PPWC – EMPLOYER TRUSTEED HEALTH & WELFARE PLAN
PLAN TEXT DESCRIBED BENEFIT COVERAGE

Effective May 1, 2003

(Consolidated version incorporating amendment numbers 1 through 95 adopted March 2, 2020, with such amendments effective on date adopted by Trustees)

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ARTICLE 1 — INTERPRETATIONS

1.1 Definitions

In this Plan text (including Appendices and Exhibits), unless inconsistent with the context, the definitions in the following sections of this Article apply.

1.2 Administrator

The person(s) at each Participating Employer appointed to administer the PPWC – Employer Trusteed Health & Welfare Plan.

1.3 Trust Agreement

That certain agreement and declaration of trust dated July 1, 1975 between the Public and Private Workers of Canada, the Trustees named therein and the Pulp & Paper Employee Relations Forum as agent for the employer companies named therein, and amendments thereto.

1.4 Beneficiary(ies)

The person(s) last designated as beneficiary(ies) by an Employee in writing on a form prescribed by and delivered to the Administrator or, where there is no such person(s) living at the time of death of an Employee the estate of the deceased Employee.

1.5 Calendar Year

One year commencing January 1 and ending December 31.

1.6 Carrier

The adjudicator, claims payer and/or insurer of benefits as determined by the Trustees.

1.7 Employee

A person employed on a full-time basis by a Participating Employer and who is regularly scheduled to work not less than 30 hours per week.

1.8 Leave of Absence

A period of time recognized as a leave of absence under the applicable collective agreement or *Employment Standards Act* of British Columbia. In the case of maternity leave of absence, the leave shall begin on the earliest of: i) the elected start date of the maternity leave; ii) the date of delivery; or, iii) the date the Participating Employer may require the leave of absence to commence if the Employee's performance is affected by the pregnancy.

Such leave shall terminate on the later of the date defined by the *Employment Standards Act* of British Columbia, or the date specified in the applicable collective agreement.

1.9 Participating Employer

(a) Any employer who is bound by a collective agreement with a Union which requires such employer to participate in the Plan;

(b) Any other employer which, in accordance with an agreement in writing with the Trustees, is accepted by the Trustees for participation in the Plan; or,

(c) Any Union with respect to those Employees of the Union for whom the Union makes contributions to the Plan, including an Employee working for the Union while on a Leave of Absence from another Participating Employer.

1.10 Plan

The PPWC-Employer Trusteed Health and Welfare Plan formerly known as the Joint Labour Agreement Health and Welfare Plan, established by the Trustees pursuant to the provisions of the Trust Agreement.

1.11 Trustees

The Trustees in office from time to time under the terms of the Trust Agreement.

1.12 Union

(a) The Public and Private Workers of Canada (“PPWC”) and any local of it, which has a collective agreement with a Participating Employer which provides for participation in the Plan; or

(b) Any other union which, in accordance with an agreement in writing with the Trustees, is accepted by the Trustees for participation in the Plan.

1.13 Waiting Period

The period of time specified in Article 2.4.

1.14 Public Plan References

In this Plan text (including Appendices and Exhibits), any reference to a public benefit plan or insurance scheme by its current or past name, including without limitation, the Canada Pension Plan, the Quebec Pension Plan, Employment Insurance, WorkSafeBC, the Medical Services Plan of B.C. and PharmaCare (including Fair PharmaCare), or any acronym, abbreviation or contraction commonly used to refer to any such public benefit plan or scheme of insurance, shall include all amendments and name changes made thereto and in force or effect from time to time, and any public benefit plan or scheme of insurance which has the effect of supplementing or superseding the public benefit plan or scheme of insurance so referred to.

1.15 Statutory References

In this Plan text (including Appendices and Exhibits), any reference to a statute shall include the regulations promulgated under that statute and any final judicial decisions interpreting the same, and all amendments made thereto and in force or effect from time to time, and to any statute or regulation which has the effect of supplementing or superseding the statute so referred to or the regulations made pursuant to that statute.

ARTICLE 2 — GENERAL PROVISIONS

2.1 Effective Date

The provisions of the Plan text of the PPWC –Employer Trusteed Health & Welfare Plan are effective May 1, 2003.

2.2 Hierarchy of Plan Documents

Subject to any express intention to the contrary, the following documents shall rank in the following order of priority in respect of any matter or thing concerning the Plan including without limitation any discrepancy, matter of interpretation or benefit entitlement:

First, the applicable collective agreement between the Participating Employer and the Union;

Second, the Trust Agreement; and

Third, this Plan text.

Provided further that in the case of any discrepancy between this Plan text and the Accidental Death and Dismemberment contract with the Carrier, the contract with the Carrier shall govern.

The Carrier's practice, as agreed to by the Trustees, will be used in the administration of all Plan text provisions.

2.3 Eligibility Requirements

An Employee shall be covered for benefits under the Plan following the Employee's Waiting Period. Provided however that if an Employee is not actively at work on the day following the Employee's Waiting Period, the Employee shall not be covered for benefits under the Plan until the Employee returns to being actively at work. For the purpose of this provision, an Employee is considered actively at work if on the date in question the Employee reports for work with the Participating Employer, and is able to perform all of the usual and customary duties of his/her occupation on a regular full-time basis. An Employee is deemed actively at work if on scheduled days off or paid time off, and was actively at work on his/her last scheduled shift and is capable of performing his or her usual work duties on the date coverage takes effect.

2.4 Waiting Period

The Employee has been on the payroll of the Participating Employer for 30 calendar days (45 calendar days for Nanaimo Forest Products Ltd. employees) or when the Employee has accumulated 30 working days in a 90-calendar day period. However, there will be no waiting period for an Employee who continues to enjoy seniority

rights under the Collective Agreement if the Employee is recalled to work after the period of layoff coverage identified in Article 2.7(b) ends.

There will be no further waiting period for qualified Employees who have joined the Plan from another Participating Employer.

Employees and Dependents are not eligible for benefits to be payable for Orthodontic Services until the Employee has been covered under Dental for 12 consecutive months.

When an employee that has elected not to continue benefits during an employer approved leave of absence returns to full time active employment no further waiting period need to be satisfied.

2.5 Enrolment Process

To enroll the Employee must complete an "Application for Group Benefits" form provided by the Administrator for Basic Life Insurance, Accidental Death and Dismemberment, Weekly Indemnity and Long Term Disability.

To enroll under Extended Health and Dental, the Employee must complete the Carrier's enrolment card that is also available through the Administrator.

2.6 Termination of Coverage

Subject to the Continuation of Coverage provisions contained in Article 2.7, an Employee's coverage shall terminate on the earliest of the following:

(a) The date the Employee is not actively at work;
(b) The date employment terminates;
(c) For Long Term Disability, 52 weeks prior to the Employee's 65th birthdate;
(d) The date the person ceases to meet all of the criteria specified in the definition of Employee in Article 1.7;
(e) The date the Employee or the Employee's Participating Employer fails to remit required contributions or provide required information within the time limits required by the Trustees or the Carriers.
(f) The effective date of termination of the Employee's Participating Employer's participation in the plan.

2.7 Continuation of Coverage

An Employee is deemed not to be actively at work when that person ceases to meet all of the criteria specified in the definition of Employee in Article 1.7 whereupon coverage under the Plan shall terminate subject to the following:

(a) Subject to the continued payment of applicable premiums, for the period during which an Employee receives Weekly Indemnity payments, other weekly indemnity payments from a Participating Employer, Long Term Disability

payments, or WCB wage loss due to a compensable accident occurring in the course of his or her employment by a Participating Employer, the Employee shall continue to have coverage for the following benefits: Extended Health, Dental, Basic Life Insurance, and Accidental Death and Dismemberment in accordance with the conditions of the Carrier. The conditions of the Carrier may include reimbursement from the proceeds of a WCB or third party claim for any benefits paid.

(b) For the period of time an Employee is laid off, the Employee shall have the following options provided the Employee pays the Employee portion of the required premiums in advance each month:

- An Employee with one year or more of seniority may continue coverage for six months commencing on the date of the lay off.
- An Employee with more than four months but less than one year of seniority may continue coverage for three months commencing on the date of the lay off.
- Where an Employee exercising one of the above options returns to being actively at work before the optional period of extended coverage has expired, the Employee shall be covered for benefits while actively at work and the optional period of available coverage shall be extended by one month for each month the Employee remains actively at work.

If an Employee elects to continue benefit coverage during a layoff, they must elect to continue **all** benefits and pay their portion of the premium in advance on a monthly basis to the mill and the mill will continue to pay its portion to the carrier to continue the benefit coverage. Employees must make their election for benefits prior to the start of lay-off.

In the event that the Employee opts to continue benefit coverage and becomes disabled while on a lay-off, they will not begin to satisfy the Elimination Period for the Weekly Indemnity and Long Term Disability benefits until their scheduled return to work date.

If an Employee was laid off and opted not to continue benefits coverage during that period, if they became disabled during lay off the Employee, upon return to work, would not be eligible to apply for Weekly Indemnity or Long Term Disability benefits, because premiums were not being paid when the Disability occurred. An Employee's ability to claim for disability benefits upon return to work from a lay-off or Leave of Absence requires that premiums must have been paid at the time of disability.

Where an Employee returns to being actively at work following the expiration of an optional period of extended coverage (or the Employee has exhausted lay-off coverage but still has seniority rights), the Employee shall be covered for benefits only while actively at work and provided the Employee has worked at least ten days within a floating period of 30 consecutive days before being laid off again, the Employee shall have the option to continue coverage as described above.

(c) For the period of time an Employee is on a Leave of Absence from a Participating Employer, the Employee shall have the following options:

- Coverage for an Employee may be continued for so long as the Employee is fulfilling duties assigned to that person by the local of the Union which has a collective agreement with that person's Participating Employer and provided the local Union or the national office of the Union pays the required premiums for that Employee's coverage as invoiced by the Participating Employer each month.
- An Employee on an unpaid Leave of Absence may continue coverage for up to 6 months (except in the case of maternity / parental leave which will be for the period outlined in the *Employment Standards Act* or other applicable legislation) provided the Employee pays the required premiums in advance of each month.

