THE EDMONTON
PIPE INDUSTRY

# Health & Welfare Plan

AS AT JULY

# 2023

Canadian Piping Trades LOCAL 488

# CONTENTS

# MESSAGE FROM THE TRUSTEES

Canadian Piping Trades LOCAL 488

## The Board of Trustees is pleased to provide this booklet describing the many benefits for eligible members of Local 488 and their dependants.

This booklet has been prepared to provide you with a summary of your Health and Welfare plan, referred to as (the "Plan").

You will find a brief description of the benefits for which members and their dependants are eligible. Additionally, you will find the rules which determine eligibility for benefits and the procedure for filing a claim. Eligibility in the plan will be governed by the Trust Agreement, Plan Text and Insurance Policies. These documents are available online at www.epibenefitplans.com and at the administration office.

Every effort has been made to ensure that the benefits described are complete and accurate. Should any doubt arise regarding coverage of an expense, please contact the administration office.

Please be sure to make full use of the resources and information available on the plan member website at www.epibenefitplans.com. Please register with GSC Everywhere to make submitting your claims faster and easier.

If you would like to appeal non-payment of any expense, you should appeal in writing, to the administration office.

We encourage you to read through the booklet and should you have any questions, please contact the administration office. Our staff members will be happy to assist you.

The Trustees goal is to provide a comprehensive benefits program to meet the needs of members and their families and can be provided on a long-term financially sustainable basis.

Sincerely,
The Board of Trustees

GENERAL INFORMATION

## ESTABLISHMENT OF THE PLAN

Since July 1965, employers who are parties to collective agreements between the United Association of Journeyman and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, Local 488 (the “Union” and Construction Labour Relations (CLR), An Alberta Association) have been contributing to The Edmonton Pipe Industry Health and Welfare Fund. This Fund provides a plan of benefits for eligible members and their dependants.

The Fund and the Plan are managed by a Board of Trustees. The duties, responsibilities and authority of the Trustees are set out in a trust agreement, a copy of which is available for inspection at the administration office.

The Canada Life Assurance Company (Canada Life), is the present insurer for the Plan's life insurance, supplemental life insurance, optional life insurance, dependant life insurance, and long-term disability benefits. Chubb Life Insurance Company of Canada (Chubb) is the insurer for the accidental death and dismemberment benefits. The emergency medical travel insurance is held with the Manufactures Life Insurance Company (Manulife). The member assistance program (MAP) is provided through Morneau Shepell and provided by the UA Canada National Wellness Program.

The weekly disability, medical and dental benefits are not insured as they are funded solely by the assets of the Fund. Green Shield Canada (GSC) is the technology service provider for the health and dental benefits.

Your Plan has been updated to reflect the changing needs of the members and their families and the funding available from employer contributions.

## PLAN ADMINISTRATION SERVICES

The Trustees have appointed an administrative service provider to manage the Plan and Fund. The administration office attends to the day-to-day administration of the Plan and Fund and operates under the direction of the Trustees. The contact information is:

**THE EDMONTON PIPE INDUSTRY HEALTH AND WELFARE PLAN**

Phone 1-780-452-1331
Fax 1-780-487-4063

16214-118 Avenue
Edmonton, AB
T5V 1M6

questions@epibenefitplans.com
www.epibenefitplans.com

GENERAL INFORMATION

## IMPORTANT DEFINITIONS

- Administrator means the Board of Trustees of The Edmonton Pipe Industry Health and Welfare Fund.

- Bank of Credited Hours shall consist of all credited hours worked by an employee on and after the date the employee becomes an employee as defined by this Plan. The bank of credited hours does not include any credited hour that would increase the total number of credited hours in the bank of credited hours beyond 2,600 hours and no such credited hour thereafter will be deemed to be a credited hour for the purposes of this Plan.

- Benefit Period means a period of one calendar month.

- Credited Hour means
  - Any hour that is worked by a member of the union for the union, or
  - Any hour that is worked by a member in respect of which hour, a participant employer has, pursuant to a labour contract or agreement with the union, made a contribution on behalf of the member into the Fund.

- Credited Service means the number of hours reported to The Edmonton Pipe Industry Pension Plan. One year of credited service is equivalent to 1,300 hours.

- Determination Date means the last day of any calendar month.

- Employee means any person who is employed by the union on a full-time basis, or who is employed by a participant employer in a job classification for which the union is the collective bargaining agent.

- Fund means The Edmonton Pipe Industry Health and Welfare Fund.

- Member means any person who is employed by the union on a full-time basis, or who is employed by a participant employer in a job classification for which the union is the collective bargaining agent.

- Participant Employer means the union or any employer who is required to make payments into the Fund for the purpose of providing insurance benefits for a class or classes of employees of such employer eligible for insurance under this Plan all pursuant to an agreement with the union.

GENERAL INFORMATION

## IMPORTANT DEFINITIONS

- Permit Worker means any person who is employed by the union on a temporary basis, or who is employed by a participant employer in a job classification for which the union is the collective bargaining agent but they have not yet been initiated as a member of Local Union 488.

- Provincial Health Care Plan is a publicly funded plan of benefits universally provided to eligible residents of a province and which is governed by a health care insurance act of the province and the Canada Health Act.

- Retired Member means with respect to employees who are in receipt of a pension from The Edmonton Pipe Industry Pension Plan, Alberta Refrigeration Industry Pension Plan, UA Canadian Pipeline Pension Plan, UA Sprinkler Pension Plan, or UA Officers Pension Plan and who are members in good standing with the union and at the time of retirement had accumulated a minimum of 15 years of credited service earned through employment with a contributing employer and within the jurisdiction of UA Local 488. Employees who have not attained the age of 65 years and are in good standing with the union and did not qualify at the time of retirement with the required years of credited service, will be deemed to be active with exception of disability benefits.

- Union means Local Union 488 of the Untied Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada.

GENERAL INFORMATION

## HOW TO SUBMIT CLAIMS

All health claims must be submitted electronically, preferably by the service provider. Prescription drug claims must be submitted electronically by your pharmacist using your benefit card. Many health care providers (chiropractors, massage therapists, psychologist, physiotherapists, etc.) will also be able to submit claims electronically for you and your eligible dependants.

If you pay for services out of pocket, you will be able to submit the claim yourself through Green Shield's member online services at www.gsceverywhere.ca. Many tools and services are available online for members. You may also download the free "GSC Everywhere" app to submit claims through your internet-connected device if your provider did not submit your claim for you.

If you require any assistance, please contact the administration office where a staff member will be happy to assist you.

## ARE EMPLOYER CONTRIBUTIONS TAXABLE?

Under present legislation, contributions made to the Plan by the contributing employers are not taxable benefits.

## ARE THE PLAN'S BENEFITS TAXABLE?

If you were eligible for life insurance, dependant life insurance or accidental death & dismemberment benefits during a calendar year, you will receive a T4A slip. This T4A shows the amount of the taxable benefit as a result of the Plan's payment of life insurance, dependant life insurance and accidental death & dismemberment premiums on your behalf.

If you receive weekly disability and/or long-term disability benefits from this Plan you will receive a T4A showing the amount of the benefit paid to you during the year.

Certain benefits provided under the self-payment plan would be deemed to be taxable in your hands. Since you are making the payment, the Trustees have established that the self-payment premium is applied first to any benefit which would otherwise create a taxable benefit. Self-payments are currently applied first to life insurance.

T4A slips are issued by the end of February for the prior taxation year.

YOUR BENEFIT PLAN

## WHEN DID THE PLAN BEGIN?

July 1965.

## WHO ARE THE CONTRIBUTING EMPLOYERS?

The contributing employers are employers who are parties to a collective agreement or who have signed a participation agreement and have members in (the "Union" – Construction Labour Relations – An Alberta Association (CLR)) in their employ. These agreements say that the employer will make contributions to The Edmonton Pipe Industry Health and Welfare Fund.

## WHO CAN PARTICIPATE IN THE PLAN?

Members are eligible to join the Plan if employed under the conditions and jurisdiction of Local 488 the United Association of Journeyman and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada. Members must be Canadian residents and must also be covered under one of the provincial health care plans.

## ARE MY DEPENDANTS COVERED?

A member's dependants becomes eligible for coverage when the member becomes eligible or, if acquired later, upon becoming the member's dependant and a completed application card is received in the administration office. The member must be eligible for benefits in order for the member's dependants to be covered for benefits. The member must have provided sufficient information on the card required by the administrator, for the administrator to be able to determine whether the dependant is eligible for benefits. All dependants must be Canadian residents and must also be covered under one of the provincial health care plans. The Plan will not issue payment for benefits that are covered under a provincial health care plan.

## WHO QUALIFIES AS MY DEPENDANT?

A dependant means a spouse and/or an unmarried child under 18 years of age and solely dependent upon the member for support. If in attendance on a full-time basis at an accredited school, college or university, the dependant will remain covered to age 25. Proof of school attendance will be required annually.

**Spouse** means a person who is:

1. Legally married to the member and has not been living separate and apart from the member for one (1) or more consecutive years, or
2. If there is no person to whom the above applies, a person who has lived with the member in a common law relationship for a continuous period of 24 consecutive months, or of some permanence if there is a child of the relationship by birth or adoption.

**Child** means a person who is:

1. A natural or legally adopted child, or,
2. A step-child, who is dependent upon the member for support and lives with the member in a regular parent-child relationship, or,
3. A foster child or other child, who is dependent upon the member for support and lives with the member in a regular parent-child relationship and the member has legal guardianship.

A member making self payments is not permitted to add a common law spouse as a dependent to the Plan. Children of the member will remain eligible to be added as a dependent to the Plan.

A retired member may only add a spouse if said spouse was acquired by a licensed marriage. Common law spouses are not permitted to be added as a dependent to the Plan. Children of the retired member will remain eligible to be added as a dependent to the Plan.

No person shall be considered a dependant if such person is eligible for coverage under any benefit of the Plan as a member.

### WHEN WILL MY DEPENDANTS BECOME COVERED FOR BENEFITS?

Dependants who are in the hospital on the date that the plan member becomes eligible for benefits, with the exception of a newborn child, will not become eligible until discharged from the hospital.

## WILL I BE ELIGIBLE FOR RETIRED MEMBER BENEFITS?

A retiring member may be eligible for retired member benefits, with the exception of the weekly disability, long term disability and prescription safety glasses, by remitting the self-payment rate in effect at the time. Eligible dependents of retired members may also qualify for coverage.

A retired member who applies for Plan coverage must have accumulated 15 years of credited service and a minimum of 25,000 contributor hours at the time of retirement in The Edmonton Pipe Industry Pension Plan, the Alberta Refrigeration Industry Pension Plan, the UA Canadian Pipeline Pension Plan, the Sprinkler Industry Pension Plan or the UA Officers Pension Plan. The accumulated number of years must be earned through employment with a contributing employer, and within the jurisdiction of the Union.

Any transfer of credited service to The Edmonton Pipe Industry Pension Plan via a reciprocal agreement will not qualify towards the requirements for coverage.

The retired member and dependants must be covered under a provincial health care plan.

## WHAT CONTRIBUTIONS ARE TO BE MADE TO THE PLAN?

Contributing employers contribute monthly at the rates stipulated in the collective agreement.

If you have become disabled, and provided you have met the Plan's conditions, you may have coverage extended without a required contribution to the Plan. Disability credits will be granted for a maximum period of 24 consecutive months. After the 24 months, members will be offered the opportunity to make self-payments to the Plan to maintain coverage. You may contact the administration office for more information.

