



NB PIPE TRADES HEALTH & WELFARE PLAN

Effective Date : July 1 2024

**TRUSTEES OF LOCAL UNIONS 213 AND
325 – NEW BRUNSWICK PLUMBERS,
PIPEFITTERS AND SPRINKLERFITTERS
AND LOCAL UNIONS 56 AND 740
REFRIGERATION
EMPLOYEE LIFE HEALTH TRUST**

All Active, Self-Pay, Salaried and Retired Members

This booklet describes the benefits available under the NB Pipe Trades Health & Welfare Group Benefit Plan sponsored by the Trustees of Local unions 213 and 325 - New Brunswick Plumbers, Pipefitters, Sprinkler fitters and Local Unions 56 and 740 Refrigeration, Employee Life Health Trust **Group Policy 165578**, in association with NexgenRx, Sun Life Financial, Wilson's Insurance and AIG Insurance Company of Canada. If there are variations between the information in this booklet and the provisions of the policies, the policies will prevail.

Please note this booklet is only a summary of your benefit details. Prior to enduring any high-cost services, such as Major Dental work, or a service that will require medical equipment, please contact the NB Pipe Trades Administration Office to verify your coverage.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is underwritten and administered by:
New Brunswick Pipe Trades Administration Office,
The Board of Trustees, NexgenRx, Sun Life Financial
and AIG Insurance of Canada.

If you have questions or concerns about any information contained within this booklet, please contact:

N.B. Pipe Trades Administration Office
5 Blizzard Street
Fredericton, NB E3B 8K3

Phone: (506) 459-6040

Noah St. Onge-Colwell – Claims Coordinator - Medical/Dental/Disability – Ext. 1
Jillian Green – Contributions Clerk - Self Pays/Contributions – Ext. 2
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GENERAL INFORMATION

Benefit Card

When your health/dental benefits initially begin under the NB Pipe Trades Health & Welfare Plan you will receive a Welcome Package from the NB Pipe Trades Administration Office outlining your benefit coverage for you and your dependents. This package will also include your Benefit Cards, and any forms required.

Present your Benefit Card to your pharmacist, provider and/or dentist. If there are any issues with the Benefit Card at the point of sale, have the provider call the NexgenRx Provider Help Line at 1-866-394-3648 or NB Pipe Trades Administration Office at 506-459-6040 ext. 1 (these numbers are also located on your Benefit Card), and someone will assist them with submitting your claim.

There will be some medical expenses such as CPAP machines, Semi-Private hospital rooms, etc. that your Benefit Card cannot be used for. In the event you are not able to use your Benefit Card for any reason, you may, **within 12 months of the date of service**:

1. File a paper claim with NB Pipe Trades, or
2. you have the option to submit **most** claim(s) online at www.nexgenrx.com
 - you must retain any receipts submitted online for 12 months from the date of submission as NB Pipe Trades/NexgenRx may request the original receipt for auditing purposes.
3. you can also allow your service provider an “assignment of benefits” to allow us to pay the service provider directly if they are not set-up for electronic billing but have registered as a practitioner / provider with NexgenRx.

Filing a Paper Claim

In order to quickly process your paper claim, all receipts must be accompanied by a completed claim form that includes the members original signature, and all claim forms should clearly indicate the following:

- ❖ Your full name and address
- ❖ Your local
- ❖ Your certificate number (located on your benefit card)
- ❖ Your group policy number
- ❖ Your original signature

Receipts submitted for reimbursement **must be originals**; faxed, emailed, or photocopied receipts will not be accepted.

Claim forms can be requested from the NB Pipe Trades Administration Office or can be found on our website at www.nbpipetrades.com.

The claimsxchange.com

Providers enrolled on theclaimsxchange.com will eliminate the use of paper claim submission.

Through this service, we have made it easier for the following extended health care providers to submit your health claims, incurred under the NB Pipe Trades Health Plan, to NexgenRx on your behalf for reimbursement

- ❖ Psychologist
- ❖ Social Worker
- ❖ Chiropodists
- ❖ Podiatrists
- ❖ Chiropractors
- ❖ Speech Therapist
- ❖ Vision Care Service Providers
- ❖ Osteopaths
- ❖ Physiotherapist
- ❖ Massage Therapists

Reimbursement

You can elect to have incurred claims paid to your provider or paid to you directly. The health care provider will be able to submit claims on your behalf at the point-of-sale, therefore reducing your out of pocket expenses. If you are assigning a benefit payment to your provider, you will be required to sign a *Patient Assignment of Benefit & Consent form*.

It will be between you and your provider to determine who gets reimbursed. Some providers may want you to pay them directly, but they can submit the claim electronically on your behalf. Please make sure you always obtain a claim confirmation from your provider after each visit. The claim confirmation has all the information you need and verifies the claim submission status.

Since theclaimsxchange.com is able to adjudicate your claim in real time, your provider will be able to determine whether or not there is anything you owe at your time of visit. theclaimsxchange.com also allows for co-ordination of benefits (COB).

Medical Referrals

If the plan requires a doctor's referral, please bring the referral to your first visit and have your provider enter the details of the referral when submitting your claims and maintain a copy for their records.

Where is this service available?

This service is available across Canada. NexgenRx has over 100,000 health care providers on theclaimsxchange.com provider registry. If your provider is not enrolled, it is a very simple and quick process for them to sign up. They just need to go to www.theclaimsxchange.com and it will walk them through the registration.

We ask you to try the new claim submission service and help us work to save the environment.

Questions?

If your **provider** has any questions about this service or NexgenRx Inc. please contact:

NexgenRx Inc.
145 The West Mall, P.O. Box 110
Toronto, ON M8Z 5M4
1-866-424-0257
memberhelp@nexgenrx.com

Application Forms

Prior to any claims being processed under the plan, you are required to complete a **NB Pipe Trades Application Form** as it contains vital information to process claims, as well as the beneficiary to any life or pension benefits you may be eligible for. If you have not completed one of these forms, please contact the NB Pipe Trades Administration Office to request one.

Coordination of Benefits

Benefits for you or a dependent will be directly reduced by any amount payable under a government plan. If you or a dependent are entitled to benefits for the same expenses under another group plan or as both an employee and dependent under this plan or as a dependent of both parents under this plan, benefits will be co-ordinated so that the total benefits from all plans will not exceed expenses.

You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:

1. the plan of the parent with custody of the child
2. the plan of the spouse of the parent with custody of the child
3. the plan of the parent without custody of the child
4. the plan of the spouse of the parent without custody of the child

You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.

If you and your spouse both have a Benefit Card, please let the service provider know so they will be able to submit claims to both carriers on your behalf.

Access to Documents

You have the right, upon request, to obtain a copy of your Application Form and any written statements or other records you have provided to NB Pipe Trades as evidence of insurability, subject to certain limitations.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the plan or policy, you are responsible for repayment within 30 days after NB Pipe Trades, NexgenRx and/or Sun Life Financial sends you a notice of the overpayment or within a longer period if agreed to in writing by NB Pipe Trades, NexgenRx and/or Sun Life Financial. If you fail to fulfil this responsibility, no further benefits are payable under the plan or policy until the overpayment is recovered. This does not limit NB Pipe Trades, NexgenRx and/or Sun Life Financials' right to use other legal means to recover the overpayment.

Protecting Your Personal Information

At NB Pipe Trades, NexgenRx, AIG Insurance and Sun Life Financial, we recognize and respect the importance of privacy. Personal information about you and/or your dependents are kept in a confidential file at the office of NB Pipe Trades/NexgenRx/AIG Insurance/Sun Life Financial or the offices of an organization authorized by NB Pipe Trades. NB Pipe Trades/NexgenRx/AIG Insurance/Sun Life Financial may use service providers located within or outside of Canada. We limit access to personal information in your file to NB Pipe Trades/NexgenRx/AIG Insurance/Sun Life Financial staff or persons authorized by NB Pipe Trades/NexgenRx/AIG Insurance/Sun Life Financial who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside of Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- ❖ determining your eligibility for coverage under the plan
- ❖ enrolling you for coverage
- ❖ investigating and assessing your claims and providing you with payment
- ❖ managing your claims
- ❖ verifying and auditing eligibility and claims
- ❖ creating and maintaining records concerning our relationship
- ❖ underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- ❖ preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As a plan member/employee, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to the NB Pipe Trades Administration Office.

