SHEET METAL WORKERS' LOCAL UNION 30 BENEFIT PLAN

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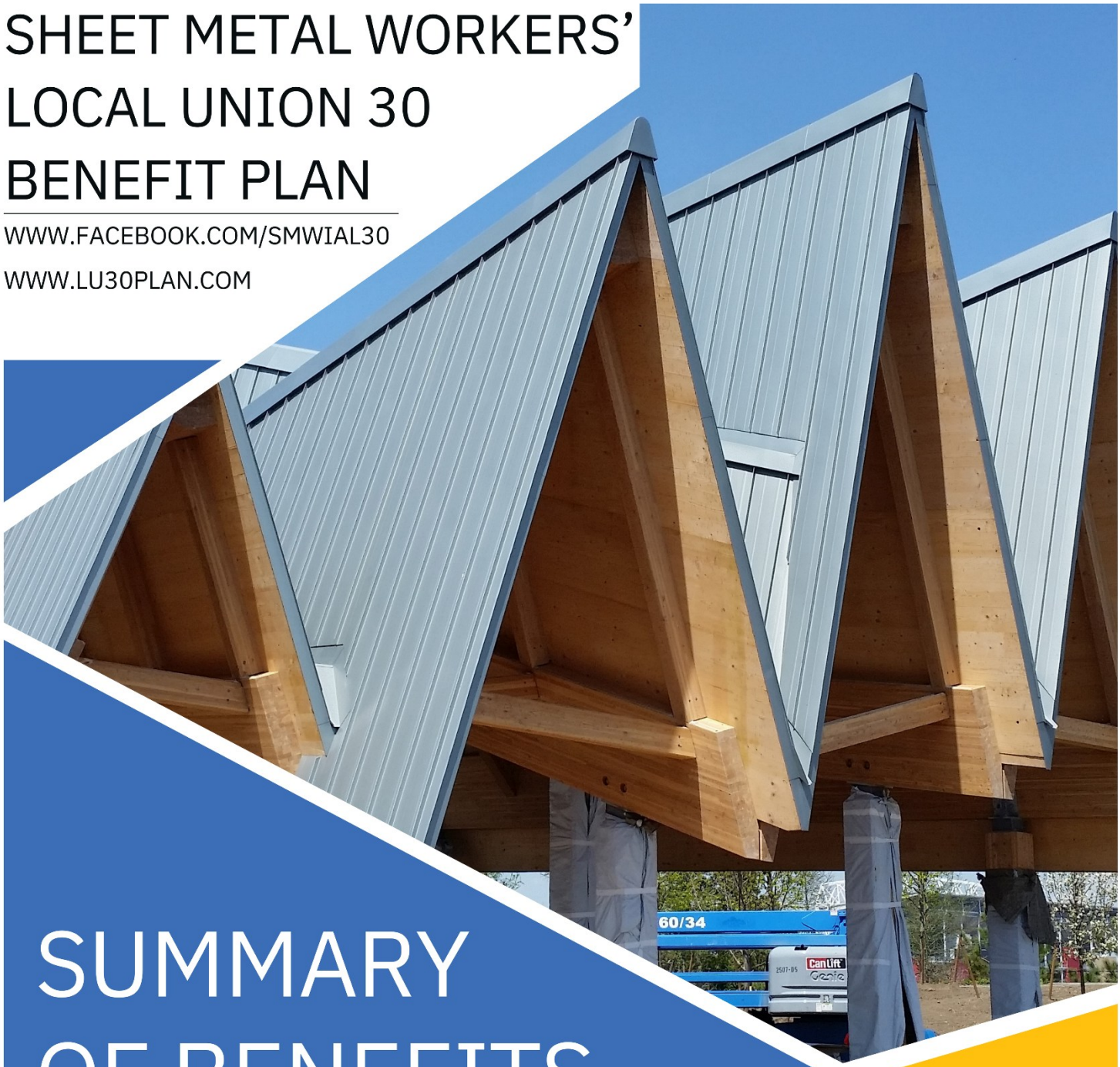

SUMMARY OF BENEFITS

ACTIVE MEMBER

UP TO DATE AS OF JANUARY 1, 2026

GENERAL INFORMATION

This Summary of Benefits has been prepared as an informal document to summarize the main features of the benefits provided to eligible Active Members of the Sheet Metal Workers Local Union 30 Benefit Plan (the "Plan").