Continued eligibility will be dependent upon remaining a member in good standing of Local 488.

If the member was covered for benefits on the date of death, the surviving spouse and eligible dependants will have coverage by utilizing the deceased members remaining hour bank or on a self-pay basis. The required cost must be confirmed with the administration office.

## WHAT HAPPENS IF I AM NO LONGER A MEMBER OF THE UNION?

As long as you are a member of the Union your coverage will continue under this Plan until your hour bank falls below the monthly drawdown requirement. Suspended or expelled members will not be eligible for benefits and their hour bank will be frozen until membership in the Union is re-instated. Expelled members will have their hour bank forfeited.

If you have transferred your membership to another UA jurisdiction which has a current reciprocal agreement with this Fund, you may wish to transfer your hour bank balance to your new "home" plan. Upon written notification (an authorization form) to the administration office, a transfer of the hour bank will be made

## WHAT IF SAME/SIMILAR BENEFITS CAN BE PAID UNDER ANOTHER PLAN?

The purpose of medical and dental benefits is to cover only the actual expenses you incur. Your Plan will not pay benefits for any person who is entitled to receive them first from another plan. “Other plans” include medical and dental benefits provided under a law or governmental program, the group insurance plan of your spouse, or student coverage obtained through an educational institution.

The claim filing procedure, agreed to by Canadian health insurers and benefit plans, is as follows:

1. If the claim was incurred by you, file the claim first with this Plan. If there is an unpaid balance, then file the claim with your spouse's plan along with this Plan's explanation of benefits so that your spouse's plan can clearly identify what portion of the claim has already been paid.
2. If the claim was incurred by your spouse, file the claim with your spouse's plan first. If there is an unpaid balance, file the claim with this plan along with the explanation of benefits from your spouse's plan identifying the portion of the claim that has already been paid.
3. If one of your children incurs the claim, first submit the claim to the plan of the parent who has the earlier birthday in the calendar year. If your spouse does not have a benefit plan then file the claim with this Plan.
4. The same order of benefit determination will apply if a person is covered in more than one capacity under the same plan, including this plan, or is covered as a dependant of more than one person under the same plan, including this plan.

This type of co-ordination of benefits (COB) provision is common to most group insurance plans. A co-ordination of benefits form must be completed when you or your dependants are covered under more than one plan. This form is available by contacting the administration office.

## OPTING OUT OF THE PLAN

If contributions are required to be made for you under a collective agreement, you are a member of this Plan and you will be unable to opt out.

## MISLEADING OR INCORRECT INFORMATION

If it is determined that you deliberately obtained, or attempted to obtain, a benefit under the Plan to which you were not entitled (including a benefit which is greater than the benefit to which you were entitled, or a duplicate submission of a claim) through the submission of false, misleading or inaccurate information, the Board of Trustees may, at their discretion:

1. Refuse payment of every such benefit;
2. Deny coverage under the Plan;

3. Declare you and your dependants ineligible for any further benefits under the Plan unless you can establish that the information submitted was due solely to a genuine error; and,

4. Seek other remedies permissible by law.

## PROTECTING YOUR PERSONAL INFORMATION

Any personal information obtained from you, or received on your behalf, is disclosed only to those with a legitimate reason for obtaining the information. Personal information will be maintained pursuant to relevant provincial and/or federal privacy legislation.

# ELIGIBILITY RULES

You will become eligible for benefits on the first day of the month following receipt of 320 accumulated working hours. You must also be a member in good standing with Local 488.

An example of commencing eligibility is as follows: If you work in April, those hours are received from the contributing employers in May and would be utilized for coverage commencing in June.

The chart provides the applicable initial eligibility date for each month of the year:

| Hour bank reaches initial eligibility amount* with work month | Initial Eligibility Date |
|---|---|
| January | March 1st |
| February | April 1st |
| March | May 1st |
| April | June 1st |
| May | July 1st |
| June | August 1st |
| July | September 1st |
| August | October 1st |
| September | November 1st |
| October | December 1st |
| November | January 1st of the following year |
| December | February 1st of the following year |

*Currently 320 hours

## HOW DO ACTIVE MEMBERS MAINTAIN COVERAGE?

Each month your contributing employers are required to remit a dollar amount based on the collective agreement contribution rate and the number of hours earned by you in the previous month. After you have satisfied the initial eligibility, the administration office will deduct the monthly drawdown requirement of 130 hours monthly from your hour bank to pay for your benefits. If the amount of contributions remitted in a month exceeds the drawdown requirement, the excess will be accumulated in your hour bank. Contributions will be accumulated in your hour bank to a maximum of 2,600 hours.

You must always be a member in good standing of Local 488 to continue coverage under the Plan.

# ELIGIBILITY RULES

Canadian Piping Trades LOCAL 488

Any contributions over 2,600 hours are transferred to the unallocated reserve of the Fund. The unallocated reserve is used to provide free, or subsidized, coverage to retired members, disabled members and surviving dependants.

Besides employer contributions, there are other ways in which coverage can be continued:

1. Self-payment plan
2. Apprentice coverage: Coverage will remain in effect if you are an apprentice member, for each month of your attendance at, N.A.I.T., S.A.I.T., or other approved institutions. Eligibility is dependent upon your successful completion of each year of apprenticeship training and on confirmation of your school attendance to Local 488 education department.
3. Total disability: If you are totally disabled, you may be entitled, with limitations, to coverage under the Plan. Continued eligibility will be dependent upon you remaining a member in good standing of Local 488. You will be responsible for providing the administration office with any documentation required to support your status.

## WHAT HAPPENS TO MY COVERAGE IF I AM NO LONGER WORKING?

During periods when you are not working, 130 hours will continue to be drawn from your hour bank each month until the hour bank is insufficient to maintain coverage. At that time, you will be offered a self-payment option. You may then make self-payments for a maximum of 12 consecutive months. Additionally, you and your dependants must also be covered under a provincial health care plan.

Once the Plan has not received employer contributions for twenty (20) consecutive months, the remaining Bank of Credited Hours will be forfeited.

Monthly self-payments must be received within 31 days of the due date, after your hour bank becomes insufficient to maintain coverage. If a payment is not received within the 31-day period, reinstatement in the Plan will only be available by working hours.

## WILL THE SELF-PAYMENT RATE CHANGE?

The self-payment rates may change from time to time, based on the cost of benefits and the Funds' ability to subsidize benefits.

## WHAT HAPPENS WHEN I RETURN TO WORK?

If your coverage has been terminated for any reason, it will be reinstated on the first day of the month following receipt of sufficient hours so that your hour bank has a balance of at least the monthly draw down amount. If you have continued your coverage by making self-payments, you will be reinstated on the first day of the month following receipt of sufficient hours.

# ELIGIBILITY RULES

Canadian Piping Trades LOCAL 488

## ACTIVE SELF PAYMENT PLAN

### Who can be covered:

Active members and their dependants.

### Benefits covered:

Life insurance, accidental death and dismemberment, medical, dental, member assistance program, rehabilitation benefit and out of country travel insurance.

### Benefits not covered:

Weekly disability and long-term disability

## WHEN WILL MY COVERAGE AS AN ACTIVE MEMBER END?

**Coverage for you and your dependants will end on the first of the following to occur:**

1. The last day of the month in which you have less than the monthly drawdown requirement (130 hours) in your hour bank, except if you elect to make self-payments;
2. The date you enter active duty in the armed forces of any jurisdiction;
3. The last day of the month prior to your retirement if you do not have sufficient hours in your hour bank and you are not making self-payments;
4. If you discontinue the required contribution for the self-payment plan;
5. For the long-term disability benefit, the earlier of age 65 or the date you commence receiving a pension from The Edmonton Pipe Industry Pension Plan;
6. For the weekly disability benefit, the date you commence receiving a pension from The Edmonton Pipe Industry Pension Plan.

A dependants coverage will end when the person is no longer an eligible dependant or the active member's coverage is terminated.

# TERMINATION

## MEMBER AND DEPENDANT COVERAGE

**Coverage for a member and their dependant will terminate on the earliest of:**

1. The date the Plan is discontinued for any reason;
2. The date immediately prior to the first day of a benefit period if; as of the preceding determination date, there were less than 130 credited hours in the members hour bank; or
3. The member ceases to be a member in good standing of the union, or the member or retired member does not pay the required self-payment amount, or the maximum self-payment period has expired.

Coverage for a member's dependant will terminate on the date such dependant ceases to be eligible.

Members will be responsible to reimburse the Health & Welfare Plan for all claims paid during a period where coverage was terminated.

## TEMPORARY ABSENSE FROM WORK

A member and a member's dependants may continue to be covered at the administrator's option, if such member's absence from work is not due to termination of employment but due to:

- Illness or injury but not beyond age 65 (or, if such member is age 65 or older and eligible for coverage); and
- The administration office has received the required medical information.

## CONTINUATION OF BENEFITS FOR INCAPACITATED CHILDREN

Health and dental benefits may continue beyond the date an unmarried child attains the limiting age for coverage, provided proof is submitted to the administrator within 31 days after such date that such child:

- Is incapable of self-sustaining employment due to a physical or psychiatric disorder
- Became so incapacitated prior to attainment of the limiting age; and
- Is chiefly dependent upon the member for support and maintenance.

Thereafter, such proof must be submitted to the administration office as required.

## CONTINUATION OF BENEFITS AFTER THE MEMBER'S DEATH

A member's dependants, who are covered under the Plan at the time of the member's or retired member's, death, will continue to be covered, but not beyond the earliest of:

# TERMINATION

- The date such dependants cease to be eligible;
- The end of the month in the deceased members hour bank prior to death or no self-payments received; or
- The date coverage for the dependant terminates for any reason.

If the deceased member was not retired, the surviving dependents will be covered using the remaining hour bank after which they can make self-payment for a maximum of 24 months.

If the deceased member was retired, the surviving dependents will be eligible to make the same self-payment as the member qualified for if applicable.

Upon the member's death, dependant benefits are payable to the spouse, if living. If the spouse is not living, benefits are payable to the child if the child is of majority age. If benefits are payable to the child and the child is not of majority age, benefits will be payable to the child's legal guardian.

## AMENDMENT OF THE PLAN'S BENEFITS AND DISCONTINUANCE OF THE PLAN

The Trustees manage the benefits of the Plan pursuant to their rights established in the amended and restated health and welfare trust agreement dated August 13, 2007. Pursuant to that agreement, the Trustees retain the sole right to adopt, administer amend (retroactively or otherwise) or replace the Plan for the benefit of members, their beneficiaries or dependants, as the case may be. These rights include the determination of the type, amount and duration of benefits to be provided and to determine all eligibility requirements. The establishment, suspension, deletion, amendment or termination of benefits and eligibility requirements will be affected solely by resolutions of the trustees.

While it is the intention of the trustees to continue the Plan indefinitely, in the event the assets of the Fund are insufficient to provide for any, or all, of the benefits of the Plan, the trustees will amend the Plan as they, in their sole discretion, shall decide.

The fact that any particular benefit is provided at a particular time does not guarantee that such benefit will be provided for any specific period of time. The continued payment of a benefit lies within the sole discretion of the Trustees.

In the event the Plan is to be discontinued, the mutual agreement of the union and the association, as provided for under the trust agreement, is required.

No benefit will be paid or become payable for claims received after the date the Plan is discontinued. The administrator will allow a period of time after the discontinuance of the Plan for claims to be submitted after which time no claims will be considered.

