

The Construction Supplier Plan

| | Basic | Enhanced |
|--|---|---------------|
| LIFE INSURANCE | | |
| ◆ For Employees | \$50,000 | \$100,000 |
| ACCIDENTAL DEATH | | |
| ◆ For Employees | \$50,000 | \$100,000 |
| DEPENDENT LIFE INSURANCE | | |
| ◆ Spouse | \$10,000 | \$10,000 |
| ◆ Each child | \$5,000 | \$5,000 |
| ◆ Weekly Income | Not Available | Not Available |
| ◆ LONG TERM DISABILITY | | |
| 66.67% of gross monthly salary up to \$3,748 to receive maximum | \$2,500/month | |
| 66.67% of gross monthly salary up to \$7,496 to receive maximum | | \$5,000/month |
| Elimination Period: | | |
| Accident | 17 Weeks | 17 Weeks |
| Sickness | 17 Weeks | 17 Weeks |
| Benefit Duration | To Age 65 | To Age 65 |
| 24 Hour Coverage: | Yes | Yes |
| Pre-existing Exclusion: | If an employee receives medication, treatment, consultation or surgery 90 days prior to the effective date of coverage, no benefit will be paid for that condition for the first year | |

It is advisable for employee to pay the premium for this benefit. If there is a claim the benefit received will be tax free.

EXTENDED HEALTH CARE

| | | |
|--|---------------|---------------|
| For employees and dependents: | | |
| ◆ Annual Deductible | No Deductible | No Deductible |
| Co insurance Level | | |
| ◆ Semi private Hospital | 80% | 80% |
| ◆ Emergency travel coverage | 100% | 100% |
| 60 Days max per trip \$1,000,000 per family member | | |
| ◆ Prescriptions (Pay Direct drug card) | 80% | 80% |
| Unlimited Maximum, Provincial Formulary | | |
| Generic Drugs, Dr may request alternative | | |
| Diabetic Supplies (excludes diabetic Pumps) | | |
| Oral Contraceptives | | |
| No coverage for erectile dysfunction or other | | |
| Lifestyle medications | | |

**TCSP-2
EXTENDED HEALTH CARE cont.**

| | | |
|---|--|--|
| ◆ Other expenses per family member | 80% | 80% |
| Paramedical Practitioners: | | |
| Acupuncturist | \$30 per visit max | \$500/Year |
| Chiropractor | \$30 per visit max | \$500/Year |
| Massage Therapist | \$30 per visit max | \$500/Year |
| Naturopath | \$30 per visit max | \$500/Year |
| Osteopath | \$30 per visit max | \$500/Year |
| Physiotherapist | \$30 per visit max | \$500/Year |
| Podiatrist/Chiropodist | \$30 per visit max | \$500/Year |
| Psychologist | \$30 per visit max | \$500/Year |
| Speech Therapist | \$30 per visit max | \$500/Year |
| ◆ Custom-made orthopaedic shoes prescribed by a doctor | | maximum of \$500 per person in a benefit year |
| Custom-made orthotic inserts for shoes prescribed by a doctor – | | maximum of \$350 per person in a benefit year |
| ◆ Overall Maximum to age 65 | Unlimited | Unlimited |
| VISION | | |
| For employees and dependents: | 80% | 80% |
| ◆ Maximum | \$200/24 months | \$200/24 months |
| ◆ Maximum for children under 18 | \$200/12 months | \$200/12 months |
| * \$50 eye exam fee in addition to maximum: | | |
| DENTAL CARE | | |
| ◆ Annual Deductible | No Deductible | No Deductible |
| ◆ Fee Guide | Current fee guide for general dental practitioners | |
| ◆ Basic services coinsurance levels | 80% | 80% |
| Full mouth X- Rays | 1 per 36 months | 1 per 36 months |
| Bite Wing X-Rays | 1 per 9 months | 1 per 9 months |
| Routine checkups | 1 per 9 months | 1 per 9 months |
| Cleanings | 1 per 9 months | 1 per 9 months |
| Fluoride treatment | 1 per 9 months | 1 per 9 months |
| Periodontic Treatments | 16 Units per 12 month period | |
| Endodontics | 80% | 80% |
| Denture Reline & Rebasing | 80% | 80% |
| ◆ Major restorative services | 50% | 50% |
| Crowns, dentures, inlays, onlays | 50% | 50% |
| ◆ Maximum per person for basic and major services combined | \$2,000/calendar year | \$2,000/calendar year |
| ◆ Orthodontic services for children under age 19 | 50% of fee guide | 50% of fee guide |
| ◆ Maximum for orthodontic services | \$2,500/lifetime | \$2,500/lifetime |
| | \$200/month | \$260/month |