If an employee elects to continue benefit coverage during a Leave of Absence, they must elect to continue **all** benefits and pay their portion of the premium in advance on a monthly basis to the mill and the mill will continue to pay its portion to the benefit providers to continue the benefit coverage. Employees must make their election for benefits prior to the start of the Leave of Absence.

In the event that the employee opts to continue benefit coverage and becomes disabled while on a Leave of Absence, they will not begin to satisfy the elimination period for the Weekly Indemnity and Long Term Disability benefits until their scheduled return to work date.

If an employee went on a Leave of Absence and opted not to continue benefits coverage during that period, if they became disabled during their Leave of Absence the employee, upon return to work, would not be eligible to apply for Weekly Indemnity or Long Term Disability benefits, because premiums were not being paid when the disability occurred. A claimant's ability to claim for disability benefits upon return to work from a lay-off or leave of absence requires that premiums must have been paid at the time of disability.

(d) During a strike or lockout coverage can be continued pursuant to the *Labour Relations Code* of British Columbia.

(e) For the period of time an Employee is in receipt of severance allowance in accordance with Articles 20, 21 and 22 of the Collective Agreement subject to a maximum of the current month plus two additional months from the date of termination. Continuation of benefits under such circumstances would apply to Extended Health and Dental Benefits. This provision does not apply to employees of Sun Wave Forest Products Ltd. and Nanaimo Forest Products Ltd.

2.8 Changes in Coverage While Fulfilling the Long Term Disability Elimination Period

An Employee who is fulfilling the Long Term Disability Elimination Period as a result of a disability which commenced before a negotiated change in benefits and which continues thereafter shall, as from the effective date of the negotiated change in benefits and/or wages, be paid the changed Weekly Indemnity benefit, be covered for the changed benefits under the Plan and make the changed contributions.

2.9 Claim Limitations

An Employee must follow the Plan's procedures with respect to making application for claim.

The Employee must provide explanation or proof to support the claim, such as itemised bills, Physician's statement, or any other information considered necessary.

2.9.1 Claim Submission Process

Claim forms for reimbursement may be obtained from the Administrator. The time limitations in terms of submitting claims are, by benefit:

(a) For Basic Life Insurance, proof of loss must be submitted to the Carrier within 15 months following the date of death. When an Employee is approved for Long Term Disability benefits, the Carrier will automatically approve him/her for the Basic Life Insurance Waiver of Premium.

(b) For Accidental Death and Dismemberment, application for benefit payment including proof of loss must be completed and submitted to the Carrier within 180 days from the date the loss occurred. Failure to provide proof within this time shall not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish the proof and that the proof of loss was furnished as soon as was reasonably possible, but in no event shall this be more than 12 months after becoming eligible to claim a loss. When an Employee is approved for Long Term Disability benefits, the Carrier will automatically approve him/her for the Accidental Death and Dismemberment Waiver of Premium.

(c) For Weekly Indemnity and Long Term Disability, claims should be submitted as soon as possible but no later than six months after the termination of the first month following the elimination period or the beginning of the recurrent disability period. The Employee must continue to provide the Carrier with sufficient medical evidence to confirm ongoing disability, which may include periodic supplemental statements, independent medical examinations and referral to specialists.

(d) For Extended Health and Dental, claims should be submitted within 90 days from the date the expense was incurred. However, a claim will not be paid if the claim form is received by the Carrier later than one year from the date the expense is incurred for Dental and after December 31 of the year following the Calendar Year in which the expense was incurred for Extended Health.

2.10 Limitation on Legal Claims

Any cause of action an Employee or Beneficiary may have against a Carrier in respect of any claim or benefit under the Plan shall be subject to such time limits and limitations of liability as may be provided for in the applicable agreement or policy between the Trustees and the Carriers.

ARTICLE 3 — BENEFIT SCHEDULE

3.0 Benefits Provided by the Plan

The Benefits provided by the Plan are:

(a) Basic Life Insurance;

(b) Accidental Death and Dismemberment;

(c) Weekly Indemnity (except Cascadia Forest Products Ltd. (Island Phoenix), Pope & Talbot Ltd., Harmac Pulp Operations, and Nanaimo Forest Products Ltd.);

(d) Long Term Disability;

(e) Extended Health and Out-of-Province Travel Plan; and,

(f) Dental

ARTICLE 4 — BASIC LIFE INSURANCE

4.1 Coverage

A Basic Life Insurance benefit is payable if an Employee dies.

4.2 Schedule of Basic Life Insurance Benefit

The Basic Life Insurance benefit is set out in the attached Appendices.

4.3 Payment of Benefit

The Carrier will pay the amount of Basic Life Insurance benefit in force for the Employee at the date of death to the Employee's Beneficiary.

4.4 Beneficiary Designation

An Employee may designate a Beneficiary for Basic Life Insurance. Such designation must be in writing and entered in the records of the Administrator.

Changes to the Beneficiary may only be done in writing to the Administrator. Only when entered in the Administrator's records shall it be deemed that the Carrier is notified of the change.

4.5 Advanced Living Benefit Option

If an Employee is terminally ill and death is expected to occur within 12 months, the Carrier will pay to the Employee a lump sum equal to the lesser of $50,000 or 50% of the Employee's Basic Life Insurance benefit. The Advanced Living Benefit is subject to Article 4.5.2 and the following limitations:

(a) An application has been made by the Employee and approved by the Trustees;

(b) The Employee has been approved for Basic Life Insurance Waiver of Premium;

(c) The Employee's attending physician has confirmed in writing to the Carrier that the illness is terminal;

(d) The Employee's Beneficiary has consented to the payment of the Advanced Living Benefit; and,

(e) Interest on the lump sum payment is accrued from the date of payment to the date of death of the Employee. The interest rate will be equal to the rate the Carrier would pay on waiver of premium reserves.

Upon the death of the Employee, the balance of the Basic Life Insurance benefit, less the accrued interest, shall be payable to the designated Beneficiary.

4.5.1 Upon the death of the Employee, an Employee's Beneficiary will receive the amount of the Employee's Basic Life Insurance benefit, less the total of:

(a) The amount of the Advanced Living Benefit the Employee received; and

(b) The amount representing interest calculated by the Carrier from the date of the Advanced Living Benefit payment to the date of the Employee's death.

Any amount an Employee could otherwise have converted to an individual policy under the Conversion Option in this section will be reduced by the Advanced Living Benefit.

4.5.2 An Employee's right to this option is subject to the following:

(a) The Employee must make application in writing on a form satisfactory to the Carrier.

(b) The Employee must furnish satisfactory proof to the Carrier that his/her life expectancy is 12 months or less, including certification by a Physician.

(c) The Advanced Living Benefit is available on a voluntary basis only. Therefore, an Employee is not eligible for this option if:

- S/he is required by law, to use this option to meet the claims of creditors, whether in bankruptcy; or
- S/he is required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement.

4.5.3 The deduction of the Advance Living Benefit and its accrued interest take priority over any other demand or claim for the insurance payable at the Employee's death.

The Carrier's standard Advance Living Benefit limitations will apply unless they conflict with the limitations listed in Article 4.5.2, in which case the limitations set out in Article 4.5.2 shall apply.

4.6 Basic Life Insurance Waiver of Premium

If an Employee becomes eligible to receive Long Term Disability benefits, the Carrier will waive the payment of Basic Life Insurance premiums for such Employee and will continue to waive such premiums for as long as the Employee continues to receive Long Term Disability benefits.

The Basic Life Insurance benefit amount for which premiums are waived shall be the amount in force on the last day of the Employee's Long Term Disability Elimination Period.

4.6.1 In the event of Carrier termination, the Carrier underwriting the benefit on the date any Employee became disabled would continue to be responsible for

Waiver of Premium claims applicable to such Employees, as long as all Carrier requirements are satisfied.

4.7 Conversion Option

If an Employee's Basic Life Insurance coverage ceases, the Employee is entitled to purchase an individual life insurance policy issued by the Carrier if age 65 or under.

4.7.1 The conversion privilege is subject to the Carrier's standard conditions and subject to the following:

(a) The amount of the individual policy shall not exceed the amount of Basic Life Insurance coverage for which the Employee was covered under the Plan when coverage was discontinued or $200,000 for all groups combined.

(b) The individual policy shall be, at the Employee's option, in the form of a convertible one year term assurance, or a term to age 65 or an ordinary plan. This individual policy shall be without dividends and without disability waiver or other supplementary benefits.

(c) The premium for the individual policy shall be determined by the Carrier according to:

- The Carrier's current rates for the Employee's attained age at birthday immediately prior to the date of issue of the individual policy;
- The class of risk to which the Employee then belongs; and,
- The form and amount of the individual policy.

(d) The written application for the individual policy together with the required premium shall be delivered to the Carrier within 31 days after the date on which the Employee's Basic Life Insurance coverage was terminated.

(e) Evidence of insurability shall not be required for such individual policy.

4.7.2 If the Employee dies within the 31 day period during which the Employee could have converted, the Carrier shall pay the maximum amount of Basic Life Insurance coverage the Employee could have converted to the Employee's Beneficiary.

ARTICLE 5 — ACCIDENTAL DEATH AND DISMEMBERMENT

5.1 Terms Defined

In this Article, including the applicable appendices and Exhibit III, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

(a) **Accidental Injury** means bodily Injury which is sustained by an Employee as a direct result of an unintended unanticipated accident, provided such accident is external to the body and occurs while the Employee's insurance under this contract is in force.

(b) **Dependent Child** means a person who is either the natural child (legitimate or illegitimate) of the Employee, or adopted child of the Employee, or step-child of the Employee, or legal ward but not foster child, or an infant to which the Employee is "*in loco parentis*", and who is:

i. under twenty-three (21) years of age, unmarried and dependent upon the Employee for maintenance and support and who is not engaged in gainful employment more than twenty-five (25) hours per week at the time of Loss;

ii. under twenty-five (25) years of age and unmarried and in attendance at an Institution of Higher Learning and dependent upon the Employee for maintenance and support and who is not engaged in gainful employment more than twenty-five (25) hours per week at the time of Loss; or

iii. by reason of mental or physical infirmity, incapable of self-sustaining employment and who is considered a Dependent Child of the Employee within the terms of the Income Tax Act (Canada).