ACTIVE MEMBER, ACTIVE SELF PAYMENT PLAN &
RETIRED MEMBER WITH COVERED HOURS BENEFITS

Canadian Piping Trades LOCAL 488

## LIFE INSURANCE
$75,000 (Member)

## ACCIDENTAL DEATH AND DISMEMBERMENT
$100,000 (Member, Principal Sum)

## DEPENDANT LIFE INSURANCE
$7,500 (Spouse)
$2,000 (Per Child)

## DEPENDANT ACCIDENTAL DEATH AND DISMEMBERMENT
$15,000 (Spouse)
$4,000 (Per Child)

## OPTIONAL LIFE INSURANCE
Group life insurance is provided by the Plan and optional life insurance may be available through Canada Life if you are under the age of 70 for members and their eligible dependants. Details of premium rates, amounts of insurance and eligibility criteria are available from the administration office or the Plan website.

## MEDICAL BENEFIT
Individual calendar year maximum: $55,000 (effective January 1, 2022)

Prescription drugs: 90% generic. Benefit card must be used to purchase prescriptions.

Miscellaneous services and supplies: 90% (subject to limitations).

Prescription drugs for smoking cessations: 90% for prescription medication with a lifetime maximum of $1,200 per person. Nicorette, the Patch, etc. are not covered.

Prescription drugs for treatment of erectile dysfunction: 90% (subject to annual maximum of $400 per person with a monthly maximum of 16 pills.

Over the counter drugs, vitamins and supplements are not covered. Reimbursement will be based on the lower cost alternative (generic).

## PARAMEDICAL PRACTITIONERS
Acupuncturist, Naturopath, Podiatrist, Speech Therapist, Christian Science Practitioner and Osteopath: 100% combined maximum of $400 per person, per calendar year.

Chiropractor: 100% to a maximum of $500 per person, per calendar year.

Registered Massage Therapist: 100% to a maximum of $400 per person, per calendar year. Massage Therapists must be registered as a member of an Accredited Association in Canada (NHPCA or a Provincially Regulated Association).

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Physiotherapist: 100% to a maximum of $700 per person, per calendar year.

Psychologist or Registered Social Worker: 100% to a combined maximum of $1,000 per person, per calendar year.

Ambulance: 100% from point "A" to a hospital. Response fee is not covered. No coverage if motor vehicle accident. Air ambulance and rail is subject to prior approval from the administration office.

Compression stockings: 2 pairs per calendar year covered at 90% with a doctor's referral. Stockings must be 20-30 mmHg compression. Must use benefit card to purchase from an eligible provider.

Diabetic supplies: Reimbursed at 90%. Glucometer is not a covered expense.

Diagnostic x-rays (excludes Chiropractic): $60 per disability.

Hospital: 100% of the semi-private room rate in the province of residence.

Hearing aids: Reimbursement of up to $4,000 per person every five (5) years from the date of last purchase. An audiology report is required for initial claim.

Mobility assistance equipment benefit: Reimbursement of 90% of the expenses associated with specific mobility equipment. Require prior approval from administration office before purchase.

Orthotics (custom made): $400 per person, per calendar year. Medical Doctor or Podiatrist referral stating condition is required every 3 years. Orthotics must be purchased from an eligible provider through Green Shield. You may search a provider on your member online services or contact the administration office.

Oxygen: Covered at 90%. Preauthorization is required.

Private duty nursing: $20,000 per person, per calendar year. Preauthorization is required.

Vaccines: Most vaccines covered at 90% and must use benefit card to purchase. No manual claims will be accepted.

## VISION CARE

$450 per person is available for purchase of prescription glasses and/or contact lenses. Vision care benefit renews on January 1st of each even year (2022, 2024, 2026, etc.).

Laser eye surgery: $1,600 lifetime maximum per person. If the laser eye surgery benefit is used, there is no coverage for vision care for 5 years.

Eye exams: Eye exams are not a covered expense.

Prescription Safety glasses: $400 every 2 years from last date of service, available for an active member only who is covered with hours or self-payment. A retired member covered with hours is not eligible.

## EMERGENCY MEDICAL TRAVEL ASSISTANCE

$5,000,000 per person per trip. Maximum 60 days per trip. Not subject to co-insurance or calendar year maximum. You must be medically stable to travel. Certain pre-existing medical condition exclusions may apply. Please review the Plan documents and contact the insurer for more information.

## DENTAL BENEFITS

Dental fee guide: Reimbursement of dental services will not be in excess of the 2022 Alberta Suggested Dental Association Fee Guide.

Combined annual maximum: $2,500 per person (excluding Orthodontics)

Basic dental services: 90% - Includes cleaning, check-up, fillings, extractions, etc. Oral exam and cleaning allowed once every 6 months.

Major dental services: 80% - Includes crowns, bridges, dental implants, etc. Preauthorization is recommended.

Dentures: 90% - Preauthorization is recommended.

Orthodontics: 65% subject to a $3,000 lifetime maximum per person for those under age 25 at the commencement of treatment.

Pre-determination of dental benefits: Prior to a planned course of treatment exceeding $500, a pre-determination plan, including x-rays, should be submitted electronically by the dentist to Green Shield Canada for approval.

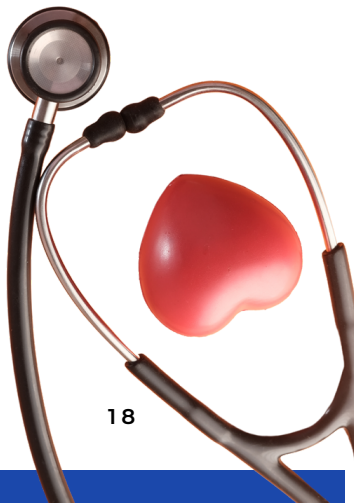
## MEMBER ASSISTANCE PLAN (MAP)

Provides immediate and confidential help for any work, health or life concerns. The benefit is provided by Morneau Shepell and offered through the UA Canada National Wellness Program.

**Phone:** 1-833-778-2627 (UAMAP)
**Website:** www.workhealthlife.com

## REHABILITATION BENEFIT

Plan members and their eligible dependants may be entitled to receive up to $5,000 per person per lifetime as reimbursement towards the cost of attending an in-patient or out-patient treatment program at a recognized treatment facility in Canada. Please contact the administration office should you have any questions regarding this benefit.



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## LIFE INSURANCE

$7,500

## ACCIDENTAL DEATH AND DISMEMBERMENT

$20,000 (Retired Member, Principal Sum)

## DEPENDANT LIFE INSURANCE

$7,500 (Spouse)
$2,000 (Per Child)

## DEPENDANT ACCIDENTAL DEATH AND DISMEMBERMENT

$15,000 (Spouse, Principal sum)
$4,000 (Per Child, Principal sum)

## MEDICAL BENEFITS

Individual calendar year maximum: $55,000 effective January 1, 2022.

Prescription drugs: 90% generic. Benefit card must be used to purchase prescriptions.

Prescription drugs for smoking cessations: 90% for prescription medications to a lifetime maximum of $1,200 per person. Nicorette, the Patch, etc. are not covered.

Prescription drugs for treatment of erectile dysfunction: 90% (subject to annual maximum of $400 per person with a monthly maximum of 16 pills).

Over the counter drugs, vitamins and supplements are not covered. Reimbursement will be based on the lower cost alternative (generic).

Ambulance: 100% from point "A" to a hospital. Response fee is not covered. No coverage if motor vehicle accident. Air ambulance and rail is subject to prior approval from the administration office.

Diabetic supplies: Reimbursed at 90%. Glucometer is not a covered expense.

Hearing aids: Reimbursed of $4,000 per person every five (5) years from date of last purchase. An audiology report is required for the initial hearing aid claim.

Hospital: 100% of the semi-private room rate in the province of residence.

Miscellaneous services and supplies: 90% (subject to limitations).

Mobility assistance equipment benefit: Reimbursement of 90% of the expenses associated with specific mobility equipment. Require prior approval from administration office before purchase.

Private duty nursing: $20,000 per person, per calendar year. Preauthorization is required.

Canadian Piping Trades LOCAL 488

## VISION CARE

$450 per person is available for purchase of prescription glasses and/or contact lenses. Vision care benefits renew on January 1st of each even year, (2022, 2024, 2026, etc.).

Laser eye surgery: $1,600 lifetime maximum per person. If the laser eye surgery benefit is used, there is no coverage for vision care for 5 years.

Eye exams: Eye exams are not a covered expense.

## DENTAL BENEFITS

Dental fee guide: Reimbursement of dental services will not be in excess of the 2022 Alberta Suggested Dental Association Fee Guide.

Combined annual maximum: $2,500 per person (excluding orthodontics)

Basic dental services: 90% - Includes cleaning, check-up, fillings, extractions, etc. Oral exam and cleaning allowed once every 6 months.

Major dental services: 80% - Includes crowns, bridges, dental implants, etc. Preauthorization is recommended.

Dentures: 90% - Preauthorization is recommended.

Orthodontics: 65% subject to a $3,000 lifetime maximum per person for those under age 25 at the commencement of treatment.

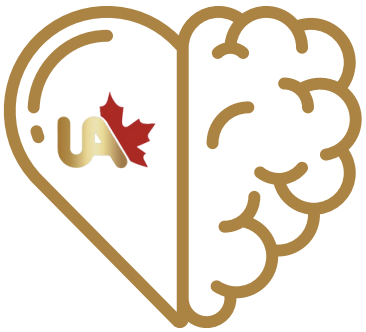
Pre-determination of dental benefits: Prior to a planned course of treatment exceeding $500, a pre-determination plan, including x-rays, should be submitted electronically by the dentist to Green Shield Canada for approval.

## EMERGENCY MEDICAL TRAVEL ASSISTANCE

$5,000,000 per person per trip. Maximum 60 days per trip. Not subject to co-insurance or calendar year maximum. You must be medically stable to travel. Certain pre-existing medical condition exclusions may apply. Please review the Plan documents and contact the insurer for more information.

## MEMBER ASSISTANCE PROGRAM (MAP)

Provides immediate and confidential help for any work, health or life concerns. The benefit is provided by Morneau Shepell and offered through the UA Canada National Wellness Program.



Phone: 1-833-778-2627 (UAMAP)
Website: www.workhealthlife.com

# SURVIVING DEPENDANTS

Canadian Piping Trades LOCAL 488

**SURVIVING DEPENDANTS OF DECEASED MEMBERS COVERED WITH HOURS**

## DEPENDANT LIFE INSURANCE

$7,500 (Spouse)
$2,000 (Per Child)

## DEPENDANT ACCIDENTAL DEATH AND DISMEMBERMENT

$15,000 (Spouse, Principal Sum)
$4,000 (Per Child, Principal Sum)

**SURVIVING DEPENDANTS OF DECEASED MEMBERS COVERED WITH HOURS OR MAKING SELF PAYMENTS**

## MEDICAL BENEFITS

Individual calendar year maximum: $55,000 effective January 1, 2022.

Prescription drugs: 90% generic. Benefit card must be used to purchase prescriptions.

Miscellaneous services and supplies: 90% (subject to limitations).

Over the counter drugs, vitamins and supplements are not covered. Reimbursement will be based on the lower cost alternative (generic).

Hearing aids: Reimbursement of $4,000 per person every five (5) years from date of last purchase. An audiology report is required for the initial hearing aid claim.

## VISION CARE

$450 per person is available for purchase of prescription glasses and/or contact lenses. Vision care benefits renews on January 1st of each even year (2022, 2024, 2026, etc.).

