The International Association of Heat and Frost Insulators & Allied Workers No. 118 Health and Wellness Trust Fund

Including amendments to January 1, 2021

Retired Member Benefits

www.hfbenefits.org

privacy policy

We, the Trustees of the International Association of Heat and Frost Insulators & Allied Workers No. 118 Health and Wellness Trust Fund, have adopted the following Privacy Principles, which reflect our commitment to safeguarding our members' personal information:

- Information about you and your communications with the Plan are kept confidential.
- Neither the Administrator, nor the Plan will sell your personal information.
- Information about you is gathered lawfully and fairly.
- Information about you is gathered, used, or disclosed only to provide you with benefits and services as outlined in your Plan documents.
- We maintain appropriate procedures to ensure that personal information in our possession is accurate and, where necessary, kept up to date. You are entitled to seek a correction of your personal information if you believe that the information held by the Plan is not accurate.
- You may access your personal information, subject to limited exceptions and conditions.
- Personal information is not disclosed without member's permission except in limited circumstances as permitted or required by law. However, the Administrator may share personal information with the Plan's actuaries, agents, consultants or service providers in connection with providing, administering, adjudicating, costing, financially managing and servicing members' plans and bene fit programs.
- Where we choose to have certain services, such as an actuarial valuation, provided by third parties, we take all reasonable precautions regarding the practices employed by the service provider to protect your personal information. We ask that they, in turn, undertake to honour the Plan's privacy policy and applicable legislation.
- To protect your personal information against unauthorized access, disclosure, copying, use or modification, theft or accidental loss, the Plan will maintain appropriate security mechanisms.

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introduction

This pamphlet contains a summary of the benefits available to eligible retired members under the International Association of Heat and Frost Insulators & Allied Workers, Local 118 Health and Wellness Trust Fund (the Plan) and does not contain all the details found in the official plan documents and contracts. For example, there are many exclusions and limitations that are not contained in this pamphlet. You can obtain additional information on your benefits by contacting the Plan Administrator, D.A. Townley.

Benefits are paid in accordance with the official plan documents and contracts. If there are any omissions in this pamphlet or a conflict between this pamphlet and the official plan documents and contracts, benefits will be paid according to the official plan documents and contracts.

These benefits are provided on a self-payment basis, provided you qualify for such coverage at the time of your retirement.

We welcome your interest and suggestions in the hope that the Plan will always reflect the desire of the majority of the people it serves. For additional information or assistance, feel free to contact D.A. Townley.

benefit overview

life insurance	• retired before October 1, 2002: **$10,000** • retired October 1, 2002 - March 31, 2004: **$5,000** • retired April 1, 2004 - October 31, 2011: **no life insurance** • retired after November 1, 2011: **$10,000**
extended health benefits	as described within
out of Canada medical emergency coverage	$15,000 maximum (retired members and their depen-ents should pur-chase additional coverage)
dental benefits	as described within
member family assistance program	confidential counseling services for retired members and eligible dependents

eligibility requirements

- you must have at least 10 years of service as a member of the International Association of Heat and Frost Insulators and Allied Workers Union Local 118 and be designated an honorary or exempt member; and
- you must be receiving a pension from the Heat and Frost Local Union 118 Pension Plan; and
- you must be actively covered under the regular benefits provided through the International Association of Heat & Frost Insulators and Allied Workers Union Local 118 Health and Wellness Plan at the time you started collecting that pension; and
- you must enroll, with no break in coverage, within 30 days of termination of your regular benefits through the International Association of Heat & Frost Insulators and Allied Workers Union Local 118 Health and Wellness Plan.

establishing coverage

To establish coverage, you must contact the Plan Administrator, D.A. Townley, at the time you wish to retire and confirm your eligibility for retired member benefit coverage. You may opt out of dental coverage, however, you will not be permitted to opt in again at a later date.