For a copy of the Privacy Guidelines or if you have questions about the personal information policies and practices, you may contact the following:

NexgenRx

Online at www.nexgenrx.com or for a printed copy, you may request one in writing at:

NexgenRx
ATTN: Chief Privacy Officer
145 The West Mall
PO Box 110 U
Toronto, ON M8Z 5M4

Sun Life Financial

Online at www.sunlife.com/sl/pslf-canada/en/privacy/ or for a printed copy, you may request one in writing at:

Privacy Officer, Sun Life
1 York Street
Toronto, ON M5J 0B6

AIG Insurance Company of Canada

Online at www.aig.com/privacy-policy or for a printed copy, you may request one in writing at:

Privacy Officer
AIG Insurance Company of Canada
120 Bremner Blvd.
Suite 2200
Toronto, ON
Canada M5J 0A8

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**Benefit Summary for
Active, Self-Pay and Salaried
Members
&
Employees**

COMMENCEMENT AND TERMINATION OF COVERAGE

Persons Who May Be Insured

You may be insured under this policy if you fall into the following class:

You are a member/employee in good standing with Local Unions 213 and 325 – New Brunswick Plumbers, Pipefitters, Sprinklerfitters and Local Unions 56 and 740 Refrigeration, Employee Life Health Trust. Members/employees must meet all eligibility requirements and your employer must provide contributions on your behalf.

Apprentices and members of the United Association/Mechanical Contractors Association, individual persons who otherwise qualify, by reason of being salaried officers or members of Local Unions 213 and 325 – New Brunswick Plumbers, Pipe Fitters, and Sprinkler Fitters and Local Unions 56 and 740 Refrigeration shall be deemed to be covered members under this policy.

This plan is also for eligible dependents of the insured members/employees.

Date Insurance Initially Becomes Effective

The insurance of an eligible member/employee is effective on the first day of the second month after they have accumulated a minimum of 3 months of premium in their hour bank, at a base dollar value stipulated by the Board of Trustees. In no event will a member/employee's insurance become effective on a date earlier than the plan or policy effective date.

The insurance of an eligible dependent shall become effective on the date the member/employee's insurance becomes effective or the date the person becomes an eligible dependent, whichever is later.

Reciprocal Hours

Note that all hours worked in Provinces, other than those within the collective agreements, may take more than one month to be reciprocated back to the NB Pipe Trades Health & Welfare Plan. As a result, it may put your benefits at risk. To ensure your coverage remains active during any period you are working in other Provinces, please contact NB Pipe Trades directly at 506-459-6040 to see if you are covered or to determine if you are eligible for the self-pay option.

COMMENCEMENT AND TERMINATION OF COVERAGE

Provision for Self-Pay by a Member/Employee

If at the end of any given month, a member/employee that is insured under this plan or policy has an hour bank that fails to meet the required monthly premium cost as determined by the Board of Trustees, they will be notified by the NB Pipe Trades Administration Office before their insurance is terminated. They will be given the opportunity of paying the self-pay amount, as stipulated by the Board of Trustees so that they may continue to be insured for all coverages. This benefit is not available to office staff only contributing under Health & Welfare rate.

Under this provision, provided the member/employee is and remains in good standing with the Union, self-payments may be made on the following basis:

1. Monthly self-payments equal to the amount set by the Board of Trustees may be made for full coverage for a maximum of 12 consecutive months.
2. Member Life Insurance, Dependent Life Insurance and Accidental Death & Dismemberment will be extended by payment of premiums by the Trust Fund for an additional 12 consecutive months after the member/employee has paid the maximum self-pays allowed.
3. Members/employees who are disabled and are in receipt of a workers compensation benefits as a result of a disability from their occupation with the union and who have exhausted their self-pay privilege, may apply to have their self-pay privilege extended for an unlimited time for all coverages except disability coverage to the earlier of:
 - a. When they are no longer disabled;
 - b. Upon reaching the age of 61;
 - c. When the Worker's Compensation Board terminates the claim; or
 - d. The date the member/employee elects any retirement pension.

A member/employee on Workers' Compensation Benefits who is close to exhausting their regular 12 months of consecutive self-pays must:

- a. Apply to the Board of Trustees for the extension of self-pays while on Workers' Compensation Benefits; and
- b. Supply the Board of Trustees with due proof that they are in receipt of Workers' Compensation Benefits and if approved by the Board, the member/employee will be requested to supply proof that they remain in receipt of the Workers' Compensation Benefits annually.

Provision for Premium Payment for a Member in Receipt of Short Term or Long Term Disability Income

For members/employees in receipt of Short Term or Long Term Disability Income benefits, the Trust will pay the premium for all coverage's not being waived under this policy.

COMMENCEMENT AND TERMINATION OF COVERAGE

Maximum Accumulated Hours

The total accumulation of Health & Welfare contributions in a member/employee's hour bank may not exceed the premium amount equal to 12 months premium as stipulated by the Board of Trustees. Any amount in excess of this maximum will be credited to the general reserves of the fund.

Termination of Members Insurance

The insurance of a member/employee shall be discontinued on the earliest of the following dates:

1. The date the member/employee fails to meet the required monthly premium amount as set out by the Board of Trustees, including the provisions made for self-pay by a member/employee;
2. The date the member/employee ceases to be in good standing with the Union;
3. The date the member/employee commences active duty in the armed forces of any country, state or international organization.
4. The date of termination of the plan or policy.

Your dependents' coverage terminates when your insurance terminates or your dependent no longer qualifies, whichever is earlier.

Reinstatement of Insurance

The insurance of an eligible member/employee who was previously covered for benefits under the NB Pipe Trades Health & Welfare Plan and whose insurance was terminated shall become reinstated on the first day of the second month following the accumulation of two months premium as stipulated by the Board of Trustees in the member's hour bank.

For members/employees who were terminated from their local and who have reinitiated into their local, shall become reinstated on the first day after he/she has accumulated a minimum of 3 months of premium in his/her hour bank, at a base dollar value stipulated by the Board of Trustees.

Survivor Benefits

If you die while your coverage is still in force, the health and dental benefits for your eligible dependents will be continued for a period of 6 months (at no cost to them) or until they no longer qualify as an eligible dependent, whichever happens first.

BENEFICIARY DESIGNATION

You may make, alter or revoke a designation of beneficiary as permitted by law. You should review any beneficiary designation made under this policy from time to time to ensure that it reflects your current intentions. You may change the designation by completing an Application Form available from the NB Pipe Trades Administration Office.

PLEASE NOTE: minor children (under the age of 18 years) cannot be named as a beneficiary without a legally appointed Trustee. If you wish to have a minor as the beneficiary of either your Group Insurance or Pension Plan, please be sure to forward to us a written beneficiary designation stating the name of the child and the name, address and phone number of the legally appointed Trustee.

DEPENDENT COVERAGE

Dependent means:

❖ Your spouse, legal or common-law.

A common-law relationship must include continuous cohabitation and public representation of married status. A common-law spouse is not eligible to claim for expenses until the first day of the month following 12 months from the date that he/she is listed on the application form as a dependant.

An insurable spouse does not include:

- A person divorced from the member/employee;
- A person separated from the member/employee where such separation is pursuant to a court order or a legal separation agreement or the parties are living separate and apart without benefit or a court order or separation agreement; or
- A person cohabitating with the member/employee without public representation of married status.

❖ Unmarried children from live birth to 18 years inclusive or under age 25 years if attending an accredited school, college, or university as a full-time student. Dependent children must be dependent on you for support and not employed at a regular full-time job.

- The definition of a child includes stepchildren and legally adopted children. The child of a common-law spouse is not eligible to claim expenses until the date their biological parent becomes eligible.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 19 or while they are students under 25 and the disorder has been continuous since that time and NB Pipe Trades has received satisfactory proof.

LIFE INSURANCE
Sun Life Financial – Policy # 107052

Member Life Insurance \$75,000

Dependent Life Insurance \$10,000

On your death, Sun Life Financial will pay your life insurance benefits to your named beneficiary, provided you meet the eligibility requirements at the time of your death. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your Estate. The NB Pipe Trades Administration Office will explain the claim requirements to your beneficiary.

In the event of the death of your spouse and/or dependent child while insured, Sun Life Financial will pay the amount of the Dependent Life Insurance to you, provided they meet the eligibility requirements at the time of their death.

Life Waiver

If you are under age 61 and have been disabled for 6 months or more and receiving Long Term Disability Benefits, you may be entitled to have your life insurance continued without premium payment until you reach age 61. Sun Life Financial will determine your qualification for waiver of premium benefits. If you believe you may be eligible contact the NB Pipe Trades Administration Office. You must apply for waiver of premium benefits within 12 months of becoming eligible.