Laser eye surgery: $1,600 lifetime maximum per person. If the laser eye surgery benefit is used, there is no coverage for vision care for 5 years.

Eye exams: Eye exams are not a covered expense.

## DENTAL BENEFITS

Dental fee guide: Reimbursement of dental services will not be in excess of the 2022 Alberta Suggested Dental Association Fee Guide.

Combined annual maximum: $2,500 per person (excluding orthodontics)

Basic dental services: 90% - Includes cleaning, check-up, fillings, extractions, etc. Oral exam and cleaning once every 6 months.

# SURVIVING DEPENDANTS

Major dental services: 80% - Includes crowns, bridges, dental implants, etc. Preauthorization is recommended.

Dentures: 90% - Preauthorization is recommended.

Orthodontics: 65% subject to a $3,000 lifetime maximum per person for those under age 25 at the commencement of treatment.

Pre-determination of dental benefits: Prior to a planned course of treatment exceeding $500, a pre-determination plan, including x-rays, should be submitted electronically by the dentist to Green Shield Canada for approval.

## EMERGENCY MEDICAL TRAVEL ASSISTANCE

$5,000,000 per person per trip. Maximum 60 days per trip. Not subject to co-insurance or calendar year maximum. You must be medically stable to travel. Certain pre-existing medical condition exclusions may apply. Please review the Plan documents and contact the insurer for more information.

## MEMBER ASSISTANCE PROGRAM (MAP)

Provides immediate and confidential help for any work, health or life concerns. The benefit is provided by Morneau Shepell and offered through the UA Canada National Wellness Program.

Phone: 1-833-778-2627 (UAMAP)
Website: www.workhealthlife.com

# LIFE INSURANCE

## FOR MEMBERS

The Plan provides life insurance coverage for all insured members. In the event of a plan member's death while insured under the Plan, the life insurance benefit is payable to the most current beneficiary recorded on the member application card with the plan administration office that was received prior to the plan member's death. The assignment of a beneficiary is subject to provincial laws. If you have not named anyone as your beneficiary at the time of your death, the life insurance benefit will be payable to your estate.

## FOR SPOUSES AND DEPENDANTS

If a spouse or dependant dies while their life is insured, Canada Life will pay the amount of the dependant life insurance benefit to the member.

## OPTIONAL LIFE INSURANCE

Optional life insurance, over and above the group life insurance that is provided by the Plan, is available through Canada Life for members and their eligible dependants under age 70. All members in good standing with Local 488 are eligible. A person who is insurable as both a member and as a spouse is still limited to the $500,000 maximum:

- Member amount: Any multiple of $25,000 up to $500,000.
- Spouse amount: 10% of the member amount, up to $50,000.
- Child amount: 5% of the member amount, up to $25,000.

## VOLUNTARY ACCIDENTAL LIFE INSURANCE

Available for purchase to members in good standing with Local 488 and their eligible dependants under age 70. Contact the administration office for information.

## CONVERSION PRIVILEGE

Life insurance will continue for 31 days following the termination of your coverage. Should this benefit terminate due to employment, change in classification or because you are no longer eligible for coverage, you may convert your life insurance within 31 days provided you are under the age of 65.

No evidence of health will be required and the premium rate will be determined based on your age and class of risk at the time of conversion. If you die during this 31-day period, the amount of insurance which could be converted would be payable even if you had not applied for an individual policy. If you wish to convert your life insurance benefit you must contact Canada Life. Please quote Group Policy Number 167248.

## SUPPLEMENTAL LIFE INSURANCE

A supplemental life insurance benefit is payable in the amount of $2,500 to the beneficiary of a member in good standing with Local 488, upon the member's death. Please contact the plan administration office for further details.

# ACCIDENTAL DEATH & DISMEMBERMENT

Canadian Piping Trades LOCAL 488

## PRINCIPAL SUM AMOUNT

- $100,000 (Active member, active member self payment plan and retired member with covered hours, principal sum)
- $20,000 (Retired member self payment plan, principal sum)
- $15,000 (Spouse, principal sum)
- $4,000 (Per child, principal sum)

## ACCIDENTAL DEATH BENEFIT

Accidental death is defined as death resulting from accidental bodily injury. Within 365 days of an accidental death, and upon receipt of due proof of loss satisfactory to the insurer, your beneficiary will receive the applicable principal sum. This benefit is paid in addition to the life insurance benefit.

## ACCIDENTAL DISMEMBERMENT BENEFIT

The insurer will pay 100% of the principal sum in the event that you should suffer any of the losses listed below:

- Loss of life
- Loss of entire sight of both eyes
- Loss of one hand and one foot
- Loss of use of one hand and one foot
- Loss of one hand and entire sight of one eye
- Loss of one foot and entire sight of one eye
- Loss of speech and hearing in both ears
- Brain death
- Coma

The insurer will pay 200% of the principal sum in the event that you should suffer any of the losses listed below:

- Loss of both arms, both hands, both legs or both feet
- Loss of use of both arms, both hands, both legs or both feet
- Quadriplegia
- Paraplegia
- Hemiplegia

The insurer will pay 75% of the principal sum in the event that you should suffer any of the losses listed below:

- Loss of one arm or one leg
- Loss of use of one arm or one leg
- Loss of one hand or one foot
- Loss of use of one hand or one foot
- Loss of entire sight of one eye
- Loss of speech or hearing in both ears

# ACCIDENTAL DEATH & DISMEMBERMENT

The insurer will pay 33 1/3% of the principal sum in the event that you should suffer any of the losses listed below:

- Loss of thumb and index finger of the same hand
- Loss of use of thumb and index finger of the same hand
- Loss of four fingers of the same hand
- Loss of hearing in one ear

The insurer will pay 25% of the principal sum in the event that you should suffer any of the losses listed below:

- Loss of all toes of the same foot

## DESCRIPTION OF LOSS

- Loss of hand or foot means the severance through or above the wrist or ankle joint.
- Loss of arm or leg means the severance through or above the elbow or knee joint.
- Loss of eye means the total and irrecoverable loss of sight.
- Loss of speech means the total and irrecoverable loss of speech which does not allow audible communication in any degree.
- Loss of hearing means the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device
- Loss with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs, provided such loss of function is continuous for 180 consecutive days and such loss of function is thereafter determined on evidence satisfactory to the insurer to be permanent.
- “Brain death” shall mean the irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.
- “Loss of use” shall mean the total and irrecoverable loss of function of an arm, hand, foot, leg or thumb and index finger of the same hand, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory by the insurer to be permanent.
- “Coma” means the individual has been in a state of unconsciousness for a continuous period of at least 96 hours, during which external stimulation produced no more than primitive avoidance reflexes. A physician who is certified as a neurologist must confirm diagnosis in writing.

All benefits that are payable at 200% of the principal sum are subject to an all policies combined maximum benefit amount of $1,000,000.

# ACCIDENTAL DEATH & DISMEMBERMENT

Canadian Piping Trades LOCAL 488

## ADDITIONAL AD&D BENEFITS

There are a number of additional AD&D benefits included in the Plan. They are:

- Exposure and Disappearance Benefit
- Repatriation Benefit
- Rehabilitation Benefit
- Family Transportation Benefit
- Spousal Occupational Training Benefit
- Home Alternation and Vehicle Modification Benefit
- Day Care Benefit
- Special Education Benefit
- Bereavement Benefit
- In-Hospital Confinement Monthly Income Benefit
- Cosmetic Disfigurement Benefit
- Seat Belt benefit
- Identification Benefit
- Psychological Therapy Benefit
- Workplace Modification & Accommodation Benefit
- Conversion Privilege

For full details on each of the additional AD&D benefits, please review the AD&D policy in full on the Plan's website at www.epibenefitplans.com.

## GENERAL LIMITATIONS AND EXCLUSIONS

This policy does not provide benefits for any claim caused directly or indirectly by or contributed to by any of the following:

- Intentionally self-inflicted injury, suicide or any attempt thereat;
- Declared or undeclared war, or any act of war, terrorism, riot or insurrection, or service in the armed forces of any country, government or international organization;
- Travel or flying in an aircraft owned or leased by the policyholder, a member or a member of a member's household, or aircraft being used for any test or experimental purpose, firefighting, power line inspection, pipeline inspection, aerial photography or exploration except to the extent such travel or flight is provided in the "Hazards Insured Against" section of this policy, (if applicable);
- Losses occurring while the member is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by the insurer pro-rata for any such period of full-time active duty).
- This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

# WEEKLY DISABILITY BENEFIT

Canadian Piping Trades LOCAL 488

**ACTIVE MEMBERS COVERED WITH WORKING HOURS ONLY**

## MAXIMUM BENEFIT AMOUNT

$550 per week, 26 week maximum. This is a taxable benefit.

A member is considered to be totally disabled if you are unable to perform any and every duty of your own occupation. In the event you become totally disabled, while eligible for benefits, due to a sickness or any injury unrelated to work, you may qualify to receive a weekly disability benefit from the Plan. You must be under the care of a licensed Medical Doctor or Specialist. A Specialist is a Medical Doctor who has specialized knowledge deemed appropriate for the impairment causing the members disability (Example: A psychiatrist, in the case of a psychiatric illness).

Benefits are payable on the basis of a seven (7) day week. Partial weeks of disability are paid at a daily rate that is one seventh of the weekly benefit.

## QUALIFYING PERIOD

Benefits for any one (1) period of disability are payable on the first day of a disability resulting from an accident or hospitalization (minimum of 24 hours) or upon the eighth continuous day of disability due to illness.

## CLAIM FILING

Weekly disability benefit claims must be received by the plan administration office within sixty (60) days from the commencement of the members date of disability. The members date of disability, for benefit purposes, will not be earlier than the date on which the member first sees a physician for his disability. Late filed claims will not be accepted.

## EMPLOYMENT INSURANCE INTEGRATION

The Plan's weekly disability benefit is coordinated with the Human Resources and Social Development Canada (HRSDC) Employment Insurance Accident and Sickness Benefit. The Plan will pay benefits during the Employment Insurance (EI) waiting period which is currently one calendar week. EI will pay Accident and Sickness Benefits for a maximum of 26 weeks. If EI has accepted the members claim, but reduced the benefit due to other insurance or income, or if EI refuses to pay a benefit because the member breached an EI eligibility rule (Example: left the country or failed to claim EI on time), this Plan will pay no benefit during this period. If the member is still totally disabled when EI benefits terminate, the Plan will continue payments if the member provides medical evidence which supports total and continuous disability. If you received 26 weeks of EI sick benefits, no payment is payable as you have reached the maximum. You would then apply for long term disability from our insurer.

# WEEKLY DISABILITY BENEFIT

Members should not wait until after receipt of EI Accident and Sickness Benefits to file a claim for this Plan's weekly disability benefit. If they do, members will miss the filing deadline and weekly disability benefits will not be paid.

If a member is unable to work due to disability, then they should apply for EI Accident and Sickness Benefits, not EI unemployment benefits. If a member is already in receipt of EI Unemployment Benefits when they become disabled, then they should notify HRSDC of their disability and switch to Accident and Sickness Benefits. In order to receive the Plan's weekly disability benefit after the one week waiting period, a member must provide a statement from HRSDC confirming denial of EI Accident and Sickness Benefits or indicating the period during which these benefits were paid.