Once the Plan Administrator confirms your eligibility to participate, self-payment must be made for one year in advance at the time of enrolment and again at each annual renewal. Payment may be made all at once or in the form of 12 post-dated cheques.

coverage ends

Coverage will end on the earliest of the following:

- on your annual renewal date, if you do not make your renewal payment at that time;
- on the last day of the preceding month if there are insufficient funds in your bank

account to fund the self-payment or honor a post-dated cheque;
- upon your death, your spouse will be covered for the balance of the coverage that has already been paid for.

dependents

The Plan will provide the extended health benefit and dental benefit (if dental was not opted out) for:

a) The spouse* of a covered retired member;
b) Any unmarried child of a covered retired member up to the age of 21, provided such person is mainly dependent on and living with the covered retired member; and
c) Any unmarried child of a covered retired member to any age if the child is in full-time attendance at a recognized school, college, or university; and
d) Any unmarried mentally or physically handicapped child of a covered retired member to any age, provided such person is mainly dependent on and living with the covered Retired Member or the spouse of the covered retired member.

*The legal spouse of the retired member, or in absence of a legal spouse, the common-law spouse of the retired member. The common-law spouse is a person whom the retired member has been living and that living arrangement must be recognized as a conjugal relationship in the community in which the couple resides. Only one person may qualify as the spouse at any one time. The co-habitation period for a common-law spouse is a continuous period of one year.

When completing your application forms for coverage, please include all dependents to be covered. To add, delete or change the dependents covered, obtain an Enrolment and Beneficiary card from the Administrator or your Union Office, and forward it to the Administrator's office.

New dependents are not covered under the Plan until you enroll them – please contact the Administrator or the Union Office for the necessary forms.

life insurance

In the event of your death while insured, the amount of your life insurance is payable to your beneficiary should your death occur from any cause while you are insured under the group policy. You may change your beneficiary at any time by written notice to the Administrator. If you do not designate a beneficiary, the insurance will be payable to your estate.

extended health benefits

- $50 calendar year deductible per person per family (does not apply to prescription drugs)
- $50,000 lifetime maximum
- In-Canada eligible non-prescription drug expenses covered at 70%
- Out of Canada (emergency) eligible expenses reimbursed at 100% ($15,000 lifetime maximum)
- Pay-Direct Prescription Drugs
    - 100% coverage on BC Fair Pharma Care-eligible drugs, 60% on all other eligible drugs
    - $50,000 lifetime maximum on prescription drugs

The extended health benefit is designed to help you pay for specified services and supplies incurred by you and your eligible dependents, when not provided under a government health plan or by a tax supported agency.

The following are eligible expenses when incurred as the result of necessary treatment of illness or injury and where applicable when ordered by a physician.

prescription drugs

You will receive a pay-direct card (one if you have single coverage or 2 cards if you have dependent coverage (both cards will be in your name). Present this card to your pharmacist each time you fill a prescription. If the drug you are filling is one which is covered under the BC Fair PharmaCare Plan, this Plan will cover the drug at 100% of the reasonable and customary cost. If the eligible drug is not covered by Fair

PharmaCare, the cost of the drug will be covered at 60% and you will be asked to pay the 40% balance of the cost directly to your pharmacy.

Using your pay-direct card eliminates the requirement for you to pay for your prescription and wait for reimbursement from the Plan. In order to reduce your out of pocket costs, advise your doctor that your Plan will cover 100% of the cost of drugs that are recognized by Fair PharmaCare and to wherever possible prescribe the Fair PharmaCare eligible drug to treat your condition. Most doctors are familiar with the first-line therapies on Fair PharmaCare's drug formulary, but if there is any uncertainty, they can contact D.A. Townley, your pharmacist or look up the drug on: https://pharmacareformularysearch.gov.bc.ca/

In cases where your doctor has applied under Special Authority for coverage of a drug that is not on Fair PharmaCare's drug formulary and it is approved, please provide a copy of such approval to D.A. Townley and an exception can be made to cover that drug at 100% by the Plan under the same terms of approval granted by PharmaCare. If your spouse has his/her own coverage, his/her prescriptions must be paid first by their Plan, with any balance unpaid submitted to your Plan.