All benefits described in this Summary of Benefits and the rights thereto are governed by the provisions of the Plan and the applicable contracts of insurance and documents, including eligibility exclusions and limitations. This document is just a summary.

The Weekly Indemnity, Supplementary Health Care and Dental benefits are not insured. They are self-funded and supported by the assets of the Sheet Metal Workers Local 30 Benefit Trust Fund only.

Accidental Death and Dismemberment benefits are insured by CHUBB Life Insurance of Canada under Policy Number AB10447201.

Life Insurance and Long Term Disability benefits are insured by Manulife Financial under Policy Number 901884.

The Emergency Travel Assistance benefit (ETA) is provided by Green Shield Canada (GSC) under Group Number 7034.

The Plan's Member Assistance Program (MAP) is administered by Family Services Employee Assistance Programs (FSEAP). FSEAP provides free short term confidential counselling services for mental health crisis support, advice and information by telephone, face-to-face or online.
Group name: tosmwiamap Password: myfseap1

You may find that the Plan does not cover every expense you may wish the Plan to pay for. The Plan is established to provide the broadest range of coverage that is suitable for the membership of the Plan, given the available funding. New drugs and treatments will come into the healthcare environment over time and the Trustees always reserve the right to cover, or not cover, any of these and to add limitations to coverage.

Subject to the limitations and exclusions of the Plan's official documents, and as described throughout this Summary of Benefits, eligible Plan Members and their eligible dependants qualify for the following benefits:

The Plan covers Members, apprentices, their spouses and unmarried dependant children from live birth to their 22nd birthday or up to their 25th birthday if the child is in full-time attendance at an accredited school, college or university. The Plan also covers disabled Members, unemployed Members and their eligible spouses. Everyone covered under the Plan must be a Canadian resident and covered under a provincial medicare plan. Members must be in good standing with Sheet Metal Workers Local Union 30 to be covered by the Plan.

SUMMARY OF BENEFITS

GENERAL PLAN PROVISIONS

Monthly Dollar Bank Deduction	**$490.00**
Dollar Bank Maximum	$5,880 (12 months of coverage)
Initial Eligibility	1st day of the 2nd month following the month in which your Dollar Bank Account has a balance of $980.
Termination	The end of the month when the $490.00 monthly deduction is taken out and leaves your Dollar Bank Account with less than $490.00 or the beginning of the month when your Dollar Bank Account has less than $490.00.

LIFE INSURANCE BENEFIT

Plan Member	**$100,000 Maximum**
Spouse	$10,000
Each Dependant Child	$5,000

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (AD&D)

Plan Member	**Principal Sum $100,000**

WEEKLY INDEMNITY (WI) BENEFIT

The maximum WI benefit is $729 per week. The WI benefit amount will be the same as the Employment Insurance (EI) maximum weekly benefit. Benefit payments are integrated with EI Sickness benefits. To qualify for WI benefits, a Plan Member must be disabled to the extent that they cannot perform the regular duties of their usual occupation.

WI benefits are payable from the 1st day of disability due to an accident or hospitalization, or on the 8th day of illness, for a maximum period of 26 consecutive weeks for any one period of disability. Work-related disabilities covered by the Workers Safety and Insurance Board (WSIB) are not covered, nor are disabilities arising from a motor vehicle accident.

MATERNITY LEAVE BENEFIT

The Plan will provide a disability benefit to Plan Members who are pregnant and who are required to leave employment due to safety concerns. The benefit will be available between the 16th week and the 12th week before the due date. The maximum benefit payment period provided by the Plan is four weeks. The maximum benefit will be the EI declared maximum. The benefit will not extend beyond the date EI would otherwise provide a benefit, including pre-due date benefits.