(c) **Covered Accidental Death** means death caused directly and solely by external, violent and accidental means without gross negligence on the Employee's part.

(d) **Covered Loss** when used with reference to:

i. **"Quadriplegia"**, **"Paraplegia"**, and **"Hemiplegia"** means the complete and irreversible paralysis of such limbs;

ii. **"Hand"** or **"Foot"** means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;

iii. **"Arm"** or **"Leg"** means the complete severance through or above the elbow or knee joint;

iv. **"Thumb and Index Finger"** means the complete severance through or above the first (1st) phalange;

v. **"Fingers"** means the complete severance through or above the first (1st) phalange of all four (4) Fingers of One (1) Hand;

vi. **"Toes"** means the complete severance of both phalanges of all the Toes of One (1) Foot;

vii. **"The Entire Sight of One (1) Eye"** means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye;

viii. **"The Entire Sight of Both Eyes"** means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than twenty (20) degrees in both eyes. A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing;

ix. **"Hearing in One (1) Ear"** means the diagnosis of permanent Loss of Hearing in One (1) Ear, with an auditory threshold of more than ninety (90) decibels. A Physician certified in Otolaryngology must confirm the diagnosis in writing;

x. **"Hearing"** means the diagnosis of permanent Loss of Hearing in Both Ears, with an auditory threshold of more than ninety (90) decibels in each ear. A Physician certified in Otolaryngology must confirm the diagnosis in writing;

xi. **"Speech"** means complete and irrecoverable Loss of the ability to utter intelligible sounds; and

xii. **"Loss of Use"** means the total and irrecoverable Loss of use provided the Loss is continuous for twelve (12) consecutive months and such Loss of use is determined to be permanent.

(e) **Spouse** means a person and who is either:

- legally married to the Employee, or if there is no such person;
- a person who, although not legally married to the Employee, is cohabitating with the Employee for a period of at least one (1) year and is publicly represented as the Employee's domestic partner in the community in which they reside.

(f) Hospital **(for the Family Transportation Benefit),** means an establishment which:

(a) holds a license as a Hospital (if licensing is required in the jurisdiction);

(b) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;

(c) provides twenty-four (24) hour a day nursing service by registered or graduate nurses;

(d) has a staff of one (1) or more licensed Physicians available at all times;

(e) provides organized facilities for diagnosis, and major medical surgical facilities;

(f) is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and

(g) is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

(g) **Immediate Family** means a person who is related to the Employee in any of the following ways: a Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (including legally adopted or stepchild).

(h) **Institution for Higher Learning** as used herein includes, but is not limited to, any university, private post secondary college or trade school, and any College of General and Vocational Education/ Collège d'enseignement général et professionnel (CÉGEP).

(i) **Physician** means a medical doctor, other than the Employee or the Employee's Immediate Family, who is licensed to administer medical treatment and prescribe drugs in the place where he or she provides medical services. The following are not considered to be Physicians, naturopath, herbalist and homeopath.

(j) **Seat Belt** for the Seat Belt Benefit, means those belts that form a restraint system and includes infant and child restraint systems when properly used with a seat belt, including restraint belts which are part of a stretcher used in the transportation of sick and injured persons by ambulance.

(k) **Private Passenger Type Automobile** means any means of transportation not operated for commercial purposes, designed to carry passengers and that is pulled, propelled or fuelled in any way, including cars, trucks, motorcycles, mopeds, snowmobiles or boats.

(l) **Owned Aircraft** means an aircraft to which the Policyholder or the Participating Employer (or a related company, subsidiary, affiliate, parent company, principal, officer or employee or family member of an officer or employee of the Policyholder, the Participating Employer or such entity) holds legal or equitable title such that the Policyholder, Participating Employer or such entity can use, alter or sell the aircraft as they wish.

(m) **Leased Aircraft** means an aircraft owned by a person other than the Employee's Employer that is used by the Policyholder or such Employer under the terms of a fixed agreement, the term of which is longer than one

(1) week or more than one (1) or two (2) trips but which can vary widely and can be short or long term; exclusive or shared.

(n) **Psychological Therapy** means treatment or counselling by a therapist or counsellor, who is licensed, registered, or certified to provide such treatment, whether such treatment is on an out-patient basis or provided while a patient at a medical facility licensed to provide such treatment.

5.2 Principal Sum

The amount of Accidental Death and Dismemberment Principal Sums are outlined in the appendices.

5.3 Beneficiary Designation

An Employee may designate a Beneficiary for Accidental Death and Dismemberment. Such designation must be in writing and entered in the records of the Administrator. In the absence of such a beneficiary designation, the benefit for Loss of Life of an Employee shall be payable to the estate of the Employee.

Changes to the Beneficiary may only be done so in writing to the Administrator. Only when entered in the Administrator's records shall it be deemed that the Carrier is notified of the change.

5.4 Schedule of Accidental Death and Dismemberment Losses

The schedule of losses will reflect current Carrier's level (except Paraplegia, Quadriplegia and Hemiplegia should be covered at 200% of principal sum). The current schedule is in Exhibit III.

5.5 Maximum Benefit

In no case shall an amount greater than the Principal Sum be paid for all Covered Losses sustained by an Employee resulting directly or indirectly from the same accident with the exception of loss of use of both arms, loss of use of both legs, loss of use of one arm and one leg on the same side of the body, Paraplegia, Hemiplegia, and Quadriplegia where the maximum benefit payable is 200% of the Principal Sum for all losses combined.

5.6 Accidental Death and Dismemberment Waiver of Premium

If an Employee qualifies for the Basic Life Insurance Waiver of Premium, the Carrier will waive the payment of Accidental Death and Dismemberment premiums.

The Accidental Death and Dismemberment benefit amount for which premiums shall first be waived shall be the amount in force on the last day of the Employee's Long Term Disability Elimination Period.

The Carrier will continue coverage for the Employee's Long Term Disability Elimination Period and the Long Term Disability Benefit Payment Period. In the event of Carrier termination, coverage will be provided by the new Carrier (if appointed) under Waiver of Premium.

5.7 Ancillary Benefits

Ancillary Benefits are not promised under the terms of the collective agreement and may vary from Carrier to Carrier and may not be provided in the future. The Ancillary Benefits in effect with the existing Carrier are included in Exhibit III and may change.

5.8 Disappearance

If the body of an Employee has not been found within one (1) year of the forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then, for the purposes of this contract such Employee shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of Life.

5.9 Exclusions

No coverage shall be provided under this contract and no payment shall be made for any Loss or claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the Loss or claim is an accidental Injury:

(a) suicide or any attempt thereat by the Employee while sane;
(b) self-inflicted Injury or any attempt thereat by the Employee while sane or insane;
(c) declared or undeclared war or any act thereof;
(d) sickness, disease, or bodily infirmity whether the Loss or claim results directly or indirectly from any of these;
(e) mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
(f) sustained while the Employee is undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;

(g) stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;

(h) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Employee is:

(i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or

(ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or

(iii) riding as a passenger in an Owned Aircraft or Leased Aircraft operated by the Policyholder.

(i) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;

(j) injury or Loss sustained while the Employee is on full-time active duty in the armed forces or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Employee is on full-time active duty shall, upon application to the Carrier by the Policyholder, be refunded);

(k) committing, attempting or provoking an assault or criminal offense excluding without limitation driving a vehicle with alcohol in the blood in excess of 80 milligrams of alcohol per 100 millilitres of blood. A "vehicle" means, a vehicle that is drawn, propelled or driven by any means other than muscular power;

(l) injury or Loss sustained while the Employee is under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed Physician;

(m) an act, attempted act or omission taken or made by the Employee, or an act, attempted act or omission taken or made with the Employee's consent, for the purposes of interrupting the blood flow to the Employee's brain or to cause asphyxiation to the Employee whether with intent to cause harm or not; and

(n) natural causes.

ARTICLE 6 – WEEKLY INDEMNITY (NON-OCCUPATIONAL ACCIDENT AND SICKNESS)

6.1 Terms Defined

In this Article, including the applicable appendices, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

(a) **Accidental Injury** means a bodily injury caused by accidental means.

(b) **Aggregate Weekly Indemnity Disability Period** means the lesser of:

- The total of the Weekly Indemnity Elimination Period plus 52 weeks of Weekly Indemnity benefits, and
- The total of an Initial Disability Period, plus all related Recurrent Disability Periods.

(c) **Chiropractor** means a person licensed to practice chiropractic in the jurisdiction where the service is rendered.

(d) **Day of Disability** means a day on which an Employee is Disabled provided s/he does not work more than four hours, except as allowed under a Return to Work Program.

(e) **Disability Period** means a Day of Disability or a period of consecutive Days of Disability.

(f) **Disabled** means, for the purpose of Weekly Indemnity benefits, not able to perform the duties of his/her own occupation because of a Non-occupational sickness or a Non-occupational Accidental Injury. Disability has a corresponding meaning to Disabled.

(g) **Hospitalization (Hospitalized)** means an overnight stay or an invasive procedure being performed that would customarily be done in a hospital setting. An overnight stay in an emergency department would not qualify as Hospitalization where the Employee is kept overnight while waiting to see a Physician and then is sent home by the Physician right after being seen. An overnight stay in an emergency department would qualify as hospitalization where the Employee is kept for the purpose of observation.

Admittance into a drug or alcohol treatment centre is not considered Hospitalization unless the admittance is through emergency.

(h) **Hourly Straight Time Rate** means an Employee's regular hourly job rate depending on his/her job category as defined in the "Job Categories and Wage Rates Schedule" of the collective agreements in effect between the Participating Employers and the Union excluding all other premiums and fringes unless the collective agreement in effect between the Participating Employer and Union indicates otherwise, in which case the collective agreement terms will apply.