The Plan provides coverage for prescription drugs and medicines which require, and can only be obtained, with the written prescription of a licensed physician or dentist if provincial law permits. Drugs and medicines are limited to a 34-day supply (100 days for long term therapy drugs). Refills are not permitted to be dispensed earlier than what is deemed to be reasonable and customary. Drugs and medicines that can normally be purchased "over the counter" are excluded regardless of a prescription having been issued. Fertility drugs, smoking cessation drugs and products, vitamins, preventative drugs, dietary foods and supplements are excluded. Vitamin B12 for the treatment of pernicious anemia only, insulin preparations for diabetics and allergy extracts and serums with a DIN # and that are administered by a physician are covered.

Note to retired members residing in BC: You must register for the BC Fair PharmaCare program and

provide proof of such registration to the Administrator in order to continue to receive benefits under the Plan. To register for Fair PharmaCare call 1-800-663-7100 or visit the PharmaCare website at https://pharmacare.moh.hnet.bc.ca

ambulance services

Charges in excess of the amount payable under your Basic Medical Plan for professional licensed ambulance service in an emergency including transportation by railroad, boat or airplane, or in acute emergency by air ambulance, from the place where the injury or sickness occurs to the nearest acute general hospital and return fare, including round trip fare for one attending person (doctor, nurse, first aid attendant), where necessary.

hospital

Hospital charges made by an approved acute general hospital in BC for private or semi-private room if ward is not available or if required as medically necessary by a physician (not including rental of telephone, T.V. etc.).

out-of-hospital private duty nursing services

Charges up to a maximum of $25,000 per lifetime, when medically necessary and with a physician's referral. Services must be for nursing care, and not for custodial care.

paramedical practitioners

You can use your pay-direct card with participating paramedical practitioners. The Plan will recognize charges for Acupuncture, Speech Language Pathologist, Chiropractor, Naturopath, Psychologist and Podiatrist covered up to a calendar year maximum of $400 per person per practitioner type. Massage Therapy and Physiotherapy have an unlimited calendar year maximum up to the Plan's $50,000 overall extended health benefit lifetime maximum.

other eligible expenses

Charges for oxygen, blood or blood plasma, ostomy or ileostomy supplies.

Charges for walkers, canes and cane tips, crutches, splints, casts, collars and trusses but not elastic or foam supports.

Charges for testing supplies, needles and syringes for diabetics. External insulin pumps when basic methods are not feasible, up to the reasonable and customary cost and not within five years of the purchase of the previous insulin pump, where applicable. Continuous glucose monitoring (CGM) and flash glucose monitoring (FGM) devices, sensors and transmitters for adults aged 18 years or older and have at least two years experience in self-managing their diabetes.

Charges for surgical stockings to a maximum of 2 pair per calendar year.

Charges for stump socks.

Charges for surgical brassieres up to two per calendar year.

One pair of custom fitted orthopedic shoes or one pair of custom orthotics per person per calendar year when prescribed by a physician or podiatrist up to a calendar year maximum of $350 per person.

Charges for rigid support braces and permanent prosthesis (artificial eyes, limbs, larynxes and mastectomy forms). Myoelectrical limbs are excluded but the Plan will pay the equivalent of a standard prosthesis.
Charges made by a dentist for the repair or replacement of sound, vital, natural teeth or the setting of a fractured or dislocated jaw under certain conditions.

Wigs and hairpieces required as a result of medical treatment or injury, up to a lifetime maximum of $500 per person.

