



# BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

FOR IBB 146 – ALTEX INDUSTRIES INC.

INDUSTRIAL SECTOR OPERATIONS (ISO) – DIVISION

All benefits are subject to the terms of the insurance policies and the official Plan documents.

This is a summary for your convenience

AS AT: APRIL 1, 2023

| BENEFITS                     |                           | ACTIVE MEMBER'S BENEFITS   |
|------------------------------|---------------------------|--|
| Life Insurance:              | Benefit Amount:           | \$75,000 (member only) reduces 50% at age 65   |
| AD & D:                      | Principal Amount:         | \$100,000 (member only)  |
| Dependant Life:              | Amount of Insurance:      | N/A  |
| Long Term Disability Income: | Maximum Benefit Amount:   | \$2,400 per month  |
|                              | Qualifying Period:        | 26 continuous weeks  |
|                              | Benefit Duration:         | Maximum to age 65  |
| Weekly Disability Income:    | Maximum Benefit Amount:   | IBB Plan integrated with EI; Plan pays EI waiting period; 1st day accident; 1st day hospital; 8th day sickness   |
|                              | Qualifying Period:        | 1st day accident; 1st day hospital; 8th day sickness   |
|                              | Benefit Duration:         | 26 weeks   |
| Dental:                      | Deductible:               | Nil  |
|                              | Reimbursement:            | 100% for basic and major expenses, 60% for orthodontics.   |
|                              | Fee Guide:                | Current Dental Association Fee Guide   |
|                              | Maximums:                 | \$2,500 per person each calendar year for basic and major expenses. \$2,000 lifetime maximum for orthodontics.   |
|                              | Coverage Notes:           | Dental implant coverage reimbursed at the equivalent cost of a bridge or partial denture. Orthodontic coverage is for dependant children 19 years of age or younger. |
| Vision Care:                 | Member Benefit Amount:    | <b>Lenses</b> - \$800 Per 24 months; <b>Frames</b> - \$150 per 24 months   |
|                              | Dependant Benefit Amount: | <b>Lenses</b> - \$550 Per 24 months; <b>Frames</b> - \$150 per 24 months   |
|                              | Laser Eye Surgery:        | \$1,750 Lifetime Maximum (member only)   |
|                              | Contact Lenses:           | \$250 per 24 months  |
|                              | Safety Glasses:           | \$400 per 12 months (member only)  |
|                              | Eye Exam and Retina Exam: | 1 basic eye exam or retina exam every 24 months when not available under a provincial plan   |



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| <b>Medical Benefit:</b><br><b>IBB: Enrollment in Provincial Health Care Plan is mandatory. Provincial Plan is the first payer.</b> | <b>Lifetime Maximum:</b>                         | Unlimited  |
|  | <b>Reimbursement:</b>                            | 100% of most eligible expenses subject to maximums and limits; prescription drugs are reimbursed at the lower of the brand name or generic drug ingredient cost. If no generic is available, the Plan will pay 100% of the brand name drug ingredient cost.  |
|  | <b>Deductible:</b>                               | Nil. Maximum dispensing fee payable of \$9.50 per prescription.  |
|  | <b>Out-of-Pocket Maximum:</b>                    | N/A  |
|  | <b>Practitioners:</b>                            | <b>Chiropractor, Speech Therapist, Osteopath, Naturopath, Homeopath and Chiropodist/Podiatrist:</b> Expenses are reimbursed at 100% up to a maximum of \$300 annually, per practitioner.   |
|  |  | <b>Acupuncture and Massage Therapy:</b> Expenses are reimbursed at 50% to a maximum of \$300 annually  |
|  |  | <b>Certified Athletic Therapist, Physiotherapist and Occupational Therapist:</b> Expenses are reimbursed at 100%, up to a maximum of \$75 per hour and \$1,000 annually  |
|  |  | <b>Psychologist and Psychotherapist:</b> Expenses are reimbursed up to a maximum of \$2,000 annually and up to a maximum of \$200 per hour.  |
|  | <b>Prescription Drugs:</b>                       | Reimbursement (as described above) for drugs which by law require the written prescription of a physician. Includes oral contraceptives, fertility drugs, diabetic supplies, smoking cessation (100% for 1st course of treatment up to \$400, 50% for 2nd course of treatment up to \$200), erectile dysfunction (max \$400 per cal. year), anesthesia, vaccinations and immunizations (subject to individual maximums). Over the counter drugs, vitamins or minerals are not covered. Medical cannabis including derivatives are not covered. |
|  | <b>Ambulance</b>                                 | Reimbursement for land ambulance services when used to transport to the nearest hospital. If ambulance services provided by air or rail, there is a \$500 maximum per individual, per calendar year.   |
|  | <b>Accidental Dental</b>                         | \$5,000 per accident - work must completed within 12 months.   |
|  | <b>Annual Medical Exam</b>                       | \$50 reimbursement to physicians for providing the Plan's "Physician's Confirmation of Annual Medical Exam" note.  |
|  | <b>Audiometric Testing</b>                       | Annual hearing testing or re-testing & custom fitted earplugs.   |
|  | <b>Hospital:</b>                                 | The difference between ward room and semi-private room. Rehabilitation hospital room allowance is \$10 per day up to a maximum of 100 days of confinement per disability prior to age 65.  |
|  | <b>Medical Services and Supplies:</b>            | Medical equipment and supplies, PSA tests, oxygen and oxygen supplies.<br>Foot orthotics and orthopedic shoes are \$200 per calendar year combined.  |
|  | <b>Hearing Aids:</b>                             | \$ 1,500 lifetime maximum  |
|  | <b>Private Duty Nursing</b>                      | Up to \$10,000 per year  |
|  | <b>Mobility Assistance Equipment Benefit:</b>    | Reimbursement of 75% of the expenses associated with specific mobility equipment and its installation, subject to a lifetime maximum benefit of \$5,000. (member only).  |
|  | <b>Age 65 Provincial Plan Benefit</b>            | \$200 annual maximum benefit to reimburse the actual cost incurred to enroll in the individual's provincially sponsored health care/medical plan. Covers premium, deductibles and co-payments.   |
|  | <b>Travel Costs related to Medical Treatment</b> | Reasonable expenses associated with travelling at least 100km to receive medically necessary treatment otherwise unavailable. 80% of expenses are reimbursed for members or eligible dependants; subject to a lifetime family maximum benefit of \$1,000. Includes accommodation, meal and gas/travel expenses.  |



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| Emergency Travel Assistance (ETA): | Lifetime Maximum: | \$5 million per covered person   |
|                                    | Coverage:         | Unlimited Trips. 90 Day Trip Duration Maximum per trip. \$5,000,000 Maximum per covered person, per trip. <b>Must be in "Stable" Medical Condition prior to departure. Under age 70 "stable" definition: Medical emergency must be "Sudden and Unforeseen" Age 70 and older "stable" definition: 180 Day "Pre-Existing Medical Condition Stability Period" exclusion applies.</b> Please consult Manulife Policy documents on the Plan's ETA page. |
| Retiree Benefits                   | Lifetime Benefits | See associated benefit schedule including subsidized coverage.   |