## MAXIMUM BENEFIT PERIOD

Weekly disability benefits provided by the Plan will be paid for a maximum of 26 weeks during any one period of disability. If you do not qualify for EI benefits because you do not have sufficient work credits, the Plan will pay benefits as long as you are totally disabled, up to a maximum benefit period of 26 weeks.

As EI Accident and Sickness Benefits may be paid for up to 26 weeks following the one week waiting period. If you received the full 26 weeks from EI, no payment is payable and you would apply for long term disability from our insurer. In no event will weekly disability benefits be paid for any week you receive or are entitled to receive EI, or which is more than 26 weeks after your date of disability.

## MAXIMUM BENEFIT

Weekly disability benefits are intended to assist in replacing the earnings the member was receiving prior to their illness or accident. The Plan reserves the right to request information regarding any income that you may be receiving during this disability period. In the event that you are receiving, or are entitled to receive, income that provides more than 100% of your pre-disability earnings, benefits will be reduced, dollar-for-dollar, by the excess above 100%. If you are declined for EI Accident and Sickness benefits because of entitlement to income from another Plan, no weekly disability benefits will be payable by the Plan during the 26-week period EI Benefits would otherwise have been paid.

If, immediately prior to disability, you are working, but no contributions are remitted to the Fund on your behalf, any loss of income benefit you may be entitled to will be a direct dollar for dollar offset against weekly disability benefits that would otherwise be payable under this Plan.

# WEEKLY DISABILITY BENEFIT

## RECURRENT DISABILITIES

Successive periods of disability separated by less than two (2) weeks of work, or availability for work, will be considered one period of disability. The Plan's maximum benefit period will be counted from the members initial date of disability. The exception to this rule is if the next disability is due to a different cause and begins after the member has been back at work or available for work for at least one full day.

## REHABILITATIVE EMPLOYMENT

Weekly disability benefits will continue to be payable if the member participates in an approved rehabilitation program. If the member recovers sufficiently to work again at any occupation, the member may be able to do so without jeopardizing their benefit status. In order to maintain eligibility for weekly disability benefits and long-term disability benefits, it is important to note that any work a member performs during rehabilitation must be approved, in writing, by the Plan and his physician as an approved rehabilitation program. Participation in an approved rehabilitation program will enable a member to receive a greater total income than without the program. Members are not eligible for weekly disability benefits during any period in which they are working, except under an approved rehabilitation program. A members weekly disability benefit will be reduced by 50% of the members rehabilitation income if the member is employed in an approved rehabilitation program.

Rehabilitation employment may include:

- The members regular occupation on a part-time basis; or
- A formal vocational training program; or
- Any other training program deemed suitable by the member's plan.

## SUBGROGATION

For the purposes of this provision, the term "subrogation" means the Plan's right to recover weekly disability benefits paid to a member if another party is, or may be, legally liable to compensate the member for income lost due to the members disability.

A member may be entitled, as a result of the incident which caused or contributed to the members disability, to recover compensation for loss of income from a third party. The Plan will be subrogated to all the covered member's rights of recovery for loss of income. The subrogation will apply to the extent of the sum of benefits paid or payable by the Plan. The member will be required to provide full disclosure about the recovery or attempted recovery for the loss.

# WEEKLY DISABILITY BENEFIT

In the event that a member provides proof that they have not recovered full compensation for loss of income, the Plan shall determine the proportion of damages actually recovered and share pro rata in that amount.

Should a member elect to settle the matter prior to judicial determination, it is important that the member understand that the sum reached in settlement will be deemed to be full compensation for loss of income, and the Plan's right of subrogation will apply. The term "compensation" includes any periodic or lump sum payments a member receives or is entitled to receive due to past, present or future loss of income. The term "third party" includes a member's own and any other home or automobile insurer, as well as any individual, business, insurer or government agency against whom the member may be entitled to claim for loss of income arising from the members disability.

## LIMITATIONS AND EXCLUSIONS

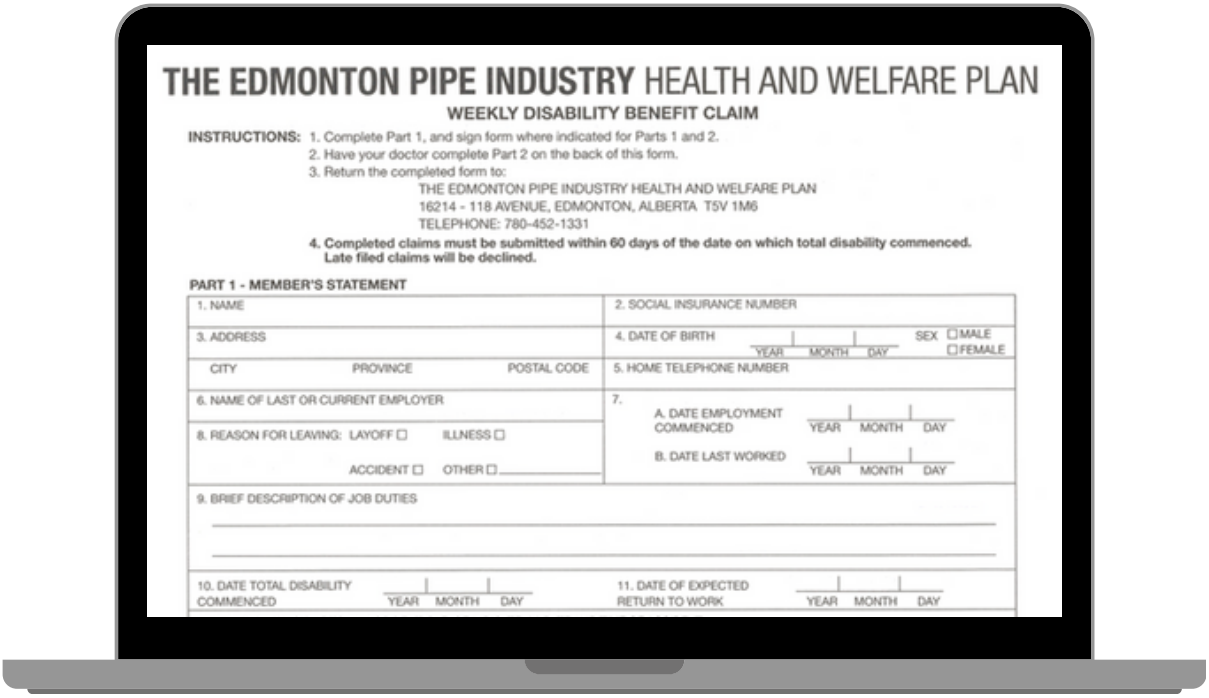
Benefits are not payable for the following:

- Any period during which a member is receiving or entitled to receive an income replacement benefit or loss of earning capacity benefit under a motor vehicle accident insurance plan or policy;
- Any day that a member does any kind of work for pay or profit other than in an approved rehabilitation program;
- The period in which a member is entitled to maternity leave of absence by statute, contract or employer agreement;
- Any disability for which benefits are payable under a Workers' Compensation law or similar law;
- Any day for which a member receives a pension from The Edmonton Pipe Industry Pension Plan, the Alberta Refrigeration Industry Pension Plan, UA Canadian Pipeline Pension Plan, UA Sprinkler Pension Plan or UA Officers Pension Plan;
- Intentionally self-inflicted injuries, whether the member is sane or insane;
- Any disability arising from an insurrection, rebellion or participation in a riot or civil commotion;
- Any disability arising from participation in, or attempt to commit, a criminal act;
- Any disability resulting from injury or disease which occurred while the member was on active duty in the armed forces of any country, state or international organization or any disability resulting from war or act of war, whether declared or undeclared;
- Claims that are not filed within sixty (60) days of the start of a disability;
- More than one disability absence (regardless of the cause) per calendar year once a member is over age 65;

# WEEKLY DISABILITY BENEFIT

- Any period of disability during which a member is not receiving ongoing supervision/treatment by a licensed medical doctor or specialist deemed appropriate by the Plan for the impairment causing his disability. A member will not be compensated for any period of disability during which the member does not participate in the treatment program recommended by their doctor or specialist;
- Any period of disability resulting from substance abuse including alcoholism and drug addiction, unless the member is participating in a recognized substance withdrawal program.

Weekly disability benefits will not be paid if a member fails to provide information on other income sources when such information is requested. Weekly disability benefits will not be paid if the member is not a member in good standing of Local 488.



# LONG TERM DISABILITY BENEFIT

Canadian Piping Trades LOCAL 488

**ACTIVE MEMBERS COVERED WITH WORKING HOURS AT THE TIME OF DISABILITY ONLY**

## MAXIMUM BENEFIT AMOUNT

$2,000 per month. This is a taxable benefit.

While eligible for benefits under the plan while covered with hours, should you become totally disabled, you may be considered for a monthly long term disability benefit if:

- You are seen or treated by a licensed medical doctor or specialist within 31 days of the date you became totally disabled. A specialist is a medical doctor who has specialized knowledge deemed appropriate for the impairment causing your disability (for example, a psychiatrist in the case of a psychiatric illness); and
- You are absent from work for more than the waiting period; and
- The total disability commences prior to age 65.

Long term disability (LTD) benefits for any one period of total disability will commence following the "waiting period". The waiting period will start on your date of disability and end on the later of the expiration of weekly disability benefits or 26 weeks after the date of disability. If you remain continuously disabled, the LTD benefit will be payable up to age 65.

You must submit your LTD claim form, including proof of your accident or sickness, within one (1) year of the date of disability. Late claims will not be accepted. The proof of claim must be signed by the medical doctor(s) or specialist(s) whose care you are directly under.

## DEFINITION OF TOTAL DISABILITY

You are considered totally disabled during the waiting period following the date of your accident or illness plus the immediately following 24 months if you are prevented from performing the essential duties of your regular occupation. After this period, you are considered disabled if disease or injury prevents you from being gainfully employed.

Gainfully employed means work:

- A person is medically able to perform;
- For which they have at least the minimum qualifications;
- That provides income of at least 60% of their monthly earnings;
- That exists either in the province or territory where they have worked when he became disabled of where he/she currently lives.

The availability of work will not be considered in assessing disability.

# LONG TERM DISABILITY BENEFIT

Canadian Piping Trades LOCAL 488

## LOSS OF LICENSE

Loss of any license required for work will not be considered in assessing disability. No benefits are payable for any total disability commencing within six (6) months of the effective date of your coverage in the Plan if the disability is caused or contributed to by, or is a consequence of, a sickness or injury for which you received medical treatment or services or took a prescribed drug or drugs or medicine at any time within ninety (90) days before the effective date of your coverage.

## DISABILITY PERIOD

A disability period is:

1. The waiting period; plus
2. The benefit period.

## WAITING PERIOD

The waiting period starts when the person first becomes disabled and lasts, if disability is continuous. If the disability is not continuous, the days the person is disabled will be accumulated to satisfy the waiting period as long as:

1. No interruption is longer than 2 weeks; and
2. The disabilities arise from the same disease or injury.

The waiting period is the later of 26 weeks or the expiration of the member's weekly disability income benefit period.

## RECURRENT DISABILITY

After the waiting period, a disability is recurrent if it arises from the same disease or injury and starts:

1. Within six (6) months after the previous disability ends; or
2. Within six (6) months after the end of an approved rehabilitation plan

## AMOUNT PAYABLE

If your total monthly income while disabled plus any income specified below exceeds 85% of your gross monthly earnings as of the date your disability commenced, your long-term disability benefit will be reduced accordingly. The income benefit is payable to the disabled member monthly in arrears. One thirtieth of the income benefit is payable for each day of any period less than a full month. At the insurer's discretion, the income benefit may be paid more frequently than monthly, on a pro-rated basis.