Non-emergency Eligible Expenses incurred while traveling outside your province of residence (subject to Plan limits).

standard durable medical equipment

(Preauthorization is required from the Plan Administrator for expenses in excess of $5,000)

Usually, the Plan covers standard durable medical equipment when rented from a medical supplier and will be reimbursed monthly. Standard durable equipment includes a variety of items but are not limited to

- manual wheelchairs, manual type hospital beds,
- medical monitors including heart and blood glucose monitors and cardiac screeners
- breathing machines and appliances
- transcutaneous electric nerve stimulators (TENS) when prescribed for intractable pain
- transcutaneous electric muscle stimulators (TEMS) required when, due to an injury or illness, all muscle tone has been lost.

out-of-province/Canada emergency expenses

Coverage period is 90 days per trip and overall maximum per insured person is $15,000 per lifetime. It is STRONGLY recommended that you purchase private emergency travel insurance before travelling outside of your province of residence.

exclusions and limitations

There are items that are not covered under the extended health benefits for retired members and their dependents, including but not limited to:

- Expenses for benefits, care or services payable by or under the Basic Medical Plan, PharmaCare, any Hospital Program or the WorkSafe BC Act, whether or not a claim is made thereunder or provided without cost or at nominal cost by any public or tax-supported authority or agency or for which you or your dependent can recover from another party;
- Expenses of dental services or care or dentures except as specifically provided in this booklet;

- Any portion of fees in excess of the usual or recognized fees for the service performed;
- Expenses incurred outside the Province of British Columbia unless resulting from an unexpected injury or sickness occurring while temporarily traveling outside the province and then only to the extent provided under the section Out-of-Province/Canada Emergency Expenses;
- Expenses for services and/or supplies for cosmetic purposes;
- Medical Cannabis in any and all of its forms;
- Expenses caused, contributed to or necessitated as a result of:
    - war or any act of war or participation in a riot or civil insurrection;
    - injury or sickness which was intentionally self-inflicted, whether sustained or suffered while sane or insane;
    - occupational illness or injury; or
    - the commission by the person of any unlawful act including an offense under the Criminal Code of Canada
- Expenses incurred for orthoptic treatment, eyeglasses, contact lenses, hearing aids, or prescriptions for any of them;
- Any expenses that a covered person may obtain as a benefit under any government plan or law;
- Any payment to a medical practitioner whether or not a participant in the Basic Medical Plan in which is demanded or received by means of balanced billing, extra billing or extra charging which represents an amount in excess of the schedule of costs prescribed by the Medical Services Plan.

dental benefits

- Pay-direct claims processing using your pay-direct card – present your card at your dentist's office
- No calendar year deductible
- 70% reimbursement for Basic Services, 50% for Major Services (covers full or partial dentures only)
- $1,000 per calendar year maximum per person for Basic & Major Services combined

basic services

The following services are eligible for payment. The amount payable will be calculated using the lesser of the amount charged or the fee shown in the Dental Association Fee Guide (General Practitioner) in the Province of residence paid at the indicated reimbursement level. The following are highlights only. For a more complete explanation of what's covered and what's not covered, review the longer booklet available from the Plan Administrator.

Diagnostic Services – All necessary procedures to assist the dentist in evaluating the existing conditions to determine the required dental treatment (for example exams and x-rays).

Preventative Services – All necessary procedures to prevent the occurrence of oral disease (for example, cleaning twice a year).

Surgical Services – All necessary procedures or extractions and other routine oral surgical procedures normally performed by a dentist.

Restorative Services – All necessary procedures for filling teeth (for example amalgam restorations) and other items including inlays and onlays (only when other material cannot be used satisfactorily). If you choose gold fillings where other materials would suffice, you will have to pay the cost difference. A preauthorization is suggested.

Prosthetic Repairs and Maintenance – Repair if a 6-month period has elapsed since the last date on which the dentures were provided and denture maintenance, after the 3-month post insertion care period.

Endodontic Services (Root Canals) – All necessary procedures required for pulpal therapy and root canal filling. Repeat treatment is covered only if the original treatment fails after the first 18 months.

