

BENEFITS AT A GLANCE

THE EDMONTON PIPE INDUSTRY HEALTH AND WELFARE PLAN

AS AT MAY 2008

GENERAL INFORMATION

PURPOSE OF THE BENEFITS AT A GLANCE

This is summary of the Benefits covered under the Health and Welfare Plan. Any discrepancies will be governed by the Trust Agreement, Plan Text and Insurance Policies. The Board of Trustees reserves the right to amend the Plan at any time.

ELIGIBILITY

Members will become eligible for Benefits on the first day of the second month after accumulating 320 working hours. After that, the Member must have 130 hours in the Hour Bank to be covered for the month. Additionally, the Member must remain a Member in Good Standing with Local Union 488.

COVERED PERSONS

MEMBERS
LEGAL OR COMMON-LAW SPOUSE OR SAME SEX PARTNER
UNMARRIED CHILDREN UP TO AGE 18 OR AGE 25 IF A FULL TIME STUDENT

BENEFITS AVAILABLE TO

- **ACTIVE MEMBERS**
- **RETIRED MEMBERS**
- **WIDOWS AND DEPENDENTS OF RETIRED MEMBERS**
- **WIDOWS AND DEPENDENTS OF ACTIVE MEMBERS**
- **DISABLED MEMBERS**
- **UNEMPLOYED MEMBERS**

ACTIVE MEMBERS

Benefit		Active Members	Active Members Enrolled in Self Payment Plan "A"	Active Members Enrolled in Self Payment Plan "B"	Active Members Enrolled in Self Payment Plan "C"	Active Members Enrolled in Self Payment Plan "D"	Widows of Active Members
Member Life Insurance *		\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$7,500**
Dependant Life Insurance	Spouse	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	
	Child	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Accidental Death & Dismemberment	Member	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$15,000**
	Spouse	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	Not Covered
	Child	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000**
Weekly Disability		\$400 / Week	Same Coverage As Active Members	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit
EI Integration		2 nd . Week to 17 th . Week – EI Sick Leave Benefit.					
Waiting Period Before Benefits Begin	Accident	1 Day					
	Sickness	8 Days					
	Maximum Duration	41 Weeks					

* Optional Life Insurance, above the group Life Insurance that is provided by the Plan, is available through Manulife Financial. Details of premium rates, amounts of insurance, eligibility criteria, etc. are available from the Administrator

** Coverage is provided for three years after the death of the member

ACTIVE MEMBERS

Benefit		Active Members	Active Members Enrolled in Self Payment Plan "A"	Active Members Enrolled in Self Payment Plan "B"	Active Members Enrolled in Self Payment Plan "C"	Active Members Enrolled in Self Payment Plan "D"	Widows of Active Members
Long Term Disability	Maximum Benefit	\$2,000 / Month	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit
	Waiting Period	26/41 Weeks					
	Offsets	Primary					
	Definition of Disability	24 month Own Occupation					
	Benefit Period	To Age 65 or prior Retirement					
	Taxable	Yes					
Dental	Deductible	None	Same Coverage As Active Members	Not a Covered Benefit	None	Not a Covered Benefit	Same Coverage As Active Members
	Basic Services	90%			80%		
	Dentures	90%			80%		
	Crowns, Bridges & Implants	80%			No Coverage		
	Orthodontics	65%			No Coverage		
	Yearly Maximum Fee Guide	\$2,000 (Combined) 2007			\$2,000 (Combined) 2007		

ACTIVE MEMBERS

Benefit		Active Members	Active Members Enrolled in Self Payment Plan "A"	Active Members Enrolled in Self Payment Plan "B"	Active Members Enrolled in Self Payment Plan "C"	Active Members Enrolled in Self Payment Plan "D"	Widows of Active Members
Medical Benefit			Same Coverage As Active Members	Not a Covered Benefit			Same Coverage As Active Members
Deductible		None			None	None	
Individual Yearly	Maximum	\$40,000			\$40,000	\$40,000	
Travel Assistance &	Out of Country	\$100,000			\$100,000	\$100,000	
Coinsurance							
<u>Prescription Drugs*</u>		90%			70%	70%	
<u>Hospital, Vision, Paramedicals &</u>	<u>Hearing Aids, Orthotics</u>	100%			80%	80%	

***Prescription drugs for the treatment of Erectile Dysfunction are now covered on a reasonable and customary basis at 90% coinsurance. Prescription Smoking Cessation Drugs are now covered at 90% coinsurance to a lifetime maximum of \$1,200 per person.**