(i) **Initial Disability Period** means one Day, or consecutive Days, of Disability of an Employee that is not preceded by a previous Day of Disability within the previous two weeks for the same or related causes.

(j) **Non-occupational** means, with respect to Accidental Injury, or Sickness, one where the Employee is not entitled to any benefits under the Workers' Compensation law or similar legislation.

(k) **Physician** means a person who is duly licensed to prescribe and administer any drugs or to perform surgical procedures.

(l) **Recurrent Disability Period** means a Disability Period of an Employee that has the same or related cause as the previous Disability Period, is not an Initial Disability Period and which begins less than two weeks after the end of the Employee's last Disability Period.

If an Employee returns to work and works full-time for two or more consecutive weeks a new Initial Disability Period will be established if the Employee again becomes Disabled from the same or related cause. Vacation days, floating holidays, statutory holidays, banked time and other paid or unpaid time off will not count toward satisfying this provision.

(m) **Return To Work Program** shall be as defined by each participating mill location.

(n) **Sickness** means an illness or disease.

(o) **Week** means seven calendar days.

(p) **Weekly Earnings** means the Employee's Hourly Straight Time Rate times his/her regular scheduled number of hours worked per week.

(q) **Weekly Indemnity Benefit Payment Period** for an Employee means the period beginning at the end of the Employee's Weekly Indemnity Elimination Period and ending the earlier of:

- The death of the Employee;
- The last day of the Employee's Aggregate Weekly Indemnity Disability Period;
- The date the Employee recovers from his/her Disability;
- Attainment of age 65 or if the Employee has not yet received a minimum of 15 weeks of benefits at attainment of age 65, benefits will continue to the earlier of:
  - the Employee has received 15 weeks of benefits,
  - the date the Employee is no longer Disabled, or
  - the date of the Employee's retirement.

If there is a lay-off, mill curtailment or the Plan terminates while an Employee is receiving benefits, then payments will continue for the

maximum benefit period as long as the Employee remains totally disabled.

(r) **Weekly Indemnity Elimination Period** means the period where benefits are not payable and is the shorter of the following:

a) There is no weekly indemnity elimination period:

- For Non-occupational Sickness if the Employee is Hospitalized or surgery is performed which necessitates time off work; or
- For Non-occupational Accidental Injury, providing the Employee visits a Physician within three days of the Accidental Injury;
- For second or subsequent Disability Period resulting from a serious illness which requires kidney dialysis, chemotherapy, radiation or other similar recurring treatments.

b) The weekly indemnity elimination period will be the period beginning on the first Day of Disability and ending:

- For Non-occupational Sickness, the later of the fourth day of Disability or the date of an Employee's visit to a Physician
- For Non-occupational Accidental Injury, the day the Employee visits a Physician if not within three days of the Accidental Injury.

6.2 Weekly Benefit

Subject to the terms of this Plan, the Weekly Benefit for an Employee is set out in the applicable appendices.

If an Employee's regular schedule is less than 40 hours per week, the weekly benefit will be prorated based on the number of hours regularly scheduled per week.

The Weekly Benefit will be reduced by earnings from employment outside of the mill (including self-employment) except for that portion that the Employee was earning regularly prior to becoming Disabled.

6.3 Conditions of Benefit Payment

Subject to the terms of this Plan, the Weekly Benefit will be paid to a Disabled Employee on the following conditions:

(a) The Employee became Disabled when covered under the Plan; and,

(b) The Disability continued beyond the Employee's Weekly Indemnity Elimination Period; and,

(c) The Employee is under the regular care and attention of a qualified Physician or relevant and certified specialist, or of a Chiropractor during the first two weeks of the Aggregate Weekly Indemnity Disability Period; and,

(d) The Employee is receiving required treatment for his or her condition; and,

(e) the Employee is suffering a loss of Weekly Earnings from the Participating Employer as a result of the Disability during the Weekly Indemnity Benefit Payment Period; and,

(f) the Employee provides medical evidence which supports the Employee's inability to work. Such evidence may include periodic supplemental statements from the Employee's Physician; and,

(g) The Employee submits to independent medical examinations by a Physician selected by the Carrier if requested by the Carrier.

(h) While Weekly Indemnity claims in progress at the beginning of a lay-off will continue to be paid, new Weekly Indemnity claims will not be deemed to commence until after lay-off ceases, provided the disability still exists and, in the event of sickness, that the customary waiting period has been fulfilled since the date disability actually commenced. For the purposes of this provision, lay-off will be deemed to have ceased when the employee would have been entitled to recall had he not been disabled.

In the event that an Employee becomes Disabled while on unpaid Leave of Absence or lay-off, no benefits are payable during this period. However, if the Employee remains Disabled when the unpaid leave of absence or layoff ceases, the Weekly Indemnity Elimination Period will not commence until the Employee's scheduled return to work date.

In the event that an Employee becomes Disabled while on strike or lock-out, no benefits are payable during this period. However, if the Employee remains Disabled when the strike or lock-out ceases and the Employee has satisfied the Weekly Indemnity Elimination Period, benefits will commence immediately.

6.4 Benefit Payments

Subject to Articles 6.2, 6.3, 6.5, 6.7 and 6.8, benefits will be paid to a Disabled Employee bi-weekly in arrears throughout the Weekly Indemnity Payment Period.

6.5 Graduated Return to Work Program

If an Employee receives wages as a result of participating in a graduated (less than full-time) Return to Work Program, the amount of the Employee's benefit payments will be reduced by 50% of such wages. The Employee's Weekly Indemnity benefit payments will be further reduced such that the Employee's Weekly Indemnity benefit payments plus wages from the Return to Work Program do not exceed 100% of the Employee's Weekly Earnings.

6.6 Fractional Weeks

(a) An Employee is entitled to one-seventh (1/7th) of the Employee's Weekly Benefit for each day of Disability in his/her Weekly Indemnity Benefit Payment Period.

(b) An Employee's Benefit Payment will be reduced by one-seventh ($1/7^{th}$) for each day of paid time off taken except where a full week of vacation has been taken, in which case the reduction will be a full week.

6.7 Limitations

No Benefit Payment is payable to an Employee for that part of an Aggregate Weekly Indemnity Disability Period during which:

(a) The Employee is not under the regular care and attention of a qualified Physician or relevant and certified specialist, or of a Chiropractor during the first two weeks of the Aggregate Weekly Indemnity Disability Period;

(b) The Employee is not receiving required treatment for his or her condition;

(c) The Employee is imprisoned in a penal institution or confined in a hospital, or similar institution, as a result of criminal proceedings;

(d) The Employee is eligible to receive benefits under any Workers' Compensation Law or any similar law. In the event an Employee is eligible to receive benefits pursuant to the *Workers Compensation Act* at the end of the Weekly Indemnity Elimination Period or at any time during the Weekly Indemnity Benefit Payment Period, no Weekly Benefits will be payable for so long as the Employee continues to be eligible for benefits under the *Workers Compensation Act*.

Should an Employee's claim for Workers' Compensation benefits not be accepted by the Workers Compensation Board, the Employee has been off work for at least 2 Weeks, and the Employee has completed and has submitted a reimbursement agreement to the Carrier and satisfactory proof that the Employee is disputing the denial of the Employee's Workers Compensation benefit claim, Weekly Benefits shall be paid to the Employee during the portion of the Weekly Indemnity Benefit Payment Period during which the Employee is not in receipt of benefits under the *Workers Compensation Act*.

(e) The Employee is absent from Canada without the approval of the Carrier;

(f) The Employee resides outside of Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period unless:

- The Employee has previously notified and received approval in writing from the Carrier;
- The Employee remains under the regular care of a Physician deemed appropriate by the Carrier;

- Proof of ongoing Disability can be determined on evidence satisfactory to the Carrier in English or French within 30 days of request.

(g) The Employee is on paid time off (e.g. vacation and floater days); or,

(h) The Employee performs work for wages or in expectation of a profit without the approval of the Carrier.

6.8 Exclusions

The Weekly Indemnity benefit does not cover a Disability which results from:

(a) Cosmetic surgery, unless the surgery is due to an Accidental Injury;

(b) Voluntary participation in war, riot or insurrection;

(c) Intentionally self-inflicted injuries or sickness whether sane or insane, other than attempted suicide;

(d) The course of employment (except as allowed under Limitations);

(e) Participation in the commission of a criminal offense;

(f) An Accidental Injury which occurs while the Employee is operating a motor vehicle and the blood contains more than 80 milligrams of alcohol in 100 milliliters of blood (.08%); or,

(g) Injury or Sickness which occurred while the Employee is on active duty in the armed forces of any country, state or international organization or resulting from war or act of war, whether declared or undeclared.

6.9 Third Party Liability (Subrogation)

If an Employee recovers an amount from a liable third party for the loss of income resulting from the same accident or sickness, then the Employee must reimburse the Carrier on behalf of the Plan, to the extent that the net third party recoveries plus Weekly Indemnity benefit payments exceed 100% of the Employee's Weekly Earnings lost.

6.10 Reimbursement for Completion of Medical Forms

The Plan will provide reimbursement for the completion of medical forms as indicated in the appendices.

6.11 Appeal Process

Where a claim issue is in dispute, the Employee will follow the Carrier's appeal process.

ARTICLE 7 - LONG TERM DISABILITY

7.1 Terms Defined

In this Article, including the applicable appendices, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

(a) **Aggregate Long Term Disability Period** means the total of an Initial Disability Period plus all related Recurrent Disability Periods.

(b) **Day of Disability** means a day on which an Employee is Disabled.

(c) **Disability Period** means a Day of Disability or a period of consecutive Days of Disability.

(d) **Disabled** means during the Long Term Disability Elimination Period and the first 18 months of the Long Term Disability Benefit Payment Period, not able to perform the duties of his/her own occupation because of sickness and/or injury. After the first 18 months of the Long Term Disability Benefit Payment Period, Disabled means not able to perform the duties of any occupation for which he/she is qualified by education, training or experience because of sickness and/or injury.

