay-off.
Prescription Drugs – Mandatory generic substitution (unless brand name medically supported)	Certain drugs subject to limitations or prior authorization may apply. **Dispensing Fee Co-payment:** $7.50 per prescription or refill ($4.50 at Sobeys, Lawton Drugs, Walmart, Drugstore, and Pocket Pills – home delivery; $2.50 at Costco). Maintenance drugs are limited to one dispensing fee for each 90-day supply.
– vaccines	$500 per lifetime
– diabetic/ ostomy supplies	insulin pumps $6,500 every 60 months; insulin injector $1,000 per lifetime; others – unlimited
– erectile dysfunction drug	$250 per calendar year
– fertility drugs	$2,500 per lifetime
– anti-obesity drugs	$1,000 per calendar year
– smoking cessation	$500 per lifetime
Vision Care – eyeglasses or contact lenses	$350 every 24 months including $75 eye exams (every 12 months for Children under age 18)
– Elective laser vision surgery	$800 per lifetime. Cataract eye surgery is not covered.
– Prescription safety glasses	$300 every 24 months (Member coverage only). **Make sure the receipt clearly states that it is for prescription safety glasses.**
– Visual motor training	$150 per lifetime
Paramedical Services by Duly Licensed practitioners ★ Doctor's referral is required for Dependents	$1,500 per calendar year for eligible practitioners combined: massage therapist★, acupuncturist, chiropodist, podiatrist, chiropractor, osteopath, naturopath, physiotherapist, speech therapist, dietician, clinical psychologist, social worker (MSW)
Accidental dental treatment	$5,000 per calendar year. Services must be completed within 180 days of the Accident.
Ambulance service including air ambulance	$1,000 per calendar year for ambulance service $500 per calendar year for ambulance attendant
Hearing aids	$2,000 per ear every 60 months
Private duty nursing	$10,000 per calendar year
Hospital	Semi-private accommodation

Maximum Benefit Coverage (per covered person)	
Convalescent care	$20 per day to a maximum of 120 days per disability
Orthopedic shoes	$400 every 12 months
Orthotics	$400 every 12 months
Off-the-shelf orthopedic shoes/modifications	$400 every 12 months. Pre-approval by Manion prior to purchase is required.
Other medical services	Refer to the Health Benefit Description section
Dental Benefit *Pg. B-19* • Basic Services • Major Services • Orthodontics Deductible Fee Guide Plan Maximums • Basic and Major services • Orthodontics Termination Age – Union Members – Permit Workers	 100% 75% 50% (for Dependent Child under age 18) Nil Current provincial fee guide applicable in the province where services are rendered Combined $2,000 per calendar year (recall examinations – once every 6 months) $2,000 per lifetime (for each Child under age 18) Depletion of Dollar Bank Account and/or at the end of self-pay period The earlier of retirement, employment termination or lay-off.
Emergency Out of Province Medical Coverage *Pg. B-22* Deductible Lifetime maximum Maximum duration Emergency phone no: Termination Age – Union Members – Permit Workers	***(Not available to retired Participants)*** Emergency medical expenses over and above provincial health care benefits are covered at 100% Nil $5,000,000 for individuals under age 70; $2,000,000 for individuals of age 70 – 74 inclusive First 90 days per trip 1-877-207-5018 from U.S. & Canada 0-819-566-3940 (collect) outside U.S. & Canada Coverage ceases for the Participant as well as the Dependents. Coverage for a Spouse may terminate sooner if the Spouse attains age 75 before the Participant. The earlier of age 75, retirement, depletion of Dollar Bank Account and/or at the end of self-pay period The earlier of age 75, retirement, employment termination or lay-off.
Member and Family Assistance Program (MFAP) *Pg. B-26*	MembersHealth Accountable Healthcare Program (AHP) offers personalized healthcare to you and your Dependents with access to a range of resources and support to help manage physical health, mental health and well-being.

Benefit Coverage	
MFAP (cont'd)	• 24/7/365 medical support: speak to AHP's doctors, specialists and surgeons within minutes; • Medical services; • Wellness and mental health support; • Patient care. Access the care you need by booking an appointment: **Click** Online at www.membershealth.ca **Tap** MembersHealth mobile application available at iOS and android **Call** 24/7 on 1-800-484-0152 You will then receive an appointment confirmation by text or call. At the appointment time, the AHP doctors will contact you via video call.
Inkblot Mental Health Program *Pg. B-28*	The benefit delivered through Inkblot, a Canadian provider of video counselling delivered on a secure and encrypted platform. This program is completely confidential, voluntary, and accessible whenever you or your Dependents need it. Accessing Inkblot is easy – go to http://registration.inkblottherapy.com/ca and enter your Organization Code "ACRC" to book with your selected counsellor. Your first one hour of counselling is free, following which subsequent sessions will be eligible for reimbursement using your paramedical benefits, at the rate of $90/hour.

HOW TO FILE CLAIMS – BENEFIT PLAN

Important: Enrol for direct deposit to receive Health and Dental benefit payments for secure and timely claims reimbursement. You are encouraged to set up your direct deposit banking information and provide an email address under the « My Banking Info » menu – refer to page G-3 for details.

Claim forms may be obtained from Manion, your Local Union office, or online via the myManion Portal at www.mymanion.com or via the Mobile App.

ALL CLAIMS should clearly indicate the following:

a) Name of Plan: Atlantic Canada Regional Council Health and Wellness Trust Fund.
b) AIG policy no. for Emergency Out of Province Medical Coverage is CMG 9428757.
c) The Trust Fund provides Health and Dental benefits under Plan No. 22717.
d) Medavie Blue Cross policy no. for Life Insurance is 10616.
e) Zurich Canada policy no. for AD&D is 8621773.
f) Your name, address, Local Union No. and Certificate No.
g) If the claim is for your Dependent(s), provide Dependent's full name, date of birth and relationship to you.
h) If your Spouse has coverage under another plan (e.g. through your Spouse's employer), provide the policy number, name of the insurance company and the type of **INSURED BENEFITS** (i.e. health and/or dental).
i) Review the forms to be sure **ALL** information has been included and remember to **SIGN** and date all claim forms.

Notes:

- Please ensure that your address is correct on all claim forms before submitting them to Manion. Address changes will be made from claim forms in certain circumstances. You can also update your address online via the myManion Portal at www.mymanion.com or via the Mobile App.
- Claims that are NOT submitted within the deadlines will be denied. Refer to the time limit of claims submission under each benefit in the section.

➢ Prescription Drug Claims

Your Benefit Card provides your pharmacist with immediate confirmation of covered drug expenses. To fill a prescription for covered drug expenses:

a) present your Benefit Card (or digital card via the Mobile App) to the pharmacist at the time of purchase, and
b) pay any portion of each prescription that is not covered under this Plan.

When the pay direct option is not available for any reason, pay the pharmacist and submit a fully completed Health Care Claim Form along with the payment receipts to Manion's Claims Department for assessment, using the Mobile App, or through the myManion Portal, or by email, by fax or by post.

➢ Health Claims – Plan No. 22717

TELUS eClaims – Electronic filing of your **vision care and paramedical claims** allows your health practitioner(s) to file eligible claims for you and your family electronically to Manion for payment. This eliminates the need for mailing vision care or paramedical claims and speeds up reimbursement of eligible expenses. If your health practitioner is enrolled on the TELUS eClaims service, they can electronically submit claims directly to Manion on your behalf. Simply show your Benefit Card (or the digital card using the Mobile App) to your health practitioner for electronic submission of eligible services. When your benefit plan does not cover 100% of the expenses incurred, you or your eligible Dependent(s) will need to pay the difference to your health practitioners.

Electronic Filing of Health Claims – Submit claims easily using the myManion Portal or Mobile App – From the "Home" menu, go to the « My Claims » menu, then the « Submit Claim » menu, select the benefit type and follow the prompts. Please ensure that you provide and enter accurately all the information required. You must also upload clear photographs or copies of receipts when requested and you must be enrolled for direct deposit. **We recommend that you keep your original receipts, the Physician's written referral and/or prescription for at least one year from the date of service.**

SCAN ME

Filing Health Claims by email or by fax – You may submit all Health and Coordination of Benefits claims by emailing them to claim@manionwilkins.com or by fax to 416-234-2071, or by post (see address outlined on next page). If you are sending your claims by email or by fax, scan or take photographs of all the documents (signed claim form and receipts, such as the attending Physician's written referral or prescription, if applicable) and attach the scanned files or photographs to your claims. **Please save your original receipts, Physician's written referral and/or prescription for at least one year from the date of service.**

➢ Dental Claims – Plan No. 22717

Electronic Filing via the Dental Office – Your Plan has the capability for electronic filing of dental claims. Tell your Dentist that your Plan accepts claims electronically. If your Dentist has access to this service, show the Dentist your Benefit Card which notes the plan number needed to verify that Manion does accept electronic filing of dental claims.

Once your dentist office submits your claim to Manion, the system will automatically verify eligibility and coverage amounts and will expedite reimbursement to you or your dentist, if applicable.

Online Filing of Dental Claims – When electronic filing is not an option, pay the Dentist and submit a fully-completed Dental Care Claim Form to Manion's Claims Department for assessment, using the Mobile App, via the myManion Portal, by email, by fax or by post.

➢ Health and Dental Claim Submission Time Limit

Claims that are not submitted to Manion within the required time period will be denied.

Health and Dental claims are to be submitted **within 18 months of incurring the expense**.

➢ Submission of Health and Dental claims

You can submit all claims of the above benefits to Manion ***online, by email or by fax***; you must save the original receipts for at least one year from the date of service. When submitting paper claims to Manion ***by post***, attach only original bills and receipts (Photocopies are not acceptable) and send them to:

Manion Wilkins & Associates Ltd.
Claims Department
626 – 21 Four Seasons Place, Etobicoke, ON M9B 0A6
Contact Centre: 416-234-3511 or Toll Free: 1-866-532-8999
Fax Claims: 416-234-2071
Email Claims: claim@manionwilkins.com
View/Submit Claims: www.mymanion.com

➢ Emergency Out of Province Medical Claims – AIG Policy No. CMG 9428757

If you require emergency medical care or hospitalization, you or someone acting on your behalf should contact Global Excel Management Inc. immediately. If circumstances prevent you from calling Global Excel Management Inc. right away, you should contact them as soon as you can and **your claim may be pre-approved so you can avoid having to pay upfront and claim for reimbursement later.**. Global Excel Management Inc. will help ensure that you receive the medical care you need and, if possible, will make claims payment arrangements directly with the hospital or service provider. Telephone Global Excel Management Inc. at the following numbers:

1-877-207-5018 from U.S. & Canada
0-819-566-3940 (collect) outside U.S. & Canada

Give the operator the following:

- The Insured Member's name and the patient's name, location and the details of the emergency
- Policy Number: **CMG 9428757**

If you are not able to contact Global Excel Management Inc. before being billed for the charges, or if your medical needs are minor in nature (i.e., costing less than $500), it is your responsibility to pay the bill promptly yourself and then submit a claim as soon as you return from your trip. To make a claim for out-of-pocket expenses, contact a Global Excel Management Inc. operator who will send you a claim form. When you complete the form, provide the patient's name and provincial health plan number and your certificate number. Be sure to attach detailed statements and original receipts showing the services rendered and the charges for each service.

Mail your completed claim form and attachments to:

Global Excel Management Inc.
73 Queen Street Lennoxville, QC, J1M 1J3

Please make sure you obtain your medical records, statements or detailed receipts at the time of treatment and/or discharge, to submit with your claim. All claims must be submitted to Global Excel Management Inc. as soon as possible, and **no later than 90 days after the expense was incurred.**

➢ Life Claim and Application for Waiver of Premium upon Total Disability – Medavie Blue Cross Policy no. 10616

Life Claims – Manion should be immediately notified of the death of an insured person. The appropriate death claim forms will then be sent to the beneficiary for completion. The fully completed life claim has to be submitted to the Insurer through Manion **within 12 months of the death of the insured person**.

In order to qualify for the **Waiver of Premium Benefit for Life Insurance**, the Member must notify Medavie Blue Cross and furnish due proof of disability, satisfactory to Medavie Blue Cross, within 12 months of that last active working day.

For Life and AD&D claims related questions and inquiries:

Claims Administrator:	416-234-3633
Telephone Toll-free:	1-800-263-5621 Ext. 23633
Email Inquiry and Claim Notification:	lifeclaims@manionwilkins.com
Fax Number:	416-234-0127

➢ Accidental Death and Dismemberment Claim – Zurich Canada Policy no. 8621773

Manion should be immediately notified of an accidental death or dismemberment of an insured person. Please contact the Disability Department of Manion for inquiries and the proper claim form.