The income used in the offset and all source maximum provisions is the income payable for the same period as the income benefit. Except for retirement benefits, all income is considered payable when a member is entitled to it, whether or not it has been awarded or received.

# LONG TERM DISABILITY BENEFIT

If it has not been awarded, the insurer will have the right to estimate it according to the terms of any plans or legislation involved. Retirement benefits are considered payable when they are actually received. If income is payable in a lump sum, the amount used will be the portion payable for loss of income during the benefit period. Monthly earnings are 1/12 of annual earnings.

## OFFSET PROVISIONS

Under this provision, the member's LTD benefit is reduced by the following income:

1. Disability or retirement benefits to which they are entitled on their own behalf under:
- The Canada Pension Plan;
- The Quebec Pension Plan; or
- A similar plan in another country which has a reciprocal agreement with Canada or Quebec.
- This does not include retirement benefits that were payable for each of the 12 months before a disability period.

2. Benefits under any Workers' Compensation Act or similar law except for:
    - Permanent partial disability awards that were payable for each of the 12 months before a disability period; and
    - Benefits related to employment with another employer.
3. Employer sponsored disability or sick leave benefits
4. Loss of income benefits under an automobile insurance plan, to the extent permitted by law.
5. 50% of earnings received for an approved rehabilitation plan.

## ALL SOURCE MAXIMUM PROVISION

Under this provision, the member's LTD benefit is reduced if the total of the following income and income benefit exceeds 85% of his/her monthly earnings. If it does, his/her LTD Benefit is reduced by the amount in excess of 85%.

1. Loss of income benefits available through legislation to which he or another member of his/her family is entitled on the basis of his/her disability, except for employment insurance benefits and automobile insurance benefits.
2. The wage loss portion of any criminal injury award, except for awards that included the LTD benefit available under this Plan in the calculation of the award.
3. Disability benefits under a plan of insurance available through an association, except for benefits that were payable for each of the 12 months before a disability period.
4. Employment income, disability benefits, or retirement benefits related to any employment, except for:
    - Disability benefits that are prepayments of life insurance
    - Benefits for retirement plans to which an employer has not contributed.

# LONG TERM DISABILITY BENEFIT

- Any amount that is related to employment other than with the employer and that was payable for each of the 12 months before a disability period. All employment income, disability benefits, and retirement benefits resulting from the same employment are considered together in satisfying the 12-month condition as long as there is no interruption from one to the other. Waiting periods for disability benefits do not count as interruptions.
- Employer sponsored disability or sick leave benefits.
- Income from an approved rehabilitation plan. This income is considered under the offset and rehabilitation incentive provisions.

Termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of noticed, are considered employment income under this provision.

If income under this provision is payable on a commission basis, the income used will not be reduced by commission related expenses.

## VOCATIONAL REHABILITATION

Vocational rehabilitation involves a work-related activity or training strategy that is designed to help you return to your own job or other gainful employment, and is recommended or approved by the insurer, Canada Life. In considering whether to recommend or approve a rehabilitation plan, Canada Life will assess such factors as the expected duration of disability, and the level of activity to facilitate the earliest possible return to work.

Benefits will continue to be payable if you participate in an approved vocational rehabilitation program. If you recover sufficiently to work again at any occupation, you may be able to do so without jeopardizing your benefit status.

In order to maintain eligibility for LTD benefits, any work you perform during rehabilitation must be approved, in writing, by Canada Life and your Physician as an approved rehabilitation program.

Participation in a vocational rehabilitation program will enable you to receive a greater total income than without the program. Rehabilitation employment may include:

1. Your regular occupation on a part-time basis; or
2. A formal vocational training program; or
3. Any other training program deemed suitable by the Insurer.

# LONG TERM DISABILITY BENEFIT

Canadian Piping Trades LOCAL 488

## REHABILITATION INCENTIVE PROVISION

Earnings a member receives from an approved rehabilitation plan are not used to reduce a member's LTD benefit unless 50% of those earnings, his/her income from the LTD benefit, and the income described under the offset and the all-source maximum provisions would exceed 100% of his/her monthly earnings. If it does, his/her income benefit is reduced by the amount in excess of 100%.

## SUBROGATION

For the purposes of this provision, the term "subrogation" means the insurer's right to recover LTD benefits paid or payable to you if another party is, or may be, legally liable to compensate you for income lost due to your disability.

You may be entitled, as a result of the incident which caused or contributed to your disability, to recover compensation for loss of income from a third party. The insurer will be subrogated to all your rights of recovery for loss of income. The subrogation will apply to the extent of the sum of benefits paid or payable by the insurer. You will be required to provide full disclosure about the recovery or attempted recovery, for the loss.

In the event that you provide proof to the insurer that you have not recovered full compensation for loss of income, the insurer shall determine the proportion of damages actually recovered and share pro rata in that amount.

Should you elect to settle the matter prior to judicial determination, it is important that you understand that the sum reached in settlement will be deemed to be full compensation for loss of income, and the insurer's right of subrogation will apply.

The term "**compensation**" includes any lump sum or periodic payments which you receive or are entitled to receive on account of past, present or future loss of income. The term "third party" includes your own and any other home or automobile insurer, as well as any individual, business, insurer or government agency against whom you may be entitled to claim for loss of income arising from your disability.

## MEDICAL COORDINATION

Medical coordination is a program, recommended or approved by the insurer, that is designed to facilitate medical stability and provide you with cost effective, quality care. In considering whether to recommend or approve a medical coordination program, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

# LONG TERM DISABILITY BENEFIT

Canadian Piping Trades LOCAL 488

## ACCESS TO DOCUMENTS

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to the insurer as evidence of insurability, subject to certain limitations.

## TERMINATION OF BENEFITS

Benefit payments will be terminated if you:

1. Do not provide medical evidence which supports your claim;
2. Do not undergo a medical examination as required by a licensed Medical Doctor or Specialist and required by the Insurer;
3. Refuse to participate in a rehabilitation program described in the rehabilitative employment provision set out above;
4. Fail to provide information on other income sources when such information is requested;
5. Fail to complete the required documentation or refuse to follow the terms of the subrogation provision;
6. The date you begin receiving a pension from The Edmonton Pipe Industry Pension Plan, Alberta Refrigeration Industry Pension Plan, UA Canadian Pipeline Pension Plan, UA Sprinkler Pension Plan, or UA Officers Pension Plan.

## BENEFIT OVERPAYMENT

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after the insurer sends you a notice of the overpayment, or within a longer period if agreed to in writing by the insurer. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit the insurer's right to use other legal means to recover the overpayment.

# LONG TERM DISABILITY BENEFIT

Canadian Piping Trades LOCAL 488

## LIMITATIONS AND EXCLUSIONS

Benefits are not payable for the following:

- Any portion of a period of disability unless you are receiving ongoing supervision/treatment by a licensed Medical Doctor or Specialist deemed appropriate by the Insurer for the impairment causing disability. You will not be compensated for any portion of a period of disability during which you do not participate in the treatment program recommended by your Medical Doctor or Specialist;
- Any portion of a period of disability resulting from substance abuse including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program;
- The portion of a period of disability during which you are:
  - Imprisoned in a penal institution; or
  - Confined in a hospital, or similar institution, as a result of criminal proceedings;
- A disability arising as a result of participation in a war, riot, insurrection or criminal act;
- The scheduled duration of a leave of absence. A leave of absence is considered to start on the date agreed upon by the member and the employer.
- Any disability which commences on or after the date a strike begins, however you can fulfill the waiting period during a strike, subject to any provincial employment or Labour Standards Act;
- Any period of disability, or portion thereof, during which you refuse to participate in an approved rehabilitation program which is deemed appropriate by the Insurer or your attending Medical Doctor or Specialist.
- Any portion of a period of disability you are receiving treatment by a therapist unless such treatment is recommended by a physician deemed appropriate by the Insurer.
- Any period in which the person is outside Canada. This exclusion does not apply during the first 30 days of an absence, or if Canada Life pre-authorized the absence prior to the person's departure.
- Any period after the person fails to participate or cooperate in a medical coordination program that has been recommended or approved by Canada Life"

# LONG TERM DISABILITY BENEFIT

## COMPLAINTS

The insurer is committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit a complaint.

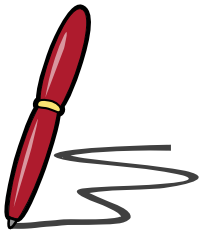
THE CANADA LIFE ASSURANCE COMPANY

OMBUDSMAN'S OFFICE T262

Phone: 1-866-292-7825
Fax: 1-855-317-9241

255 Dufferin Avenue
London, ON N6A 4K1

E-mail:
ombudsman@canadalife.com



## APPEALS

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

# MEDICAL BENEFITS

Your Plan assists in the payment of reasonable and customary costs for medically necessary expenses for you and your dependants. These expenses must be prescribed or recommended by a medical doctor. In the event that, while covered under the Plan, you incur any of the eligible expenses listed below, you will be covered, subject to the Plan's limitations and exclusions.

## MAXIMUM BENEFIT

The yearly maximum benefit allowed by the Plan for you and each covered dependant is $55,000.

## PRE-DETERMINATION OF BENEFITS

If you are about to incur an expense and there is uncertainty about eligibility under the Plan, we recommend that a pre-determination of benefits be submitted for consideration prior to starting treatment.

## PRESCRIPTION DRUGS

The Plan covers 90% of the cost of generic prescription drugs that are medically necessary, which by law requires a prescription issued by a medical doctor or any other licensed practitioners and dispensed by a licensed pharmacist.

The Plan will cover erectile dysfunction drugs at an annual maximum of $400 per person with a monthly maximum of 16 pills being eligible for reimbursement.

The Plan will cover fertility drugs allowing a lifetime maximum of $3,000 per person.

The Plan will not cover any charge for over-the-counter preparations (e.g., vitamins, minerals, foods and dietary supplements) which may be purchased without a medical doctor's recommendation. Medications available over the counter even with a medical doctor's referral are not eligible.

The Plan does not pay for any co-insurance or deductibles required by any government drug plan.

Any forms for extra or balance billing are not reimbursable by the Plan, e.g., a doctor's fee for an office visit or completion of forms.

Canadian Piping Trades LOCAL 488

# MEDICAL BENEFITS

## ACUPUNCTURIST, NATUROPATH, PODIATRIST, SPEECH THERAPIST, CHRISTIAN SCIENCE PRACTITIONER AND OSTEOPATH

100% combined maximum of $400 per person, per calendar year.

## CHRIOPRACTOR

100% to a maximum of $500 per person, per calendar year.

## REGISTERED MASSAGE THERAPIST

100% to a maximum of $400 per person, per calendar year. Massage therapist must be registered as a member of an Accredited Association in Canada (NHPCA or a Provincially Regulated Association)

## PHYSIOTHERAPIST

100% to a maximum of $700 per person, per calendar year

## PSYCHOLOGIST OR REGISTERED CLINICAL SOCIAL WORKER

100% to a combined maximum of $1,000 per person, per calendar year

## VISION CARE

$450 per person is available for purchase of prescription glasses and/or contact lenses. Vision care benefits renew on January 1st of each even year (2022, 2024, 2026, etc.). No benefits are payable for non-prescription sunglasses, anti-reflective coatings, or non-prescription industrial safety glasses.

