December 2019

IMPORTANT NOTICE TO MEMBERS ABOUT IMPROVEMENTS TO YOUR WELFARE PLAN AND OTHER IMPORTANT NEWS

The Trustees are pleased to announce the following benefit improvements and other news:

2020 ALLOCATION OF \$650 TO HEALTH CARE SPENDING ACCOUNTS (HCSA)

The Trustees are happy to report that the HCSA will continue for 2020.

On January 1, 2020, an allocation of \$650 will be deposited to the HCSA of:

- all active Plan members in Good Standing with the Union who are covered under the Plan as of January 1, 2020; and
- all retired Plan members in Good Standing with the Union who are covered under Plan A or Plan B as of January 1, 2020.

Expenses that can be paid from your HCSA are:

- Those that qualify for the medical expense tax credit under Canada Revenue Agency (CRA) Income Tax guidelines;
- The portion of medical expenses not paid by the Welfare Plan such as Ontario Drug Benefit (ODB) and other deductibles, co-insurance amounts and dispensing fees.

If you qualified, the 2020 allocation of \$650 will be added to your HCSA in January 2020. The January 2020 allocation will be available for you to use until December 31, 2021. Any money left over from 2020's \$650 allocation at the end of 2021 is forfeited and returned to the Welfare Fund in compliance with the Income Tax Act. The table below shows how the HCSA works:

	Year of Allocation to the Health Care Spending Account	Health Care Spending Account Allocation	Last Day the Health Care Spending Account Allocation for the year is available	
	2018	\$600	December 31, 2019	
	2019	\$600	December 31, 2020	
ſ	2020	\$650	December 31, 2021	

While the Trustees anticipate the HCSA benefit will continue, it is important that members understand this may not be a permanent benefit. On a regular basis, the Trustees determine if future allocations can be made to the HCSA. Their decision is based on the Welfare Fund's financial results, overall claims experience and the expected future cost of benefits. The long-term financial stability and sustainability of the Welfare Plan are of primary importance.

You should submit your HCSA claims online to reduce the time it takes to process your claim.

PRESCRIPTION DRUG PLAN

Effective December 1, 2019, the Plan's definition under the Prescription Drug Plan will extend to cover 100% of the cost of the lower of the brand name or generic drug ingredient cost even if your physician has prescribed no substitution, including the lower cost of biologic drugs or their biosimilar, where biosimilar drugs are available. If there is no generic/biosimilar equivalent to the prescribed brand name drug/biologic, the Plan will pay 100% of the ingredient cost of the brand name/biologic drug.

DENTAL PLAN

Eligible dental expenses incurred on and after January 1, 2020 will be paid on the basis of the 2019 Ontario Dental Association (ODA) Suggested Fee Guide for General Practitioners.

FILING CLAIMS ELECTRONICALLY

Claims should be filed by your medical/dental services provider at point of sale. Your providers can easily register for e-filing with the Plan.

Most providers will e-file a claim for you to save time. If your provider does not provide an e-filing service you must file your claim electronically. Filing claims electronically provides for fast payment of your claim. If you need help with your electronic submission or have not registered for electronic payment with the Plan's electronic claims payment provider, please contact the payment support team for complete assistance at: 1-888-711-1119.

CLAIM PAYMENTS BY DIRECT DEPOSIT

When you file your claim electronically, your payment will be made by direct deposit. Direct deposit is now the only payment method used by the Plan. Direct deposit enhances the security of payments, shortens processing time, and reduces the cost of processing claims including mail costs. If you have not enrolled for direct deposit please contact the Plan Administration Office for the necessary form or download it (from the Welfare Plan Forms section of the member website - www.lu30plan.com. Direct Deposit and E-Notification Request Form).

RETIRED MEMBER WELFARE PLAN PAY DIRECT

The amount retired members pay is:

Effective	January 1, 2017	January 1, 2018	January 1, 2019	January 1, 2020
Date				
Plan A	\$98.77	\$98.77	\$98.77	\$98.77
Plan B	\$39.16	\$39.16	\$39.16	\$60.00
Plan C	\$2.40	\$2.40	\$2.40	\$2.40

The amount retired members pay for their benefits will increase only for Plan B participants starting January 2020.

MEMBER ASSISTANCE PROGRAM (MAP) fseap Now we're talking.



The Plan's Member Assistance Program is administered by Family Services Employee Assistance Programs (FSEAP). FSEAP provides 24/7 free confidential counselling services for crisis support, advice and information by telephone, face-to-face or online. FSEAP provides assistance for a broad range of personal and work-related issues including: personal/iob stress. relationship issues. depression/anxiety. eldercare/childcare, additions, teen hotline, divorce, parenting, financial/legal issues, nutritional counselling, smoking cessation, life coaching and much more. FSEAP has updated its website to provide more information on services and how to access services. The FSEAP website is www.myfseap.ca. Groupname: tosmwiamap Password: myfseap1 The toll free number is 1-800-668-9920.

MENTAL HEALTH BENEFIT

Currently the Plan offers mental health benefit coverage for active members through their Health Care Spending Account (HCSA). Retired members currently have coverage for the services of a qualified psychologist to a maximum of \$225 per calendar year for each covered person.

The Trustees are pleased to announce that, effective January 1, 2020, Supplementary Health Care benefits for eligible active and retired members will include enhanced mental health benefits. The following practitioners will be covered: Registered Psychologist, Registered Psychotherapist, Psychiatrist, Registered Social Worker (Master of Social Work). For expenses incurred on/after January 1, 2020 the Plan will pay 100% of reasonable and customary (R&C) charges for the listed practitioners up to a maximum of \$200 per hour and subject to a combined \$2,000 maximum benefit per person per calendar year.

To make the most of your Plan's mental health benefit, members are urged to fully utilize the Plan's FSEAP benefit (see above) first because that service is free to members and is not included as part of the annual maximum benefit for mental health services. If additional mental health treatment is required after utilizing the services of FSEAP, then the mental health benefit coverage of the Plan could be utilized.

A look back in Pension Plan history:

Early Contributions to the Pension Plan

In 1956 the hourly wage rate earned by a Local Union 30 Journeyman was \$2.80, and there was a \$0.10 hourly contribution to the Sheet Metal Workers Local Union 30 Welfare Plan, which had started in 1956. The contribution to the Welfare Plan was reduced to \$0.055, and the remaining \$0.045 was allocated to starting the Pension Plan. The Welfare Trust Fund also transferred \$50,000 to the new Pension Plan to help with initial costs.

Sincerely,

The Board of Trustees

Fernando Canonico Shannon Kilgar Bowen LaFave

Martin Roberts Art White Bill Wilkinson