SHEET METAL WORKERS' LOCAL UNION 30 BENEFIT PLAN

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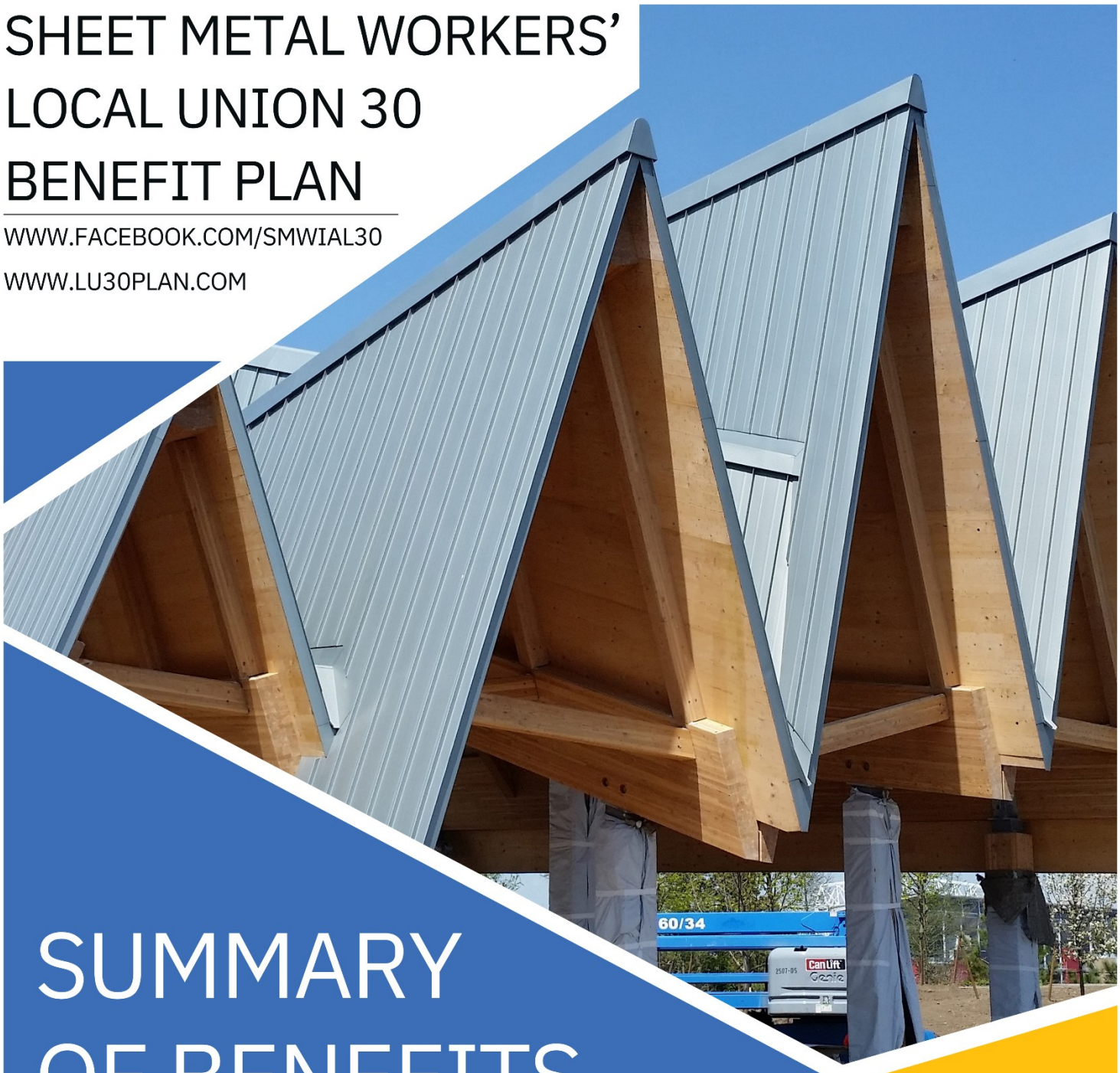

SUMMARY OF BENEFITS

RETIRED MEMBER OPTION B

UP TO DATE AS OF JANUARY 1, 2026

GENERAL PLAN PROVISIONS

OPTION	SUBSIDIZED CONTRIBUTION PAID BY THE RETIRED MEMBER
Option B	Life Insurance and Health Only (Drugs are not covered under this Option): $79.93 per Month

Note: Retired Members living in Ontario are required to pay Ontario's Retail Sales Tax (RST) which is currently 8% on their contributions. Other provinces may have a similar tax that will be charged as applicable. The amount payable to the Plan for benefits is subject to change.