Periodontic Services – All necessary procedures for the treatment of tissues supporting the teeth including grafts. There are limits. Please refer to your detailed booklet.

Anesthesia – General anesthesia required in relation to oral surgery.

major services

Major services are limited to full or partial dentures.

Charges made by a licensed Denturist will be recognized for payment, in accordance with a separate Schedule of Allowances.

There are limitations. A pre-authorization is suggested. The Plan will then provide a written estimate of the maximum amount for which payment will be made.

alternative services

If alternative services may be performed for the treatment of a dental condition, the maximum amount shown in the Suggested Fee Guide for the least expensive service or supply required to produce a professionally adequate result.

emergency dental care anywhere in the world

In an **emergency** only, while you are travelling or on vacation outside of your Province of residence, you are entitled to the services of a duly qualified dentist and will be reimbursed at the lower of the actual cost or the amount that would have been paid had the service been rendered in your Province of residence.

exclusions and limitations

The Plan's dental benefits do not cover payment for:

- Items not listed in the Fee Schedule and fees in excess of those listed in the Fee Schedule;
- Charges for broken appointments, oral hygiene or nutritional instruction, completion of forms, written reports, communication costs or charges for translating documents;
- Dental care which is cosmetic;
- Dental care provided under a medical plan provided by an employer or government;

- Services or items which would not normally be provided, or for which no charge would be made, in the absence of dental coverage;
- Stainless steel crowns on permanent teeth;
- Protective athletic appliances;
- Anesthesia not done in conjunction with surgery, and charges for facilities, equipment and supplies;
- Full mouth reconstruction, for a vertical dimension correction, or for diagnosis or correction of a temporomandibular joint dysfunction;
- Replacement of a lost or stolen prosthesis;
- Incomplete and temporary procedures;
- Implants;
- Grafts;
- Any dental charge for services which were started prior to the date of coverage;
- Dental treatment which was ordered while covered, (which included lab work and impressions), but was not installed or delivered until more than 31 days after the dental benefit terminated; and
- Travel expenses incurred to obtain dental treatment.

Expenses recoverable under any other Plan will be coordinated with payments from this Plan, so that total payment received will not exceed the expenses actually incurred.

claims for extended health and dental

Use your pay-direct card for prescription drug claims, participating paramedical practitioner claims and dental claims. All other eligible expenses (not for dental claims) can be claimed by submitting your claim directly through the **D.A. Townley *My Claims*** portal or mobile app (see page 20). Alternatively, claim forms for dental and extended health benefits can be printed off the Plan Administrator's website: https://www.datownley.com/health-benefits/filing-a-claim/ or obtained from the Administrator's office or your Union Office.

Copies of the receipts and the completed claim forms should be sent to the Administrator. All receipts must be received by the Administrator within 12 months of the date of service to be considered for payment.

When submitting eligible claims, please be sure to include your full name, address and your certificate/Client ID number. All reimbursement claims should be forwarded to the Administrator's office:

by mail:
International Association of Heat and Frost Insulators & Allied Workers,
Local 118 Health and Wellness Trust Fund
4250 Canada Way
Burnaby, BC V5G 4W6

by fax: 604 299-8136
by email: health@datownley.com

coordination of benefits:

1. D.A. Townley complies with the Canadian Life and Health Insurance Association (CLHIA) guidelines for coordination of benefits in effect on the date the eligible expense was incurred.
2. If the you or your dependent is also covered under your spouse's plan or under any other group plan which provides similar benefits, payment will be coordinated and/or reduced to the extent that benefits payable from all plans will not exceed 100% of the eligible expense (for dental, the fee guide applies).
3. The plan that determines benefits first (primary carrier) will calculate its benefits as though duplication of coverage does not exist.
4. The plan that determines benefits second (secondary carrier) limits its benefits to the lesser of:
    - the amount that would have been payable had it been the primary carrier, or
    - 100% of all Eligible expenses reduced by all other benefits payable for the same expenses by the primary carrier.