MATERNITY LEAVE TOP-UP BENEFIT

Effective January 1, 2021, the Plan introduced a maternity leave top-up benefit. This benefit will provide a top-up to the Employment Insurance (EI) maternity benefit. The maximum benefit is $100 per week for 52 weeks.

To qualify for this benefit, the Member must be receiving the EI maternity benefit.

The Plan Member must provide proof of receipt of the EI maternity benefit. This benefit will not interfere with EI maternity and parental leave benefits. The benefit is taxable.

LONG TERM DISABILITY (LTD) BENEFIT

The maximum LTD benefit is $2,400 per month for new disability claims incurred on or after May 1, 2024. To qualify, a Plan Member must be under age 65 and Totally Disabled as defined in the insurance policy for a continuous period of 26 consecutive weeks. LTD benefits are payable until the earlier of the attainment of age 65, recovery, retirement, or death. Disabilities arising from a motor vehicle accident are not covered.

SUPPLEMENTARY HEALTH CARE BENEFITS

BENEFIT	DESCRIPTION
Deductible	None
Reimbursement	Subject to the stated limits, 100% of reasonable and customary charges (R&C) for Plan Members and their eligible dependants.
Overall Maximum	Unlimited and subject to limitations for some services and supplies.
Prescription Drugs	100% of the lower of the brand name, generic, biologic or biosimilar drug ingredient cost. If you are prescribed a biologic or brand name drug and there is a lower cost biosimilar or generic drug, the Plan will pay for the biosimilar or generic drug. If no biosimilar drug or generic drug is available, the Plan will pay for the biologic or brand name drug. Prior authorization may be required. The Plan does not cover the drug ingredient cost of any drug that qualifies for coverage under the Ontario Drug Benefit (ODB) Program for a person age 65 or over. A prescription drug must have a drug identification number and a compliance certificate, both issued by Health Canada. Medical cannabis, including any derivative product, is not covered. This may be covered through your Health Care Spending Account.
Dispensing Fee	Maximum of $8.50 per prescription.
Specific Prescription Drug Maximums	Fertility drugs and treatment are covered to a lifetime maximum of $2,500. Smoking cessation is covered to a lifetime maximum of $250.
Lenses, Frames and Contact Lenses	Maximum of $450 in a consecutive 24-month period. Please note that the $450 includes the cost for any eye examinations.

Eye Examinations	1 eye examination per 24-month period for persons between the ages of 20 – 64. 100% of reasonable and customary (R&C) charges. Please note that the eye examinations cost is included in the $450 maximum amount described above.
Paramedical Practitioners	Charges for the services of a podiatrist, chiropractor, and physiotherapist. 80% for registered massage therapists and osteopaths with a combined annual maximum of $1,000. Acupuncture is covered at 80% with an annual maximum of $1,000. Speech therapy is covered at 100% with an annual maximum of $200. The Plan will pay 100% of R&C charges, up to the stated limit for the following: registered psychologist, registered psychotherapist, psychiatrist and registered social worker (Master of Social Work). The Plan will pay up to a maximum of $200 per hour, subject to a combined $3,500 maximum benefit per covered person per calendar year.
Hearing Aids	$400 maximum benefit in any consecutive 4-year period for the purchase of hearing aids. The batteries are not covered.
Foot Orthotics	$500 maximum benefit per calendar year for orthotics or for orthopedic shoes that have been specially designed and molded for the covered person, necessary to correct a diagnosed physical impairment. Foot orthotics must be prescribed by a physician, podiatrist or chiropodist.
Pharmacogenetics Testing Benefit	Available to Plan Members and Dependants at no out of pocket cost and is provided by the service provider Pillcheck. Each Member and Dependant are eligible for one test kit.
Other Medical Services and Supplies	Ambulance, rehabilitation hospital, diabetic services and supplies, accidental dental, durable medical equipment (hospital bed, wheelchair, braces, crutches), prostheses, surgical stockings. The replacement period for an Intra Uterine Devise (IUD) will be every three years.