The insured or the beneficiary, or someone on your behalf, must give written notice of the Covered Loss to the Insurer **within 90 days of the Covered Loss**.

COORDINATION OF BENEFITS

Applicable to Health and Dental Benefits Only

➢ If You are Covered under Another Plan

When your Spouse has health or dental coverages for themselves, you and/or your Dependent Child(ren), the details must be provided to your Plan and Manion. The Coordination of Benefits provision (COB) ensures that you and your family receive maximum reimbursement of eligible health and dental expenses incurred. **You must provide the details and complete the « Coordination of Benefits » under the « My Benefits » menu through myManion.** Failure to provide coordination of benefits information will result in claims payment delays for your Dependents.

➢ Coordinating Claims with your Spouse's plan

if you and/or your Dependents are covered under this Plan for health benefits or dental benefits and are also covered under other group plans (including your Spouse's plan, school/student, or accident insurance) that provide similar coverage, applicable claim will be coordinated so that benefits payable from all plans will not exceed 100% of the eligible charges incurred.

You will need to check to see if your Spouse's plan has rules that permit claiming from more than one plan.

Then, submit your claims in the order as shown below:

If you (or your Spouse) are covered by 2 or more plans, claims should be submitted in this order – to the plan where you (or your Spouse):
1) are an active, full-time member,
2) are an active, part-time member,
3) are a retired member.

Be sure to keep copies of all original receipts for submission to your Spouse's plan.

Coordinating claims with your Spouse's plan	**When you receive treatment**	**When your Spouse receives treatment**
	1) Claim first to your ACRC Plan. 2) Claim for anything left unpaid to your Spouse's plan. Within the rules of your Spouse's plan, it will pay up to 100% of the amount not covered by the ACRC Plan.	1) Spouse first makes claim to the Spouse's own plan. 2) Spouse claims for anything unpaid to the ACRC Plan. Within rules of your Plan, Manion will pay up to 100% of the amount not covered by your Spouse's plan.
Coordinating claims for your Child(ren)	**If you are living with your Child's other parent**	**If you are separated or divorced**
	1) Claim first to the plan of the parent whose birthday comes earlier in the calendar year. 2) Claim for anything left unpaid to the plan of the parent whose birthday comes later in the calendar year. If your Spouse was born in February and you were born in November, then your Spouse's plan would be the first payor of the claims for your Dependent Child(ren). If both parents have the same date of birth, the plan of the parent whose first name begins with the earlier letter in the alphabet would be the first payor.	Make claims for each Child in this order: 1) To the plan of the parent with custody. 2) To the plan of the current Spouse of the parent with custody. 3) To the plan of the parent without custody. 4) To the plan of the current Spouse of the parent without custody.

Further information regarding the rules of coordinating benefit payments can be obtained from Manion.

DIRECT DEPOSIT RECOMMENDED FOR BENEFIT PAYMENTS

For added security and timely payments, Health and Dental benefit payments can be made by direct deposit. The Trustees recommend you instruct Manion to deposit your benefit payments directly into your bank account.

To enroll in this service, access your online account through the myManion Portal at www.mymanion.com or via the Mobile App, click your name on the main menu for the « My Profile » pop-up menu and fill in the banking information.

BENEFIT PLAN ELIGIBILITY

➢ Benefit Plan Dollar Bank Account

Manion keeps an account for each Member which shows the hours reported monthly on the member's behalf by the Contributing Employer on your behalf. This account is called a "Dollar Bank Account". The Employer is required by the Collective Agreement to report hours/earnings and remit contributions by the 15th of the month following month worked.

New Participants

A Participant will become eligible for benefit coverage (go into benefit) when they satisfy **ALL OF** the eligibility requirements below:

1) The Participant has completed the online enrolment through the myManion Portal at www.mymanion.com or via the Mobile App; and
2) The Participant must be performing work within the jurisdiction of the Union or available for work on the date benefit coverage takes effect; and
3) The Participant (a Union Member "in good standing" or a Permit Worker★) has accumulated the required 450 hours in their Dollar Bank Account within six (6) consecutive calendar months from the first contribution made to the Trust Fund on their behalf. If the 450 hours or more are not accumulated in a period of 6 consecutive months, all hours accumulated in the Member's Dollar Bank Account will be forfeited. This accumulation requirement is subject to change by the Board of Trustees without prior notice.
   - ★ Note: Permit Workers working for Contributing Employers will be eligible for benefit coverage if contributions are made on their behalf to the Trust Fund, provided they are not Members of a participating local union under ACRC or any reciprocating local.

Here is an example of how eligibility for new Participants works, based on the current contribution rate set for the province and the Local:

Eligibility for Coverage				
	Hours Worked	**Month Worked**	**Remitted to Manion by Employer**	**Coverage Effective Date**
	150	July	August 20	N/A
	158	August	September 20	N/A
	155	September	October 20	N/A
Total	463	⟺ meets 450 hours minimum		November

Retired Union Members

A Union Member is considered retired when the Member has elected retirement under ACRC Pension Plan. Following depletion of the accumulated Dollar Bank Account, a Union Member is eligible to extend Life, Health (including Prescription Drugs), Dental (optional), Member and Family Assistance Program, and Inkblot Mental Health Program for your lifetime, provided:

i) you have been "in good standing" with the Union for a minimum of 10 consecutive years before the date of retirement; and
ii) you were insured as an active Member for 12 consecutive months immediately preceding your retirement.

Note: Permit Workers are not eligible for retiree coverage unless the above eligibility requirements are met.

Ongoing Benefit Coverage

A monthly deduction of 150 hours (subject to change) is taken from your Dollar Bank Account to pay premiums for your benefit coverage. If you do not have the required hours in your Account, you may self-pay (details on page G-9).
Note: A Permit Worker can accumulate hours worked in excess of the monthly deduction.

Reinstatement of Coverage for Union Members

If a Union Member's benefit coverage had previously terminated because of insufficient hours in this Member's Dollar Bank Account and the Member has not been out of benefit for a period exceeding 12 consecutive months the Union Member will again become insured for Life, Dependent Life, and Accidental Death and Dismemberment benefits immediately upon accumulation of 150 hours worked within 12 consecutive months in the Dollar Bank Account.

The Union Member will also be eligible for Health and Dental benefits, and Emergency Out of Province Medical Coverage on the first day of the following month once 150 work hours in have been accumulated in the Dollar Bank Account within 12 consecutive months.

A statement will be mailed to you advising when your Dollar Bank Account falls below 150 hours. Otherwise, you will be considered a "New Member" and will be required to meet the New Participants eligibility requirements.

If you are a retired Member returning to work and meet the minimum eligibility requirements of accumulating 150 hours in your Dollar Bank Account, provided these hours are worked in 12 consecutive months, you would be eligible for all benefit coverage subject to the benefit age restrictions.

Maximum Accumulation in Dollar Bank Account

The maximum number of hours you may accumulate in your Dollar Bank Account at each calendar year end is 3,600 hours or 24 months of coverage. Hours in excess of the maximum will be credited to the general reserves of the Trust Fund stabilization.

- For Union Members: Your coverage will terminate at the end of the month in which you are no longer a Member "in good standing" with ACRC for any reason. Your Dollar Bank Account balance will be forfeited and directed to the Trust Fund stabilization reserve if you do not rejoin a Local Union with ACRC within 12 months.
- For Permit Workers: Your coverage will terminate at the earlier of your retirement, termination of employment or lay-off. The balance in the Dollar Bank Account, if any, is forfeited to the general reserves of the Trust Fund unless the Permit Worker becomes a Union Member in good standing with a participating Local Union.

Benefit Plan Beneficiary

You can designate any person or persons as a beneficiary(ies) or change a named beneficiary, in writing, to receive the death benefit payable under the Member Life Insurance and AD&D Indemnity benefit. If you do not designate a beneficiary, any death benefit that becomes payable under the group policy due to your death will be paid to your estate. If your beneficiary is a minor child, please indicate the person (or company) to whom benefits should be paid and held in Trust until the beneficiary reaches the age of majority. **For example,** instead of: Child Smith, please indicate William Smith, in Trust for Child Smith; or ABC Trust Company, in Trust for Child Smith. The Insurer(s), the Trustees and Manion will not be responsible for the sufficiency or validity of the beneficiary designation or change of beneficiary.

➢ Continuation of Benefit Plan Coverage after Retirement for Union Members only

You will be considered as a retired Member on the earliest of the date your pension benefits begin, or at the end of the year in which you reach age 71; and at retirement, you must:

- be in-benefit in the Benefit Plan and not a suspended or terminated Union Member at the date of your retirement; and
- remain a Union Member "in good standing" with the Union; and
- not subsequently working for a non-union contractor; and
- be a full-time resident of Canada; and
- satisfy the Plan requirements of the benefits outlined in the later part of this booklet (also apply to your eligible Dependents).

➢ Dependent Eligibility

Registering your Dependents for coverage

- Coverage for your Spouse and Dependent Child(ren) is not automatic. You must notify Manion in writing to add dependent coverage within 31 days of marriage or the birth of a child, by completing a Member Information Change form. Eligible "Dependent Children" is defined in the General Definitions section – see page D-2.
- Manion has to be notified as soon as the common-law relationship is established. Eligibility coverage of a common-law spouse is outlined under "Spouse" of General Definitions section – see page D-2.
- You must be covered in order for your Dependents to be covered.
- Dependents **do not** include any person permanently living outside of Canada (A Dependent Child is considered an eligible dependent when such student's normal residence is in Canada though attending school outside Canada).
- If your Dependent is hospitalized at the time when your coverage becomes effective, coverage for that Dependent will not become effective until the day following final discharge from the hospital.
- No one will be eligible as a Dependent while covered as a Member or such Dependent commences active duty in armed forces of any country, state or international organization.

➢ Continuation of Benefit Plan Coverages after Participant's Death

When the in-benefit Member dies, Health and Dental benefits, Emergency Out of Province Medical Coverage (subject to age limitations), Member and Family Assistance Program, and Inkblot Mental Health Program for eligible Dependents shall continue, without premium payment, up to a maximum of 24 months from the date of death.

KEEPING YOUR BENEFITS

➢ Maintenance of Coverage

If you are on a leave of absence

While you are on a legislated job-protected leave as defined under the Employment Standards Act, the Employer must continue to make employer-portion of contributions on your behalf for the benefit coverage of the Benefit Plan as required by the Collective Agreement or any other applicable legislation. The Employment Standards Act recognizes maternity and parental leaves. The prerequisite for entitlement to these ongoing contributions during maternity or parental leave are subject to the Employment Standards Act of each province. The availability and pre-requisite for entitlement to employer's contributions for other legislated job-protected leaves may vary, subject to the Employment Standards Act of each province.

If a Permit Worker is receiving disability payments, the Trust Fund will extend coverage for all benefits for 24 consecutive months provided appropriate monthly contribution remittances are received by the Trust Fund. Coverage will cease at the earlier of the date of recovery, attainment of the 24-month maximum period if the appropriate monthly contribution remittance is not received within the allowable time or the disabled Permit Worker reaches age 65.

Proof of your disability must be submitted within 6 months of disability. You will also be required to provide proof of your ongoing total disability on an annual basis. Acceptable Proof of Continuous Disability includes full CPP disability benefits.

➢ Self-payments – available to Union Members only

When you do not have enough hours in your Dollar Bank Account (150 hours) to pay the monthly premiums on your behalf, you have the opportunity to pay directly to the Trust Fund to maintain your Benefit Plan coverage. This is referred to as the self-payment option.

To be offered any of the self-payment options **you must be and remain a Member "in good standing" with a Participating Local Union**. Manion will send you a "Self-payment Notice." Your benefit coverage will continue only if you pay the amount shown on the Self-payment Notice by the due date. **If you do not pay Manion by the due date on the self-pay notice, your coverage will be terminated.** Manion cannot accept your payment if it is late.

Note: - Self-payment rates for all Members are subject to change, at the discretion of the Trustees.
- Self-payments to the Benefit Plan by cheque must be made from personal accounts, not through any employers.

Payment Options: For your convenience, there are several payment options at no additional charge.

Online Banking: If you bank at TD, CIBC, RBC, Scotia, BMO or Desjardins.

i) Payee: **Manion Wilkins & Associates Ltd.**
ii) Please be certain to enter your ACCOUNT number (this is also outlined in your Self-Payment Notice) as a reference when making your payment. Payments received without your ACCOUNT number cannot be matched to your account. Transactions may take 3-5 business days to complete.

Credit Card (Visa or MasterCard): To protect your privacy, your credit card information will be used for one transaction only and will not be kept on file by Manion nor disclosed to any other party.