Disability has a corresponding meaning to Disabled.

(e) **Hourly Base Rate** means, the rate referred to as the "labour rate" in the "Job Categories and Wage Rates Schedule" outlined in the collective agreements in effect between the Participating Employers and the Union.

(f) **Hourly Straight Time Rate** means an Employee's hourly job rate depending on his/her job category as defined in the "Job Categories and Wage Rates Schedule" of the collective agreements in effect between the Participating Employers and the Union excluding all other premiums and fringes unless the collective agreement in effect between the Participating Employer and Union indicates otherwise, in which case the collective agreement terms will apply.

(g) **Initial Disability Period** means one Day, or consecutive Days, of Disability of an Employee that is not preceded by a previous Day of Disability resulting from the same or related causes within the previous two weeks during the Long Term Disability Elimination Period or the previous six months after the Long Term Disability Elimination Period has been satisfied.

(h) **Long Term Disability Benefit Payment Period** for an Employee means the period beginning the end of the Employee's Long Term Disability Elimination Period and ending the earlier of:

- The death of the Employee;
- The last day of the Employee's Aggregate Long Term Disability Period;
- The date the Employee recovers from his/her Disability;

- The date the Employee is no longer Disabled as defined in article 7(1)(d);
- Age 65;
- 60 months plus one month for each two full months of continuous service beyond 60 months service with the Participating Employer up to the commencement of the Employee's Initial Disability Period. Benefits will be paid to age 60 as a minimum.

(i) **Long Term Disability Elimination Period** is the period commencing on the date the Employee becomes Disabled and ending on the later of:

- The expiration of the Weekly Indemnity Benefit Payment Period if any;
- The exhaustion of any other weekly indemnity benefits from a Participating Employer;
- the completion of 52 weeks of the Employee's Aggregate Long Term Disability Period.

(j) **Monthly Earnings** means the Employee's Hourly Straight Time Rate at the date of onset of Disability plus any negotiated increases to that Hourly Straight Time Rate which would take place during the Long Term Disability Elimination Period times his or her regular number of hours scheduled per week (to a maximum of 40) times 52 weeks divided by 12 months.

For Nanaimo Forest Products Ltd. non-union employees, Monthly Earnings means monthly base salary at the date of onset of Disability.

(k) **Recurrent Disability Period** means a Disability Period of an Employee that is not an Initial Disability Period, which begins:

- less than two weeks after the end of the Employee's last Disability Period, resulting from the same or related causes, during the Long Term Disability Elimination Period; or
- less than six months after the end of the Employee's last Disability Period, resulting from the same or related causes, after the Long Term Disability Elimination Period.

(l) **Physician** means a person who is duly licensed to prescribe and administer any drugs or to perform surgical procedures.

(m) **Rehabilitative Employment** means any occupation or employment for wage or profit or any course or training that entitles the Disabled Employee to an allowance, provided such rehabilitative employment has the approval of the Employee, and his/her Physician in consultation with the Carrier.

(n) **Sickness** means an illness or disease.

7.2 Eligibility

The minimum hours worked is no less than 30 hours per week for coverage under Long Term Disability.

7.3 Level of Monthly Benefit

Subject to the terms of this Plan, the Monthly Benefit for an Employee is set out in the appendices, subject to any reduction of benefits described in this Article under Integration with Other Disability Income and/or Rehabilitative Employment.

7.4 Integration with Other Disability Income

The monthly benefit payment from this Plan combined with all other disability income to which the Employee is entitled will not exceed a certain percentage of the Employee's Monthly Earnings as outlined in the applicable appendices. Note that the definition of Monthly Earnings supersedes the collective agreement provisions.

All other (disability) income will include (consists of):

- CPP/QPP primary disability pension benefits; and,
- Workers' Compensation benefits payable for the same or related sickness or accidental injury (Disability) as the Long Term Disability benefits paid by the Plan; and,
- Disability income from a group or association plan; and,
- Disability income arising out of any law or legislation; and,
- Wage continuation or pension plan of any employer including the Pulp and Paper Industry Pension Plan.

The Employee is required to apply for other sources of income as directed by the Carrier.

7.4.1 An Employee’s private or individual disability plan benefits will not reduce the monthly benefit payment from this Plan.

7.4.2 The Employee’s Net Benefit Payment means the monthly benefit payment that results from this Integration.

7.4.3 In the event that Integration with other disability income reduces the monthly benefit payment from this Plan below $25 per month, this Plan will nevertheless pay a minimum of $25 per month as a Net Benefit Payment from the beginning of the Long Term Disability Benefit Payment Period**.**

This is not applicable to New Skeena Forest Products Inc. and Sun Wave Forest Products Ltd.

7.4.4 Increases in CPP/QPP disability pensions or Workers' Compensation disability pensions that result from cost of living increases and which occur after the beginning of the Long Term Disability Benefit Payment Period will not further reduce the benefit payment from this Plan**.**

7.5 Rehabilitative Employment

During a Long Term Disability Benefit Payment Period, a Disabled Employee may engage in Rehabilitative Employment, in which case the benefit from this Plan will be reduced by 50% of the Employee's Rehabilitative Employment income that exceeds $50 per month. The benefit from this Plan will be further reduced by the amount that remuneration from Rehabilitative Employment plus the benefit from this Plan exceeds 75% of the Employee's Monthly Earnings. Note that the definition of Monthly Earnings supersedes the collective agreement provision.

7.5.1 Rehabilitative Employment will be deemed to continue until such time as the Employee's earnings from Rehabilitative Employment plus the benefit from this Plan exceed 75% of his/her Monthly Earnings at date of Disability, but in no event for more than 24 months from the date Rehabilitative Employment commences**.**

7.6 Conditions of Benefit Payment

Subject to the terms of this plan, monthly benefit payments will be paid to an Employee while s/he continues to be Disabled on the following conditions:

(a) The Employee's Initial Disability Period commenced when covered by this Benefit; and,

(b) The Disability continued beyond his/her Long Term Disability Elimination Period; and,

(c) The Employee is under the regular care and attention of a qualified Physician or relevant and certified specialist; and,

(d) The Employee is receiving required treatment for his or her condition; and,

(e) The Employee is suffering a loss of earnings from the Participating Employer as a result of the Disability during the Long Term Disability Benefit Payment Period; and,

(f) The Employee provides medical evidence which supports the Employee's inability to work. Such evidence may include periodic supplemental statements from the Employee's Physician; and,

(g) The Employee submits to independent medical examinations by a Physician selected by the Carrier if requested by the Carrier.

(h) While a long term disability claim is in progress at the beginning of a lay-off period, the benefit will continue to be paid. New Weekly Indemnity claims will not be deemed to commence until after lay-off ceases,

provided the disability still exists and, in the event of sickness, that the customary waiting period has been fulfilled since the date disability actually commenced. For the purposes of this provision, lay-off will be deemed to have ceased when the employee would have been entitled to recall had he not been disabled.

In the event that an Employee becomes Disabled while on unpaid Leave of Absence or layoff, the Long Term Disability Elimination Period will not commence until the Employee's scheduled return to work date.

In the event that an Employee becomes Disabled while on a strike or lock-out, the Long Term Disability Elimination Period will not commence until the end of the strike or lockout.

7.7 Fractional Months

An Employee is entitled to a monthly benefit payment for less than a whole month of Disability of one thirtieth ($1/30^{th}$) of the Employee's Monthly Benefit for each Day of Disability.

7.8 Benefit Payments

Payments are made monthly in arrears to Disabled Employees beginning at the end of the month of expiration of the Employee's Long Term Disability Elimination Period**.**

7.9 Long Term Disability Waiver of Premium

If an Employee becomes eligible to receive Long Term Disability benefits, the Carrier will waive the payment of Long Term Disability premiums for such Employee during the Long Term Disability Benefit Payment Period.

7.10 Continuation of Coverage During Long Term Disability

Basic Life Insurance and Accidental Death and Dismemberment will be continued for Employees eligible to receive Long Term Disability Benefits. Coverage will be provided through the Basic Life Insurance and Accidental Death and Dismemberment Waiver of Premium benefits as outlined in Articles 4.6 and 5.6. An Employee who qualifies for Long Term Disability Benefit Payments shall be covered for the Basic Life Insurance, Accidental Death and Dismemberment, Long Term Disability benefit coverage in force on the last day of the Long Term Disability Elimination Period.

7.10.1 Extended Health (including Out-of-Province Travel Plan) and Dental will be continued for Employees eligible to receive Long Term Disability Benefits. The coverage will be adjusted based on negotiated changes of the applicable collective agreement.

7.11 Limitations

No Benefit Payment is payable to an Employee for that part of a Long Term Disability Benefit Payment Period during:

(a) Which the Employee is not under the regular care and attention of a qualified Physician or relevant and certified specialist;

(b) Which the Employee is not receiving required treatment for his or her condition;

(c) Which the Employee is imprisoned in a penal institution or confined in a hospital, or similar institution, as a result of criminal proceedings;

(d) Any Leave of Absence (including maternity/parental leave) except for leaves as identified under Continuation of Coverage under Article 2.7);

(e) A strike, lockout or layoff, if the Disability begins on or after the strike, lockout or layoff begins;

(f) Which the Employee is absent from British Columbia without the approval of the Carrier;

(g) Which the Employee resides outside of Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period unless:

- the Employee has previously notified and received approval in writing from the Carrier;
- The Employee remains under the regular care of a Physician deemed appropriate by the carrier;
- Proof of ongoing disability can be determined on evidence satisfactory to the Carrier in English or French within 30 days of request; or,

(a) Which the Employee performs work for wages or in expectation of a profit without the approval of the Carrier.

7.12 Pre-Existing Conditions

A disability that results from an accident, illness, mental or nervous disorder for which the Employee received treatment or medical supplies within the ninety (90) day period prior to joining the Plan will not be covered unless the Employee has completed twelve (12) consecutive months of employment during which he was not absent from work from the aforementioned accident, sickness or mental disorder.

