

GROUP BENEFITS SUMMARY SHEET

MILLWORKERS HEALTH AND WELFARE PLAN (CEP)

Effective May 1, 2006, D.A. TOWNLEY & ASSOCIATES LTD. have been appointed the administrators of your Health & Welfare Plan. Please forward all inquiries to:

D.A. TOWNLEY & ASSOCIATES LTD.
101 - 4190 Lougheed Hwy
Burnaby BC V5C 6A8

The following summary gives current benefits and rates as of May 1, 2006 and is for information only while a plan booklet is being prepared. Not all of the plan's details are included. The extent of the insurance for each individual is governed at all times by the master group insurance policies which will be issued to the Trustees. For further information, contact the Plan Administrator at (604) 299-7482 or toll-free 1-800-663-1356.

QUALIFICATION FOR COVERAGE: For new members, or if coverage has lapsed - 240 hours reported in 12 consecutive months.

Coverage is effective the 1st of the month following the month in which sufficient hours are reported. For example, hours worked in April are reported during May (lag month) and provide coverage for June, if there are sufficient hours in your 'hourbank'.

MONTHLY COVER CHARGE: 120 hours.

HOUR-BANK MAXIMUM: 720 hours (6 months' coverage).

SELF-PAYMENTS: To maintain coverage when short of hours self-pay is available for a maximum of 9 months - (No WI or LTD) \$1.86 per hour (\$223.20 per month).

DISABILITY CREDITS 8 hours per day credited to your hourbank while on WI, WCB or Employment Insurance (EI) sick benefits, for up to 6 months. If collecting WCB or EI you must submit claim stubs or a completed Disability Credit form promptly.

Administered by: **D.A. TOWNLEY**
& ASSOCIATES LTD.

#101 - 4190 Lougheed Highway, Burnaby, BC V5C 4A8

Phone: (604) 299-7482 Fax: (604) 299-8136

Administrator: Maria Pachini

Basic Life Insurance
Co-Operators - Policy G644

Benefit: Flat \$75,000

Accidental Death & Dismemberment Benefits
American Home Assurance Company - Policy 25721059

Same as Life

Dependent Life Benefit
Co-Operators - Policy G644

Spouse \$25,000
Each child \$5,000

Uninsured Life Benefit
Self-Insured - Policy #9000

Flat \$5,000

Weekly Indemnity Benefit
Self-Insured - Policy #9000

\$400 weekly benefit
EI Carve Out
Paid from 1st day accident, 4th day illness
Maximum benefit: 26 weeks
Taxable benefit

Long Term Disability
Co-Operators - Policy #G644

Flat \$2000 per month
2 year own occupation
Elimination Period: 26 weeks
85% All source maximum
Primary Offset
Taxable Benefit
Termination @ age 65

Extended Health Care*
Self-Insured - Policy #9000

Overall Maximum: \$1,000,000 Lifetime

Reimbursement: 80%

Deductible: \$25 single / \$25 family (**Deductible has been removed**)

Prescription Drugs: Prescription Drug Card

- Generic substitution
- Oral Contraceptives included
- Fertility drugs limited to \$3,000 lifetime maximum
- Smoking Cessation limited to \$500 lifetime maximum

Paramedical Practitioners:

- Chiropractor, Naturopath and Podiatrist maximum \$200 per calendar year
- Speech Therapy & Acupuncture maximum \$100 per calendar year
- Massage Therapy maximum \$300 per calendar year
- Physiotherapy unlimited

Private Duty Nursing: \$10,000/yr; \$25,000 lifetime max

Hearing Aids: 80% to a maximum of \$2500 every 5 years

Orthopedic Shoes: 1 pair / yr to a maximum of \$150

Foot Orthotics: 1 pair / yr to a maximum of \$300

Eye exams: \$65 every 24 months

Emergency ambulance charges to nearest hospital equipped to provide medical treatment

Wigs: \$1,000 lifetime maximum (for hair loss due to chemotherapy treatment)

Medical Supplies and Equipment including but not limited to:

- canes and walkers, crutches, casts, burn garments, eye prosthesis, apnea monitors, CPAP machines, splints, oxygen and oxygen supplies, mastectomy bras (two per calendar year) – [some of these items will need medical evidence to support the purchase]

Hospital: private & semi-private

Out of Country referrals: 80% to a \$50,000 lifetime maximum

Group Out-of-Country/Province Emergency Medical/Travel Coverage
E.T.F.S./Viator – Policy #32446331

Reimbursed @ 100% to a maximum of \$1 million per individual event

Maximum 60 day coverage

Coverage terminates at age 70

Vision Care
Self-Insured - Policy #9000

Reimbursement: 80%

Maximum: \$300 every 12 months

Deductible: None

**An employee can waive these benefits if such individual provides proof that he/she has comparable benefits through their spouse's plan. If no proof is provided all benefits will be considered mandatory.*

Member Assistance Plan **F.G.I. - Policy #7016**

This benefit provides professional assistance for a wide range of issues such as:

- Personal and work-related stress
- Couple and marital relationships
- Childcare and parenting issues; family matters
- Eldercare concerns
- Depression and anxiety
- Alcohol and drug misuse
- Legal matters and financial concerns

Dental Care* **Self-Insured - Policy #9000**

Basic: 80%

Major: 80%

Basic & Major Combined Maximum: \$2500 / yr per member and eligible dependents

Orthodontia 50% Lifetime maximum \$2500 for dependent children only

Basic coverage includes preventative and restorative services such as:

- oral examinations
- dental x-rays
- teeth cleaning
- topical application of fluoride and other anticariogenic substances
- treatment of periodontal and other diseases of the gums and mouth tissues
- application of pit and fissure sealant
- initial provision & replacement of amalgam, silicate, acrylic or composite restoration
- endodontic treatment, including root canal therapy
- relining, or rebasing dentures, or adjustments to dentures if a 6-month period has elapsed since the date the dentures were provided

Major coverage includes major restorative services such as:

- initial provision of crowns (other than stainless steel crowns) or gold inlays
- replacement of crown (other than stainless steel crowns)
- initial installation of full dentures, or partial dentures if required to replace natural tooth/teeth that were extracted after the effective date of the member's coverage
- addition of teeth to existing dentures
- addition of teeth to fixed bridgework.

Travel Assistance Plan **Self-Insured Policy #9000**

This benefit assists members to reach the nearest specialized medical services where such services are not available locally.

- \$25.00 deducted from the cost of return fare, balance reimbursed @ 85%.
- On a doctor's recommendation, the fare of an accompanying member of the family or guardian will be reimbursed.
- Per diem allowance of \$60.00 per day for meals and expenses to a maximum of 4 days.
- Up to \$80/day additional reimbursement of accommodation expenses (receipts required).
- The program will reimburse a maximum of 4 claims per family member per illness.