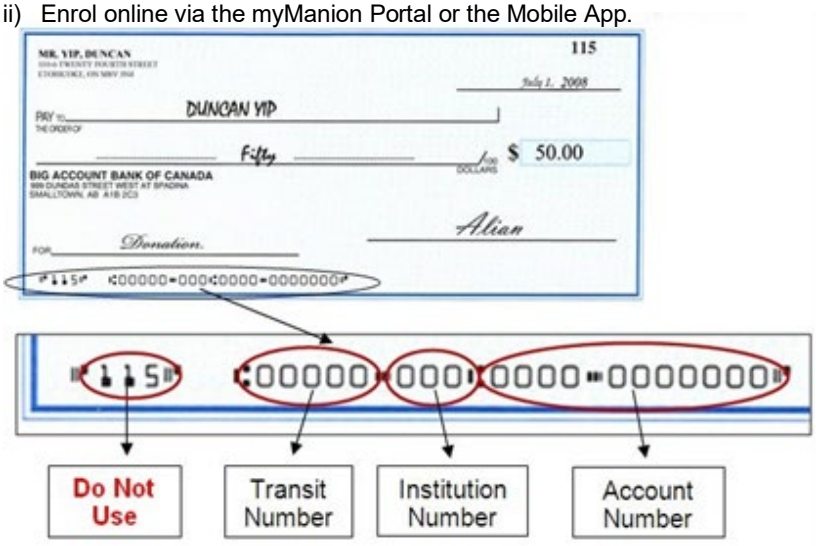
i) **PayNow** via https://manionwilkins.com/selfpaynow: Enter your Certificate Number in the Invoice//Order Number section and complete the web form to self-pay securely. Please keep a copy of your transaction reference response for your records; or
ii) **Over the phone**: 1-866-532-8999.

Personal Cheque: Include a copy of this notice with your payment, or clearly indicate your Name and Account number on your cheque.

i) Payee: **ACRC ELHT** (i.e. Atlantic Canada Regional Council of Carpenters Millwrights and Allied Workers Employee Life and Health Trust Fund).
ii) Mail or Deliver to: 500-21 Four Seasons Place Etobicoke, ON M9B 0A5.

Pre-authorized Debit (PAD) for Retired Members**:** To eliminate the need for you to write a cheque every month.

i) Complete the PAD form sent by Manion; email the completed form and attach the void cheque to askadmin@manionwilkins.com; or
ii) Enrol online via the myManion Portal or the Mobile App.



Self-Payments Tax Note

All direct payments paid to the Trust Fund by Members to maintain benefit coverage are subject to Retail Sales Tax, when applicable.

Self-Payment Options – available to Union Members only

Self-payments for continuation of coverage are discussed below for a variety of situations. Please refer to the following pages for self-payment eligibility requirements. Once your self-payment is authorized by the Union, Manion will send you a self-pay notice. ***Your benefit coverage will continue only if you pay the amount shown on the self-pay notice by the due date.*** Manion cannot accept your payment if it is late.

1. If your Dollar Bank balance is less than 150 hours per month, you are unemployed, or on a temporary lay-off, or on leave of absence, or contributions are not remitted by your Employer on time, or you did not work enough hours

When your Dollar Bank Account has less than 150 hours because you did not work or you did not work/earn enough to maintain benefit coverage, and if you are "in good standing" and available for work, you will receive a self-payment notice that you are eligible to self-pay the required amount to the Trust Fund to continue your Benefit Plan coverage for **a maximum of 24 consecutive months**. If a self-payment is not received by the required date, benefit coverage will be terminated without further notification as identified under the Termination of Coverage section.

Self-paying Members may choose not to self-pay for Dental coverage. Once Members have chosen a self-pay class, they cannot switch classes while continuing to self-pay.

To make these "self-payments" as an active Member, you must be at all times ready to perform work for a Contributing Employer, and self-payment must be received by the due date on the Notice. If it is determined that you were unavailable to work, your coverage for the Benefit Plan coverage shall terminate immediately and you will be notified in writing.

Where, subsequent to the determination that you were unavailable for work, you return to covered employment, reinstatement of Benefit Plan coverage will occur in accordance with the "Reinstatement of Coverage" rules (Refer to page G-5 for details).

2. If you are disabled

In the event that you incur a Total Disability while insured and running out of your Dollar Bank Account balance or making self-payments within the first 6 months of disability, you can continue your coverage for all benefits by self-payments up to age 65, or until you are no longer deemed disabled, provided you remain "in good standing" with ACRC. Upon recovery, you may extend benefits through self-payments up to a maximum of an additional 24 months. This provision is subject to review from time to time and it may change at the discretion of the Board of Trustees due to the financial stability of the Plan. If you do not make an application for the Waiver of Premium or the application is subsequently declined, coverage will only be extended for the remaining balance of your self-pay provision to a maximum of 24 months.

3. If you are a retired Member

If you are in-benefit when you have elected retirement under the ACRC Pension Plan, you may self-pay indefinitely for retiree benefit coverage, once your Dollar Bank Account balance runs out, provided you have been "in good standing" with the ACRC for a minimum of 10 consecutive years before your date of retirement and were insured as an active Member for 12 consecutive months immediately preceding retirement. Retiree benefit coverage includes your Life, Health (including Prescription Drugs) and Dental (optional benefits for your lifetime.

Manion will then send you a Self-payment Notice. Your payment must be received by the due date on the Notice. Retirees can, instead of sending self-payment, use the **direct debit** process available to all retirees receiving a pension from the Plan, provided their monthly pension can cover the self-payment amount. The Member will be provided with a Direct Debit Option Form to complete at retirement.

Note: At no time will there be any refund of any money to a Member or former Member unless specifically permitted by the Trust Fund.

TERMINATION OF COVERAGE – BENEFIT PLAN

The following terms and conditions also apply in the case of the partial cancellation of coverages owing to the cancellation of one or more benefits.

For Active Participants

The benefit coverage will terminate on the earliest of the following dates:

- For a Union Member:
  - the last day of any month in which you do not have at least 150 hours in your Dollar Bank Account, provided you did not or were not eligible to self-pay;
  - the last day of the month when you are no longer a Member "in good standing" with the Participating Local Union for any reason;
  - the last day of any month in which you cease to make self-payments if you are eligible to make self-payments;

  For a Permit Worker:
  - the last day of any month in which you do not have at least 150 hours in your Dollar Bank Account (Note: Permit Workers are not eligible to make self-payments);
  - the last day of the month following the date of retirement, termination of employment or lay-off. The Dollar Bank Account balance is then forfeited to the general reserves of the Trust Fund unless the Permit Worker becomes a Union Member "in good standing" with a Participating Local Union of ACRC.
- the date you are no longer a full-time resident of Canada;
- the date you are no longer covered by a Canadian provincial healthcare plan;
- the date you commence active duty in armed forces of any country, state or international organization;

- the date you attain the termination age as outlined in the "Summary of Benefits";
- the date the Plan is cancelled or terminated.

For Retired Union Members

The benefit coverage will terminate on the earliest of the following dates:

- the last day of any month in which you have insufficient contributions in your Dollar Bank Account, provided you did not exercise the self-pay option outlined in this booklet;
- the last day of any month in which you cease to make self-payments if you are eligible to make self-payments;
- the January 1st you change your option for the reduced portion of the Health and/or Dental coverage (you will only be able to reduce your coverage, not increase it);
- the last day of the month when you are no longer a Member "in good standing" of the Union for any reason;
- the date you are no longer a full-time resident of Canada;
- the date you are no longer covered by a Canadian provincial healthcare plan;
- the date you commence active duty in armed forces of any country, state or international organization;
- the date you attain the termination age as outlined in the "Summary of Benefits";
- the date the Plan is cancelled or terminated.

For Eligible Dependents

A Dependent's coverage terminates on the earliest of the following dates:

- the date the Member of whom the individual is a Dependent ceases to be covered under the Group Master Policy;
- the date the dependent ceases to be a Dependent as defined in the General Definitions section in the booklet on page D-2;
- the date the dependent is no longer a full-time resident of Canada;
- the date the dependent is no longer covered by a Canadian provincial healthcare plan;
- the date the dependent attains the termination age as outlined in the "Summary of Benefits";
- the date the surviving Spouse re-marries after the Member's death (surviving Children will continue to be covered by self-payments);
- the date the dependent commences active duty in armed forces of any country, state or international organization;
- the date Dependent coverage is terminated under this Plan.

A Dependent's coverage can be continued following the death of a Member as detailed under the previous section entitled "Continuation of Benefit Plan Coverages after Participant's Death" on page G-7.

OTHER IMPORTANT INFORMATION

On Transfer to or from another Local Union/Welfare Plan

The Trustees want to protect your Health Benefit and contributions if you work outside the geographical area of your Home Plan. To do this, the Trustees have signed Reciprocal Agreements with the Trustees of other benefits funds throughout Canada. These Reciprocal Agreements provide for the transfer of health benefit monies from one fund to another.

Union Members

Union Members working in a jurisdiction other than a Local Union included under the Union, and on whose behalf contributions are being made to the Atlantic Canada Regional Council of Carpenters Millwrights and Allied Workers Employee Life and Health Trust Fund should complete a Transfer Authority Form and advise the Local Union or Manion to reciprocate contributions to their "Home Fund". This will maintain coverage under the ACRC Life and Health Trust Fund.

Should a Member transfer out of a participating Local under the under the ACRC Life and Health Trust Fund, that Member will be entitled to transfer hours accumulated to another approved Health and Welfare Plan. From the date of the transfer, the under the ACRC Life and Health Trust Fund will be no further obligated or liable for any benefits to that Member after that date

Travel Card Members

If an employee works for an Employer who contributes to the ACRC Trust Fund, but the employee is a member of a different local union or trust fund that has an agreement with the ACRC Trust Fund, such employee **will not** be eligible for benefits from ACRC Plan. However, any contributions made on their behalf will be sent back to their "Home Fund" after they complete a Transfer Authority Form, which can be obtained from an ACRC Union Office or Manion.

➢ Change in Benefit Plan Coverages

If your Benefit Plan benefits change because of an amendment to the Plan, or because of a change in your age, status in the Plan, earnings, dependent status, etc., the new benefits become effective on the date the change affecting your benefits occurred. When a change results in increased benefits you must be at work or available for work to be eligible for the increased benefits. If you are not Actively at Work or available for work on the date the increased benefits would otherwise become effective, the change will not become effective until you return to work or become available for work.

For example: Member Life Insurance amount was $50,000 when you were disabled and unavailable for work. During your disability, if the Plan increases the Life Insurance amount to $60,000, you would not be eligible for the new increase of $10,000 if you continued to be disabled. You would become eligible for the increased Life Insurance amount only when you recover and you returned to work or become available for work.

Increased benefits for a Dependent confined at home or in a hospital on the date the new benefits would otherwise become effective do not become effective until the Dependent is released from home or hospital. In any case, payment for services and supplies received before the date of an increase in benefits will always be based on plan benefits in effect before the change.

➢ Tax on Benefits

The *Income Tax Act* and its regulations require that the premiums paid by the Trust Fund for your **Life, Dependent Life, Accidental Death and Dismemberment Insurance** be included in your annual taxable income. Your T4A is available electronically in the « My Documents » menu of « My Dashboard »through the myManion Portal and via the Mobile App.

Note: Life and Accidental Death and Dismemberment Insurance premiums are not taxable for months in which you self-pay.

Health and Dental expenses that are not reimbursed to you by this Plan may be claimed as deductible expenses when filing your income tax return. A Claims History Report outlining what was submitted versus paid is available in the « My Claims History » menu through the myManion Portal and via the Mobile App.

For Union Members only:

- As applicable, the Trust Fund also provides a Medical Expense report to you when you self-pay for your coverage during all or a portion of the calendar year. A Medical Expense Report is sent to applicable Members each year and is also provided in the « My Documents » menu of « My Dashboard » through the myManion Portal and Mobile App.
- All **self-payments** that you made to the Trust Fund to maintain benefit coverage are subject to provincial Retail Sales Tax. You may also claim the portion of your self-payment that represents the health and dental premiums as an eligible medical expense for filing income tax return.

Note: Your T4A is also available electronically in the « Annual Statements » menu of your myManion Portal and Mobile App.

➢ Change in Government Sponsored Programs

The health and dental benefits under this Plan are provided in conjunction with government sponsored provincial programs. If coverage under any provincial program is modified, suspended or discontinued, this Plan will not automatically assume responsibility for any services or products previously covered under the provincial programs.

➢ Future of the Benefit Plan

The Contributing Employers and the Union expect and intend to keep the Benefit Plan in force indefinitely. However, the Trustees may change or modify the Plan from time to time. **Future benefit coverage is not guaranteed**.

If the Plan is discontinued, all moneys in the Trust Fund must first be used for the benefit of Members and their beneficiaries, and distribution will be made according to the terms of the Plan and Trust Document.