ACTIVE MEMBERS

Benefit		Active Members	Active Members Enrolled in Self Payment Plan "A"	Active Members Enrolled in Self Payment Plan "B"	Active Members Enrolled in Self Payment Plan "C"	Active Members Enrolled in Self Payment Plan "D"	Widows of Active Members
Medical Benefit			Same Coverage As Active Members	Not a Covered Benefit			Same Coverage As Active Members
<u>Hospital</u>	Convalescent Care Maximum	Semi-Private \$10/day 120 days/disability			Semi-Private \$10/day 120 days/disability	Semi-Private \$10/day 120 days/disability	
<u>Vision Care</u>	If Eyeglasses not purchased until after 2 years:	\$300 per person			No Coverage	No Coverage	
	If Eyeglasses not purchased until after 3 years:	\$375 per person			For	For	
	If Eyeglasses not purchased until after 4 years:	\$425 per person			Vision Care	Vision Care	
	Contact Lenses	\$250 / 60 months					
	Laser Eye Surgery	\$1,600 Lifetime					
<u>Hearing Aids</u>	Initial Placement	\$1,000			No Coverage For Hearing Aids	No Coverage For Hearing Aids	
	Repair / Replacement	\$1,000 / Year					
	Custom Made Ear Plugs	\$300 / 60 months					

ACTIVE MEMBERS

Benefit		Active Members	Active Members Enrolled in Self Payment Plan "A"	Active Members Enrolled in Self Payment Plan "B"	Active Members Enrolled in Self Payment Plan "C"	Active Members Enrolled in Self Payment Plan "D"	Widows of Active Members
Medical Benefit			Same Coverage As Active Members	Not a Covered Benefit			Same Coverage As Active Members
	<u>Paramedical Practitioners</u>	Nursing Care	\$20,000 / Yr				
		Speech Therapist	\$20 / visit			No Coverage For Paramedical Practitioners Except Physiotherapist	No Coverage For Paramedical Practitioners Except Physiotherapist
		Orthoptist	\$20 / visit				
		Osteopath	\$20 / visit				
		Podiatrists	\$20 / visit				
		Naturopath	\$20 / visit				
		Acupuncturist	\$20 / visit				
		Christian Science	\$20 / visit				
		Combined Maximum	\$400 / Year				
		Chiropractor	\$30 / visit			Not Covered \$30 / visit	Not Covered \$30 / visit
		Physiotherapist	\$30 / visit				
		Combined Maximum	\$700 / Year			\$700 / Year	\$700 / Year
	Licensed Massage Therapist	\$20 / visit					
	Maximum	\$200 / Year					
	Social Worker	\$50 / visit					
	Maximum	\$400 / Year					

ACTIVE MEMBERS

Benefit		Active Members	Active Members Enrolled in Self Payment Plan "A"	Active Members Enrolled in Self Payment Plan "B"	Active Members Enrolled in Self Payment Plan "C"	Active Members Enrolled in Self Payment Plan "D"	Widows of Active Members
Medical Benefit	Psychologist Subsequent Minutes	\$30 - First Hour \$10 / 30 minutes	Same Coverage As Active Members	Not a Covered Benefit	Not Covered	Not Covered	Same Coverage As Active Members
	Maximum	\$500 / Year					
	Orthotics	\$200/Foot/Year					
<u>All Other Services</u>	Coinsurance	90%			80%	80%	
Out of Country and Travel Assistance (Emergency)	Coinsurance	100%			100%	100%	
	Lifetime Maximum	\$100,000			\$100,000	\$100,000	

NOTE: Yearly Maximums are based on a Calendar Year, unless specified.

RETIRED MEMBERS

Benefit		Retired Members UNDER 65	Retired Members OVER 65	Widows of Retired Members
Member Life Insurance		\$50,000** \$10,000**	\$10,000	\$7,500 (First Three Years Only)
<p>** NOTE: If at retirement, the Member has a full Hour Bank, the Benefit will remain at \$50,000 for 20 months. Thereafter, the Member may choose Self Payment to retain the \$50,000 or a reduced Benefit of \$10,000 at an appropriate Premium.</p>				
Dependent Life Insurance	Spouse	\$7,500	\$7,500	Not Covered
	Child	\$2,000	\$2,000	\$2,000
Accidental Death & Dismemberment	Member	\$20,000 Principal Sum	\$20,000 Principal Sum	\$15,000 Principal Sum
	Spouse	\$15,000 Principal Sum	\$15,000 Principal Sum	Not Covered
	Child	\$4,000 Principal Sum	\$4,000 Principal Sum	\$4,000 Principal Sum
<p>** NOTE: If the Member maintains Life Insurance of \$50,000, then the Accidental Death & Dismemberment benefit will be \$100,000.</p>				
Dental	Deductible	None	Same Coverage	Same Coverage
	Basic Services	90%	As	As
	Dentures	90%	Retired Members	Retired Members
	Crowns, Bridges & Implants	80%	Under 65	
	Orthodontics	65%		
	Yearly Maximum	\$2,000 (Combined)		
	Fee Guide	2007		