7.13 Exclusions

The Long Term Disability Benefit does not cover a Disability which results from:

(a) Participation in a riot or civil commotion;

(b) War, insurrection, rebellion or service in the armed forces of any country;

(c) Intentionally self-inflicted injuries*;*

(d) Participation in the commission of a criminal offence; or,

(e) An accident which occurs while the Employee is operating a motor vehicle and the blood contains more than 80 milligrams of alcohol in 100 millilitres of blood (.08%).

7.14 Benefits After Termination of an Employee's Coverage

A Disabled Employee's entitlement to Benefit Payments continues throughout his/her Initial and Recurrent Disability Periods even if the Long Term Disability Benefit is terminated after the beginning of his/her Long Term Disability Elimination Period.

In the event of Carrier termination, the Carrier underwriting the benefit on the date any Employee became Disabled will continue to be responsible for any initial and recurrent Long Term Disability claims applicable to such Employees, as long as all Carrier requirements are satisfied.

7.15 Reimbursement for Completion of Medical Forms

The Plan will provide reimbursement for the completion of medical forms as indicated in the appendices.

7.16 Appeal Process

The Carrier's appeal process will be used.

ARTICLE 8 — EXTENDED HEALTH AND OUT-OF-PROVINCE TRAVEL PLAN

8.1 Terms Defined

In this Article, including the applicable appendices and Exhibit II, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

(a) **Accidental Injury** means an injury caused by a direct external blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth.

(b) **Acute** means a medical condition having a sudden occurrence with severe symptoms and lasting less than 60 consecutive days from the date of diagnosis by a Physician, but does not include a condition due mainly to chronic illness or infirmity.

(c) **Benefit Amount** means the reimbursement payable upon satisfaction of all conditions of the Plan.

(d) **Benefit Review** means the Carrier's process by which they evaluate or revise the coverage criteria for health products, services and supplies and/or health treatment options; drugs; and dental supplies, dental treatment options, and/or dental products

(e) **Child or Children** mean a person(s) born to the Employee and/or Spouse or stepchild, legally adopted child, or legal ward, but not a foster child.

(f) **Chiropractor** means a person licensed to practice chiropractic in the jurisdiction where the service is rendered.

(g) **Compounded Drug** means a drug prepared in a pharmacy following the National Association of Pharmacy Regulatory Authorities for pharmacy compounding, and meeting eligibility criteria as determined by the Carrier.

(h) **Customary** means usual or traditional and well-established charges for products, services or supplies and/or the use of products, services or supplies during the course of treatment for a medical condition which do not exceed the level made by Providers in the area where the treatment is incurred for a medical condition comparable in nature and severity to that being treated, and within the same geographical area.

(i) **Deductible** means the portion of the Eligible Expenses the Employee must incur before the Carrier pays any benefit amount. If in any Calendar Year the Eligible Expenses incurred do not exceed the Deductible any portion incurred during the last three months of that

Calendar Year may be applied to the Deductible for the next Calendar Year.

(j) **Dentist** means a doctor of dentistry duly qualified and licensed to practice dentistry in the area where the services are provided and is acting within the scope of that license. Dentist may also mean dental specialist, denturist, or dental hygienist, depending on the services each may provide.

(k) **Dependent** means is actively enrolled under all applicable Government Plans and is:

- The Spouse of the Employee;
- Any unmarried Child under 21 years of age who is financially dependent on the Employee or Spouse and to any age if the unmarried Child is also in full-time attendance (in accordance with the respective academic calendar) at a recognized educational institute; or,
- Any unmarried handicapped Child of any age who is living with and is financially dependent on the Employee and/or Spouse and is incapable of self-sustaining employment. Handicap status is subject to approval by the Carrier. The Child must become handicapped while covered as a Dependent under this section;

The Employee must be prepared to prove that an individual claimed as a Dependent falls within these requirements.

(l) **Dispensing Fee** means a Pharmacy's fee for dispensing a prescription including professional and technical services as defined by the applicable provincial legislation

(m) **Eligible Drug** means a drug Health Canada has approved for specific indications and assigned a Drug Identification Number (DIN), and that has been approved following the Carrier review.

(n) **Eligible Expenses** means a charge for any service, supply and/or Eligible drug included in this Plan as a benefit that:

1) Subject to the Carrier's Benefit review, and in the Carrier's assessment is a Customary charge that is medically necessary for health care and maintenance, or to maintain or restore teeth; and
2) Was ordered or referred by a Physician, Dentist, or a Nurse practitioner, unless otherwise specified in the benefit description; and
3) Is not a cost normally paid, in whole or in part, or provided by a Government plan or any other Provider of health coverage; and
4) Was incurred while the Member or Dependent was covered under this Plan for the expense being claimed (an expense is "incurred" on the date the service is provided or the supply is received); and
5) Is provided by a Practitioner or Provider approved by the Carrier.

Eligible expenses consist of the expenses listed below:

- In-Province Eligible Expenses;

- Out-of-Province Non-Emergency Eligible Expenses;
- Out-of-Province Emergency Eligible Expenses; and
- Out-of-Province Travel Plan Eligible Expenses.

Eligible Expenses do not include any payment to a pharmacy or a Practitioner (demanded or received by balanced billing, extra billing, or extra charging) which represents an amount in excess of the schedule of costs prescribed by the Government Plan or in any Carrier agreement. Provincial/territorial plans low cost alternative and reference drug programs will not be applied unless specified by the Carrier.

(o) **Experimental** means not approved or broadly accepted and recognized by the Canadian medical profession as an effective, appropriate, and essential treatment of an illness or injury.

(p) **Fee Guide** means the Fee Schedule (and/or procedures) in use by the Carrier for Dentists, Dental Specialists, and Denturists that contains eligible dental services, financial limits, treatment frequencies, and fees in effect on the date the dental services are performed or where this is not available, means the Canadian provincial dental fee guide for Dentists, Dental Specialists, and Denturists that contains dental services and fees in effect on the date the dental services are performed.

(q) **Government Plan** means the health, drug, and dental benefit coverage that Canadian federal, provincial and territorial governments provide for their residents.

(r) **Hospital** means an institution that is licensed as an accredited hospital that is staffed and operated for the care and treatment of in-patients and out-patients. Treatment must be supervised by Physicians and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest, or nursing home, home for the aged or health spa. This also includes facilities in which the cost for drugs is a covered benefit under the patient's Government plan.

The chronic beds of a Hospital are not considered part of that Hospital.

(s) **Life-Sustaining non-prescription drugs** means drugs that are necessary to sustain life, do not legally require a prescription and that meet eligibility criteria as determined by the Carrier's Benefit review.

(t) **Markup** means the total of all amounts added to the manufacturer's list price, meaning the published price at which the drug is available for purchase from the manufacturer in the applicable province, and including any wholesale upcharge, retail markup, and any other amounts in excess of the manufacturer's list price.

(u) **Nurse Practitioner** means a person legally licensed, certified, or registered to deliver specific health care services, by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided and acting within the scope of that license. Where no such authority exists, the person has a certificate of competency from the professional provincial or national body, which establishes standards of competence and conduct for Nurse practitioners. This excludes a Nurse practitioner residing with or related to the Member or Dependent. The Carrier reserves the right to refuse the service, medical supply, or equipment from the Nurse practitioner based on ineligibility, or based on the Nurse practitioner's qualifications or conduct.

(v) **Pharmacist** means a person legally licensed, certified, or registered to practice pharmacy and/or dispense drugs, by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided and acting within the scope of that license. Where no such authority exists, the person has a certificate of competency from the professional provincial or national body, which establishes standards of competence and conduct for Pharmacists. This excludes a Pharmacist residing with or related to the Member or Dependent. The Carrier reserves the right to refuse the service, medical supply, or equipment from the Pharmacist based on ineligibility, or based on the Pharmacist's qualifications or conduct.

(m) **Physician** means a person legally licensed, certified or registered to practice medicine and/or surgery, by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided and acting within the scope of that license. Where no such authority exists, the person has a certificate of competency from the professional provincial or national body, which establishes standards of competence and conduct for Physicians. This excludes a Physician residing with or related to the Member or Dependent. The Carrier reserves the right to refuse the service, medical supply, or equipment from the Physician based on ineligibility, or based on the Physician's qualifications or conduct.

(o) **Practitioner** means a person legally licensed, certified, or registered to practice a profession by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided. Where no such authority exists, the person has a certificate of competency from the professional provincial or national body, which establishes standards of competence and conduct for that profession. and is acting within the scope of that license. This excludes a Practitioner residing with or related to the Member or Dependent. The Carrier reserves the right to refuse the service, medical supply, or equipment from the Practitioner based on ineligibility, or based on the Practitioner's qualifications or conduct.

(p) **Preferred Pharmacy** means a pharmacy that participates in the Carrier's preferred Provider network. A list of current participating pharmacies is available on our website: www.pac.bluecross.ca/member/.

(q) **Provider** means a person, group, or other entity currently licensed, certified, or registered to provide an eligible service, medical supply or equipment by the appropriate licensing, certification, or registration authority in the jurisdiction where the services or equipment are provided or, where no such authority exists, has a certificate of competency from the professional body which establishes standards of competence and conduct for the profession, and is acting within the scope of that license. This excludes a Provider related to or residing with the Member of Dependent. The Carrier reserves the right to refuse the service, medical supply or equipment from the Provider based on ineligibility, or based on the Provider's qualifications or conduct.

(p)**Spouse** means:

- The person legally married to the Employee; or
- A person who has been residing with the Employee in a common-law relationship for at least 12 months and who is publicly represented as the Employee's spouse.

Only one Spouse is eligible for coverage under the Plan at any one time.

8.2 Reimbursement Level

The reimbursement percentages are outlined in the appendices for:

(a) In-Province Eligible Expenses.
(b) Out-of-Province Non-Emergency Eligible Expenses.
(c) Out-of-Province Emergency Eligible Expenses.
(d) Out-of-Province Travel Plan Eligible Expenses.