Life Conversion

Member:

If any or all of your insurance terminates on or before your 65th birthday, you may be eligible to apply for an individual conversion policy without providing proof of your insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. Contact the NB Pipe Trades Administration Office for details.

Spouse:

If your spouse's insurance under this plan terminates on or before his/her 65th birthday, he/she may be eligible for an individual conversion policy without providing proof of insurability. You or your spouse must apply and pay the first premium no later than 31 days after the group insurance terminates. Contact the NB Pipe Trades Administration Office for details.

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS (AD&D) INSURANCE**
AIG Insurance Company of Canada – Policy# GPA 9425416

PRINCIPAL SUM (MEMBERS ONLY) \$75,000

If you suffer one of the losses listed below as the result of an accident which occurs while you are insured, you will be paid the factor or portion of the Principal Sum shown opposite the loss in the tables below. The loss must occur no later than 365 days after the accident. For loss of use, the loss must be continuous for 365 days. If you suffer multiple losses to the same limb as the result of the same accident, only the loss providing the highest amount payable will be paid.

If you die as a result of an accident, AIG will pay the Principal Sum to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. The NB Pipe Trades Administration Office will explain the claim requirements to your beneficiary.

The Principal Sum is the maximum amount that will be paid for all injuries resulting from the same accident. For paraplegia, hemiplegia and quadriplegia, the maximum amount that will be paid for all injuries resulting from the same accident is two times the Principal Sum.

Loss	Amount Payable
Life	Principal Sum
Both hands or both feet	Principal Sum
Entire sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and entire sight of one eye	Principal Sum
One foot and entire sight of one eye	Principal Sum
Speech and Hearing in both ears	Principal Sum
One arm or one leg	4/5 Principal Sum
One hand or one foot	3/4 Principal Sum
Entire sight of one eye	3/4 Principal Sum
Speech or Hearing in both ears	3/4 Principal Sum
Thumb and index finger of same hand	1/3 Principal Sum
Hearing in one ear	2/3 Principal Sum
4 fingers of one hand	1/3 Principal Sum
All toes of one foot	1/4 Principal Sum

Loss of Use	
Quadriplegia	2 X Principal Sum
Paraplegia	2 X Principal Sum
Hemiplegia	2 X Principal Sum
Both arms or both hands	Principal Sum
One hand or one foot	$\frac{3}{4}$ Principal Sum
One leg or one arm	$\frac{4}{5}$ Principal Sum

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS (AD&D) INSURANCE**
AIG Insurance Company of Canada – Policy# GPA 9425416

Waiver of Premium

AD&D Insurance will be continued without further premium payment during any period your Life Insurance is being continued under the waiver of premium benefit. Your insurance under this waiver of premium will terminate automatically when this benefit terminates.

Repatriation

If you die as the result of an accident that is more than 50 kilometres away from your home and occurs within 365 days of the date of the accident causing the injury, AIG will pay up to \$15,000 for the preparation and transportation of your body to the place of burial or cremation.

Educational Benefit for Dependent Children

If benefits are payable under this benefit provision for your death, AIG will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death or he/she must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrols as a full-time student at a post-secondary institution within 365 days after the accident.

AIG will pay up to 5% of the Principal Sum or \$5,000, whichever is less, for each year of full-time post-secondary school enrolment. AIG will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident or room or board or other ordinary living, travelling, or clothing expenses.

Spousal Educational Benefit

If benefits are payable under this benefit provision for your death, AIG will pay for your spouse, the actual cost incurred for a professional or trades training program in which your spouse enrolls for the purpose of obtaining an independent source of support and maintenance provided the cost is incurred not later than 30 months after the accident causing your death. The maximum amount payable for this benefit is \$15,000.

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS (AD&D) INSURANCE
AIG Insurance Company of Canada – Policy# GPA 9425416**

Family Transportation Benefit

If you are hospitalized more than 100 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, AIG will pay the actual expense incurred up to \$15,000, for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation.

Rehabilitation Benefit

If benefits are payable under this benefit provision for an injury that requires you to change occupations, AIG will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for this benefit, you must enrol at a post-secondary institution within 2 years after the accident. AIG will pay up to \$15,000.

No benefits will be paid for expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling or clothing expenses.

Home Alteration and Vehicle Modification

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, AIG will pay for alterations to your principal residence to make it wheelchair accessible and habitable and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs and the modifications are approved by the provincial vehicle licensing authority.

AIG will pay the actual expense incurred up to \$15,000 for all home and vehicle modifications combined.

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS (AD&D) INSURANCE
AIG Insurance Company of Canada – Policy# GPA 9425416**

Seat Belt Benefit

If benefits are payable under this benefit provision for your death, AIG will pay an additional amount equal to 10% of the Principal Sum while he/she is a passenger or driver of a private automobile, and his/her seat belt is properly fastened. The actual use of the seat belt must be verified and be evidenced in the official report of accident or certified by the investigating officer.

Day Care Benefit

If benefits are payable under this benefit provision for your death, AIG will pay to the legal guardian of any surviving Dependent Children (under the age of 13 years) an amount of the actual annual cost charged by a commercial and licensed day care centre to a maximum of 5% of the Principal Sum for a maximum of 4 consecutive years provided the Dependent Child is enrolled in a commercial and licensed day care centre no later than 90 days following your death.

Funeral Expense

If benefits are payable under this benefit provision for your death, AIG will pay the person who has incurred the actual expenses pertaining to your cremation, burial or funeral expenses to a maximum of \$5,000.

Burn Benefit

If you suffer an injury resulting in the destruction of your skin (3rd degree burn or worse) by means of exposure to fire, heat, caustics, electricity or radiation, AIG will pay up to a maximum of \$25,000, based on a percentage of the Principal Sum and depending on the area of the body and percentage that is burned, provided you survive for a period of at least 30 days after the accident causing the burn.

Fracture Benefit

If you suffer an injury resulting in a fracture or dislocation listed in the following Fracture Table, AIG will pay the amount specified in the Fracture Table to a maximum of \$500 for all injuries resulting from any 1 accident.

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS (AD&D) INSURANCE**
AIG Insurance Company of Canada – Policy# GPA 9425416

FRACTURE TABLE

For complete fracture of:

The cranium (depressed fracture)	100% of the Fracture Benefit
The cranium (other compound)	40% of the Fracture Benefit
The spine (two or more vertebrae)	100% of the Fracture Benefit
The spine (one vertebrae)	40% of the Fracture Benefit
The spine (compression fracture)	20% of the Fracture Benefit
The upper jaw (maxilla)	33% of the Fracture Benefit
The lower jaw (mandible)	8% of the Fracture Benefit
The thigh (femur)	33% of the Fracture Benefit
The pelvis	33% of the Fracture Benefit
The knee cap	27% of the Fracture Benefit
The leg	25% of the Fracture Benefit
The shoulder blade (scapula)	25% of the Fracture Benefit
The ankle (Pott's fracture)	25% of the Fracture Benefit
The wrist (Colles fracture)	25% of the Fracture Benefit
The forearm (compound or comminuted)	23% of the Fracture Benefit
The forearm (not compound)	12% of the Fracture Benefit
The sacrum or coccyx	17% of the Fracture Benefit
The sternum	17% of the Fracture Benefit
The Arm, between elbow and shoulder	17% of the Fracture Benefit
The collarbone (clavicle)	12% of the Fracture Benefit
The nose	12% of the Fracture Benefit
Two or more ribs	10% of the Fracture Benefit
One hand (one or more metacarpal)	8% of the Fracture Benefit
The foot (one or more metacarpal)	8% of the Fracture Benefit
Facial bones	8% of the Fracture Benefit
One rib	5% of the Fracture Benefit
Any bone not specified above	3% of the Fracture Benefit

For complete dislocation of:

Hip	42% of the Fracture Benefit
Knee (with open primary repair)	33% of the Fracture Benefit
Shoulder (with open reduction)	25% of the Fracture Benefit
Wrist	17% of the Fracture Benefit
Ankle	17% of the Fracture Benefit
Elbow	12% of the Fracture Benefit
Bones of Foot, other than toes	8% of the Fracture Benefit

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS (AD&D) INSURANCE
AIG Insurance Company of Canada – Policy# GPA 9425416**

Limitations

No benefits are paid for injury or death resulting from:

- ❖ Suicide or any attempt while sane.
- ❖ Self-inflicted injury or any attempt while sane or insane.
- ❖ Declared or undeclared war or any act thereof.
- ❖ Any form of illness or physical or mental infirmity.
- ❖ Medical or surgical treatment.
- ❖ War, insurrection or voluntary participation in a riot.
- ❖ Service in the armed forces of any country.
- ❖ Air travel serving as a crew member or in aircraft owned, leased or rented by your employer or air travel where the aircraft is not licensed, or the pilot is not certified to operate the aircraft.
- ❖ Injury or loss sustained while under the influence of alcohol and operating any vehicle or means of transportation or conveyance while his/her blood alcohol is over 80 milligrams in 100 millilitres of blood.
- ❖ Injury or loss sustained while under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed Physician.
- ❖ Injury or loss sustained while in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of jurisdiction where the act was committed.
- ❖ An act, attempted act or omission taken or made by the Insured, or an act, attempted act or omission taken or made with the Insured's consent, for the purposes of interrupting the blood flow to the Insured's brain or to cause asphyxiation to the Insured whether with intent to cause harm or not.
- ❖ Natural causes.