Union Membership in Good Standing

Members covered under this Plan must be and remain Members in good standing of Sheet Metal Workers Local Union 30 (the "Union"). The Union is the sole decision maker of the status of membership in good standing.

SUMMARY OF BENEFITS

LIFE INSURANCE BENEFIT

Plan Member	**$20,000 Maximum**

For Members approved prior to May 1, 2024, for Life Insurance Waiver of Premium at retirement, the total Life Insurance provided by the Plan will be the greater of the amount approved by the insurer and $10,000.

SUPPLEMENTARY HEALTH CARE BENEFIT

BENEFIT	DESCRIPTION
Deductible	None
Reimbursement	Subject to any limit stated below, 100% of reasonable and customary (R&C) charges for Members and their eligible dependants.
Overall Maximum	$100,000 lifetime maximum. (excluding dental, vision care and emergency travel assistance)
Lenses, Frames and Contact Lenses	Maximum of $350 in a consecutive 24-month period. Please note that the $350 includes the cost for any eye examinations. Contact lenses have a lifetime maximum of $200, if prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus or aphakia and if visual acuity can be improved to at least 20/70 level by contact lenses only
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 per person. Please note that the eye examinations cost is included in the $350 maximum amount described above.

	$225 maximum per paramedical practitioner per calendar year for services of a chiropractor, physiotherapist, registered massage therapist, osteopath, naturopath, speech therapist and podiatrist. $15 per calendar year for 1 x-ray by a chiropractor and/or an osteopath.
Paramedical Practitioners	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 $2,000 maximum benefit per covered person per calendar year. All Paramedical services are subject to reasonable and customary (R&C) limits.
Hearing Aids	$400 maximum benefit in any 4 consecutive calendar years for the purchase of hearing aids. Batteries are not covered.
Foot Orthotics	50% of the cost of orthotics or orthopedic shoes that have been specially designed and molded for the covered person, necessary to correct a diagnosed physical impairment up to a maximum of $500 per calendar year. 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 under Plan A and Plan B. Each Member and Dependant is eligible for one test kit.
Other Medical Services and Supplies	Ambulance, rehabilitation hospital, accidental dental, durable medical equipment (hospital bed, wheelchair, braces, crutches), prostheses, surgical stockings.

EXPENSES OUTSIDE OF CANADA

The Plan provides coverage in excess of your provincial government health care plan's 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.

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 coverage under the Plan.

DENTAL CARE BENEFITS

BENEFIT	DESCRIPTION
Deductible	None
Reimbursement	100% for basic dental services; 50% for major dental services (dentures).
Dental Fee Guide	Dental benefits are reimbursed based on the 2025 Ontario Dental Association Suggested Fee Guide for General Practitioners.
Basic and Major Maximums	The calendar year maximum is $1,500 for basic and major services combined.
Basic 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	Initial dentures; replacement dentures are covered under certain circumstances. Please refer to the Sheet Metal Workers Local Union 30 Retired Members Benefit Plan Booklet.

HEALTH CARE SPENDING ACCOUNT (HCSA)

The Plan has provided periodic allocations to a Health Care Spending Account (HCSA). The 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 their 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 being granted.

BENEFITS COVERAGE FOR RETIREE SURVIVING SPOUSES

Spouses of Retired Members are eligible for an additional six months of benefits coverage upon the death of the Retired Member. To be eligible for this additional coverage, the spouse must be receiving a survivor pension from the Sheet Metal Workers Local Union 30 Pension Plan and the Retired Member must have been covered under Option B prior to their death. The spouse is eligible for Option B coverage. The cost for this additional coverage is 50% of the cost of benefits assessed by the Trustees at the time of the Retired Member's death. This amount and the covered benefits are subject to change.

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**

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

2255 Sheppard Ave. E, Atria 1, Suite 201
Toronto, ON
M2J 4Y1

Toll Free Telephone Number: 1-800-263-3564
Fax: 1-905-946-2535

Email: info@lu30plan.com