8.2.1 After $1,000 has been paid for a person for Eligible Expenses paid in a Calendar Year (except for Out–of Province Eligible Expenses), further

Eligible Expenses, submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

8.3 Deductible

There is a per Calendar Year per Employee or Employee's family deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses. If in any Calendar Year the Eligible Expenses incurred do not exceed the deductible amount, the Carrier shall apply the Eligible Expenses incurred during the last three months of that Calendar Year to the Deductible for the next Calendar Year.

8.4 Plan Maximum

Benefits payable to an Employee or a Dependent pursuant to this Article are subject to a per person maximum outlined in the appendices. Out-of-Province Travel Plan paid claims do not count towards this maximum.

8.4.1 Reinstatement of all or part of the lifetime maximum shall be considered only when satisfactory evidence of complete recovery and return to good health is provided.

8.5 In-Province Eligible Expenses

Subject to this Article, an Employee or his or her Dependent will be reimbursed based on the level identified under Reimbursement Levels in the appendices for Eligible Expenses. The Eligible Expense will be limited to a Customary Charge as determined by the Carrier. All In-Province Eligible Expenses shall be equitable to those in the standard plan provided by Pacific Blue Cross. The current list of eligible expenses is listed in Exhibit II.

8.6 Out-of-Province Non-Emergency Eligible Expenses

All Out-of-Province Non-Emergency Eligible Expenses shall be equitable to those in the standard plan provided by Pacific Blue Cross. The current list of Eligible Expenses is listed in Exhibit II.

8.7 Out-of-Province Emergency Eligible Expenses

All Out-of-Province Emergency Eligible Expenses shall be equitable to those in the standard plan provided by Pacific Blue Cross. The current list of Eligible Expenses is listed in Exhibit II.

8.8 Emergency Travel Assistance

In emergencies which occur while an Employee or Dependent is travelling, the Carrier will co-ordinate a limited number of services (as outlined by the Carrier) which include but are not limited to locating medical care, obtaining consultation regarding medical care and arranging for medical evacuations.

8.9 Out-of-Province Travel Plan Eligible Expenses

When in the opinion of the attending Physician and attending specialist a medical procedure is required that is not available in BC, and is one for which the Medical Services Plan of B.C. will accept financial responsibility, the cost of travel and accommodation to the limits specified below will be paid for by the Plan. Where the attending Physician specifies that an attendant is required, the travel and accommodation expenses for such person will be paid to the limit specified. The maximum limit under any one claim will be the return economy airfare or equivalent for the patient and attendant, plus accommodation expenses.

8.9.1 This benefit will not stack on top of or duplicate existing provisions under local medical travel referral plans or Government Plans.

8.10 Continuation of Coverage

Extended Health and Out-of-Province Travel Plan will be continued for Employees eligible to receive Long Term Disability Benefits. The coverage will be adjusted based on negotiated changes of the applicable Collective Agreement.

8.11 Exclusions

All exclusions shall be equitable to those in the standard plan provided by Pacific Blue Cross and may change. The current exclusions are listed in Exhibit II.

8.12 Co-ordinating Benefits

If an Employee or Dependent is also covered under the Spouse's plan (even if coverage is also under this Plan) or under any other group plan which provides similar benefits, payment will be coordinated and/or reduced to the extent that benefits payable from all plans will not exceed 100% of the Eligible Expenses. The process by which a Carrier will co-ordinate the benefits is prescribed in the Canadian Life and Health Insurance Association (CLHIA) guidelines.

8.13 Survivor Benefit Coverage

Survivor benefit coverage will be provided by the Plan as outlined in the appendices.

8.14 Integration With Government Plans

Extended Health benefits are intended to supplement and not overlap benefits under Government Plans. Employees and Dependents are required, as a condition of coverage, to take all reasonable steps to qualify for and obtain the fullest extent of coverage, benefits, contribution or reimbursement available under all applicable Government plans. The Carrier will make payment only where permitted by provincial legislation or other applicable law.

ARTICLE 9 - DENTAL

9.1 Terms Defined

In this Article, including the applicable appendices and Exhibit I, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

(a) **Child or Children** mean a person(s) born to the Employee and/or Spouse or a stepchild, legally adopted child, or legal ward, but not a foster child.

(b) **Dental Specialist** means a denturist who practices in one of the following specialties: oral and maxillofacial surgery; endodontics; pediatric dentistry; periodontics; oral medicine; and prosthodontics.

(c) **Dentist** means a doctor of dentistry duly qualified and licensed to practice dentistry in the area where the services are provided and is acting within the scope of that license. Dentist may also mean dental specialist, denturist, or dental hygienist, depending on the services each may provide.

(d) **Dependent** means is actively enrolled under the Government Plan and is:

- The Spouse of the Employee;
- Any unmarried Child under 21 years of age who is financially dependent on the Employee or Spouse and to any age if the unmarried Child is also in full-time attendance (in accordance with the respective academic calendar) at a recognized educational institute; or,
- Any unmarried handicapped Child of any age who is living with and is financially dependent on the Employee and/or Spouse and is incapable of self-sustaining employment. Handicap status is subject to approval by the Carrier. The Child must become handicapped while covered as a Dependent under this section.

The Employee must be prepared to prove that an individual claimed as a Dependent falls within these requirements.

(e) **Fee Guide** means the Fee Schedule and/or list of procedures in use by the Carrier for Dentists, Dental Specialists, and Denturists that contains eligible dental services, financial limits, treatment frequencies, and fees in effect on the date the dental services are performed or where this is not available, means the Canadian provincial dental fee guide for Dentists, Dental Specialists, and Denturists that contains dental services and fees in effect on the date the dental services are performed.

(f) **Government Plan** means any generally available plan, program, or arrangement under the administrative control, supervision or regulatory

power of any government or government-related entity which is in effect in the Canadian province or territory where the Employee or Dependent ordinarily reside, and which provides coverage, contribution or reimbursement for:

- Basic medical or hospital services, facilities or therapies;
- Medical aids, materials, supplies, implements, devices or equipment; or,
- Prescription or non-prescription drugs, medicines or vaccines,

and includes, without limitation, the Medical Services Plan of British Columbia and the Fair PharmaCare Program of British Columbia.

(g) **Spouse** means:

- The person legally married to the Employee; or
- A person who has been residing with the Employee in a common-law relationship for at least 12 months and who is publicly represented as the Employee's spouse.

Only one Spouse is eligible for coverage under the Plan at any one time.

9.2 Waiting Period

Employees and Dependents are not eligible for benefits to be payable for Orthodontic Services until the Employee has been covered under Dental for 12 consecutive months.

9.3 Eligible Expenses

Eligible Expenses consist of the expenses covered by the Carrier and may change over time. The current list of eligible expenses is in Exhibit I.

Eligible expenses must:

- In the Carrier's assessment be a Customary Charge medically necessary for health care and maintenance, or to maintain and restore teeth; and
- Be ordered by a Physician, Dentist, or Primary healthcare nurse practitioner (PHCPN), unless noted otherwise in this document; and
- Not be a cost normally paid (in whole or in part) or provided by any Government Plans or any other provider of health coverage; and
- Be incurred while the Employee or Dependent is covered under the Plan for the expense being claimed. An expense is "incurred" on the date the service is provided or the supply is received.
- Is provided by a Practitioner or Provider approved by the Carrier.

9.4 Reimbursement Level

The benefit payable is determined by the reimbursement percentages for the Dental Plan stated in the appendices.

9.5 Benefit Maximum

Benefits payable to an Employee or a Dependent pursuant to this Article are subject to the maximums listed in the appendices.

9.6 Pre-authorisation

To claim orthodontic benefits, the Carrier must receive and approve:

(a) A treatment plan (completed by the Dentist) before treatment starts; and,
(b) Photocopies of receipts monthly, as treatment progresses (receipts are not to be held until completion of treatment).

9.7 Continuation of Coverage

Dental will be continued for Employees eligible to receive Long Term Disability Benefits. The coverage will be adjusted based on negotiated changes of the applicable Collective Agreement.

9.8 Exclusions

Exclusions are determined by the Carrier and may change over time. The current Exclusions are outlined in Exhibit I.

9.9 Dental Specialists

If referred to a Dental Specialist, the Eligible Expense will be determined by the Carrier. The current basis is included in Exhibit I.

9.10 Out-of-Province Claims

Eligible Expenses will be covered when provided by a Dentist, Dental Specialist, or Denturist in an emergency, while an Employee or Dependent is travelling outside his or her province of residence. Payment will be based on the Fee Guide as determined by the Carrier.

9.11 Lower Cost Alternative Treatment

Where other material would suffice (for Plan B – Major Services,) the patient will be responsible for the difference between the cost of the chosen material and the cost of alternative material.

9.12 Co-ordinating Benefits

If an Employee or Dependent is also covered under the Spouse's plan (even if coverage is also under this Plan) or under any other group plan which provides similar benefits, payment will be coordinated and/or reduced to the extent that benefits payable from all plans will not exceed 100% of the eligible expenses. The process by which a Carrier will coordinate benefits is prescribed in the Canadian Life and Health Insurance Association (CLHIA) guidelines.

9.13 Survivor Benefit Coverage

Survivor benefit coverage will be provided by the Plan as outlined in the appendices.

9.14 Integration with Government Plans

Dental benefits are intended to supplement and not overlap benefits under Government Plans. Employees and Dependents are required, as a condition of coverage, to take all reasonable steps to qualify for and obtain the fullest extent of coverage, benefits, contribution or reimbursement available under all applicable Government plans. The Carrier will make payment only where permitted by provincial legislation or other applicable law.

EXHIBIT I – CURRENT DENTAL COVERAGE DETAILS (AS PROVIDED UNDER THE PLAN BY PACIFIC BLUE CROSS AT JULY 2013)

Plan A – Basic Services – Eligible Expenses

Services for the care and maintenance of teeth (subject to the Carrier's frequency limits), including procedures to restore teeth to natural or normal function. Broken dentures may be repaired under this Plan but no benefit is payable for the replacement of lost, broken or stolen dentures. Eligible Expenses per person include, but are not limited to the following:

Diagnostic services:

(a) Standard and specific oral exams; and

(b) X-rays including panoramic x-rays.