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS (AD&D) INSURANCE
AIG Insurance Company of Canada – Policy# GPA 9425416**

How to Make a Claim for AD&D and Specific Loss

- ❖ Contact the NB Pipe Trades Administration Office for the applicable claim form. Once you have completed the form, return it along with any additionally requested information back to the NB Pipe Trades Administration Office.
- ❖ If you die accidentally, your beneficiary should contact the NB Pipe Trades Administration Office for the applicable forms. Once these forms are completed, they can be returned to the NB Pipe Trades Administration Office.
- ❖ Claims should be submitted within 90 days after the loss, but no later than 1 year after the loss and if it is shown that it was not reasonably possible to give notice or furnish proof within the 90 days.

SHORT TERM DISABILITY (STD) INCOME BENEFITS

This plan provides you with regular income to replace income lost because of a disability due to an illness or non-occupational injury. Benefits begin after the waiting period is over and continue until you are no longer disabled or until the end of the benefit period, whichever comes first.

- ❖ Short Term Disability is paid in conjunction with the current Employment Income Benefits. Employment Income Benefits are the first payer.
- ❖ If at time of your disability you do not have Employment Income Benefits, then you may qualify for Short Term Disability.
- Short Term Disability benefits are payable after the waiting period if an illness or non-occupational injury prevents you from doing your own job. You are **not** considered disabled if you can perform a combination of duties that regularly took at least 60% of your time to complete.
- If you have not seen a physician before the end of the waiting period, benefits will not be payable until after your first visit to the physician.
- Separate periods of disability arising from the same illness or injury are considered to be one period of disability unless they are separated by at least 2 weeks of continuous full-time work.
- This is a non-taxable benefit.
- Employers can choose to contribute to the members pension while they are on Short Term / Long Term Disability.
- Your Short Term Disability coverage terminates when you reach age 61 or when you retire, whichever is earlier.

Please contact the NB Pipe Trades Administration Office at 506-459-6040 ext. 1 to discuss your eligibility for Short Term Disability Benefits if you are unable to work due to an illness / disability that occurred away from work.

Short Term Disability claims must be submitted within 6 months from the beginning of the disability period.

SHORT TERM DISABILITY (STD) INCOME BENEFITS

Other Income

Your Short Term Disability benefit is reduced by other income you are entitled to receive while you are disabled. Other income includes:

- ❖ disability benefits you are entitled to on your own behalf under the Canada or Quebec Pension Plan, except for increases that take effect after the benefit period starts
- ❖ benefits under a legislated automobile insurance plan where permitted by law

Earnings received from an approved rehabilitation plan or program are not used to reduce your Short Term Disability benefit unless those earnings, together with your income from this plan and the other income listed above, would exceed your weekly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

Limitations

No benefits are paid for:

- ❖ Any period in which you do not participate or cooperate in a prescribed plan of medical treatment appropriate for your condition. Depending on the severity of the condition, you may be required to be under the care of a specialist. If substance abuse contributes to your disability, the treatment program must include participation in a recognized substance withdrawal program.
- ❖ Disability related to any employment.
- ❖ The scheduled duration of a lay-off or leave of absence. This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.
- ❖ Any period of employment, except in an approved rehabilitation plan or program.
- ❖ Any period after you fail to participate or cooperate in an approved rehabilitation plan or program.
- ❖ Any period after you fail to participate or cooperate in a recommended medical coordination program.
- ❖ Disability due to or associated with cosmetic treatment.
- ❖ Any period of confinement in a prison or similar institution.
- ❖ Disability arising from war, insurrection or voluntary participation in a riot.

LONG TERM DISABILITY (LTD) INCOME BENEFITS

Sun Life Financial – Policy # 107052

The policy provides you with regular income to replace income lost because of a lengthy disability due to an illness or non-occupational injury. Benefits begin after the waiting period is over and continue until you are no longer disabled **as defined by the policy** or you reach age 61, whichever comes first. Check the **Benefit Summary** below for the benefit amount and waiting period.

- ❖ If disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period as long as no interruption is longer than 2 weeks and the disabilities arise from the same illness or injury.
- ❖ LTD benefits are payable only if your disability prevents you from being gainfully employed in any job. Gainful employment is work you are medically able to perform, for which you have at least the minimum qualifications and which provides you with an income of at least 50% of your indexed monthly earnings before you became disabled.
- ❖ Loss of any license required for work will not be considered in assessing disability.
- ❖ After the waiting period, separate periods of disability arising from the same illness or injury are considered to be one period of disability unless they are separated by at least 6 months.
- ❖ This is a non-taxable benefit.
- ❖ Your LTD insurance terminates when you reach age 61 or when you retire, whichever is earlier.

Benefit Summary for Long Term Disability

Waiting Period	26 weeks
<p>The waiting period for LTD is 26 consecutive weeks prior to age 61 or the duration of the benefit period provided under the Short Term Disability benefit, whichever is greater.</p>	
Amount	\$2,000 or 85% of your pre-disability take-home pay, whichever is less, per month.

LONG TERM DISABILITY (LTD) INCOME BENEFITS

Sun Life Financial – Policy # 107052

Other Income

Your LTD benefit is reduced if the total of it and the other income you are entitled to receive while you are disabled exceeds 85% of your monthly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount. Other income includes:

- ❖ disability or retirement benefits you are entitled to on your own behalf under the Canada Pension Plan or Quebec Pension Plan
- ❖ benefits under any Workers' Compensation Act or similar law
- ❖ loss of income benefits under an automobile insurance plan, to the extent permitted by law
- ❖ loss of income benefits available through legislation, except for Employment Insurance benefits and automobile insurance benefits, which you or another member of your family is entitled to on the basis of your disability
- ❖ the wage loss portion of any criminal injury award
- ❖ disability benefits under a plan of insurance available through an association
- ❖ employment income, disability benefits, or retirement benefits related to any employment except for income from an approved rehabilitation plan (termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of notice, are included as employment income under this provision)

Earnings received from an approved rehabilitation plan are not used to further reduce your LTD benefit unless 50% of that balance, and together with your income from this policy the other income listed above, would exceed 100% your indexed monthly take-home pay before you became disabled. If it does, your benefit is reduced by the amount in excess of 100%.

Cost-of-living increases in the other income listed above, that take effect after the benefit period starts, except for income from an approved rehabilitation plan, are not included.

LONG TERM DISABILITY (LTD) INCOME BENEFITS

Sun Life Financial – Policy # 107052

Vocational Rehabilitation

Vocational rehabilitation involves a work-related activity or training strategy that is designed to help you return to your own job or other gainful employment and is recommended or approved by Sun Life Financial. In considering whether to recommend or approve a rehabilitation plan, Sun Life Financial will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

Limitations

No benefits are paid for:

- ❖ Disability arising from an illness or injury for which you received medical care before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for 1 year or you have not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date your insurance took effect.
- ❖ Any period after you fail to participate or cooperate in a prescribed plan of medical treatment appropriate for your condition.

Depending on the severity of the condition, you may be required to be under the care of a specialist.

If substance abuse contributes to your disability, the treatment program must include participation in a recognized substance withdrawal program.

- ❖ Any period after you fail to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Sun Life Financial.
- ❖ Any period after you fail to participate or cooperate in an approved rehabilitation plan.
- ❖ Any period after you fail to participate or cooperate in a recommended medical coordination program.

