ELIGIBILITY

Should you elect to retire, you may remit your own contributions directly to the Trust Fund, providing all of the following conditions are met:

- You are a member in good standing with the Union at the time of your retirement,
- You have participated in Locals 91, 230, 927, 938, or 879 Teamsters Benefit Plan for a minimum of 10 years,
- You are at least age 55 at the date of retirement,
- You are not actively employed elsewhere,
- You notify a staff member at the Administrative Agent's office of your retirement within 31 days of the date of retirement, and
- You must choose the full package of benefits available.

TERMINATION OF COVERAGE

Your insurance will be discontinued on the earliest of the following dates:

- The date the insurance contract is cancelled or terminated,
- The last day of the month in which you cease to make contributions,
- The date you cease to be a Member in good standing with the Union, or
- Your death.

COVERAGE SUMMARY

The Coverage Summary is for illustration purposes only and does not contain all terms, exclusions and conditions. For full details, recourse should be made to the insurance contract.

EXTENDED HEALTH CARE

Deductible	Nil
Coinsurance	
Prescription Drugs	100%, with dispensing fee maximum of $6.50
Other Eligible Expenses	80%
Vision Care	100%
Lifetime Maximum	$1,000,000
Prescription Drugs	
Medicinal Cannabis	$1,000 per calendar year per insured person
Hepatitis A&B (Twinrix) and Shingles Vaccines	Covered
Paramedical	
Chiropodist/Podiatrist, Chiropractor, Naturopath, and Osteopath	$300 per specialist per calendar year
Licensed Clinical Psychologist or Social Worker	$200 per calendar year
Physiotherapist	$12.50 per visit, $250 per calendar year
Registered Massage Therapist	$250 per calendar year (physician referral is required)
Licensed Speech Therapist	$300 per calendar year
Major Medical	
Rehabilitation Hospital	Semi-private, up to a maximum of 120 days provided disability commenced prior to age 65
Ambulance Benefit (Local or Air)	$200 per disability
Out-of-Hospital Nursing Services	$10,000 every 3 years (prior approval is required)
Accidental Dental	$5,000 per accident (work must be completed within 12 months of accident)
X-ray & Lab Tests	Covered
Blood & Blood Plasma	Covered
Durable Medical Equipment (Purchase or Rental)[1]	Covered
Surgical Brassieres	2 per 12 consecutive months
Breast Prosthesis	Once every 5 years
Surgical Stockings	2 pairs every 12 consecutive months
Wigs	Once per lifetime
Glucometer	Once per lifetime
FreeStyle Libre Flash Glucose Monitor and Sensors	Covered if insulin-dependent
Hearing Aid (Purchase, Repair and Replacement)	$500 every 5 years
Oxygen	Covered
Orthopaedic Shoes or Orthotics	$500 for 1 pair every 3 years
Vision Care	
Lenses & Frames or Contact Lenses in Lieu of Glasses	$250 for lenses and frames combined every 24 months (including 1 eye exam up to a maximum of $50), or every 12 months for Dependents under age 19

[1] If you or any of your Dependents have a long-term physical disability, you may be able to maximize your reimbursement for medical equipment and medical supplies through the provincially-funded Ontario Assistive Devices Program (ADP). The Trust Fund's website has a link to the ADP.

EMERGENCY TRAVEL MEDICAL COVERAGE

$5,000,000 Lifetime Maximum under the age of 75
$1,000,000 Lifetime Maximum from ages 75-80
Terminates at the age of 80

A separate brochure that contains further detail is available from the Administrative Agent or from the Trust Fund's website.

CONFIDENTIAL MENTAL HEALTH & EXPEDITED ACCESS TO HEALTHCARE PROGRAMS

These benefits are covered. Separate brochures that contain further detail are available from the Administrative Agent or from the Trust Fund's website.

MEMBER & FAMILY ASSISTANCE PROGRAM

This benefit is covered. A separate brochure that contains further detail is available from the Administrative Agent or from the Trust Fund's website.

DENTAL CARE

Dental reimbursement is based on the Province of Residence Dental Fee Guide as determined from time to time by the Trustees. If the cost of dental services is expected to exceed $500, predetermination of benefits, which is defined on the next page, is strongly advised.

Deductible	Nil
Percentage Payable	
Basic/Preventative	100%
Endodontic/Periodontic	100%
Dentures (Removable or Fixed) & Repairs, Relining, and Rebasing	50%
Major Restorative	50%
Orthodontics	50%
Calendar Year Maximum (Excluding Orthodontics)	$1,500
Lifetime Maximum for Orthodontics	$1,000 for Dependents under age 19
Limits	
Complete Exam & X-ray Series	Once every 24 months
Recall Exams	Every 6 months
Scaling / Root Planing	8 units per calendar year
Repairs, Relining & Rebasing of Dentures	Once every 24 months

LIFE INSURANCE

Member	$25,000
Dependent Spouse	$5,000
Dependent Child	$2,000

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Member	$25,000
Dependent Spouse	$12,500
Dependent Child	$7,500

DEFINITIONS

Definition of Calendar Year Maximum
"Calendar Year Maximum" is the maximum amount the Plan will allow in a calendar year for any one individual for the specified benefit(s).

Definition of Lifetime Benefit Maximum
"Lifetime Benefit Maximum" is the maximum amount the Trust Fund will allow any one individual for Extended Health Benefits in his or her lifetime.

Definition of Coinsurance
"Coinsurance" is the maximum percentage of your eligible expenses that the Trust Fund will reimburse you.