RETIRED MEMBERS

Benefit		Retired Members	Widows of Retired Members
Medical Benefit			Same Coverage As Retired Members
Deductible		None	
Overall Calendar Year Maximum (Travel Assistance & Out of Country)		\$40,000 \$100,000 Lifetime	
Coinsurance			
<u>Prescription Drugs*</u>		90%	
<u>Hospital, Vision, Paramedicals & Hospital</u>	<u>Hearing Aids, Orthotics</u>	100%	
	Convalescent Care Maximum	Semi-Private \$10/day 120 days/disability	

***Prescription drugs for the treatment of Erectile Dysfunction are now covered on a reasonable and customary basis at 90% coinsurance. Prescription Smoking Cessation Drugs are now covered at 90% coinsurance to a lifetime maximum of \$1,200 per person.**

RETIRED MEMBERS

Benefit		Retired Members	Widows of Retired Members
Medical Benefit			Same Coverage As Retired Members
<u>Vision Care</u>	Lenses & Frames	\$200 / 24 months	
	Nursing Care	\$20,000 / Yr	
<u>Paramedical Practitioners</u>	Speech Therapist	\$20 / visit	
	Orthoptist	\$20 / visit	
	Osteopath	\$20 / visit	
	Podiatrists	\$20 / visit	
	Naturopath	\$20 / visit	
	Acupuncturist	\$20 / visit	
	Christian Science	\$20 / visit	
	Combined Maximum	\$400 / Year	
	Chiropractor	\$30 / visit	
	Physiotherapist	\$30 / visit	
	Combined Maximum	\$700 / Year	
	Masseur	\$20 / visit	
	Maximum	\$200 / Year	
	Social Worker	\$50 / visit	
	Maximum	\$400 / Year	
	Psychologist	\$30 - First Hour	
	Subsequent Minutes	\$10 / 30 minutes	
	Maximum	\$500 / Year	

RETIRED MEMBERS

Benefit		Retired Members	Widows of Retired Members
Medical Benefit	Orthotics	\$200/Foot/Year	Same Coverage As Retired Members
<u>All Other Services</u>	Coinsurance	90%	
Out of Country and Travel Assistance (Emergency)	Coinsurance Lifetime Maximum	100% \$100,000	

NOTE: Maximums shown are yearly, unless specified.

RETIRED MEMBERS

Benefit		Retired Members	Widows of Retired Members
<p>CEFAP - Construction Employee & Family Assistance Plan</p> <p style="text-align: right;">Contact:</p>	<p>Services Available to:</p> <p style="text-align: center;">Service Provider</p> <p>Confidential Counseling for:</p> <p style="text-align: right;">In English In French Hearing Impaired</p> <p style="text-align: right;">Internet</p>	<p>Eligible Members & Dependants</p> <p>Wilson Banwell Human Solutions</p> <p style="text-align: center;">Addiction Financial Legal Stress Retirement Adjustment Health Management</p> <p style="text-align: center;">1-800-663-1142 1-866-398-9505 1-888-384-1152</p> <p style="text-align: center;">www.wilsonbanwell.com</p>	<p style="text-align: center;">Same Coverage As Retired Members</p>
<p>Monthly Benefit Contributions</p>		<p>Plan A: \$63.00 Single \$125.00 Family</p>	<p>\$40.00</p>

QUESTIONS

WHO CAN PARTICIPATE IN THE PLAN?

Members are eligible to join the Plan if employed under the conditions and jurisdiction of Local 488 the United Association of Journeyman and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada.

WHO ARE THE CONTRIBUTING EMPLOYERS?

The Contributing Employers are those Employers who are parties to a Collective Bargaining Agreement, or who have signed a Participation Agreement and have Members in their employ. These Agreements say that the Employer will make Contributions to The Edmonton Pipe Industry Health and Welfare Fund.