The Trustees have the authority to determine the nature, amount and duration of benefits provided by the Benefit Plan. Decisions made by the Trustees regarding changes to the benefits provided will be made with the intent of ensuring that the Plan remains sustainable. Any particular benefit payable at any particular time cannot be guaranteed for any specific period of time unless required by legislation. The Trustees reserve the right to amend, suspend, delete or terminate any benefit at any time.

➢ Notice Regarding Privacy of Personal Information

When you apply for coverage, Manion and the Insurers set up a file, or series of files, with personal information relative to your participation in the Health Benefit Trust Fund and Plan. This includes all of the information concerning your enrollment, your benefits and your claims. The purpose of this file is to permit Manion to administer your benefits under the Benefit Plan. This includes the following:

- arranging insurance coverage where applicable
- claims adjudication, management and payment
- offering additional insurance products or services that Manion believe you would benefit from knowing about. Manion may also tailor offerings to you based on your demographics or other information, with the objective of meeting your specific needs
- internal and external audits
- income tax reporting purposes where applicable
- preparation of reports used by the plan sponsor (*Board of Trustees)* in the financial management of the plan
- administering your pension benefits

Your files are securely maintained in the offices of Manion, the actuary, the insurers and the custodian. Your personal information is used within these companies and shared, only to the extent required by law, with your plan sponsor, your Participating Local Union and the coverage provider(s) and financial institutions involved in caring for your Plan(s).

Only authorized persons have access to your file when required for coverage purposes. The information in your file is securely stored and is not shared with any other parties, unless you authorize Manion to release it to them, or the disclosure is required by law. You have the right to access the personal information in your file and, if necessary, have it corrected by submitting a written request to Manion or the insurers.

Manion's privacy policy can be accessed online at https://www.manionwilkins.com/privacy/. You may request to review the personal information Zurich maintains about you and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, Ontario. M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

➢ Insurer's Right to Examination(s) of a Claimant

The Insurer(s), at its own expense, shall have the right and opportunity, whenever it deems necessary, to require a medical examination, by a Physician designated by it, of any person for whom a claim is submitted and to make an autopsy in case of death, where it is not forbidden by law. In addition, the Insurer reserves the right to obtain the report of any medical practitioner who has examined the person for whom a claim was submitted.

The Insurer(s), at its own expense and discretion, shall have the right and opportunity to conduct an examination under oath of any person who has submitted a claim or for whom a claim has been submitted under the group policy, whether or not a legal action has been commenced by the person under the group policy with respect to the claim.

➢ Subrogation – Legal Right to Collect

If you or your Dependent has the right to recover damages from any person or organization with respect to which benefits are payable by the Insurer, you will be required to reimburse the Insurer in the amount of any benefits paid out of the damages recovered.

The term "**damages"** will include any lump sum or periodic payments received with respect to (i) past, present, or future loss of income, and (ii) any other benefits, otherwise payable by the Insurer.

If you or your Dependent receives a lump sum payment under judgment or settlement for benefits which would otherwise be payable by the Insurer, no further benefits will be paid by the Insurer until the benefits that would otherwise be payable equal the amount of the lump sum.

If a claim for damages is settled before trial, you will be required to reimburse the Insurer the amount that reasonably reflects the loss of benefits that would otherwise be payable by the Insurer.

You or your Dependent must notify Manion of any action commenced against a third party and of any judgment or settlement in the circumstances described above.

For benefits paid through the Plan Administrator, Manion also has the right to recover any payments in excess of the amount determined to be payable in accordance with the benefit maximums stated in the Plan.

➢ Misrepresentation

The Trustees have the power to terminate any person to past, present or future benefits and to take any further action they deem appropriate, including denying Membership in the Plan, to any person where the Member or persons claiming through the Member are found to be abusing the Plan or making false or improper claims under the Plan.

➢ Access to Plan Documents

Upon written request, copies of the Plan Documents may be obtained from Manion. There may be charges for this service.

You have the right to review or request a copy of any or all of the following items:

- The sections of the Group Policy and/or Plan Document that apply to you and your Dependents,
- Your application for group benefits, and
- Any evidence of insurability you submitted as part of your application for benefits.

Every action or proceeding against an Insurer for the recovery of insurance money payable under a group insurance contract of the Plan is absolutely barred unless commenced within the time set out in the *Insurance Act*, or other similar applicable legislation [e.g. *Limitations Act, 2002* (Ontario); Civil Code (Quebec)] in the covered person's province.

DESCRIPTION OF BENEFITS

➢ Life Insurance

Life Insurance is payable in the event of your death while you are insured as an active Participant.

For Union Members: The insurance amount is $60,000 and reduces to $10,000 at the earliest of retirement, the date Member's ACRC Pension benefit begins, or at the end of the year in which the Member attains age 71. Coverage terminates at the earlier of the depletion of Dollar Bank Account and/or at the end of self-pay period.

For Permit Workers: The insurance amount is $60,000 and coverage terminates at the earlier of retirement, employment termination or lay-off.

In the event of your death, Life Insurance is payable to your beneficiary (the person you named on your Member Information Card for the Benefit Plan to receive the proceeds), provided you are covered and were at work or available for work.

Naming a Life Insurance Beneficiary

You should review your Benefit Plan beneficiary designation online to be sure that it reflects your current intent. Refer to page G-6 for more details.

Conversion Privilege if Coverage Ends

Your Life Insurance continues for 31 days following the termination of your coverage. During this 31-day period you may be eligible to convert the amount of your Life Insurance to an individual whole life or a convertible one-year term plan or a term to age 65 plan without submitting evidence of health. The premium rate will be determined by your age and class of risk at the time of conversion.

It is your responsibility to contact Manion as soon as possible because the required application form and the initial premium payment must be submitted to the Insurance Company within 31 days of the date your Life Insurance under this Plan terminates. For more information on the conversion privilege, please contact Manion for details. Provincial differences may exist.

Dependents of Active Participants

Life Insurance for the Spouse is payable at $10,000 and the insurance amount is $10,000 for each Dependent Child in the event of their death from any cause at any time or place while insured under this Plan.

Dependent Life insurance ceases as follows:

For Union Members: Coverage terminates at the earliest of retirement, the date the Member's ACRC Pension benefit begins or at the end of the year in which the Member attains age 71, the depletion of Dollar Bank Account and/or at the end of self-pay period.

For Permit Workers: Coverage terminates at the earlier of retirement, employment termination or lay-off.

Conversion Privilege of Dependent Life Insurance

The Dependent Life Insurance continues for 31 days following your death or your termination of coverage. During this 31-day period your Spouse's amount of Dependent Life Insurance may be converted to an individual whole life plan or a convertible one-year term plan or a term to age 65 plan without submitting evidence of health. The premium rate will be determined by your Spouse's age and class of risk at the time of conversion.

It is your responsibility to contact Manion as soon as possible because the required application form and the initial premium payment must be submitted to the Insurance Company within 31 days of the date your Dependent Life coverage under this Plan terminates.

Waiver of Life Insurance Premium if Totally Disabled

(For Active Participants under age 65)

If you become Totally Disabled for at least six consecutive months before age 65, your Life Insurance will be continued without payment of premiums until you cease to be totally disabled or you reach the age of 65, whichever occurs first.

Totally Disabled or Total Disability means disability resulting from Injury or Sickness which prevents engagement in an Insured Participant's regular occupation for 6 consecutive months. The availability of work will not be considered by the Insurer in assessing your disability. If you must hold a government permit or licence to perform your duties will not be considered Totally Disabled solely because such permit or licence has been withdrawn or not renewed.

The waiver of premiums ceases on the earliest of the following dates:

- you cease to meet this benefit's definition of Totally Disabled;
- you fail to submit medical proof of Total Disability when required;
- you fail to attend a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by the Insurer;
- your 65th birthday;
- you retire; or
- you die.

The waiver of premium for Dependent Life Insurance also terminates on the date the dependent is no longer an eligible Dependent defined in this Plan.

➢ Accidental Death and Dismemberment

This coverage provides 24 Hour **Accident** Protection anywhere in the world. It includes coverage for fatal and nonfatal accidents involving dismemberment, paralysis, loss of use of limbs, blindness, and loss of hearing.

This Insurance also provides valuable living benefits to help protect your family's financial security if you are injured or pass away due to an accident, such as home alteration and vehicle modification, rehabilitation, retraining, child and parent care benefits.

Who is Covered?

If you suffer an Injury resulting in a Covered Loss and you are covered under the Plan, the Insurer will pay only one benefit, the largest benefit. The Principal Sum for the Participant is $75,000 and the Principal Sum when working toward initial eligibility is $25,000.

For Union Members: Coverage terminates at the earlier of age 75, retirement, the depletion of Dollar Bank Account and/or at the end of self-pay period.

For Permit Workers and Marine Carpenters: Coverage terminates at the earlier of age 75, retirement, employment termination or lay-off.

Covered Losses

Benefit Amount	Principal Sum
Loss of life	100%
Accidental dismemberment of:	
1) Both hands or both feet	200%
2) One hand and one foot	100%
3) One hand or one foot plus the loss of sight of one eye	100%
4) Sight of both eyes	100%
5) Speech and hearing	100%
6) Speech or hearing in both ears	75%
7) One hand; one foot; or sight of one eye	75%
8) Thumb and index finger of the same hand	33 1/3%
9) Hearing in one ear	33 1/3%
Loss of use of:	
1) Two limbs	200%
2) One limb	75%
Plegia (total paralysis) of:	
1) Quadriplegia (all 4 limbs)	200%
2) Triplegia (3 limbs)	200%
3) Paraplegia (both lower limbs)	200%
4) Hemiplegia (upper and lower limbs on one side of the body)	200%
Covered Loss of:	
1) Two limbs	200%
2) Both hands or all fingers and thumbs of both hands	200%
3) Sight of both eyes	100%
Aggregate limit of liability per covered accident is $1,250,000.	

Beneficiary Designation

In the event of accidental loss of life, benefits shall be payable as designated in writing by the insured Participant under the current group life insurance policy. In the absence of such designation, benefits will be payable to your estate. All other benefits shall be payable to you.

Waiver of Premium for Disability

If you become Totally Disabled before age 65, the Accidental Death & Dismemberment Insurance may be continued without payment of premiums in the same manner as Life Insurance.

What are You Covered for?

Benefits	Benefit Descriptions
CORE BENEFITS	
Accidental Death	If there is a loss of life as the result of a covered Injury, The Insurer will pay the applicable Principal Sum.
Accidental Dismemberment	The Insurer will pay the applicable benefit amount if you suffer an Injury listed in the Covered Losses.
Loss of Use	A benefit will be paid to the Insured if they suffer an Injury which results in total paralysis of one or two limbs which is considered to be permanent, complete, and irreversible.
Plegia	Benefits will be provided in the event you have sustained an Injury which has resulted in the permanent, complete and irreversible loss of voluntary movement that affects the motor function of one or more limbs for at least 12 consecutive months.
Accidental Dismemberment & Covered Loss of Use	If you suffer an Injury, which results in a Covered Loss within 365 days of the Accident, The Insurer will pay the benefit amount shown in the Covered Losses.
Aggregate Limit of Liability per Covered Accident is $1,250,000.	
In-Hospital Indemnity Benefit	When you suffer an Injury resulting in Covered Loss which requires you to be hospitalized for more than 7 consecutive days, this benefit provides additional financial help to pay for unforeseen expenses.
ADDITIONAL BENEFITS	
After School Care Benefit	This benefit helps to pay $6,000 for after school care for each dependent child under the age of 11, after your death.
Bedside Companion	If you are hospitalized at least 50 km away from your place of residence for 3 or more days due to an Injury resulting in a Covered Loss, The Insurer will cover the costs associated with having a companion at your bedside if required, including a round-trip economy transportation fare and up to $15,000 for meals and accommodation.