LONG TERM DISABILITY (LTD) INCOME BENEFITS

Sun Life Financial – Policy # 107052

- ❖ Any period after you fail to participate or cooperate in a required medical or vocational assessment.
- ❖ The scheduled duration of a leave of absence.

This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.

- ❖ Any period of incarceration, confinement, or imprisonment by authority of law.
- ❖ Disability arising from war, insurrection, or voluntary participation in a riot.

How to Make a Claim

Before the end of the Short Term Disability period, the NB Pipe Trades Administration Office will provide information and forms regarding your LTD claim.

Long Term Disability claims must be submitted within 3 months from the last day of Short Term Disability (26 weeks).

Employers can choose to contribute to the members pension while they are on Short Term / Long Term Disability.

HEALTHCARE COVERAGE

All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits are subject to plan maximums and frequency limits. Check the **Benefit Summary** below for this information.

The plan covers **reasonable and customary (R&C)** charges for services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective and it is of a form, intensity, frequency and duration essential to diagnosis or management of the illness or injury.

Except to the extent otherwise required by law, your healthcare coverage terminates if you are no longer a member/employee in good standing with the union; the date you deplete your hour bank and then self-pay for 12 consecutive months.

BENEFIT SUMMARY

Calendar Year Deductible:	none
Reimbursement Level:	
- for the following drug expenses:	
• Drugs purchased in Quebec	100%
• Drugs purchased outside of Quebec:	100%
❖ Drugs purchased from any other source or drugs purchased without using the NexgenRx benefit card may not be reimbursed at 100%	
- for all other expenses	100% up to plan maximums and R&C amounts

Calendar Year Maximum:

• For prescription drugs	\$40,000 per person
• All other expenses	as stipulated within the policy

Lifetime Maximum	none
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HEALTHCARE COVERAGE

MEDICAL EQUIPMENT AND SUPPLIES

Allergy Testing Materials	R&C up to \$100 per visit.
Blood Glucose Monitor	Covered once every 2 years. R&C amount \$120.
Bra	Surgical/Mastectomy bras are covered up to 2 per calendar year.
Hearing Aids	Hearing aids are covered up to a maximum of \$1,000 every 5 years*.
<p>*Effective September 29, 2016 WorkSafe has recognized the potential of Occupational Hearing Loss for employees within the construction trades. Therefore, members must first make a claim to WorkSafe for the cost of Hearing Aids. If you are denied benefits, you must appeal their decision. If it is deemed non-occupational after your appeal, you may submit the claim for hearing aids for reimbursement along with the denial from WorkSafe.</p>	
Insulin Pump	Plan covers \$6,400 per pump, once every 5 years, from the previous date of purchase, with a physician's referral. Coverage is for a standard pump only.
Orthotics, Custom Made	Coverage is limited to a maximum of \$400 (\$200 per foot) per calendar year. Requires a doctor's referral which must indicate the medical diagnosis. A referral is only required for the initial purchase, but must be done prior to getting the Orthotics.
Patient Lifter	Mechanical or hydraulic patient lifters are covered to a maximum of \$2,000 per lifter once every 5 years. Requires doctor's referral including diagnosis, reason equipment is required, length of time equipment is required, quotes for purchase and rental if required Short Term. There is no coverage for Lift Chairs.

HEALTHCARE COVERAGE

APAP / CPAP Machine

Automatic Positive Airway Pressure (APAP) or Continuous Positive Airway Pressure (CPAP) covered once every 5 years, from the previous date of purchase, for moderate to severe Obstructive Sleep Apnea. R&C for the initial machine is \$2,000. Supplies purchased with the initial unit such as a Mask, Filter, and Hoses/Tubing will require replacement. Replacement supplies can be covered as submitted.

BiPAP Machine

Bi-level Positive Airway Pressure (BIPAP) – Prior Authorization is required and only considered with a specialists (respirology, sleep medicine or internal medicine) statement that CPAP therapy was tried and deemed unsuitable or inadequate for the patient. The statement must include: diagnosis, severity of condition, CPAP trial and results, why CPAP is not a suitable treatment. If BIPAP is approved, R&C for the initial unit is \$2000. Supplies can be covered as needed.

Prostheses

- breast prosthesis

Breast prosthesis, post mastectomy ONLY. Covered up to a maximum of \$350 every 2 calendar years.

- eye prosthesis

Eye prosthesis are covered. Replacements are covered once per calendar year for children and every 3 calendar years for adults. Re-glazing is also a covered expense.

- limbs

R&C amounts will vary based on type of prosthesis.

Support Hose

Covers up to \$250 per calendar year. Requires a doctor's prescription with medical diagnosis and must be custom fit and contain a compression value of at least 20 mmHg pressure.

Tens Machine

Coverage is provided for one TENS unit per patient, once every 5 years from the date of last purchase and has a lifetime maximum of \$700.00. Requires a doctor's prescription including medical condition.

HEALTHCARE COVERAGE

Wigs

Covered up to \$500 every 3 calendar years. Requires a doctor's referral that includes the medical condition. Wigs are ONLY covered for the following conditions: alopecia areata, alopecia congenitalis, alopecia leprotica, alopecia medicamentosa, alopecia neurotica, alopecia totalis, burns, chemotherapy, lupus, pseudopelade of brocq, radiation therapy and scleroderma.

MEDICAL SERVICES

Ambulance Services

Ambulance services, including air ambulance services are covered if they are provided by a licensed ambulance company.

Chiropractor

Chiropractic services are covered in combination with Massage Therapy services to a maximum of \$500 per calendar year.

Massage Therapy

Massage Therapy services are covered in combination with Chiropractic services to a maximum of \$500 per calendar year. The service must be done by a Registered Massage Therapist.

Physiotherapy

Physiotherapy coverage is unlimited up to the R&C amount of each visit at the time of service and requires a doctor's prescription every 12 months.

Osteopath

Osteopath services are covered to a maximum of \$500 per calendar year.

Podiatrists

Podiatrist services are covered to a maximum of \$500 per calendar year.

Speech Therapy

Speech Therapy services are covered to a maximum of \$500 per calendar year.

Psychologist/ Social Worker

Counselling coverage is limited to the services of a Licensed Psychologist, Registered Social Worker, or a Licensed Counselling Therapist to a maximum of \$1500 per calendar year.

Licensed Counselling Therapist

HEALTHCARE COVERAGE

Hospital Care

The cost of a semi-private hospital room; this includes acute care, convalescent care and palliative care.

Convalescent and palliative care in a rehabilitative, convalescent, or chronic care institution, coverage is limited to the current price file with a maximum of 120 days per calendar year.

NB Pipe Trades also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in the person's home province.

Medical Travel In Canada

The maximum amount payable for all transportation and lodging expenses associated with in Canada medical travel is \$2,000.00 in a person's lifetime.

No benefits will be paid for travel expenses associated with treatment by a medical practitioner who is not a physician.

Medical travel is covered if:

1. a person is referred away from home by a physician for medical treatment by another physician elsewhere within his own province or elsewhere in Canada; and
2. the round trip distance is 1,000 kilometers or more and there is no closer alternative.

- transportation

NB Pipe Trades covers travelling expenses for the person requiring the treatment and one travelling companion if recommended by the attending physician. Benefits are limited to either:

1. round trip economy class travel via a commercial airline, train or bus; or
2. automobile fuel expenses. Taxicab, car rental charges and automobile repair charges are not covered.

HEALTHCARE COVERAGE

- lodging

NB Pipe Trades also covers necessary lodging expenses for the patient and travelling companion. Benefits are limited to moderate quality accommodation for the area in which the treatment is rendered. Telephone and meal expenses are not covered.

Nursing Care

NB Pipe Trades covers home nursing care provided in Canada. Nursing care is care that:

1. requires the skills and training of a professional nurse; and
2. is provided by a professional nurse who is not a member of the patient's family.

Benefits for nursing care are payable for a maximum of 12 months, beginning on the first day of care. The maximum amount payable is \$10,000 per condition.

You should apply for a pre-care assessment before home nursing begins.

Prescription Drugs

The following drugs and drug supplies are covered when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them and provided in Canada.

- drugs requiring a prescription by law

drugs that require a prescription, including contraceptive drugs and products containing a contraceptive drug, according to:

- a) the Food and Drugs Act, Canada; or
- b) provincial legislation in effect where the drug is dispensed.

- limitation

Eligible drugs may be removed from the formulary without warning if they become available over the counter (OTC), or for any other reason that they no longer meet the criteria listed above for coverage.

- injected drugs

drugs that must be injected, including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered.