5. If the other plan does not contain a co-ordination of benefits clause, payment under that plan must be made before this Plan will pay under this provision.
6. Extended health plans with dental accident coverage determine benefits before dental plans.
7. If priority cannot be established in the above manner, the benefits will be prorated in proportion to the amounts that would have been paid had there been coverage by just that plan.
8. You must provide the information required to implement this provision.

It is your responsibility to present a copy of the original claim form and the remittance statement or cheque stub when making further claim under this provision.

member / family assistance program

The member / family assistance program (MFAP) is a voluntary, 100% confidential, short-term counseling and advisory service that connects you and your eligible family members to a network of dedicated professionals who are available to help 24 hours a day, 7 days a week.

This benefit provides professional assistance for a wide range of issues such as:

- Personal and work-related stress;
- Couple and marital relationships;
- Childcare and parenting issues
- Family matters;
- Eldercare concerns;
- Depression and anxiety;
- Alcohol and drug abuse;
- Legal matters and financial concerns.

If you need help, call 1-800-663-1142.
You can also obtain services online by signing up at www.homeweb.ca

D.A. Townley *My Claims* portal and mobile app

Go to: www.datownley.com/myclaims/ and look for *Online Registration* in the resources section on the right side of the page. Click on the link. Complete all the required fields and acknowledge that you have read the terms and conditions. Click on the *Submit* button and it will automatically direct you to the *My Claims* portal. Set up your account on the *My Claims* portal by clicking on *Register Account*. Enter your group number (903119) and your Client ID number from your pay-direct card, along with your postal code and date of birth. Then click *Next.* Set up your username and password. Please note: you can only create one username and password for the same coverage. Then click *Sign Up* and accept the terms and conditions. Now you can download the free **D.A. Townley *My Claims*** app by visting the App Store for IOS devices or Google Play for Android devices. Once downloaded, register your account on the portal and app, then you are ready to sign in using your username and password that you assigned.

direct deposit

If you have not already done so, you can sign up for Direct Deposit for your claims reimbursements. Get your reimbursement faster and have the funds deposited directly into your bank account rather than waiting for a physical cheque. On the **D.A. Townley *My Claims*** website or app, click on the Person icon on the top navigation. Go to *Update Direct Deposit* and enter your banking information (this can be found on the bottom of a personal cheque, from your online banking app or by calling your financial institution directly.)

rights to copies of documents

Effective July 1, 2012, if an retired member lives in British Columbia or Alberta, they have the right to request, with reasonable notice, copies of documents that relate to the plan. Legislation allows for them to obtain copies of the following documents:

- Their enrollment form or application for insurance
- Any written statement or other record, not otherwise part of the application, provided to the insurer as evidence of insurability
- A copy of the contract/policy

The first copy will be provided at no cost to the retired member and a fee may be charged for subsequent copies. All requests for copies of documents should be directed in writing to D.A. Townley.

legal action

Every action or proceeding against the plan for the recovery of benefits payable under the Contract is absolutely barred unless commenced within the time set out in the Insurance Act.

notes

benefits provided by:

Manulife Financial
policy #961442
life insurance

Int'l Assoc. of Heat and Frost Insulators & Allied Workers, Local 118 Health and Wellness Trust Fund
policy #903119
extended health
dental

Homewood Health
policy #1500
member / family assistance plan

Contact us:

D.A. Townley, Plan Administrator
4250 Canada Way
Burnaby BC V5G 4W6

Telephone **604-299-7482**
Toll-Free **1-800-663-1356**
Facsimile **604-299-8136**
Email: **admin@datownley.com**

If you leave us a voice message or send an email, please include your full name, the name of the Int'l Assoc. of Heat and Frost Insulators & Allied Workers, Local 118 Health and Wellness Trust Fund and your telephone number including area code.