Carjacking Benefit	An additional benefit 10% of the Principal Sum to a maximum of $10,000 will be provided if you suffer an Injury or death, as a result of a carjacking while either operating a vehicle, getting in or out, or as a passenger.
Continuance of Coverage Benefit	Coverage will be extended for 12 months provided premiums are paid if the Insured is: on a temporary lay-off, temporarily absent from work due to short term disability, on leave of absence, or on maternity leave.
Conversion Benefit	On the date of cessation of your employment, you will have 31 days to convert this Group Accident Insurance to an Individual Accident Insurance.
Critical Burn Benefit	If you suffer an Injury due to a critical burn as determined by a Physician, on the surface of your body resulting from an Accident, an additional benefit will be payable for specified body areas as follows: Face and neck and head .....10% Both hands or both feet .....25% One hand and one foot.....25% One hand and the sight of one eye.....25% One foot and the sight of one eye.....25% One hand or one foot.....20% Thumb and index finger of same hand.....20% All other body parts.....20%
Day Care Benefit	A benefit which helps to pay $5,000 for day care costs after your death, for each dependent child under the age of 13 who are enrolled in an Accredited Child Care Facility.
Exposure and Disappearance Coverage	Benefits are payable if you suffer a Covered Loss due to unavoidable exposure to the weather resulting from a covered Accident. In addition, if the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event on a trip which is otherwise covered, The Insurer will presume that you lost your life as a result of Injury and benefits will be payable.
Higher Education Benefit	Benefit to help pay % of the Insured's Principal Sum, to a maximum of $5,000 for post-secondary costs for children enrolled full time in an accredited college, university, or trade school when an Accident results in your death. his amount will be paid annually for 4 consecutive years if the Dependent Child continues their education. Before this benefit is paid each year, the Dependent Child must present written proof, acceptable to Us, that the Child is attending an institution of higher learning on a full-time basis. The maximum amount payable under this benefit is $20,000.

Home Alteration & Vehicle Modification Benefit	When you are injured in an Accident, this benefit provides additional financial assistance and pays the lesser of 10% of Principal Sum or $10,000 to make any modifications to your home or vehicle if required.
Parent Care	If you were to pass away, as a result of an Accident, an additional benefit of $5,000 per Dependent parent or 5% of Principal Sum to a maximum of $10,000 for all Dependent parent(s) would be provided for the care of your dependent parent if you are their primary caregiver.
Repatriation of Remains & Identification Benefit	Repatriation of Remains: If you were to pass away due to an Injury while travelling at least 50 km away from their primary residence, The Insurer will pay the benefit for expenses to either: prepare the body and transport it back to the normal place of residence or cremate the body and return the ashes back to your province of residence, up to a maximum of $15,000. Identification Benefit: In the event that someone is legally required to identify the body of the Insured, and they must travel to the location where the Insured has passed away, The Insurer will provide payment up to a maximum of $15,000 for transportation, commercial accommodation and a subsistence allowance.
Rehabilitation Benefit	When you suffer an Injury under the Accidental Dismemberment, Covered Loss of Use, and Plegia Benefit, this additional benefit provides you with special training in the event you need to change occupations at the lesser of: i) the actual expenses that are incurred within 2 years from the date of the Accident for the Rehabilitation Training; ii) $15,000; or iii) 15% of the Principal Sum.
Seat Belt & Air Bag Benefit	When you suffer an Injury in an automobile Accident when properly wearing your seatbelt, which results in your death, an additional benefit will be paid at 20% of Principal Sum up to a maximum of $25,000. If the seat belt benefit is payable, The Insurer may pay an additional amount to the Principal Sum if you were driving or riding as a passenger with a manufacturer equipped airbag which inflated properly.
Spouse/Domestic Partner Retraining Benefit	An additional benefit at the lesser of 15% of Principal Sum or $15,000 will be provided to your surviving Spouse/domestic partner for the cost of any professional or trade training program should they need to make a career adjustment as the result of your Accidental death.

Therapeutic Counseling Benefit	If you suffer an Injury resulting in a Covered Loss under the Accidental Death and Dismemberment, Covered Loss and Plegia Benefit and require therapeutic counselling, the charges will be reimbursed to the person who incurs the expense up to $5,000 for any one Covered Accident.
Funeral Benefit	An additional funeral amount $5,000 will be paid in the event of the Accidental death of an Insured.
Disability Fitness Benefit	If an Injury is sustained which results in a Covered Loss, The Insurer will pay the reasonable and necessary expenses actually incurred up to a maximum of $5,000 for the purchase of any specially designed fitness training or athletic equipment for you which would otherwise, not have been required except for such Injury.
Workplace Modification & Accommodation Benefit	If you sustain an Injury resulting in a loss which necessitates the use of special adaptive equipment and/or workplace modifications in order to reasonably accommodate your return to Active full-time work with the Policyholder. The Insurer shall pay the Policyholder, upon your return to Active full-time work with the employer, the reasonable and necessary expenses actually incurred by your employer for such adaptive equipment and/or workplace modification up to a maximum of $5,000.
Continuation of Coverage Benefit	Coverage will be continued for 12 months, subject to the payment of premiums, if you are: a) Laid off on a temporary basis; b) temporarily absent from work due to short-term disability; c) on leave of absence; or d) on maternity leave. If you assume other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of such other occupation.

Exposure and Disappearance

If you were exposed to weather because of an Accident and this results in a Covered Loss, the Insurer will pay the Principal Sum, subject to the Plan terms.

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you were not found within 365 days of the event, the Insurer will presume that you lost your life as a result of Injury. If travel in such conveyance was covered under the Plan terms, the Insurer will pay the Principal Sum, subject to all Policy terms. The Insurer has the right to recover the benefit if the Insurer finds that you survived the event. The General Exclusions and General Limitations below apply to this Hazard.

Definitions

The following terms, which appear in bold, are defined as follows:

Aggregate Limit of Liability means the total benefits The Insurer will pay for a Covered Accident or Covered Accidents set forth in the Schedule or Coverages Section or Endorsement. For purposes of the Aggregate Limit of Liability provision, Covered Accident or Covered Accidents will include a Covered Loss or Covered Losses arising out of a single event or related events or originating cause occurring within a [1] day period and includes a resulting Covered Loss or Covered Losses. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Covered Person, The Insurer will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

Coverage(s) means the event or events described in the Hazards of this Policy to which benefits and additional benefits apply.

Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a Covered Injury, and for which benefits are payable under this Policy.

Domestic Partner if used in this Policy, means the Spouse as defined in this policy

Immediate Family Member means Spouse, Domestic Partner, parent, brother, sister, legal guardian, step-parent, grandparent, grandchild, natural or adopted child, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, cousin or in-law.

Limb means an arm or a leg.

Exclusions

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

a) Suicide, any attempt at suicide, self-inflicted injury, or any attempt at self-inflicted injury.
b) War or any act of war, whether declared or undeclared.
c) Involvement in any type of active military service.
d) Illness or disease, regardless of how it was contracted; this includes treatment or complications following the surgical treatment of an illness or disease.
e) Participation in the commission or attempted commission of a crime, any felony, an assault, insurrection, or riot.
f) Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
g) Being intoxicated while operating a motor vehicle.
h) Being under the influence of any prescription drug, narcotic or hallucinogen, unless such prescription drug, narcotic or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.

i) Travel or flight in any aircraft except to the extent stated in the Coverage Section.

j) Release, whether Accidental or not, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release.

k) A cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident.

l) Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within the scope of their authority.

m) Medical treatment within Canada at a private hospital.

➢ Health Benefit

Your Benefit Plan coverage pays for the cost of Reasonable and Customary charges for the Medically Necessary services and supplies listed in this section. This coverage is available to you, your Spouse, and your other eligible Dependents, as long as you meet the coverage eligibility rules outlined in the "Eligibility" section.

For Union Members: Coverage terminates at the earlier of retirement, or the depletion of Dollar Bank Account.

For Permit Workers and Marine Carpenters: Coverage terminates at the earlier of retirement, employment termination or lay-off.

Eligible medical services or supplies incurred in Canada must be recommended by a Physician unless otherwise stated, and the charges must:

- exceed the amount payable under any government medical, health or hospital services plan or, if the person is not covered under such a plan, exceed the amount that would have been payable by the plan of the province in which the covered person resides;
- exceed the amount payable under any other coverage of the plan, any workers' compensation act, or similar law, or any other source, other than an individual policy issued by another company; and
- be those for which Manion is not prohibited by law from providing.

Eligible Expenses

Hospital accommodation

Charges, more than the hospital's public ward charge for accommodation and meals while in a hospital in Canada as an inpatient, up to the semi-private rate. Benefits are only payable if:

1) the accommodation was specifically elected by the patient;
2) hospital was recommended by the attending Physician;
3) the patient effectively receives curative treatment for illness, injury or for pregnancy.

Limitations:

- Charges for custodial or long-term care in a convalescent hospital, nursing home or similar institution will not be considered an eligible expense. Room charges for outpatient care, day surgery, private room, nursing home, chronic care facilities, home for the aged, and rest home will not be considered an eligible expense.
- Charges for the administrative fees charged by the hospital will not be considered an eligible expense.
- Private hospital will not be considered an eligible expense.

Prescription Drugs

Charges for drugs and medicines which are Medically Necessary for the treatment of an Illness or Injury. Such drugs must be prescribed by a person legally authorized by provincial legislation to prescribe drugs and dispensed by a licensed pharmacist or person legally authorized to dispense such drugs and medicines, for the treatment of an Illness or Injury.

Furthermore, such drugs and medicines must bear a valid Drug Identification Number (DIN) assigned by Health Canada and be included in the Compendium of Pharmaceuticals and Specialties.

Including:

- Oral contraceptives.
- Preventative vaccines, excluding Physician's fees, up to $500 per lifetime.
- Smoking cessation medication up to $500 per lifetime.
- Erectile dysfunction medication up to $250 per calendar year.
- Fertility drugs up to $500 per lifetime.
- Anti-obesity drugs up to $1,000 per calendar year.
- Viscosupplementation Injections (Orthovisc, Synvisc, Neovisc, Durolane, Euflexxa or any other viscosupplementation product) only if dispensed by a Physician, excluding Physician's fees or any other fees.

Dispensing Fee Co-payment: The Plan does not pay $7.50 of the dispensing fee per prescription or refill ($4.50 at Sobeys, Lawton Drugs, Walmart, Drugstore, and Pocket Pills – home delivery; $2.50 at Costco).

No benefit shall be payable for any single purchase of drugs which would not reasonably be used within 90 days from the date of purchase.

What Drugs/Medications are not Covered

- Drugs that do not bear a valid Drug Identification Number (DIN).
- Over the counter medications or drugs for which a prescription is not required by law (federal or provincial).
- Vitamins (injectable or oral) unless they legally require a prescription.
- Alcohol swabs.
- Medication which is provided and administered by a health care practitioner (unless they legally require a prescription).
- Drugs which are not considered medically necessary, e.g. cosmetic, unless they are approved under the Prescription Drug Plan – Prior Authorization Procedure (see below).
- Homeopathic medicines.
- Charges for drugs, sera, injectable drugs or supplies which are not approved by Health Canada or are experimental or Limited Use whether or not so approved.
- Drugs, biologicals and related preparations which are intended to be administered in Hospital on an in-patient or out-patient basis and are not intended for a covered person's use at home.

Prior Authorization Procedure

Your drug plan covers prescription drugs which are medically necessary and required in the treatment of an illness or injury. There are also other new or expensive drugs that may have the potential for misuse. Some of these drugs may have already been covered by the Plan and some may have been previously denied. Under the Prior Authorization Procedure, these drugs will be approved for payment only if your doctor completes the required documentation and they meet the clinical criteria established by Express Scripts Canada.

How Prior Authorization (PA) Works – When your pharmacist advises that the drug prescribed by your doctor requires PA, you can pay for your medication at this time if you wish, or wait until the PA process is complete.

- If your PA drug is approved, Express Scripts Canada will notify you and your pharmacist that it is approved. You can then have your prescription filled and your claim will be processed electronically.

  Note: You will need to complete and submit another authorization request form if you continue to use the PA drug beyond 12 months.

- If your PA drug is denied, Express Scripts Canada will notify you and your pharmacist by mail that the drug has been denied. You can then have your prescription filled at your own expense.

Request your approval over the phone

- Ask your doctor or pharmacist to call toll-free **1 855-550-MEDS (6337)** Monday to Saturday, 7:30 a.m. to 9 p.m. ET.
- Request immediate approval
  - ☑ If approval requirements are met, then the prescription will be accepted immediately. Your medication will be covered by your plan.
  - ☒ If approval requirements are not immediately met, you or your pharmacist must request that the doctor call Express Scripts Canada back with additional information.

If not approved by phone

- Click the name of the PA drug and download the "Request For Prior Authorization" form via the ESC PA site at https://www.express-scripts.ca/prior-authorization-forms. You can call Manion and request the form to be sent to you.
- There is a section that you must complete. You must then take the form to your doctor to complete. You and your doctor should send the completed form to ESC by fax or by mail for evaluation. You are responsible for any fee your Physician may charge for the completion of this form.

Maintenance Drugs

Your Plan covers one dispensing fee every 90 days for maintenance medications. Many medications prescribed by doctors are maintenance medications. These are drugs which you or your eligible dependents have been taking for at least six months and which you or your dependents are required to take for a long period of time for a particular condition. Some examples of maintenance medications include blood pressure medication, birth control pills, heart medication, and thyroid pills.