HEALTHCARE COVERAGE

<ul style="list-style-type: none">- diabetic supplies- extemporaneous preparations- interchangeable drug limitation- vaccines and toxoids- government drug plans- smoking cessation- fertility drugs	<p>disposable needles for use with non-disposable insulin injection devices, lancets, test strips, alcoholic cotton swabs and insulin infusion pump supplies.</p> <p>extemporaneous preparations or compounds if one of the ingredients is a covered drug.</p> <p>NB Pipe Trades can limit the covered expense for any drug to that of a lower cost interchangeable drug determined in accordance with NB Pipe Trades adjudication practices at the time of claim.</p> <p>An interchangeable drug includes but is not limited to:</p> <ul style="list-style-type: none">• A generic equivalent of the brand name drug deemed to be interchangeable by law where the drug is dispensed; or• A subsequent entry biologic (biosimilar) drug. <p>The right to limit the covered expense does not apply if medical evidence has been provided that indicates a contraindication to the interchangeable drug.</p> <p>Preventable immunization vaccines and toxoids are covered, subject to the covered expense limitation for interchangeable drugs.</p> <p>Covered expenses for drugs eligible under any government drug plan are limited to any amounts the employee/member is required to pay for himself or his family under the government plan.</p> <p>Benefits for smoking cessation products are limited to \$600 in a person's lifetime and are limited to the current prescription drugs approved by Health Canada.</p> <p>Benefits for fertility drugs are limited to a lifetime maximum of \$5,000.</p>
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HEALTHCARE COVERAGE

High Cost Drugs

If you and/or one of your eligible dependents are close to exceeding the annual drug maximum of \$40,000, the NB Pipe Trades Administration Office and Wilson's Insurance will be in contact with you to try to set up a plan to help provide continued, uninterrupted coverage by making contact with the drug coordinator, the drug manufacturer and applying for the NB Drug Plan (if necessary).

Vision Care

The following vision care services and supplies are covered, please note, coverages are to the day, if you are unsure of the eligibility date, you should contact the NB Pipe Trades Administration Office (claims incurred even one day early, will not be a covered expense under the plan):

- eye examinations

The maximum amount payable:

- Is \$100 every 12 months for an eligible dependent child under age 19; or
- Is \$100 every 24 months for any other eligible person.

- glasses and contact lenses

The maximum amount payable:

- Is \$400 every 12 months for an eligible dependent child under age 19; or
- Is \$400 every 24 months for any other eligible person.

- laser eye surgery

The maximum amount payable is \$800 in a person's lifetime. If a person has laser eye surgery, the maximum amount payable for glasses and contact lenses will not be payable for a period of 4 consecutive calendar years after the surgery.

- contacts for special conditions

Coverage is for an additional benefit of \$400 every 24 months and is payable for contact lenses when the following conditions are met:

- a) They are prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus or aphakia; and
- b) Vision in the better eye cannot be corrected to the 20/40 level by glasses.

HEALTHCARE COVERAGE

Limitations

NB Pipe Trades can decline a claim for services or supplies that were purchased from a provider that is not approved by NB Pipe Trades/the Board of Trustees.

NB Pipe Trades can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Except to the extent otherwise required by law, no benefits are paid for:

- ❖ Expenses private insurers are not permitted to cover by law.
- ❖ Services or supplies for which a charge is made only because you have insurance coverage.
- ❖ The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether you are covered under the government health plan or not.
- ❖ Any portion of services or supplies which you are entitled to receive, or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan.

In this limitation, government plan does not include a group plan for government employees.

- ❖ Services or supplies that do not represent reasonable treatment
- ❖ Services or supplies associated with:
 - treatment performed only for cosmetic purposes
 - recreation or sports rather than with other daily living activities
 - the diagnosis or treatment of infertility, other than drugs
 - contraception, other than contraceptive drugs and products containing a contraceptive drug
- ❖ Services or supplies associated with a covered service or supply, unless specifically listed as a covered service or supply or determined by NB Pipe Trades to be a covered service or supply.

HEALTHCARE COVERAGE

- ❖ Extra medical supplies that are spares or alternates.
- ❖ Services or supplies received outside Canada.
- ❖ Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and NB Pipe Trades would have paid benefits for the same services or supplies if they had been received in your home province.
- ❖ Expenses arising from war, insurrection, or voluntary participation in a riot.
- ❖ Chronic care.
- ❖ Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas or injectable total parenteral nutrition solutions.
- ❖ Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances.
- ❖ Any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada.
- ❖ Any single purchase of drugs which would not reasonably be used within 100 days.
- ❖ Drugs administered during treatment in an emergency room of a hospital or as an in-patient in a hospital.
- ❖ Non-injectable allergy extracts.
- ❖ Drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether prescribed for a medical reason or not.
- ❖ Drugs used to treat erectile dysfunction in men or women.
- ❖ Medical marijuana.
- ❖ Holistic Services (i.e. naturopath, acupuncture, etc.)
- ❖ Services/supplies purchased through an online supplier.
- ❖ Vision care services and supplies required by an employer as a condition of employment.

DENTALCARE COVERAGE

All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits are subject to plan maximums and frequency limits. Check the **Benefit Summary** below for this information.

The plan covers customary charges to the extent they do not exceed the dental fee guide level shown in the **Benefit Summary**. Denturist fee guides are applicable when services are provided by a denturist. Dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.

All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is recognized by the Canadian Dental Association, it is proven to be effective, and it is of a form, frequency, and duration essential to the management of the person's dental health. To be considered reasonable, treatment must also be performed by a dentist or under a dentist's supervision, performed by a dental hygienist entitled by law to practise independently, or performed by a denturist.

Your dentalcare coverage terminates if you are not a member/employee in good standing with your Union; the date you deplete your hour-bank and then self-pay for 12 consecutive months.

Treatment Plan

Before incurring any large dental expenses or beginning any orthodontic treatment, ask your dental service provider to complete a treatment plan and submit it to the NB Pipe Trades Administration Office. NB Pipe Trades will calculate the benefits payable for the proposed treatment, so you will know in advance the approximate portion of the cost you will have to pay.

BENEFIT SUMMARY

Dental Fee Guide

The dental fee guide in effect on the date treatment is rendered for the province in which treatment is rendered

Calendar Year Deductible

none

Reimbursement Level:

- for basic coverage	100%
- for major coverage	70%
- for lab fees	60% of the eligible amount payable per dental code
- for orthodontic coverage	50%

DENTALCARE COVERAGE

Benefit Maximums:

- for orthodontics	\$2,500 lifetime (children 6 – 18* only)
- for all other expenses	*Coverage ends the day prior to turning 19 \$2,000 per calendar year

Basic Coverage

The following expenses will be covered:

❖ Diagnostic services including:

- one complete oral examination once every 2 calendar years.
- limited oral examinations once each calendar year for adults and twice every calendar year for dependents under age 19, except that only one limited oral examination is covered in any calendar year period that a complete oral examination is also performed.
- limited periodontal examinations once each calendar year for adults and twice every calendar year for dependents under age 19.
- complete series of x-rays every 2 calendar years.
- intra-oral x-rays to a maximum of 15 films every 2 calendar years and a panoramic x-ray every 2 calendar years. Services provided in the same 12 months as a complete series are not covered.
- diagnostic cast, unmounted.

❖ Preventive services including:

- Polishing, limited to a maximum of 2-time units each calendar year for adults and 4-time units each calendar year for dependents under age 19.
- scaling, limited to a maximum combined with periodontal root planning of 6-time units each calendar year.

A time unit is a 15-minute interval or any portion of a 15-minute interval.

- topical application of fluoride once each calendar year for adults and twice every calendar year for dependents under age 19.
- pit and fissure sealants on bicuspids and permanent molars for dependents under 19.

DENTALCARE COVERAGE

- space maintainers including appliances for the control of harmful habits.
- finishing restorations.
- interproximal disking.
- recontouring of teeth.
- ❖ Minor restorative services including:
 - caries, trauma, and pain control
 - amalgam and tooth-coloured fillings. Replacement fillings are covered only if the existing filling is at least 2 years old or the existing filling was not covered under this plan
 - retentive pins and prefabricated posts for fillings
 - prefabricated crowns for primary teeth
- ❖ Endodontics. Root canal therapy for permanent teeth will be limited to one course of treatment per tooth. Repeat treatment is covered only if the original treatment fails after the first 18 months
- ❖ Periodontal services including:
 - root planning, limited to a maximum combined with preventive scaling of 6-time units each calendar year.
 - occlusal adjustment and equilibration, limited to a combined maximum of 4-time units every calendar year.