Definition of Dependent Spouse
"Spouse" means (a) a husband or wife by virtue of a valid religious or civil marriage ceremony, (b) a person living with the member in a common-law relationship for a minimum period of twelve consecutive months if such a person is publicly represented as the member's spouse, (c) the person to whom the member was most recently married using the above criteria if the member has been married to more than one person. Divorced or separated spouses (with or without a court order or separation agreement) are not eligible for coverage.

Definition of Dependent Child
"Child" means (a) your unmarried children (over 14 days of age with respect to Dependent Life Insurance only) and under 22 years of age provided they are not employed on a regular full-time basis; (b) your unmarried children under 25 years of age provided they are not employed on a regular full-time basis and they are in full-time attendance at a university or similar institution (annual proof of student registration is required after the child attains age 22); (c) your legally adopted children, stepchildren, or children of your common-law spouse provided your spouse or common-law spouse lives with you and has custody of the child and provided they meet the requirements set out above; (d) children outlined above must be solely dependent upon the member for support.

Definition of Coordination of Benefits
"Coordination of Benefits" is a process for reimbursing families who are insured under multiple benefit plans. This procedure ensures that the reimbursed amount does not exceed the expenses you originally incurred by determining which plan pays first (and thus where to submit the claim first) and which plan(s) pays next.

For example, your benefits will be payable first under the plan where you are the insured Member and second where you are covered as a Dependent. If the Trust Fund is paying first, original receipts are required. If the Trust Fund is not paying first, an Explanation of Benefits (EOB), or breakdown of what the previous insurer paid, may replace receipts.

Definition of Predetermination of Benefits
"Predetermination of Benefits" tells you how much the Trust Fund will reimburse you for dental work before the work is done. If the cost of services is expected to exceed $500, we strongly recommend that you ask your dentist to submit a Treatment Plan to the Claims Office. A Treatment Plan contains the following information:

- the dentist's recommended services,
- the dentist's charge for each service, and
- supporting X-rays or a letter of expertise.

HOW TO FILE CLAIMS

The time limit for filing claims is 12 months from the date the services were rendered. Claims are processed within one business week. If you do not receive your cheque in the mail within three weeks from mailing your claim, you should follow up with the Claims Office.

You may obtain Extended Health, Vision and Dental claim forms from your Union Office, the Administrative Agent, or the Trust Fund's website. Generic Dental claim forms obtained from your dentist are also acceptable.

To ensure fast processing of your claim, confirm that you have included your full name, the date, and your signature on your claim form. If the claim is for a Dependent, provide his/her name and date of birth. All claims require original receipts. Dental claims require the original form signed by your dentist.

In the event of your death or dismemberment, your beneficiary should contact the Administrative Agent immediately. Claim forms for Life Insurance and Accidental Death & Dismemberment Insurance will be returned with specific instructions.

Electronic and Online Filing
You and your spouse may use your Benefit Card for all covered prescription drug, dental, or health care practitioner services. Every time you or your spouse have a prescription filled, or a dental or health service performed, present your Benefit Card to the pharmacist, dentist or health care practitioner who will electronically submit a claim on your or your spouse's behalf. Immediately, your claim will be processed and you will be notified of which expenses are reimbursable. You may use any pharmacy, dental care office or health care practitioner in Canada that will accept your card.

You may also submit your claims online with the BPA eClaims mobile app and website. To get started, all you need to do is register. You can do so by downloading the app to your phone or by accessing BPA eClaims from our website. To download the mobile app to your phone or tablet, go to the App Store (iPhone) or Google Play (Android) and search "BPA eClaims". To access BPA eClaims from your computer, visit our website at www.bpaeclaims.ca. To register your account, you will need your Benefit Card. You will be asked to provide your Group Number, which consists of the first six digits of your Benefit Card number, as well as your Certificate Number, which consists of the second set of ten digits of your Benefit Card number.

YOUR PRIVACY

The Trustees and Administrative Agent operate according to a strict Privacy Policy that complies with the *Personal Information Protection and Electronic Documents Act* ("PIPEDA").

The PIPEDA is designed to protect the personal information the Trust Fund collects on Plan participants. If you have any concerns about the handling of your personal information or would like to obtain a copy of the Trust Fund's Privacy Policy, contact the Privacy Officer.

E-mail Address: Privacy_officer@bpagroup.com
Toll-Free Number: 1-800-867-5615

CUSTOMER SERVICE

The Trust Fund's Administrative Agent is Benefit Plan Administrators and its staff is available to assist you Monday through Friday from 8:30 am to 4:30 pm. From understanding your benefits to receiving your cheque in the mail, staff members will guide you through the claims process. Contact them any time you:

- Have questions regarding your eligibility for benefits,
- Need to obtain a Member Information Card (also available through your Union Office),
- Need to obtain a claim form (also may be available through the Trust Fund's website),
- Have questions about any of the benefits described in this brochure,
- Have questions about the claims process, or
- Need to follow up on a claim.

All phone and e-mail messages will be returned no later than the end of the next business day.

ONTARIO TEAMSTER CONSTRUCTION BENEFIT TRUST FUND

RETIREES UNDER AGE 65 BENEFIT PLAN

CLAIMS OFFICE
Benefit Plan Administrators Limited (BPA)
P.O. Box 3071, Station "A"
Mississauga, Ontario L5A 3A4
Phone: 905-275-6466 or 1-800-867-5615
Fax: 905-275-6462
E-mail Address: claims@bpagroup.com

TRUST FUND'S WEBSITE
www.otcbenefits.com

ISSUED MARCH 2024

Possession of this brochure does not constitute eligibility for benefits.