Maintenance drugs can be identified by Manion at the time your claim is processed. The first time a claim is received for a maintenance medication that is not dispensed in a 90-day supply, you will be paid. You will be advised at that time that the Plan will only pay one dispensing fee of $$7.50 ($4.50 at Sobeys, Lawton Drugs, Walmart, Drugstore, and Pocket Pills – home delivery; $2.50 at Costco) for each 90-day supply of your maintenance medication. You should request a 90-day supply of your maintenance medication(s).

Generic Substitution – unless brand name medically supported

Prescription drugs are subject to a mandatory generic substitution. Generic substitution is the substitution of a less expensive drug for the originally prescribed brand name drug. This can be done by the pharmacist without the consent of your health care practitioner and is the normal practice of many pharmacists for a limited number of drugs. It does not mean your health care will be negatively impacted because in Canada the generic drug has the same active chemical ingredients as a brand name drug. **Note:** If, for any reason, your health care practitioner insists you receive a certain brand name medication, words "No Substitution" or "Dispense as Written" must be stated on the prescription. You will be reimbursed for the brand name drug according to the Plan's reimbursement percentage once Manion receives proof that your health care practitioner has specified "***No Substitution***" or "***DAW***".

Pharmacy Listing

You have the choice of purchasing your drugs anywhere you like. In order to assist you in choosing a lower cost pharmacy, a list of pharmacies and their current dispensing fees is available at Manion's website https://www.manionwilkins.com/resources/#reports. Scroll towards the end of the webpage for the Dispensing Fee Reports. You will find the names and addresses of the pharmacies in your city indicating the average level of their dispensing fees charged. This list is updated periodically.

If You (or Your Spouse) are Age 65 or Older

In many provinces, residents of age 65 and older are automatically covered under the provincial drug benefit plan. The provincial drug plan is "first-payor" for such individuals. Please make sure your pharmacist processes your claim through the provincial plan. Any portion of a claim not covered by the covered person's provincial plan may be paid through this Plan's prescription drug benefits in conjunction with the Plan's rules.

Vision care

You and your eligible Dependents will be reimbursed the following maximum benefit amount when prescribed by an ophthalmologist or optometrist for each eligible family member based on the date of purchase.

- Eyeglasses or contact lenses, including $75 eye examinations to a combined maximum of $350 in any 24-month period (12-month period for Children under the age of 18 years).
- Elective laser eye surgery for vision correction up to a maximum of $800 per lifetime. **Note:** Cataract surgeries are not covered.
- Prescription safety glasses, including the hardex treatment are eligible for **active Participant coverage** only, up to a maximum of $300 in any 24-month period. Dependents are not covered. **Please ensure the receipt clearly states that it is for prescription safety glasses**.
- Visual training subject to a maximum of $150 per lifetime.

You **will not** be reimbursed for sunglasses (plain or prescription) or tinted glasses (with a tint other than number one), or for anti-reflective coating.

Convalescent care

Charges for licensed convalescent care facility services or supplies in excess of the Provincial Health Plan up to $20 per day for a maximum of 120 days per disability. Such confinement must be the result of a direct transfer from a hospital where confined for at least 3 consecutive days and for the continued care of the same condition.

Paramedical services – by Duly Licensed Practitioners

Charges payable for treatment by a Duly Licensed massage therapist★, physiotherapist, acupuncturist, chiropractor, podiatrist/chiropodist, osteopath, naturopath, speech therapist, dietitian, psychotherapist, clinical psychologist, or social worker (MSW), up to an overall maximum of $1,500 per covered person per calendar year for all eligible practitioners combined.

The amount payable is subject to the Reasonable and Customary limits set for each practitioner in the province where the services are provided.

★ Note: Doctor's written referral is required for Dependents.

Private duty nursing

Charges for the services of a registered nurse (RN), licensed practical nurse (LPN), or registered nursing assistant up to a maximum benefit of $10,000 per calendar year per covered person. Nursing will be considered eligible only if medically necessary and recommended by a Physician.

Charges for the following services are not covered:

a) Services provided primarily for custodial care, homemaking duties or supervision.
b) Services performed by a nursing practitioner who is an immediate family member or who lives with the patient. (An immediate family member means a person who is the Member, the Member's Spouse or Child, the Member's or Spouse's parent, or the Member's or Spouse's brother or sister.)
c) Service performed while the patient is confined in a hospital, nursing home, or similar institution.
d) Service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

Pre-determination of benefits: Manion suggests that a treatment plan be submitted with cost estimates before any private duty nursing services begin. Manion will then advise you of any coverage that will be provided.

Hearing aids

Charges for purchase of **hearing aids**, excluding batteries, when provided by a certified, clinical audiologist, up to a maximum benefit of $2,000 per year every 60 months per covered person.

Orthopedic shoes and orthotics

a) Charges for **orthopaedic shoes** up to a maximum of $400 every 12 months and **orthotics** up to a maximum of $400 every 12 months; ***custom made and specifically designed and molded*** for the insured individual, dispensed by a certified podiatrist, chiropodist, pedorthist or orthotist and required to correct a diagnosed physical impairment.

b) **Stock off-the-shelf orthopedic shoes** must have permanent modification(s) which may include sole build-ups, lifts, wedges, steel plates, calliper plates, stirrups to accommodate braces and self-adhesive closures, up to a maximum of $400 every 12 months. Orthotics are not considered permanent modifications. This benefit does not include shoes or work boots purchased only to accommodate orthotics or comfortable walking shoes such as Birkenstock, Nike, Brooks, Rockport, etc.

To be covered under the plan, orthopaedic shoes and orthotics must be recommended by a licensed doctor (MD), podiatrist or chiropodist, Recommendation must include the diagnosis, gait analysis, symptoms and chief complaints. No benefit will be provided if the orthopaedic shoes or orthotics are prescribed or dispensed by a practitioner other than those listed above.

To avoid misinterpretation of what is eligible and what may or may not qualify as a covered expense, it is strongly recommended that the covered individual submits an estimate to the Plan Administrator for confirmation prior to the purchase.

Other medical services and supplies

i) Purchase of external **prostheses** and standard artificial limbs (excluding myoelectric limbs), artificial eyes including repair and replacement, stump socks, shoulder harnesses and voice prostheses. A maximum of one external breast prostheses per breast every 12 consecutive months.

ii) **Ambulance service –** Reasonable and customary charges for professional ground ambulance service, or emergency transportation by air, rail or water, to the nearest hospital qualified to provide the necessary treatment, up to a maximum of $1,000 per calendar year per covered person and, if medically required, a medical attendant at $500 per calendar year per covered person.

iii) **Diagnostic laboratory and x-ray procedures** which are defined as diagnostic testing of blood, urine or other bodily fluids and tissues and radiographic examinations performed in the covered person's province of residence are covered when coverage is not available under the provincial government plan. Includes allergy testing and materials associated with the testing.

iv) **Speech aids** to a maximum of $2,000 per lifetime.

v) **Accidental dental treatment** as a result of an accident up to $5,000 every 12 consecutive months. Services must be completed within 180 days of the date of the accident. Any expenses over $500 are subject to pre-approval.

vi) Custom molded **ear plugs** to a maximum of $75 every 24 months (Participant coverage only). Dependents are not covered.

vii) Charges for **wigs** as a result of chemotherapy treatment up to $200 per lifetime.

viii) Purchase of a **TENS** (transcutaneous nerve stimulator) machine for the control of chronic pain to a maximum of $700 per lifetime.

x) Charges for **support stockings** up to a maximum of $250 per calendar year per covered person. To be eligible elastic support stockings must be recommended by a licensed doctor (MD) or podiatrist, provided they have a compression value of at least 20 to 30 mmHg pressure and are required to treat a diagnosed medical condition as determined by Manion.

Durable medical equipment

- **CPAP machines** up to $2,500 every 60 months, as well as an annual maximum of $300 for one mask. CPAP supplies are excluded.
- Charges for one **intermittent positive pressure breathing machine** per lifetime. Supplies are excluded.
- Charges for rental (or, at the Plan's option, purchase) of **mobility equipment**, subject to a maximum benefit of $10,000 every 60 consecutive months, as follows:
  - crutches, canes, walkers;
  - mechanical or hydraulic patient lifters - $2,000 every 60 months;
  - outdoor wheelchair ramps - $2,000 lifetime;
  - wheelchair, standard or where medically required electric – every 60 months, subject to pre-approval by Manion.
- **Medical Equipment**, rental or purchase, when approved by the Administrator, limited to the cost of the device or item that adequately meets the patient's fundamental medical needs, as follows:
  - splints (excluding dental splints), casts, braces (containing rigid material), and cervical collars;
  - intra-uterine contraceptive devices (subject to insertion by a doctor): $200 every 24 months;
  - insulin and ostomy supplies - unlimited;
  - insulin pumps - $6,500 maximum every 60 months;
  - insulin jet injector - $1,000 lifetime;
  - glucometer – one every 48 months;
  - standard hospital bed (electric excluded);
  - extremity pump for lymphedema - $1,500 lifetime;
  - speech aids - $2,000 lifetime;
  - aerochambers;
  - surgical brassieres – maximum two per calendar year;
  - bed rails;
  - colostomy and ileostomy supplies;
  - custom made burn garments and pressure supports for lymphedema;
  - head halters/traction apparatus/trapeze bars;
  - surgical shoes, boots, cast covers purchased after foot surgery for temporary use;
  - urethral catheters;
  - mist tents and nebulizers;
  - oxygen and the equipment needed for its administration;
  - apnea monitors for respiratory dysrhythmias.

Assistive Devices Program

Each province has program(s) to help people who have long-term physical disabilities get needed equipment and supplies.

The Assistive Technology Program of **Nova Scotia** Health Authority provides assessments, devices, training and research opportunities as is necessary to support the goals of the NS residents with disabilities. The Rehabilitation & Supportive Services include assessment and developing a care plan to help obtain orthotics, pedorthics, prosthetics and mobility devices etc. A written referral from a recognized health professional is required. For details of the program, visit https://www.cdha.nshealth.ca/rehabilitation-supportive-care-services/assistive-technology.

The Special Assistance Program is a provincial program of **Newfoundland and Labrador** which provides basic medical supplies and equipment to assist with activities of daily living for persons with disabilities who meet the eligibility criteria for the program. Benefits of the program include medical supplies (such as dressings, catheters and incontinent supplies), oxygen and related equipment and supplies, orthotics such as braces and burn garments, and equipment such as wheelchairs, commodes or walkers. For more information on accessing this service contact the regional health authority at https://www.gov.nl.ca/hcs/department/contact/#disabilities_services.

Prince Edward Island's AccessAbility Supports (AAS) Program provides support to eligible PEI residents for technical aids or assistive devices to improve their ability to perform activities of daily living and instrumental activities of daily living. For general inquiries to Department of Social Development and Seniors, call (902) 620-3777, toll-free 1 (866) 594-3777 or visit https://www.princeedwardisland.ca/en/information/social-development-and-housing/accessability-supports.

Exclusions

The following items are not considered eligible expenses. No benefit is payable for any expense which is directly or indirectly related to:

- charges which are considered a covered service of any provincial government plan;
- charges for general health examinations, eye examinations and examinations required for use of third party;
- charges for medical or surgical care which is cosmetic;
- charges for medical treatment or surgical procedure by a Physician or Specialist other than as provided under Out-of-Province expenses.
- charges for transport or travel, other than as specifically provided under eligible expenses;
- charges for services or supplies which are furnished without the recommendation and approval of a Physician acting within the scope of their license;
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy;
- charges which are from an occupational injury or disease covered by any Workplace Safety & Insurance Board law or similar legislation;
- charges which would not normally have been incurred but for the presence of this insurance or for which you or your Dependent are not legally obligated to pay;

- charges which the Trust Fund is not permitted, by any law or regulation, to cover;
- charges for dental work where a third party is responsible for payment for such charges;
- charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind, or injury/illness due to service in any armed forces;
- charges for services or supplies resulting from any intentionally self-inflicted wound, unless medical evidence establishes that the injuries are related to a mental health illness;
- charges for injuries resulting directly or indirectly from the committing of or attempt to commit an assault or criminal offence;
- charges for injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the insured person's blood contained more than the legislated legal blood alcohol limit in the jurisdiction where the accident occurred;
- charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society;
- charges made by a Physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies;
- any hospital accommodation expenses in Canada or abroad;
- charges for any services or supplies provided by an individual who ordinarily reside in the home of the patient or is an Immediate Family member or is a relative of the Member;
- charges not specified in the foregoing list of eligible health expenses.

➢ Dental Benefit

Your dental plan has been designed to help you and your Dependents maintain good dental health. Should you or your Dependents, while covered under this coverage and as a result of a non-occupational injury or a non-occupational dental disease, incur any of the eligible expenses listed in the "List of Covered Items," you will be reimbursed as described in the following sections. Covered expenses will be based on reasonable and customary charges for the services and supplies provided.