EXPENSES OUTSIDE OF CANADA

The Plan provides coverage in excess of your provincial government health care coverage. The Plan's maximum is $5,000,000 per covered person per incident for expenses incurred as a result of an unforeseen medical emergency and/or for emergency travel assistance services while travelling outside your province of residence. The Plan covers the Member and eligible dependants for trips up to 60 days in length. You and your dependants must be and remain enrolled in the provincial government health care plan. Insurers are tightening the rules around what defines a medical emergency and therefore, what would qualify for coverage if you or your covered dependant have a health issue when travelling outside of Ontario.

You should contact the Plan's Emergency Travel Assistance provider, Green Shield Canada (Policy Number AB10447201), at 1-800-936-6226 before any travel outside Ontario to ensure that any medical conditions/changes in medical conditions do not limit your or your dependants' coverage under the Plan.

DENTAL CARE BENEFITS

BENEFIT	DESCRIPTION
Deductible	None
Reimbursement	100% of basic dental services; 75% for major dental services; 75% for orthodontic services.
Dental Fee Guide	Dental benefits are reimbursed based on the 2025 Ontario Dental Association Suggested Fee Guide for General Practitioners.
Maximum Dental Benefit Per Plan Member and Per Eligible Dependant:	
Maximums	$2,000 per calendar year for basic and major services combined; $1,000 may be applied towards orthodontia.

Basic Dental Services	Diagnostic, preventative, restorative, surgery, fillings, anesthesia, 1 complete series of x-rays, 1 set of bitewing x-rays, polishing, topical fluoride treatment, periodontal scaling.
Recall Examinations	1 recall examination per 6-month period.
Complete Examinations	1 complete oral examination per 24-month period.
Major Services	Crowns, bridges, dentures, implants, and replacement bridges/dentures are covered under certain circumstances, and the amount payable by the Plan will be the amount of the most cost-effective treatment (i.e., an implant may be reimbursed at the price of a crown).

HEALTH CARE SPENDING ACCOUNT (HCSA)

The Plan has provided periodic allocations to a Health Care Spending Account (HCSA). The annual allocation for 2025 was $400, and the allocation for 2026 is $500 per family. Allocations granted will be deposited in January. Allocations must be used within 24 months of being granted. Unused allocations are forfeited at the beginning of the 25th month after they were granted. For example, the $500 allocation granted for 2026 is available until the end of December 2027, at which time any remaining 2026 allocation will be forfeited. Future allocations to the HCSA are not guaranteed. Plan Members will be notified in advance if any future HCSA allocations are granted.

MEMBER ASSISTANCE PROGRAM (MAP) BENEFIT

Free short term confidential counselling, including mental health counselling, information, advice and referral services are available to Plan Members and their eligible dependants through **FSEAP**.

The confidential counselling services are provided by **FSEAP** 24 hours a day, every day of the year. Contact FSEAP directly at 1-866-990-1113 or TTY at 1-888-234-0414.

Group Name: tosmwiamap **Password: myfseap1**

PAY DIRECT PLAN OPTIONS (plus applicable provincial sales or other tax) Pay Direct amounts are subject to change

PAY DIRECT PLAN	BENEFITS
Plan A	All benefits except Weekly Indemnity (WI) and Long Term Disability (LTD): $437.38 per month
Plan B	Life Insurance only: $37.96 per month
Pay Direct Duration	3 months

HOW TO SUBMIT A CLAIM

Please show your All-In-One Benefit Card to your pharmacist, dentist and other health service providers. Drug and dental claims can be submitted directly to the Plan after coordination with a provincial government health care plan or the plan of your spouse, whenever applicable. Most health care providers (chiropractors, massage therapists, physiotherapists etc.) will submit your claims electronically for you and your eligible dependants.

You may also self-submit your health claims online through Green Shield Canada (GSC) Member Online Services. You may register for online claims through the Green Shield Canada link on your Member website: **www.lu30plan.com**. This will ensure that you are reimbursed for out-of-pocket claims quickly.

Members may be asked to submit their receipts to the Plan Administration Office for claims submitted electronically. You must retain your receipts for 13 months.

If you have any questions regarding registering for GSC's Member Online Services or need any help with submitting claims using your All-In-One Benefit Card, please contact the Plan Administration Office.

Plan Administration Office

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