A time unit is a 15-minute interval or any portion of a 15-minute interval

- ❖ Standard complete dentures, standard cast or acrylic partial dentures or complete overdentures when standard complete or partial dentures are not viable treatment options. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics. Replacement appliances are covered only when:
 - the existing appliance is a covered temporary appliance.

DENTALCARE COVERAGE

- the existing appliance is at least 5 years old and cannot be made serviceable and the replacement is more than 12 months after the person became covered under this plan. If the existing appliance is less than 5 years old; a replacement will still be covered if the existing appliance becomes unserviceable as a result of the placement of an initial opposing appliance or the extraction of additional teeth.

If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth.

- ❖ Denture maintenance, including:
 - denture relines for dentures at least 6 months old, once every 3 calendar years.
 - denture rebases for dentures at least 2 years old, once every 3 calendar years.
 - resilient liner in relined or rebased dentures, once every 3 calendar years.
 - denture repairs and additions and resetting of denture teeth, once every 3 calendar years.
 - tissue conditioning.
- ❖ Denture-related surgical services for remodelling and recontouring oral tissues.
- ❖ Oral surgery
- ❖ Adjunctive services
- ❖ Wisdom Teeth Removal

Major Coverage

- ❖ Crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns.
- ❖ Onlays. Coverage for tooth-coloured onlays on molars is limited to the cost of metal onlays.

Initial placement of a crown is covered if the service is rendered at least 12 months after the individual became insured under the plan. Replacement crowns and onlays are covered when the existing restoration is at least 5 years old and cannot be made serviceable and the replacement is more than 12 months after the individual became insured under the plan.

DENTALCARE COVERAGE

- ❖ Bridgework. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics. Replacement appliances are covered only when:
 - the existing appliance is a covered temporary appliance
 - the existing appliance is at least 5 years old and cannot be made serviceable and the replacement is more than 12 months after the individual became insured under the plan. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable as a result of the placement of an initial opposing appliance or the extraction of additional teeth.

If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth

- ❖ Bridgework maintenance following the 3-month post-insertion period including:
 - repairs to covered bridgework.
 - removal and re-cementation of bridgework
- ❖ Implants are not covered by the Plan, but coverage can be applied using the ABC Clause.

Orthodontic Coverage

- ❖ Orthodontics are covered for dependent children between the ages 6 to 18 inclusive.
 - Reimbursement will be made only as expenses are incurred.
 - Reimbursement will be made for an initial charge, not to exceed one third of the total fee, plus monthly or quarterly increments as outlined in the orthodontic treatment plan provided by the orthodontist.

Dental Accident

Dental treatment resulting from accidental injury to sound, natural teeth up to \$5,000 per accident. Implants and/or orthodontic treatment is not a covered expense under this benefit.

DENTALCARE COVERAGE

Limitations

No benefits are paid for:

- ❖ Duplicate x-rays, custom fluoride appliances, any oral hygiene instruction and nutritional counselling.
- ❖ The following endodontic services – root canal therapy for primary teeth, isolation of teeth, enlargement of pulp chambers and endosseous intra coronal implants.
- ❖ The following periodontal services – desensitization, topical application of antimicrobial agents, subgingival periodontal irrigation, charges for post-surgical treatment and periodontal re-evaluations.
- ❖ The following oral surgery services – surgical movement of teeth, services performed to remodel or recontour oral tissues (other than minor alveoloplasty, gingivoplasty and stomatoplasty) and alveoloplasty or gingivoplasty performed in conjunction with extractions. Services for remodelling and recontouring oral tissues will be covered under Major Coverage.
- ❖ Hypnosis or acupuncture.
- ❖ Veneers, recontouring existing crowns and staining porcelain.
- ❖ Crowns or onlays if the tooth could have been restored using other procedures. If crowns, onlays or inlays are provided, benefits will be based on coverage for fillings.
- ❖ Overdentures or initial bridgework if provided when standard complete or partial dentures would have been a viable treatment option.

If overdentures are provided, coverage will be limited to standard complete dentures.

If initial bridgework is provided, coverage will be limited to a standard cast partial denture and restoration of abutment teeth when required for purposes other than bridgework.

If additional bridgework is performed in the same arch within 60 months, coverage will be limited to the addition of teeth to a denture and restoration of abutment teeth when required for purposes other than bridgework.

Benefits will be limited to standard dentures or bridgework when equilibrated and gnathological dentures, dentures with stress breaker, precision and semi-precision attachments, dentures with swing lock connectors, partial overdentures and dentures and bridgework related to implants are provided.

DENTALCARE COVERAGE

- ❖ Expenses covered under another group plan's extension of benefits provision.
- ❖ Accidental dental injury expenses for treatment performed more than 12 months after the accident, denture repair or replacement or any orthodontic services.
- ❖ Expenses private plans are not permitted to cover by law.
- ❖ Services and supplies you are entitled to without charge by law or for which a charge is made only because you have insurance coverage.
- ❖ Services or supplies that do not represent reasonable treatment.
- ❖ Treatment performed for cosmetic purposes only.
- ❖ Congenital defects or developmental malformations in people 19 years of age or over.
- ❖ Temporomandibular joint disorders (TMJ), vertical dimension correction or myofascial pain.
- ❖ Temporary Bridges, Crowns, or Dentures.
- ❖ Anaesthesia used for standard dental services, such as fillings, or any service other than oral surgery.
- ❖ Expenses arising from war, insurrection, or voluntary participation in a riot.

**Benefit Summary for
Members
&
Employees
of the
Retiree Benefit Plan**

COMMENCEMENT AND TERMINATION OF COVERAGE

Persons Who May Be Insured

If you are a Retired Member/Employee, you may be eligible to participate in the Retiree Benefit Plan. To qualify for this plan, you must:

1. be a member in good standing with Local Unions 213 and 325 or a refrigeration worker of Local Unions 56 and 740, for a period of 5 years before reaching the age of 61. In the case of an early retirement (member who retires prior to age 61) the member must have been in good standing with the Local for 5 years prior to his/her retirement date.
2. have exhausted your hour / dollar bank account
3. have completed the consecutive self pay cycle
4. have worked a minimum of 2500 hours with Local Unions 213, Local 325, or Refrigeration Local Unions 56 and 740 within the five years prior to the normal retirement date at age 61. In the case of early retirement (members who retire before reaching 61) the member must have worked 2500 hours with Local Unions 213, Local 325, or Refrigeration Local Unions 56 and 740 within the 5 years prior to their retirement date

Salaried members employed by the Owners/Operators are not eligible for the Retiree Benefit Plan.

Provision for Self-Pay by a Member

After the initial self-pay period (for a maximum of 12 consecutive months), retirees may self-pay indefinitely under the Retiree Benefit Plan. This plan covers Prescription Drug and Visioncare Expenses only. The self-pay amounts will be established by the Board of Trustees.

Note: If the member/surviving spouse opt out of this coverage, he/she will not be eligible to be reinstated.

If a retired member returns to active work with the contributing employer, the member will continue to be covered under the Retiree Benefit Plan as long as the required self-payments continue to be made to the Trust Fund.

A retired member will not be eligible to go back into benefit with N.B. Pipe Trades Active Member Health & Welfare Plan. All health and welfare funds submitted, by a contributing employer will be placed in a Retiree Benefit Plan Surplus Fund that will be used to help support the Retiree Benefit Plan.

COMMENCEMENT AND TERMINATION OF COVERAGE

Survivor Benefits

Upon the Retired Member's death, if the member was a member of the Retiree Drug Plan, the surviving spouse will be eligible to continue coverage under the Retiree Benefit Plan indefinitely, provided the required self-payments are made to the NB Pipe Trades Health & Welfare Plan. **This plan covers Prescription Drugs and Visioncare coverage only.**

DEPENDENT COVERAGE

Dependent means:

- ❖ Your spouse, legal or common-law.

A common-law relationship must include continuous cohabitation and public representation of married status. A common-law spouse is not eligible to claim for expenses until the first day of the month following 12 months from the date that he/she is listed on the application form as a dependant.

An insurable spouse does not include:

- A person divorced from the member/employee;
- A person separated from the member/employee where such separation is pursuant to a court order or a legal separation agreement or the parties are living separate and apart without benefit or a court order or separation agreement; or
- A person cohabitating with the member/employee without public representation of married status.