ARE DEPENDANTS COVERED?

All Dependants must be Canadian residents and must also be covered under one of the Provincial health care plans. The Plan will not issue payment for benefits that are covered under a Provincial health care plan.

WHO QUALIFIES AS MY DEPENDANT?

Your Spouse and unmarried dependent children (over 14 days of age with respect to Dependant Life insurance) under age 18 are covered if you are eligible for Benefits in this Plan. Unmarried Dependant children, who are full-time students and age 18 or older, but under age 25, are covered if you are eligible for Benefits.

A Spouse is a person who:

- a) is married to you and has not been living separate and apart for one or more consecutive years;
or
- b) if there is no person to whom (a) applies, a person who has lived with you in a conjugal relationship for a continuous period of one (1) year, or of some permanence if there is a child of the relationship by birth or adoption.

Only one person may qualify as the Spouse at any time. Ex-spouses (with or without a court order or separation agreement) are not eligible for coverage.

A Dependant Child is:

- a) An unmarried child, who is wholly dependent on you for support and maintenance, will be considered eligible, if under age 18, or if in attendance on a full-time basis at an accredited School, College or University, under age of 25. A child who is a student who attending school outside Canada will also be considered a Dependant Child if they reside in Canada while not in school.
- b) Stepchildren and legally adopted children may be covered if they depend on you for support and maintenance. Foster children are covered for Benefits only to the extent that an identical benefit is not provided by a government agency.
- c) A child who is functionally impaired and incapable of self-support may have lifetime coverage, provided that your coverage is in effect. Proof of functional impairment must be received by the Administration Office within 31 days of a request.

All Dependents must be enrolled on your Member Information Card. If there are any changes to the your status, written notification, within 30 days of the change, must be provided to the Administration Office and a new Member Information Card must be completed.

No one will be eligible as a Dependant while also covered as a Member of the Plan.

HOW DO ACTIVE MEMBERS MAINTAIN COVERAGE?

Each month, Contributing Employers are required to remit a dollar amount based on the Collective Agreement Contribution Rate and the number of Hours Earned by the Member in the previous month. Once the **initial eligibility** is satisfied, the Administration Office will deduct the monthly **drawdown requirement** of 130 Hours from the Member's Hour Bank. If the amount of Contributions remitted in a month exceeds the **drawdown requirement**, the excess will be accumulated in the Hour Bank until it reaches **2,600 hours**.

Membership in Good Standing of Local Union 488 is required to continue coverage under the Plan.

Contributions over **2600 hours** are transferred to a Reserve of the Trust Fund. This Reserve is used to provide free, or subsidized, coverage for Members, Retired, Disabled and Unemployed Members and Widows. The Reserve has also been used to finance Benefit improvements.

WHAT IS CEFAP?

CEFAP is the Construction Employee & Family Assistance Plan. This benefit is arranged by the Construction Labour Relations – An Alberta Association (CLR-A). Counseling services are provided by Wilson Banwell Human Solutions. Wilson Banwell Human Solutions is a national employee assistance plan provider. CEFAP provides confidential counseling services for members and their families for problems such as addiction, financial, legal, stress, health management and retirement adjustment. A full list of the counseling services is in the brochure “CEFAP Construction Employee & Family Assistance Plan”. Wilson Banwell can be accessed 24 hours a day at:

English:	1-800-563-1642
French:	1-866-398-9505
Hearing Impaired:	1-888-384-1152
Internet:	www.wilsonbanwell.com

WHAT HAPPENS TO MY COVERAGE IF I AM NO LONGER WORKING?

During periods when you are not working, 130 Hours will continue to be drawn from your Hour Bank until the Hour Bank has insufficient funds to maintain coverage. At that time, you will be offered Self Payment options. You may then make Self Payments for a maximum of 12 consecutive months unless you are disabled. If you are disabled, you may then make Self Payments up to age 65 only if you are, and remain, a Member in Good Standing in Local Union 488. Additionally, you and your Dependants must also be covered under a Provincial health care plan.

There are several Self Payment Plans. Your choice of Plan will depend upon whether you wish to continue full coverage for yourself and your Dependants.

You should choose your Self Payment Plan carefully. Once the choice is made, and you are remitting Self Payments, you may not switch to a Plan with greater Benefits. You may, however, switch to a Plan with lesser Benefits.

Self Payments must be received within 31 days after going out of Benefit. **If payment is not received within the 31 day period, reinstatement in the Plan will only be available by working hours.**

WHEN WILL MY COVERAGE AS AN ACTIVE MEMBER END?