The dental plan covers:

- 100% of Basic Services
- 75% of Major Services
- 50% of Orthodontics (Dependent Children under age 18 only)

Reimbursement

The Plan pays the amount of eligible expenses based on the current dental fee guide applicable in the province where services are rendered. If treatment is given outside Canada, payments will be made to the extent that the charges are reasonable and customary but will not, in any case, exceed the maximums specified in the current dental fee guide applicable in the province of residence.

The plan covers you and each of your Dependents up to the maximum:

- Basic and Major Services Calendar Year Maximum ..... combined $2,000
- Orthodontic Lifetime Maximum (per Dependent Child)..... $2,000

For information on claim submission, see the "How to File Dental Claims" section on page G-2.

For Union Members: Your Dental Care coverage terminates at the earlier of the depletion of your Dollar Bank Account and/or at the end of self-pay period. When you are eligible to self-pay upon retirement, you have the option not to continue dental coverage.

For Permit Workers: Coverage terminates at the earlier of retirement, employment termination or lay-off.

For Expenses Over $300

For your protection, **where a proposed course of dental treatment will exceed $300, ask your Dentist to submit a treatment plan in advance**. Manion will advise you what will be covered by the plan and conditions that apply in a "Pre-Treatment Statement". This statement will be sent to you. Provided you remain in-benefit, the conditions of this pre-treatment statement remain in force for 90 days.

Alternate Benefits

Where there exists more than one customarily employed and professionally adequate method of treating injury or disease to the teeth, Manion reserves the right to determine eligible expenses on the basis of an alternate benefit, i.e. coverage is limited to the cost of the lowest priced alternate course of treatment.

Pre-determination of Benefits

It is recommended that a treatment plan, in the form of a report prepared by the Dentist, be submitted to Manion ***before the work is done*** for any major treatment or any procedure that will cost more than $500. You will be advised of the amount payable under this coverage.

List of Covered Items

Basic Services (Preventative and Restorative) – 100%

1) Recall oral examinations: 1 examination every 6 consecutive months. Polishing and topical application of fluoride: twice every 12 consecutive months. Scaling and Root Planing combined: 10 units every 12 consecutive months.
2) Complete oral examination: once every 36 months.
3) Specific oral examination & Emergency examination: 2 examinations every 12 consecutive months.
4) Dental x-rays: One complete series or panoramic x-ray during any 36-month period. One Bitewing set during any 12-month period.
5) Oral Hygiene instruction: 1 per lifetime.
6) Extractions & residual root removal; Frenectomy; Surgical excision, exposure & incision; Alveoplasty, in conjunction with extractions.
7) Fillings: amalgam, porcelain or plastic and replacement after 12 months.
8) Anesthetics and injections of antibiotic drugs.
9) Treatment of periodontal and other diseases of the gums and tissues of the mouth. Periodontal appliances & maintenance: one appliance per arch every 36 consecutive months;
10) Occlusal equilibration: 4 units every 12 consecutive months.
11) Space maintainers & maintenance of space maintainers.
12) Endodontic treatment including root canal therapy.
13) Denture repairs; Denture rebase: 1 per arch every 36 consecutive months; Denture reline: 1 per arch every 36 consecutive months.

Major Services – 75%

1) Crowns, if teeth cannot be restored satisfactorily by the use of a filling material, and gold inlays, if no other material is satisfactory.
2) Replacement of crowns provided a period of at least 60 months has elapsed since the last date on which the crowns were provided.
3) Initial installation of fixed bridgework. (Please see Exclusions and Limitations regarding pre-existing extractions.)
4) Alteration of or, replacement of fixed bridgework, when existing one cannot be serviceable and when necessitated as a result of an additional extraction when the charge for replacement is incurred and a period of at least 5 years has elapsed since the last date on which bridgework was provided or replaced.
5) Initial placement of dentures. (Please see Exclusions and Limitations regarding pre-existing extractions.)
6) Replacement of dentures provided the existing dentures cannot be made serviceable and a period of at least 5 years has elapsed since the last date on which dentures were provided or replaced.

7) Implant dental surgery and related oral services such as abutment insertion, ridge augmentation, bone preservation; implant periodontal surgery; and subsequent implant retained appliance.

Orthodontics – 50%

Only Dependent Children are covered for this benefit up to the date of completion **provided treatment commenced prior to attainment of age 18**. The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids. These include active space retainers, or orthodontic appliances, those for the purpose of repositioning or moving of the teeth. A treatment plan prepared by the attending Orthodontist must be submitted to Manion for approval. Orthodontic services are payable over the course of the treatment plan, typically 18 to 24 months.

Exclusions and Limitations

Payment will not be made for any dental procedure in respect of teeth extracted, lost, or fractured before you or your Dependent became insured for that procedure except for appliance replacement as specifically stated under List of Covered Items.

No benefit is payable for any expense which is directly or indirectly related to:

- services or supplies that are primarily for cosmetic dentistry;
- services or supplies which are not furnished by a legally qualified dentist or denturist acting within the scope of their license;
- services or supplies which were necessitated as the result of committing, attempting, or provoking an assault or criminal offence;
- a war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind;
- self-inflicted injuries or illness, unless medical evidence establishes that the injuries are related to a mental health illness;
- miscellaneous charges such as for counseling or instruction, travel, broken appointments, communication costs or filling in of forms;
- any services which are covered by any government plan or program; or for which no charge is made; or which Manion is not permitted by law to cover;
- any dental examinations required by a third party;
- services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury, or disease;
- any charges which would not normally have been made but for the presence of this insurance or for which you or your Dependent is not legally obligated to pay;
- services or supplies in connection with any procedures excluded as eligible expenses, including equilibration of dentures;
- charges for dentures that have been lost, mislaid or stolen;
- treatment rendered for a full mouth reconstruction, for a vertical dimension, or for a correction of temporomandibular joint dysfunction;
- charges for any services or supplies provided by an individual who ordinarily reside in the home of the patient or is an Immediate Family member or is a relative of the Member;
- services or supplies for or in connection with a procedure which is not listed as an eligible expense.

➢ Emergency Out Of Province Medical Coverage

Not applicable to retired Participants or their Dependents

Emergency Out of Province Medical Coverage is provided by AIG Insurance Company of Canada **for covered persons under age 75**. The brochure explaining the details of the benefit may be obtained online through the myManion Portal at www.mymanion.com or via the Mobile App. The digital card is also available under the « My Benefits » menu via the Mobile App. It includes all of the information you need to make a claim, including the toll-free emergency assistance numbers you can call in case of a medical emergency.

Period of Coverage

All active Participants and their Dependents are covered while outside their province of residence for such reasons as business or vacation. Expenses incurred by you are not covered in the event that you had left the province for the purpose of obtaining medical treatment, (except as indicated under the Referral Services benefit).

Trips are limited to a maximum of 90 consecutive days.

Emergency Coverage for Hospital, Medical and Therapeutic Services

If an Insured Person suffers a Sickness or Injury that results in an Emergency stay in a Hospital, including semi-private accommodation, or Emergency medical or therapeutic services outlined in the brochure, which can be obtained online via the myManion Portal or via the Mobile App, the Insurer will pay benefits, for the period this contract is in force, not to exceed a lifetime maximum of $5,000,000 for each Insured Person under the age of 70 and a lifetime maximum of $2,000,000 for each Insured Person age 70 to age 75 inclusive, for the actual expenses an Insured Person incurs outside of their province of residence that exceeds the amount which is payable with respect to such expenses under their governmental health insurance plan, or if the Insured Person is not covered under any such plan, to the extent that the actual expenses exceed any amount which would be payable with respect to such expenses under the governmental health insurance plan if the Insured Person was covered under any such plan.

Hospital Confinement

Benefits are payable for confinement as a resident in-patient in a hospital, including semi-private accommodation and charges made by the hospital for services and supplies rendered by such hospital and provided for use during such confinement.

In the event that you are confined to hospital at the end of your trip outside Canada and thus prevented from returning to Canada, insurance will continue for the period of such confinement, but in no event for more than 12 months from the date the first insured expense was incurred.

Medical and Therapeutic Services

Benefits are payable for:

a) the services of a legally qualified physician or surgeon (other than an insured person);
b) laboratory tests and X-ray examination by a legally qualified Doctor of Medicine for the purpose of diagnosis;
c) the services of a registered graduate nurse (other than a relative by blood or marriage), up to a maximum of 50 nursing shifts at the usual and customary fee, but not more than $100 per shift;
d) rental of crutches or hospital type bed, or the cost of splints, canes, slings, trusses, braces or other approved prosthetic appliances;
e) the services of a legally qualified anaesthetist;
f) drugs or medicines that require a legally qualified physician's written prescription;
g) services of a chiropodist, chiropractor, osteopath, physiotherapist or podiatrist (other than a relative) up to a maximum of $300 per practitioner;
h) expenses for accidental injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which requires treatment by a legally qualified dentist or dental surgeon within 30 days from the date of the accident, not to exceed in the aggregate the amount of $2,000 as the result of any one accident;
i) expenses for the relief of dental pain, other than pain caused by an accident, initiated within 48 hours of the onset and completed no later than 90 days after initial treatment, not to exceed $500; and
j) out-patient services provided by a hospital.

Additional Benefits

The following benefits are covered subject to maximum limitations and restrictions as outlined in the brochure:

- Automobile return benefit
- Repatriation benefit
- Identification benefit
- Trip Interruption benefit
- Family transportation benefit
- Return transportation for travelling companion
- Return and escort of Dependent Children underage
- Referral services
- Emergency transportation benefit (ground transportation or air transportation)

Emergency Travel Assistance

Travel Assistance is provided by Global Excel Management Inc. with centres worldwide that will:

- help you locate the most appropriate medical facility for the Insured Person
- confirm coverage with AIG Insurance Company of Canada and assure the Hospital that the Insured Person is covered
- guarantee payment for hospitalization, if necessary

- arrange for admission to a Hospital
- provide translation services
- contact your own doctor for recommendations, when required
- contact your family and employer, when required
- arrange for/co-ordinate emergency medical evacuation
- co-ordinate the Insured Person's return home

Exclusions and Limitations

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

a) Injuries received while the Insured Person is participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;

b) pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except that in the case of an unexpected pregnancy complication occurring before the end of the seventh month;

c) Sickness or Injury where the trip is undertaken for the purpose of securing medical treatment or advice for such Sickness or Injury;

d) dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury;

e) emotional or mental disorders unless the Insured Person is confined to a Hospital;

f) Sickness or Injury due to participation in professional sports;

g) treatment or services that contravene any GHIP plan in Canada;

h) expenses incurred on an elective (non-emergency) basis;

i) loss or injury as a result of suicide or any attempt at suicide while sane or insane;

j) an act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority;

k) any services or supplies provided by an Insured Person or one of the Insured Person's immediate family members;

l) any service, treatment, surgery not required for the immediate relief of acute pain or suffering or which is not medically necessary;

m) any treatment or surgery which reasonably could be delayed until the Insured Person returns to their province of residence; and

n) anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to the Insured Person prior to departure.

All expenses must be incurred on a non-elective emergency basis and are in excess of any individual, group or provincial medical plan.

Extended Coverage after Termination

In the event of the delayed arrival of your common carrier hospitalization this Plan will automatically be extended at no charge:

1) 24 hours in the event of a delayed common carrier;
2) The period of hospitalization plus 24 hours after you are released from hospital.

Termination of Emergency Out of Province Medical Coverage

An Insured Person's coverage ends on the earliest of:

1) the date the Plan is terminated;
2) the premium due date if premiums are not paid when due by the Trust Fund;
3) the date the member no longer satisfies the definition of an Insured Participant or, for an eligible Dependent, the date such dependent no longer satisfies the definition of Spouse or Dependent Child, as applicable;
4) the first day of the month following the date the Participant no longer belongs to an eligible class of members.

When an Insured Participant attains age 75, retires or when Health Benefit terminates, this Out of Province coverage ceases for such Participant as well as the Participant's eligible Dependents. Coverage for a Spouse may terminate sooner if the Spouse attains age 75 before the Insured Member. Similarly, coverage for a Dependent Child will cease once the child no longer satisfies the applicable criteria provided within the definition of Dependent Child.

➢ Member and Family Assistance Program (MFAP)

For Participants and their Dependents

MembersHealth Accountable Healthcare Program (AHP)

Accountable Healthcare Program offers personalized healthcare to you and your Dependents for all conditions, ranging from acute to complex. AHP's team of doctors, specialists, and surgeons promptly assess, diagnose, and implement care plans using evidence-based clinical practices, case reviews, and consultations to achieve optimal healthcare outcomes.

