

SUMMARY OF BENEFITS – ACTIVE MEMBERS AS OF SEPTEMBER 1, 2017

Following is a summary of the plan coverages.

	Benefit Coverage (per covered person)
Life Insurance	\$100,000 (also applies to retired Members who return to active work and have contributions remitted to their Dollar Bank Account to maintain their insurability)
Accidental Death & Dismemberment ★	\$100,000 Principal Sum (Schedule included)
Dependent Life Insurance ★	Spouse - \$10,000 Each Child from 24 hours of age - \$10,000
Dependent Accidental Death & Dismemberment ★	Spouse - \$50,000 Principal Sum (Schedule included)
Long Term Disability (Member coverage) insured by Manulife Financial (MLI) Policy #41056	Qualifying Period: 119 days Monthly Benefit: Flat \$1,200, subject to All Source Maximum of 85% earnings. Maximum Benefit Period: Up to age 65 Termination: the earliest of age 65, retirement, when you are no longer considered Disabled, or when you are eligible for an unreduced early retirement pension benefits through the Ontario Provincial Council of Carpenters Pension Programme
Employee Critical Illness Insurance by MLI Policy #108652	Benefit Amount: \$10,000 Termination: the earliest of age 65, retirement, or when your Critical Illness benefit is paid out
Health Benefits	Deductible: Nil Covered Percentage: 100% for all Covered Charges except Prescription drugs Overall Lifetime Maximum Benefit: Unlimited Prescription drugs: Prescription drug costs in Ontario have two components. The first is the ingredient cost which is paid by your Plan for eligible prescribed drugs as follows – - 100% for Level 1 ☺ - 80% for Level 2 All ingredient cost coverage is subject to a price mark-up maximum of 10%.

★ These coverages terminate at retirement.

☺ Level 1 Drugs include all medications listed in the Ontario Drug Benefit Formulary including Limited Use Drugs plus all medications which are life sustaining such as Nitroglycerine and Epipens.

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(Continued) as of September 1, 2017

	Benefit Coverage (per covered person)
<p>Health Benefits (continued)</p>	<p>Prescription drugs: (continued) The second cost component is the dispensing fee. A maximum dispensing fee that will be paid by the Plan is \$8.50 per prescription. Note that maintenance drugs are limited to one dispensing fee for each 90-day supply. Drug compounds, solutions, creams and mixtures will be reimbursed up to \$30 for the professional fee.</p> <p>Paramedical services:</p> <ul style="list-style-type: none"> • Physiotherapist or Athletic Therapist (including pool therapy upon written recommendation from your doctor) - \$5,000 per calendar year • Chiropractor, Podiatrist, Chiropodist, Massage Therapist, Acupuncturist, clinical Psychologist, Naturopath, Osteopath or Christian Science Practitioner – \$1,000 per calendar year for all practitioners combined <p>Medical services and supplies such as:</p> <ul style="list-style-type: none"> • Orthopaedic shoes/Orthotics – <ul style="list-style-type: none"> - (combined) \$450 per pair per calendar year - children – 2 pairs of either per calendar year but not exceeding \$450 per pair • Hearing aids (including batteries and repairs) - \$2,000 every 3 years; in addition hearing tests are covered up to one test per calendar year • Wheelchair, hospital bed, or oxygen equipment. Charges for repairs and adjustments to wheelchairs are covered up to \$100 per calendar year • Blood Pressure Monitors - \$100 every 5 years • Medical Alert bracelet/ necklet - \$50 maximum per lifetime • Wigs - \$500 in any 24-month period • Surgical Stockings - \$150 per calendar year • Registered Nursing services – to a maximum of \$10,000 every 12 months • Convalescent Care – up to \$50 per day for a maximum of 120 days per disability • Accidental Dental – \$1,500 per calendar year

SUMMARY OF BENEFITS – ACTIVE MEMBERS
(Continued) as of September 1, 2017

	Benefit Coverage (per covered person)
Health Benefits (continued)	<p>Vision Care:</p> <ul style="list-style-type: none"> • One set of single, bifocal or trifocal lenses or safety glasses during any 24-month period (during any 12-month period if under 18 years of age) unless change in prescription required • \$150 for one pair of frames during any 24-month period (any 12 month period if under 18 years of age) • Contact lenses to a maximum of \$150 during any 24-month period (any 12-month period if under 18 years of age) • Prescription safety glasses (member coverage only) – Dependents are not covered. Please ensure the receipt clearly states that it is for prescription safety glasses. <ul style="list-style-type: none"> - One set of prescription lenses every 24 months - \$150 for one pair of frames every 24 months • Eye examinations – Once per year, or any time there is a change in the covered person's prescription eyewear • Laser eye surgery for vision correction once per lifetime, up to a maximum of \$1,000
Emergency Out of Province Medical Coverage	<p>Members under age 75 are covered under AIG Insurance Company of Canada for Emergency Out of Province Medical Coverage.</p> <p>\$5,000,000 Lifetime Maximum for individuals under age 70; \$100,000 Lifetime Maximum for individuals up to attainment of age 75. Covers a maximum duration of 45 days per trip.</p>
Dental Benefits	<p>Basic Services: This plan covers 100% of the cost of basic and preventative dental work (cleaning, fillings), endodontics, periodontics, extractions and root canal work. Major Services: Crowns, bridges, dentures and Implants are covered at 80%.</p> <p>Orthodontics: 50% for dependent children only</p> <p>Deductible: None</p> <p>Fee Guide: Prior year's ODA Fee Guide as of May 1st</p> <p>Annual Maximum: Preventative services: Unlimited</p> <p>Per years of continuous plan membership –</p> <p>Restorative services: \$1,500 – 1st year of coverage \$1,800 – 2nd year of coverage \$2,100 – 3rd+ years of coverage</p>

SUMMARY OF BENEFITS – ACTIVE MEMBERS
(Continued) as of September 1, 2017

	Benefit Coverage (per covered person)
Parental Leave	In the event of your child birth or child adoption, an amount is payable based on your hourly rate of pay and wages lost up to \$200 per day for a maximum of 3 days.
Bereavement Leave	In the event of death of a family member, an amount is payable based on your hourly rate of pay and wages lost up to \$200 per day for a maximum of 3 days. Please see Bereavement Leave benefit section of this booklet for a list of covered family members.
Jury/Subpoenaed Witness Duty Benefit	If you are absent from work due to jury/subpoenaed witness duty, an amount is payable based on your hourly rate of pay and wages lost up to \$200 per full day for the first 10 working days, and afterwards up to \$175 per full day.
Legal Assistance Program	Your Group Legal Assistance Program (LAP) provides you with financial assistance for specific legal services. Please see Legal Assistance section of this booklet for further information. Overall Annual Maximum per family: Per years of continuous plan membership – 1st calendar year of coverage \$1,350.00 Continuous 2nd calendar year of coverage \$1,600.00 3rd and subsequent calendar year of continuous coverage \$1,800.00
Health Spending Account (HSA)	If you were in-benefit and in good standing with a participating Local Union as of January 1, 2016 were eligible to receive a \$500 Health Spending Account balance (HSA) in addition to your current Health Benefits program. This \$500 was For the policy years 2016/2017. Effective January 1, 2017: a new HSA allowance of \$1,000 deposited to your HSA for the policy years 2017/2018.