Coverage for you, and your Dependants, will end on the first of the following to occur:

1. The last day of the month in which you have less than the **drawdown requirement** (130 Hours) in your Hour Bank, except if you elect to make Self Payments;
2. The date you enter active duty in the armed forces of any jurisdiction;
3. The last day of the month prior to your retirement if you do not have a sufficient amount in your Hour Bank and you are not making Self Payments;
4. If you discontinue any required Contributions under the Self Payment Plans;
5. For the Long Term Disability Benefit, the earlier of age 65 or retirement;
6. For the Weekly Disability Benefit, the date you commence receiving a pension from The Edmonton Pipe Industry Pension Plan.

A Dependant's coverage will end when the person is no longer an eligible Dependant.

ARE EMPLOYER CONTRIBUTIONS TAXABLE BENEFITS?

Under present legislation, Contributions made to the Plan by the Contributing Employers are not taxable benefits.

CAN I DEDUCT SELF PAYMENTS?

Medical expenses not paid by your Plan are presently deductible against income. The portion of your Self Payment, made toward your Medical and Dental premiums, may be tax deductible. Upon request, the Administration Office will issue a tax letter confirming the Self Payments that may be tax deductible. The tax letter is issued by February 28th for the prior taxation year. The amount will not total all of your Self Payments as other Benefits besides Medical and Dental are included in the Plan.

ARE THE PLAN'S BENEFITS TAXABLE?

If you were eligible for Life Insurance Benefits during a calendar year, you will receive a T4A Form. This T4A shows the amount of the Taxable Benefit as a result of the Plan's payment of Life Insurance Premiums on your behalf. If you receive Weekly Disability and/or Long Term Disability Benefits from this Plan you will receive a T4A showing the amount of the Benefit paid to you during the year. If you became disabled while making Self Payments you will not receive a T4A for disability income benefits.

Certain Benefits provided under some Self Payment Plans would be deemed to be taxable in your hands. Since you are making the Self Payment, the Trustees have established that the Self Payment Premium is applied first to any Benefit which would otherwise create a taxable benefit. Self Payments are currently applied first to Life Insurance, Weekly Disability and Long Term Disability Income Benefit costs if they are provided under the Plan you choose.

T4A Forms are issued by the end of February for the prior taxation year.

WHERE CAN I GET CLAIM FORMS?

Medical and Dental claims forms are available from the Administration Office, or alternately from the website at www.epibenefitplans.com.

SELF PAYMENT PLAN OPTIONS

PLAN NAME	WHO CAN BE COVERED	BENEFITS COVERED	BENEFITS UNAVAILABLE
A	Active Members & Dependants	Life Insurance Dependant Life Accidental Death & Dismemberment Weekly Disability Medical Employee Assistance Program Dental	Long Term Disability
B	Active Members & Dependants	Life Insurance Dependant Life Accidental Death & Dismemberment	Weekly Disability Long Term Disability Medical Employee Assistance Program Dental
C	Active Members & Dependants	Life Insurance Dependant Life Accidental Death & Dismemberment Medical Employee Assistance Program Dental	Weekly Disability Long Term Disability
D	Active Members & Dependants	Life Insurance Dependant Life Accidental Death & Dismemberment Medical Employee Assistance Program	Weekly Disability Long Term Disability Dental

MEMBERS MUST CONTACT THE ADMINISTRATION OFFICE FOR DETAILS REGARDING THE SELF PAYMENT PREMIUM FOR EACH PLAN.

CLAIM FILING DEADLINES

BENEFIT	DEADLINE
LIFE	12 MONTHS FOLLOWING DATE OF DEATH
ACCIDENTAL DEATH & DISMEMBERMENT	12 MONTHS FOLLOWING DATE OF DEATH
DEPENDANT LIFE	12 MONTHS FOLLOWING DATE OF DEATH
WEEKLY DISABILITY	WITHIN 60 DAYS OF DISABILITY
LONG TERM DISABILITY	WITHIN 12 MONTHS OF DISABILITY
MEDICAL	WITHIN 12 MONTHS FROM DATE OF EXPENSE
DENTAL	WITHIN 12 MONTHS FROM DATE OF EXPENSE

HOW TO CONTACT US

ADMINISTRATION OFFICE

THE EDMONTON PIPE INDUSTRY HEALTH AND WELFARE FUND
16214 – 118 AVENUE
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