## LASER EYE SURGERY

$1,600 lifetime maximum per person. If the laser eye surgery benefit is used, there is no coverage for vision care for 5 years.

## EYE EXAMS

Eye exams are not a covered expense.

## HOSPITAL EXPENSES

The difference between the charges for a ward and semi-private room in the member's home province. User fees are covered where not prohibited by legislation.

## PROFESSIONAL AMBULANCE SERVICE

100% when used to transport you or your dependants from the place of injury resulting from an accident or when stricken by a disease, to the first hospital where treatment is provided. Transportation by airline or railroad is subject to prior approval from the administrator. Air ambulance is based on a regular scheduled flight from the original hospital to the nearest hospital in the patient's city of residence.

Canadian Piping Trades LOCAL 488

Air ambulance is only covered when authorized in writing by the attending physician and/or surgeon and where there has been prior approval from the administrator.

The response fee is not covered.

## CONVALESCENT CARE EXPENSES

Charges for a licensed convalescent care facility, subject to a maximum expense of $10 per day and 120 days of confinement per disability. Convalescent care must begin within 14 days of hospital discharge.

## PRIVATE DUTY NURSING

Charges for the services of a registered nurse (R.N.), licensed practical nurse, certified nursing assistant (C.N.A.) or a member of the Victorian Order of Nurses (V.O.N.) which are rendered in the patient's home, provided such nurse is not a resident in your home nor a relative of your family. These charges will be considered eligible expenses when medically necessary and recommended by a physician. Coverage is only applicable for medical treatment and does not include household duties. The calendar year maximum is $20,000 per individual covered for this benefit. Preauthorization is required.

## DIAGNOSTIC X-RAYS (EXCLUDES CHIROPRACTIC)

$60 per disability

## ACCIDENTAL DENTAL TREATMENTS

Charges for necessary dental treatment required as the result of an accidental injury by external means to sound natural teeth while insured. As determined by the Plan, only charges directly related to the accidental injury are considered a covered medical expense and the dental work must be completed within 12 months of the date of the accident.

## OTHER SERVICES AND SUPPLIES

90% of the charges for the following medical services and supplies (subject to limitations). Some services may require prior approval from the administration office:

- Rental (or, at the Plan's option, purchase) of an iron lung, oxygen tent, hospital bed, wheelchair, electronic heart pacemaker, or other durable medical or surgical equipment required for therapeutic purposes;
- Rental (or, at the Plan's option, purchase) of casts, splints, trusses, braces, crutches and prostheses (artificial limbs, eyes, larynx, etc.);
- Laboratory tests and x-rays not covered by any provincial government plan;
- Orthopedic lifts, and insoles when prescribed by an orthopedic surgeon, Podiatrist or Rheumatologist;

- Intrauterine devices when inserted by a physician;
- Oxygen and rental of equipment for its administration;
- Anesthetics; and
- Diabetic supplies

## HEARING AIDS

Reimbursement of up to $4,000 per person every five (5) years from the date of last purchase. An audiology report is required for initial claim. Must be recommended by an otolaryngologist or audiologist.

## COMPRESSION STOCKINGS

2 pairs per calendar year covered at 90% with a doctor's referral. Stockings must be 20-30 mmHg compression. You must use your benefit card to purchase from an eligible provider.

## FOOT CARE (CUSTOM MADE ORTHOTICS)

Charges for custom made orthotics, not for the purpose of sports, when recommended by a licensed doctor (M.D.) or Podiatrist and subject to a calendar year maximum of $400. Referral from a licensed doctor (M.D.) or Podiatrist every 3 years. Orthotics must be purchased from an eligible provider with Green Shield Canada. You may search for a provider on your member online services.

## MEDICAL CANNABIS

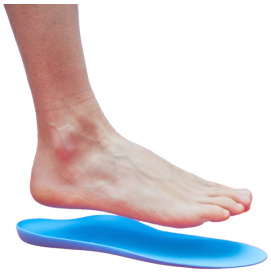
Coverage limited to $1,500 per person per calendar year. Reimbursement, at 90%, will be made for the following health conditions only:

- Chronic neuropathic pain and/or refractory pain in palliative cancer care
- Chemotherapy induced nausea or vomiting; and
- Spasticity symptoms from multiple sclerosis.

Claimants must have received pre-authorization by Green Shield Canada using a medical cannabis special authorization request form. No other pre-authorization forms will be accepted.

The Plan will only reimburse medical cannabis purchased from an authorized licensed producer with Health Canada and all claims for medical cannabis may be submitted to Green Shield Canada.

Medical cannabis cannot be the first course of treatment for the conditions noted above.



MEDICAL BENEFITS

## VACCINES

Coverage for vaccines, except those noted below is 90% subject to the overall calendar year maximum. All claims for vaccines must be submitted electronically by your pharmacist through your all-in-one benefit card.

Vaccines not eligible for reimbursement are:

- FSME-1MMUM (DIN 2264625)
- IXIARO (DIN 2333279)
- YELLOW FEVER (DIN 428833)
- IMOVAX RABBIES (DIN 1908286)
- RABAVERT (DIN 1908286)
- BCG ONCOTICE (DIN 2267667)
- IMMUCYST INJ (DIN 2194376)

## LIMITATIONS

No amount will be paid for care, services or supplies:

- For any expense related to a motor vehicle accident;
- If payment is prohibited by law;
- That a covered person may obtain as a benefit under any governmental plan or law;
- Paramedical services when performed by a family member;
- For which no charge would have been made in the absence of this coverage; or
- For dental work, except as provided under the dental benefit for Accidental Injury.

No amount will be paid for any charge incurred that result from or is contributed by:

- War, whether declared or not;
- Insurrection, rebellion or participation in a riot or civil commotion;
- Purposely self-inflicted injury; or the covered person's commission of, or attempt to commit an assault or a criminal offence.

The Plan does not cover over the counter drugs, immunizations, vitamins and supplements.

# DENTAL BENEFITS

Canadian Piping Trades LOCAL 488

Your Plan assists to pay the reasonable and customary cost of medically necessary dental expenses for you and your dependants as outlined below. In the event that, while covered under the Plan, you incur any of the eligible expenses listed below, you will be covered, subject to the Plan's limitations and exclusions.

## MAXIMUM ANNUAL BENEFIT

Dental benefits payable are subject to the maximum annual benefit, which is $2,500 (excluding orthodontics) per person, per calendar year, and applies separately to each plan member and each dependant.

Orthodontic services are available and are subject to a lifetime benefit of $3,000 per person for individuals under age 25 at beginning of treatment.

## ALTERNATIVE BENEFIT CLAUSE

The benefit payable by the Plan will be based on the least expensive dental procedure that will provide for good dental care.

## PRE-DETERMINATION OF BENEFITS

A dental treatment plan (pre-determination of benefits) is strongly recommended for major services such as crowns, bridges, implants and dentures in excess of $500. This is required for all orthodontic expenses and must be submitted.

A pre-determination of benefits permits the review of the proposed treatment and costs in advance and allows for resolution of any questions before the work has been performed.

A pre-determination of benefits also provides advance information so both the patient and the dentist know the amount of benefit that would be reimbursed by the Plan and, so that the patient is aware of any costly expenses not covered by the Plan.

## DENTAL FEE GUIDE

Coverage under your Plan includes charges for supplies and services up to the amount specified in the 2022 Alberta Suggested Dental Association Fee Guide for Dentists.

## BASIC SERVICES

Covered at 90%. Cleaning and check-ups eligible every 6 months.

# DENTAL BENEFITS

Canadian Piping Trades LOCAL 488

## BASIC DIAGNOSTIC SERVICES

Diagnostic procedures that are required to assist a dentist in evaluating existing dental conditions and determine whether further dental care may be necessary, are subject to the following limitations:

1. Oral examinations: Recall or specific examinations are limited to once every 6 months;
2. X-rays: Complete series or equivalent once every year;
3. Study casts: Eligible once per year.

## BASIC PREVENTIVE SERVICES

Preventative dental procedures are intended to eliminate or reduce the need for future dental treatment. The Plan provides the following preventative services:

- Scaling (8 units of time) per year;
- Polishing (prophylaxis), topical fluoride (once per six (6) months);

## BASIC RESTORATIVE SERVICES

These are the basic procedures used to restore natural teeth to their normal functions with the use of silver amalgam, silicate, or synthetic restorations (fillings).

## EXTRACTIONS

Covered at 90% for the removal of teeth.

## ENDODONTIC SERVICES

Covered at 90% for emergency endodontic procedures and conservative root canal therapy.

## PERIODONTIC SERVICES

Covered at 90%. These are services related to the supporting structures and tissues of teeth (gums and bone) and the conditions that affect them.

- Adjunctive services: scaling, root planning, acute infections, occlusal adjustment, provisional splinting;
- Surgical services: gingival curettage, gingivoplasty, gingivectomy or osseous surgery;
- Periodontal applications: bruxism appliances (night guards to prevent teeth grinding) only.

## ORAL SURGERY

Covered at 90%. Routine oral surgical procedures are covered by the Plan as follows: surgical removal of impacted teeth, residual roots and associated post-operative care.

# DENTAL BENEFITS

Canadian Piping Trades LOCAL 488

## ANESTHESIA

Covered at 90% for anesthesia where reasonably and customarily required in connection with other covered procedures. Facility fee is not covered.

## DENTURE REPAIRS, RELINING AND REBASING

Covered at 90%. Coverage is provided for repairs or relining and rebasing of dentures, including the addition of new teeth, but not including the cost of dentures, their replacement or duplication.

## REMOVABLE PROSTHETIC DEVICES (DENTURES)

The initial installation of partial or full dentures is covered at 90%. Pre-authorization is required. Replacement of existing dentures is only covered when:

1. The replacement is required because of extractions, loss or fracture of one or more sound natural teeth while insured; or,
2. The existing denture must be at least 5 years old.

Replacement of lost or stolen dentures, the duplication of dentures and personalized characterization of dentures is not covered.

## MAJOR SERVICES

Covered at 80%. For crowns, bridges, dental implants, etc. Pre-authorization is recommended.

## MAJOR RESTORATIVE SERVICES

Those procedures, including gold inlays, onlays and crowns, used to restore the natural teeth to their normal function where the tooth, as a result of extensive cavities or fracture, cannot be restored with a filling. When a tooth can be restored with silver amalgam, silicate or synthetic restorations, benefits will be determined based on the usual costs of such a restoration.

## FIXED PROSTHETIC DEVICES (BRIDGES)

Covered at 80%. Covered expenses include:

- The initial installation of fixed prosthetic devices, re-cementing and replacement of the facing of the fixed prosthetic device.
- The replacement of existing fixed prosthetic devices is not covered unless:
  - The existing fixed prosthetic device is at least five years old and no longer serviceable.

DENTAL BENEFITS

Canadian Piping Trades LOCAL 488

## ORTHODONTIC SERVICES

Covered at 65%. Adults under the age of 25 at the start of treatment and children are covered for this benefit. Coverage includes the diagnosis and correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as straightening of the teeth. This includes active space retainers, or orthodontic appliances, used to reposition or move teeth. An orthodontic treatment plan must be submitted electronically to Green Shield Canada and returned to the dentist indicating estimated benefits.

An orthodontic treatment plan is a report that is satisfactory to Green Shield Canada which includes the recommended type of treatment, duration of treatment and estimated charge. The treatment plan is accompanied by cephalometric x-rays, study models and other supporting evidence. The claim will be paid once the treatment has begun.