Dependent children of the Retired Member/Employee are not eligible for coverage under the NB Pipe Trades Benefit plan.

BENEFICIARY DESIGNATION

You may make, alter, or revoke a designation of beneficiary as permitted by law. You should review any beneficiary designation made under this policy from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from the NB Pipe Trades Administration Office.

PLEASE NOTE: minor children (under the age of 18 years) cannot be named as a beneficiary without a legally appointed Trustee. If you wish to have a minor as the beneficiary of either your Group Insurance or Pension Plan, please be sure to forward to us a written beneficiary designation stating the name of the child and the name, address and phone number of the legally appointed Trustee.

LIFE INSURANCE

Sun Life Financial – Policy #0112131

Member Life Insurance \$10,000

Dependent Life Insurance none

On your death, Sun Life Financial will pay your life insurance benefits to your named beneficiary, provided you meet the eligibility requirements at the time of your death. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your Estate. The NB Pipe Trades Administration Office will explain the claim requirements to your beneficiary.

HEALTHCARE COVERAGE

All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits are subject to plan maximums and frequency limits. Check the **Benefit Summary** below for this information.

The plan covers customary charges for services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective and it is of a form, intensity, frequency and duration essential to diagnosis or management of the illness or injury.

Except to the extent otherwise required by law, your healthcare coverage terminates if you are no longer a member/employee in good standing with the union or at which time you fail to meet the monthly self-pay requirements as determined by the Board of Trustees.

BENEFIT SUMMARY

Calendar Year Deductible: none

Reimbursement Level:

- for the following drug expenses:

- Drugs purchased in Quebec 90%
- Drugs purchased outside of Quebec:
 - ❖ drugs purchased from Costco Wholesale Canada Ltd. Or one of its affiliates using the NexgenRx benefit card. 100%
 - ❖ Drugs purchased from any other source or drugs purchased without using the NexgenRx benefit card. 90%

Please be advised that drugs purchased without using the NexgenRx benefit card may not be reimbursed at the maximum amount allowed.

- vision care expenses 100% up to plan maximums

Calendar Year Maximum:

- retired employees/members:

- For prescription drugs \$40,000 per person

Lifetime Maximum none

HEALTHCARE COVERAGE

Covered Expenses

Prescription Drugs

The following drugs and drug supplies are covered when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them and provided in Canada. Benefits for drugs and drug supplies outside Canada are payable only as provided under the out-of-country emergency care provision.

- drugs requiring a prescription by law

drugs that require a prescription, including contraceptive drugs and products containing a contraceptive drug, according to:

1. the Food and Drugs Act, Canada; or
2. provincial legislation in effect where the drug is dispensed.

- injected drugs

drugs that must be injected, including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered.

- diabetic supplies

disposable needles for use with non-disposable insulin injection devices, lancets, test strips, alcoholic cotton swabs and insulin infusion pump supplies.

- extemporaneous preparations

extemporaneous preparations or compounds if one of the ingredients is a covered drug.

- interchangeable drug limitation

NB Pipe Trades can limit the covered expense for any drug to that of a lower cost interchangeable drug determined in accordance with NB Pipe Trades adjudication practices at the time of claim.

An interchangeable drug includes but is not limited to:

- a. A generic equivalent of the brand name drug deemed to be interchangeable by law where the drug is dispensed; or
- b. A subsequent entry biologic drug.

The right to limit the covered expense does not apply if medical evidence has been provided that indicates a contraindication to the interchangeable drug.

HEALTHCARE COVERAGE

- vaccines and toxoids
Preventable immunization vaccines and toxoids are covered, subject to the covered expense limitation for interchangeable drugs.
- government drug plans
Covered expenses for drugs eligible under any government drug plan are limited to any amounts the employee/member is required to pay for himself or his family under the government plan.
- smoking cessation
Benefits for smoking cessation products are limited to \$600 in a person's lifetime and are limited to the current prescription drugs approved by Health Canada.
- limitation
Eligible drugs may be removed from the formulary without warning if they become available over the counter (OTC), or for any other reason that they no longer meet the criteria listed above for coverage.

High Cost Drugs

If you and/or one of your eligible dependents are close to exceeding the annual drug maximum of \$40,000, the NB Pipe Trades Administration Office will be in contact with you to try to set up a plan to help provide continued, uninterrupted coverage by making contact with the drug coordinator, the drug manufacturer and applying for the NB Drug Plan (if necessary).

For drugs eligible under a provincial drug plan, coverage is limited to the deductible amount and coinsurance you are required to pay under that plan.

Present your Benefit Card to your pharmacist. If there are any issues with the Benefit Card at the point of sale, have the provider call the Provider Help Line at 1-866-394-3648 (this number is also located on your Benefit Card), and a Provider Help Line Representative will assist them with submitting your claim.

HEALTHCARE COVERAGE

Vision Care

- eye examinations

The following vision care services and supplies are covered:

The maximum amount payable:

- Is \$100.00 every 36 months

- glasses and contact lenses

The maximum amount payable:

- Is \$400.00 every 36 months

- cataract lens

The maximum amount payable:

- Is \$1000.00 per eye per lifetime
(Requires a note from the eye doctor that states why the upgraded lens would be more beneficial than the standard. The invoice must include the date of purchase and date of surgery.)

In the event you are not able to use your Benefit Card for any reason, you may, **within 12 months of the date of service:**

- 1) File a paper claim with NB Pipe Trades, or
- 2) you have the option to submit **most** claim(s) online at www.nexgenrx.com
 - you must retain any receipts submitted online for 12 months from the date of submission as NB Pipe Trades may request the original receipt for auditing purposes.
- 3) you can also allow your service provider an “assignment of benefits” to allow us to pay the service provider directly if they are not set-up for electronic billing.

Filing a Paper Claim

In order to quickly process your paper claim, all claims must be accompanied by a completed claim form and all claim forms should clearly indicate the following:

- ❖ Your full name and address
- ❖ Your local
- ❖ Your certificate number (located on your benefit card)
- ❖ Your group policy number
- ❖ Your original signature

Receipts submitted for reimbursement must be the originals; faxed, emailed or photocopied receipts will not be accepted.

Claim forms can be requested from the NB Pipe Trades Administration Office or can be found on our website at www.nbpipetrades.com.

HEALTHCARE COVERAGE

Limitations

NB Pipe Trades can decline a claim for services or supplies that were purchased from a provider that is not approved by NB Pipe Trades/the Board of Trustees.

NB Pipe Trades can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Except to the extent otherwise required by law, no benefits are paid for:

- ❖ Expenses private insurers are not permitted to cover by law.
- ❖ Services or supplies for which a charge is made only because you have insurance coverage.
- ❖ The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether or not you are actually covered under the government health plan.
- ❖ Any portion of services or supplies which you are entitled to receive or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan.

In this limitation, government plan does not include a group plan for government employees.

- ❖ Services or supplies that do not represent reasonable treatment.
- ❖ Services or supplies associated with:
 - treatment performed only for cosmetic purposes.
 - recreation or sports rather than with other daily living activities.
 - the diagnosis or treatment of infertility.
 - contraception, other than contraceptive drugs and products containing a contraceptive drug.
- ❖ Services or supplies associated with a covered service or supply, unless specifically listed as a covered service or supply or determined by NB Pipe Trades/the Board of Trustees to be a covered service or supply.

HEALTHCARE COVERAGE

- ❖ Extra medical supplies that are spares or alternates.
- ❖ Services or supplies received outside Canada.
- ❖ Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and NB Pipe Trades would have paid benefits for the same services or supplies if they had been received in your home province.
- ❖ Expenses arising from war, insurrection or voluntary participation in a riot.
- ❖ Visioncare services and supplies required by an employer as a condition of employment.
- ❖ Services/supplies purchased through an online supplier.

In addition, under the prescription drug coverage, no benefits are paid for:

- ❖ Atomizers, appliances, prosthetic devices, colostomy supplies, first aid supplies, diagnostic supplies or testing equipment.
- ❖ Non-disposable insulin delivery devices or spring-loaded devices used to hold bloodletting devices.
- ❖ Delivery or extension devices for inhaled medications.
- ❖ Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas or injectable total parenteral nutrition solutions.
- ❖ Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances.
- ❖ Any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada.
- ❖ Any single purchase of drugs which would not reasonably be used within 100 days.
- ❖ Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital.
- ❖ Drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether prescribed for a medical reason or not.
- ❖ Drugs used to treat sexual dysfunction in men or women.
- ❖ Medical marijuana