With AHP, you will get access to a range of resources and support to help you manage your physical health, mental health and well being.

Program Highlights:

- Members and Dependents can speak directly with AHP's doctors, specialists, and surgeons 24/7/365, within minutes.
- Unlimited appointments for Members and Dependents.
- Access to AHP's doctors from anywhere in the world.

24/7/365 Medical Support:

- Speak to one of AHP's success care professionals at any time of the day or night, including weekends and holidays.
- Tailored referrals to specialists and surgeons – AHP's care team actively works to shorten your wait time based on your local specialist.
- Immediate Mental health support - for crisis situations, you can speak to AHP's therapists in minutes.
- Referral to a therapist for ongoing support - for a set of counseling sessions.

Medical Services:

- Prescriptions are conveniently sent to a pharmacy of your choice.
- Diagnostics and labs ordered on your call for a seamless process.
- No fee doctor's notes (as medically required) conveniently emailed to you.
- Assistance with locating a family doctor.
- Second opinion service – AHP will provide expert medical opinions on your current diagnosis.
- Referrals for Specialists.

Wellness and Mental Health Support:

- Anxiety, stress, & depression.
- Marital & family.
- Addiction support - including expert assessment and treatment.
- Diversity and inclusion.
- Crisis management & trauma-related services.
- Life coaching.
- Nutrition support - healthy eating, weight management and more.
- Legal support - family, immigration, and more.
- Financial support - debt, planning, and more.

Patient Care:

- Personal touch with follow-up calls/texts 24-48 hours post-doctor visit to see how you are feeling.
- Access to AHP's doctors from anywhere in the world.
- Personal care managers dedicated to each member to help you navigate the healthcare system.

How it Works

Access the care you need by booking an appointment:

Click Online at www.membershealth.ca
Tap MembersHealth mobile application available at iOS and android
Call 24/7 on 1-800-484-0152

You will then receive an appointment confirmation by text or call. At the appointment time, the AHP doctors will contact you via video call.

➢ Mental Health Program

For Participants and their Dependents

Better Workplace Mental Health

Your Inkblot Mental Health Program is here to support you and your Dependents with comprehensive and personalized well-being support from our diverse network of care providers. Access a wide range of treatment options based on your mental health and life goals.

This program is completely confidential, voluntary, and accessible whenever you need it. Make your first secure and encrypted online counselling appointment within 24-72 hours.

Individual and Couples Counselling

Confidential virtual therapy from wherever you are. With our personalized matching algorithm, we match you with a qualified therapist best suited to your needs and preferences whenever you need to talk.

1) Complete a short assessment
2) Inkblot generates a short-list of counsellors best suited to you
3) Book an appointment in as little as 24-72hrs

Get support for challenges including:

- Depression
- Anxiety
- Addiction
- Stress Management
- Burnout
- Anger Management
- Grief and Loss

Get Started with Inkblot Therapy

Accessing Inkblot is easy – go to http://registration.inkblottherapy.com/ca and enter your Organization Code “ACRC”. Your first one hour of counselling is free, following which subsequent sessions will be eligible for reimbursement using your paramedical benefits, at the rate of $90 per hour.

GENERAL DEFINITIONS

The following definitions apply throughout this booklet unless a term is defined differently within a specific coverage for the purpose of that coverage.

Accident shall mean an unexpected or unforeseen happening or event involving an external force, causing loss or injury, independently of all other causes.

Actively at Work shall mean a Participant who is working for a Contributing Employer or is available for work as determined by whose name appearing on the out-of-work list of the Union.

Age shall mean the age of a covered person on the person's birthday, at the time of calculation of premiums or benefits, or at the time an event provided for under this plan occurs.

Contributing Employer, Participating Employer or Employer shall mean an employer who is a party to, or bound by, the Collective Agreement or as may be defined in the Collective Agreement, and who is required or permitted to make payments to the Trust Fund for the purpose of providing coverage for the Participants, of such Employer, who are eligible to be covered under the Plan.

Convalescent Care Institution must be on the list of recognized provincial facilities and ward care must have been paid by the Provincial Health Plan. Convalescent care shall mean an active treatment for rehabilitation for a condition that will significantly improve as a result of convalescent care; and that immediately follows 3 or more days of confinement for acute care. Palliative Care shall mean the treatment for the relief of pain in the final stages of a terminal condition. Such facility cannot be used primarily as a:

- rest facility for the aged,
- facility for drug or alcohol rehabilitation or therapy,
- facility for mental illness, or
- facility for custodial care.

Covered Percentage shall mean the percentage of eligible charges shown in the Summary of Benefits, which will be reimbursed under a coverage after satisfaction of the deductible.

Covered Person shall mean an individual who is covered as an employee or a qualified dependent under this plan.

Deductible shall mean the amount of eligible charges shown in the Summary of Coverages, which must be paid by or on behalf of a covered person in any calendar year before reimbursement will be made under a coverage.

Dentist shall mean a doctor of dentistry, or a person licensed to practice dentistry in the place where the services are provided.

Dependents shall mean your eligible dependents include your Spouse and dependent Children as identified on the next page.

Spouse

- A person married to the Participant as a result of a valid civil or religious ceremony (excluding a person divorced or separated from the Member whether or not there is a court order or a legal separation agreement).
- You must cohabit with your common-law spouse or same-sex spouse for at least 12 consecutive months in order for this spouse to be eligible for dental, health and dependent life benefits. The relationship should include continuous cohabitation and public representation of married status.
- Only one Spouse will be eligible for insurance under this Policy, and will be as indicated on your application for insurance under this Plan. Where this information is not contained on your application, the person who qualifies last under this Plan's definition of Spouse will be the eligible Spouse.

Dependent Children

- Your children younger than 21 years of age are eligible, provided the child is unmarried, is not employed on a regular and full-time basis and is dependent on you for support. Dependent children from age 21 and younger than 25 years of age must be in attendance at an accredited school, college or university on a full-time basis and wholly dependent on you for support and maintenance, to remain an eligible dependent. Proof of school attendance is required annually. You are able to manage the school proofs under the « Uploaded Documents » menu on the myManion Portal.

  The coverage of a Dependent Child who is incapacitated due to a mental or physical handicap on the date the child reaches the age when such child would no longer eligible for coverage as described above, will be continued under the Plan. A child is considered incapacitated if such child is incapable of engaging in any substantially gainful activity, unmarried, and dependent on you for support, maintenance and care, due to a mental or physical disability. To continue a child's coverage, proof that incapacity existed while covered as a Dependent Child should be provided to Manion within 31 days after coverage would otherwise terminate. Contact Manion for the ***Extension of Coverage for Incapacitated Dependent Child Application Form***. Additional proof will be required from time to time and can be managed under the « Uploaded Documents » menu via myManion.
- Stepchildren and legally adopted children may be included the same as your own children, provided they are living with you, depend on you for support and maintenance and are eligible for a deduction under the *Income Tax Act (Canada)*. Foster children are covered as Dependents but not eligible for Dependent Life Insurance.

Drug shall mean a medication that has been approved for use by Health Canada and has a Drug Identification Number.

Duly Licensed shall mean licensed, certified or registered to practice the profession by the appropriate regulatory authority in the jurisdiction in which the care or services are rendered, or where such author*ity does not exist, ha*ving a certificate of competency from the professional body that establishes standards of competence and conduct for that profession.

Eligible Dependent shall mean your Spouse and Dependent Child(ren) who are covered under the Canadian provincial healthcare plan.

Hospital shall mean a legally licensed institution which is operated for the care and treatment of sick and injured persons as in-patients, and which:

a) is eligible to receive payments under a provincial hospital plan;
b) provides organized facilities for diagnosis and major surgery;
c) provides 24-hour nursing service by registered graduate nurses and supervised by licensed Physicians in regular attendance;
d) is not primarily a clinic, nursing, rest or convalescent home, rehabilitation hospital, chronic care facility, health spa, or a place for custodial care, a home for the care and treatment of the aged, the blind or deaf; and
e) is not primarily operated as a place for the care and treatment of alcoholics, drug addicts, tuberculosis or the mentally ill, unless the institution is eligible to receive payments under a provincial hospital plan.

Illness/Sickness shall mean any disorder of the body or mind diagnosed by a physician, including any complications resulting from a pregnancy.

Immediate Family Member shall mean a person who is the Spouse, parent, grandparent, Child, brother, sister, son-in-law, daughter-in-law, parent-in-law, brother-in-law, or sister-in-law of the Covered Person.

Injury (a) with respect to Accidental Death and Dismemberment Insurance, shall mean a bodily injury caused by an accident; (b) with respect to all other coverages, shall mean a bodily injury caused by external violent and accidental means.

Leave of Absence shall mean a period of absence from work for which the dates are fixed by legislation or by mutual agreement between the Employer and the Employee. Leave of absence also includes Maternity and Parental Leave of Absence, and other legislated job-protected leaves. See https://www.canada.ca/en/services/benefits/ei/ei-maternity-parental.html for details and examples.

Maternity Leave of Absence shall mean the period of formal maternity leave to which a Member is entitled by legislation governing the Employer, or a longer period, if the Employer's normal practice permits. For the purposes of this Plan, Maternity Leave of Absence will be deemed to commence on the earlier of:

a) the date fixed by mutual agreement between the Employee and the Employer; and
b) the date the child is born or the child is placed for adoption.

Parental Leave of Absence shall mean the period of formal child care leave to which a Member is entitled by legislation governing the Employer.

Medically Necessary shall mean the service or supply is ordered by a physician and is commonly and customarily recognized throughout the Canadian medical profession as appropriate and required in the treatment of the patient's diagnosed sickness, injury or condition. The service or supply must not be educational, experimental or investigational in nature, nor provided primarily for the purpose of medical or other research.

Natural teeth shall mean teeth whether or not restored, but shall not mean removable or fixed prosthetic devices.

Nonoccupational, with respect to injury, shall mean an injury which does not arise in the course of any employment for wage or profit. With respect to disease, nonoccupational shall mean a disease where a person is not entitled to any benefits under the Workers' Compensation law or similar legislation.

Participant shall mean a person who:

a) resides in Canada; and
b) is working within the jurisdiction of the Union or available for work on the date benefit coverage commences; and
c) has benefit contributions made on their behalf by the Contributing Employer to the trust Fund; and
d) is "in-benefit" for the Benefit Plan. ***In-benefit*** shall mean the person has satisfied all of the eligibility requirements applicable under the Benefit Plan; and
e) is eligible for coverage under the Benefit Plan as a:
   - Union Member: a Member "in good standing" with a Participating Local Union of ACRC on whose behalf contributions are received by the Trust Fund(s) in accordance with the Collective Agreement; or
   - Permit Worker: an employee of Contributing Employer(s) on whose behalf contributions are made to the Trust Fund, and are not Members of a Local Union under ACRC or any reciprocating local.
   - Retired Union Member: a self-paying Member who has elected retirement under the ACRC Pension Plan, provided the Member has been "in good standing" with the ACRC for a minimum of 10 consecutive years before date of retirement and was insured as an active Member for 12 consecutive months immediately preceding retirement.

Physician shall mean a Doctor of Medicine (MD) who is duly licensed to prescribe and administer any drugs or to perform surgical procedures in a place where the services are provided.

Plan shall mean Atlantic Canada Regional Council of Carpenters, Millwrights and Allied Workers Employee Life and Health Plan (referred as herein the "Benefit Plan" or the "Plan").

Plan Administrator shall mean Manion Wilkins & Associates Ltd.

Provincial Plan refers to any plan that provides hospital, medical, or dental benefits established by the government in the province where the covered person lives and which is governed by the Canada Health Act.

Reasonable and Customary shall mean a charge made by the provider of health care, services or supplies that does not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals.

Totally Disabled and Total Disability shall mean disability resulting from Injury or Sickness which prevents engagement in an Insured Participant's regular occupation for 6 consecutive months.

Trust Fund shall mean Atlantic Canada Regional Council of Carpenters, Millwrights and Allied Workers Employee Life and Health Trust Fund (referred herein as the “Trust Fund” or the “Fund”).

Union shall mean any Local Unions or regional council subordinates to or directly affiliated with the Atlantic Canada Regional Council of Carpenters, Millwrights and Allied Workers (referred herein as “ACRC”).

DISCLAIMER

The Trustees have the authority to determine the nature, amount and duration of benefits to be provided through the ACRC Benefit Plan. Decisions made by the Trustees about changes to the benefits will be made with the intent of ensuring that the Trust Funds remain in a "healthy financial position" without accumulating "excessive assets."

Any particular benefit that is provided at a particular time cannot be guaranteed for any specific period of time unless required by legislation. The Trustees reserve the right to amend, suspend, delete or terminate any benefit at any time.