In any event, the following expenses are not eligible:

- Charges for a procedure for which an active appliance was installed before the patient was covered; or
- An expense incurred while the patient's coverage was not in effect.

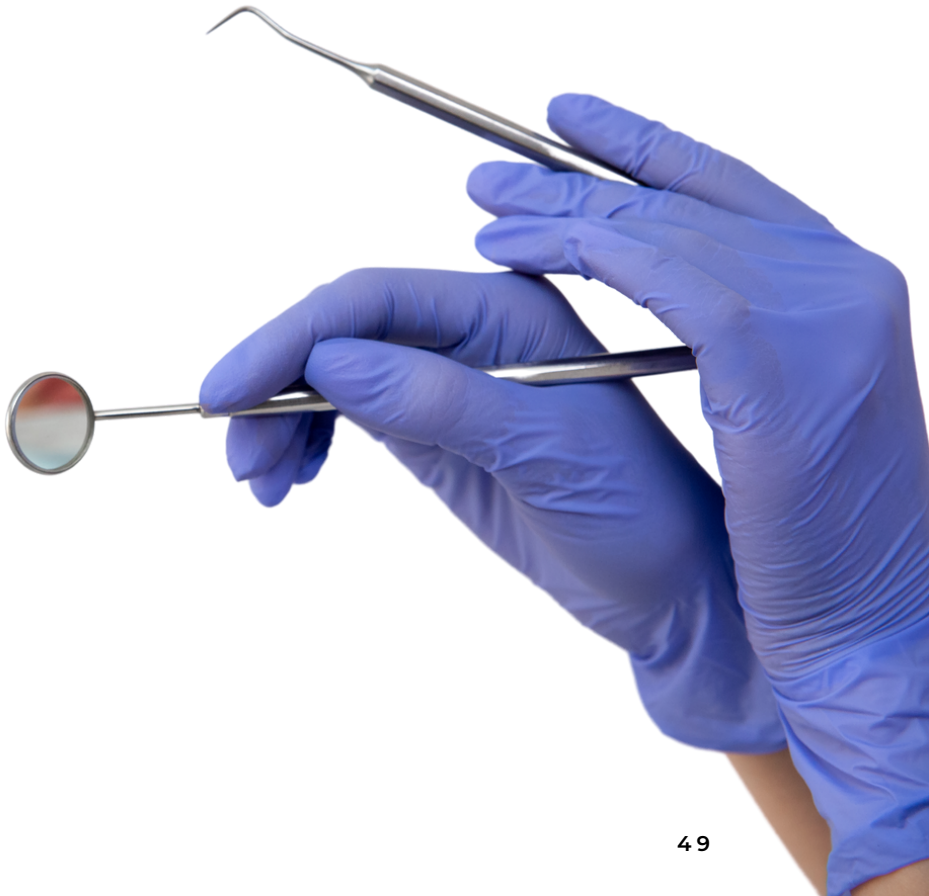
## LIMITATIONS AND EXCLUSIONS

The foregoing list of eligible expenses does not include any of the following:

- Any expense resulting from a motor vehicle accident.
- Services or supplies that are primarily cosmetic dentistry;
- Services or supplies which are not furnished by a legally qualified dentist or denturist acting within the scope of his license (except x-rays ordered by a dentist or a dental hygienists work under the Dentist's supervision);
- The eligible services of a licensed denture therapist, except for full upper and/or lower dentures, and relining or repairs to full dentures;
- Expenses incurred following accidental injury to natural teeth (this is covered under the medical benefit);
- Dental treatment which is not approved by the Canadian Dental Association and which is clearly experimental in nature;
- Any miscellaneous charges such as counseling, travel, broken appointments, communication costs or completion of forms;
- Any charge resulting from any intentionally self-inflicted injury;
- Any services covered in whole or in part by any government plan (including Workers' Compensation Board), services for which no charge is made, or services which the Insurer is not permitted by law to cover;

# DENTAL BENEFITS

- A dental procedure covered by a provincial hospital plan. You will receive reimbursement from the government plan for that procedure. Legislation prevents private plans from making any payment;
- Services or supplies for personalization or characterization of dentures;
- Replacement of lost or stolen prosthetic devices;
- Diagnostic procedures in connection with any benefit categories excluded as eligible expenses;
- Any dental examinations required by a third party;
- Any charge for services which would not normally have been incurred, but for the presence of this coverage, or for which you or your dependant is not required to pay;
- Any hospital charges for room and board and related services and supplies;
- Any charge for an injury resulting from war, riot, insurrection or participation in a criminal act; or
- Any service or supply not listed herein as an eligible expense.



# EMERGENCY TRAVEL ASSISTANCE

## BENEFIT

Your Plan provides emergency medical travel assistance to a maximum of $5,000,000 per person, per trip. The maximum trip duration is 60 days.

Please be aware of the following:

- You must be in a stable medical condition prior to travel. Certain pre-existing medical condition exclusions may apply. Please review the Plan documents and contact the insurer for more information.
- Check for travel advisories online. If the country you are traveling to is under a Canadian travel advisory, you may not be covered. You can check for travel advisories at: www.travel.gc.ca.
- If you require emergency medical treatment while you are outside your province of residence or outside of Canada, you must contact Global Excel as soon as possible before your medical treatment commences or your coverage may be limited.
- You must be properly enrolled for your provincial health care coverage and should always carry evidence of your provincial health care coverage as well as your emergency travel insurance wallet card with you while travelling.

If you are travelling for more than 60 days, you can purchase top-up coverage from the insurer.

It is very important that you review and understand the emergency medical travel assistance coverage conditions described in the emergency medical travel assistance insurance policy prior to travel. All emergency medical travel assistance claims will be adjudicated per the Plan's policy terms and conditions. Emergency travel assistance documents, including the emergency medical travel assistance insurance policy can be viewed and downloaded from the Plan's website at www.epibenefitplans.com.

**PLEASE VISIT THE PLAN'S WEBSITE FOR INFORMATION ON THIS BENEFIT**

**WWW.EPIBENEFITPLANS.COM**

Canadian Piping Trades LOCAL 488

# MEMBER ASSISTANCE PROGRAM

The member assistance program (MAP) provides immediate and confidential personal assistance services 24 hours a day, 7 days a week for members and their dependants provided by the UA Canada National Wellness Program. Your MAP is a confidential and voluntary support service that can help you take the first step toward change. Let them help you find solutions to the challenges you face at any age and stage in life. You and your immediate family members (spouse and dependant children) can access immediate and confidential support in a way that is most suited to your preferences, comfort level and lifestyle.

## NO COST

There is no cost to you or your family to use your MAP. Your MAP can provide a series of sessions with a professional and if you need more specialized or long-term support, their team of experts can suggest an appropriate specialist or service that is best suited to your needs.

## CONFIDENTIALITY

Your MAP is completely confidential within the limits of the law. No one, including the Directors of the UA Canada National Wellness Program, will ever know that you have used the program unless you choose to tell them.

## SOLUTIONS FOR YOUR WORK, HEALTH AND LIFE

- **Support well-being**: stress, mental health, grief and loss and crisis situations
- **Manage relationships and family**: communication, separation/divorce, and parenting
- **Deal with workplace challenges**: stress, performance, work-life balance
- **Tackle addictions**: alcohol, drugs, tobacco and gambling
- **Find child and elder care resources**: child care, schooling, nursing/retirement homes
- **Get legal advice**: family law, separation/divorce and custody
- Financial helpline support: debt management, bankruptcy and retirement

## ACCESS YOUR MAP 24/7 BY PHONE, WEB OR MOBILE APP

**Phone 1-833-778-2627 (UAMAP)**
**TTY: 1-877-338-0275**

**one.telushealth.com**

**Scan the QR code to download the Telus Health One app**

# REHABILITATION BENEFIT

Canadian Piping Trades LOCAL 488

Active plan members and their dependants may be entitled to receive up to $5,000 per person as reimbursement towards the cost of attending an in-patient or out-patient program at an approved addiction treatment centre.

Please take note of the following conditions:

- The lifetime maximum benefit payable from the Plan is $5,000 per person towards the cost of the program only. Travel and incidental costs are not eligible for reimbursement. Costs related to an assessment fee are not reimbursed through this benefit.
- Payment from the Plan will only be issued once a letter or completion certificate has been received from the treatment centre which specifies the date entered and released and successful completion of the program which was attended.
- A payment receipt from the treatment centre showing it was paid in full must also be submitted with a completed claim form.
- Treatment centres located outside Canada are not eligible.
- Member can apply for weekly disability benefits and EI disability benefits.

Please contact the plan administration office should you have any questions regarding this benefit.

## PROOF OF LOSS

Written proof, on a form acceptable to the administrator, stating the occurrence, character and extent of loss must be submitted for each benefit to the administrator as noted below:

| Benefit | Deadline |
|---|---|
| Life Insurance | 12 months following the date of death |
| Accidental Death and Dismemberment | 12 months following the date of death/loss |
| Dependant Life Insurance | 12 months following the date of death |
| Weekly Disability Benefit | Within 60 days of the disability |
| Long Term Disability | Within 12 months of the disability |
| Medical Benefits | Within 12 months from the date of the expenses |
| Dental Benefits | Within 12 months from the date of the expenses |

The administrator shall have the right and opportunity to examine any person whose injury or illness is the basis of claim, when and as often as it may reasonably require during the pendency and payment period, if any, of such claim.

## PAYMENT OF CLAIMS

All payments shall be payable to the member. At the administrator's option, a member may, by written request, direct that all or part of the benefits for Health and Dental Benefits be paid directly to the hospital or person rendering such care. Payments due from this Plan otherwise payable to a deceased member will be made to the estate of the deceased covered member. Any payment by the administrator in good faith pursuant to this provision shall fully discharge the Trustees to the extent of such payment.

## RIGHT OF RECOVERY

If a member is entitled to benefits under the provisions of this Plan as a result of total disability and subsequently receives a settlement from a third party because of an occurrence which was wholly or partially the cause of the Total disability, the member shall repay the Plan to the extent that such settlement provides compensation for loss of time, whether recovery is made by settlement, judgment or otherwise, from any person or organization responsible for causing the disability, or from their insurers, and the trustees will have a lien upon such recovery. In no event will the member be required to make reimbursement to the Plan in an amount exceeding that portion of the recovery which provides compensation for loss of time.

At the option of the Trustees, exercisable at any time, the trustees shall be subrogated to all rights of recovery of the member from any person or organization responsible for such disability, or from their insurers.

The member shall execute and deliver such instruments and papers as may be required by the trustees and do whatever else is necessary to secure the rights of the Trustees under this provision.

The Trustees are under no obligation under this Plan to recover such reimbursement from a member nor to exercise such right of subrogation.

## LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this Plan prior to the expiration of 60 days after written proof of loss has been provided in accordance with the requirements of this Plan. No such action will be brought after the expiration of 2 years after the time written proof of loss is required to be provided to the Plan.

# SERVICE PROVIDERS

## INSURANCE PROVIDERS

Chubb Life Insurance Company of Canada
The Canada Life Assurance Company (Canada Life)
Manulife Financial

## MEMBER ASSISTANCE PROGAM

Telus Health

## ADMINISTRATION SERVICE PROVIDER

Employee Benefit Plan Services Limited

## PLAN ADMINISTRATION OFFICE

**16214 - 118 Avenue**
**Edmonton, AB**
**T5V 1M6**

Tel 1-780-452-1331
Fax 1-780-487-4063

questions@epibenefitplans.com
www.epibenefitplans.com