Preventative services:

(a) Scaling, polishing and fluoride treatment;

(b) Fixed space maintainers; and,

(c) Pit and fissure sealant

Restorative services:

(a) Amalgam fillings;

(b) Composite fillings on all teeth effective date of mill ratification in 2017);

(c) Stainless steel crowns on primary and permanent teeth; and,

(d) Inlays and onlays (only one inlay, onlay, involving the same tooth will be covered in a five year period).

Endodontics:

The treatment of disease of the pulp chamber and pulp canal (including, but not limited to basic root canals).

Periodontics:

The treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth (including occlusal adjustment and recontouring, gingival curettage, osseous surgery and root planing), but excluding grafts.

Prosthetic repairs:

(a) Removal, repairs and recementation of fixed appliances;

(b) Rebase and reline of removable appliances; and,

(c) Tissue conditioning.

Surgical services:

(a) Extractions

(b) Other routine oral surgical procedures; and,

(c) Anaesthesia in conjunction with surgery.

Plan B – Major Services – Eligible Expenses

Services for the replacement of missing teeth or for reconstruction of teeth where basic restorative methods cannot be used satisfactorily.

Eligible expenses per person include, but are not limited to:

(a) Prosthodontic services (removable dentures – complete or partial upper and lower dentures, fixed bridges);
(b) Restorative services (veneers, crowns and related services);
(c) Periodontal appliance (bruxing guards).

Plan C – Orthodontic Services – Eligible Expenses

Services provided to maintain, restore or establish a functional alignment of the upper and lower teeth.

Orthodontia services performed if the Employee's coverage terminates, and the Plan has commenced Plan C benefit payments prior to the Employee's date of termination, such benefits will continue to be paid up to, but not exceeding, the amount that would have been paid in the 12 month period immediately following the date of termination had the coverage remained in force during such period.

Exclusions

The following are not Eligible Expenses at July 2013:

(a) Charges for broken appointments, oral hygiene or nutritional instruction, completion of forms, written reports, communication costs, or charges for translating documents into English.
(b) Procedures performed for congenital malformations or for purely cosmetic reasons.
(c) Charges for drugs, pantographic tracings, and grafts.
(d) Charges for implants, and/or services performed in conjunction with implants, except as indicated in the Carrier's Fee Guide.
(e) Anaesthesia, except as indicated, and charges for facilities, equipment and supplies.
(f) Charges for services related to the functioning or structure of the jaw, jaw muscles, or temporomandibular joint.
(g) Incomplete or temporary procedures.
(h) Recent duplication of services by the same or different Dentist/Dental Specialist/Denturist.
(i) Any extra procedure which would normally be included in the basic service performed.

(j) Items not listed in the Carrier's applicable Fee Guide, and fees in excess thereof.

(k) Services or items which would not normally be provided, or for which no charge would be made, in the absence of Dental coverage.

(l) Any other item not specifically included as an Eligible Expense.

(m) Travel expenses incurred to obtain dental treatment.

(n) The replacement of lost, broken or stolen dentures under Plan B.

(o) Any portion of an expense for which and Employee or Dependent is entitled to reimbursement under any other group or individual benefit plan or insurance policy or due to the legal liability of any other party.

(p) False pretences or fraudulent misrepresentation.

(q) Any expenses resulting directly or indirectly from, or in any manner or degree associated with, any of the following:

- Intentional self-inflicted injury, while sane or insane, war, whether declared or undeclared, or any act of war, or participation in a riot, insurrection, or civil commotion;
- Active duty in the military forces of any nation or international organization, or in any civilian non-combatant unit which serves with such forces in combat;
- A direct or indirect attempt at, or commission of, an indictable offence under the Criminal Code of Canada or similar law of any other country;
- Any injury, illness, or condition for which care is provided or available without cost by public authorities or by a tax-supported agency, including preventive treatment and services available under any Workers' Compensation Act or similar plan.

Dental Specialist

At December 2003, the Fee Guide amount plus 10% will be considered the Eligible Expense, subject to the Carrier's other restrictions.

EXHIBIT II – CURRENT EXTENDED HEALTH COVERAGE DETAILS (AS PROVIDED UNDER THE PLAN BY PACIFIC BLUE CROSS AT JULY 2013)

In-Province Eligible Expenses

Drugs: charges for an Eligible expense in a quantity considered reasonable, and as approved by the Carrier's Benefit review process, and:

(a) Which are dispensed by a Pharmacist, a Physician, Dentist, or a Nurse Practitioner legally licensed, certified, or registered to practice by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided and acting within the scope of that license, including:

- Life-sustaining non-prescription drugs
- Insulin preparations, diabetic test strips, lancets, needles, and syringes for diabetes management;
- Injectable Vitamin B12 for the treatment of pernicious anaemia;
- Allergy serums when administered by a Physician; or

(b) Which legally require a prescription from a Provider legally authorized to do so, including:

- Compounded drugs.

Anti-obesity drugs.

Specific high cost BC PharmaCare limited coverage drugs are identified by the Carrier as the Special Authority Enforcement list. The Carrier will reject claims for a drug on this list until confirmation of BC PharmaCare's Special Authority decision for the drug is received. Once the BC PharmaCare decision (approved or declined) is on file with the Carrier, it will be considered as eligible based on BC PharmaCare decision:

- If BC PharmaCare approval is confirmed, the approval period determined by BC PharmaCare, or
- If the BC PharmaCare decision is to decline, and if the request otherwise meets the Carrier's definition of an Eligible drug, the approval period as determined by the Carrier.

Hospital accommodation:

(a) The additional charge for semi-private or private accommodation in a Hospital or extended care unit of a Hospital.

(b) The coinsurance charge of the extended care unit of a Hospital to a maximum of $8.50 per day.

Emergency ambulance services:

(a) Licensed ambulance service to and from the nearest Canadian hospital equipped to provide the type of care essential to the patient.

(b) Air transport will be covered when time is critical and the patient's physical condition prevents the use of another means of transport.

(c) Emergency transport from one hospital to another, only when the original Hospital has inadequate facilities.

(d) Charges for an attendant when medically necessary.

Professional services of Practitioners: those Practitioners listed in the Appendices to the maximum amounts indicated, but excluding appliances and tray fees. These services do not require referral by a Physician.

Private duty care by a registered nurse: for a person with an acute condition in a Hospital in the patient's province of residence, based on the Schedule of Fees of the Registered Nurses' Association of that province, to a maximum of 720 hours in a Calendar Year. The services of a private duty nurse require referral by a Physician.

Dental treatment charges by a Dentist: which is required, performed, and completed within 52 weeks after an Accidental Injury which occurred while covered under this Plan, for the repair or replacement of natural teeth or prosthetics. Payment is based on the current Fee Guide as established by the Carrier. No payment will be made for temporary, duplicate, or incomplete procedures, or for correcting unsuccessful procedures.

Medical aids and supplies:

(a) Oxygen;

(b) Ostomy and Ileostomy supplies;

(c) Walkers, canes and cane tips, crutches, casts, and trusses;

(d) Splints and collars (but not elastic or foam supports), rigid support braces and permanent prostheses (artificial eyes, limbs, larynxes, and mastectomy forms) when prescribed by a Physician, physiotherapist, or chiropractor as medically necessary after diagnosis of the patient. Myoelectrical limbs are excluded, but the Plan will pay the equivalent of a standard prostheses;

(e) Charges for mastectomy brassieres and stump socks as outlined in the Appendices;

(f) Wigs and hairpieces required as a result of medical treatment, injury, alopecia areata, alopecia universalis or alopecia totalis to a lifetime maximum outlined in the Appendices;

(g) When prescribed by a Physician, podiatrist or chiropractor as medically necessary after diagnosis of the patient, custom made orthopedic shoes (including repairs) and modifications to stock item footwear to maximum outlined in the Appendices.

(h) When prescribed by a Physician, podiatrist, chiropractor or physiotherapist as medically necessary after diagnosis (including an in person biomechanical assessment) of the patient, custom made orthotics to the maximum outlined in the Appendices may be covered depending on the Participating Employer;

(i) Hearing aids (including or excluding batteries, recharging devices, or other such accessories depending on the Participating Employer) and repairs per Dependent Child only to a maximum listed in the Appendices.

Standard durable medical equipment: Charges when rented from a medical supplier. If unavailable on a rental basis or required for a disability of a long term nature, purchase of these items from a provider may be considered. The Carrier retains the right to determine whether the patient will rent or purchase the equipment prescribed by the attending Physician. Reimbursement will in no case exceed the total purchase price of similar equipment.

The Carrier may also request trade-in or return of replaced equipment. Repairs to purchased items are covered. Replacement is covered only when the item can no longer be made functional.

Standard durable equipment includes:

(a) Manual wheelchairs, manual type hospital beds, and necessary accessories – electric wheelchairs and hospital beds will be covered only when the patient is incapable of operating the manual equivalent, otherwise the Plan will pay the manual equivalent;

(b) Medical monitors including heart and blood glucose monitors, and cardiac screeners;

(c) Continuous glucose monitors and supplies to a maximum of $2,000 in a calendar year period and blood glucose monitors;

(d) Speech processors and headsets when prescribed for profound deafness subject to a 5 calendar year period;

(e) Bi-osteogen systems (when recommended by an orthopaedic surgeon) and growth guidance systems;

(f) Breathing machines and appliances including respirators, compressors, percussors, suction pump, oxygen cylinders, masks, regulators;

(g) Insulin infusion pumps for diabetics – when basic methods are not feasible;

(h) Transcutaneous electric nerve stimulators (TENS) when prescribed for intractable pain;

(i) Transcutaneous electric muscle stimulators (TEMS) required when, due to an injury or illness, all muscle tone has been lost.

The Carrier's pre-authorization is required for expenses in excess of $5,000.

Vision care: Charges for the following when prescribed or performed by a Physician or legally authorized optical provider to a maximum outlined in the Appendices:

(a) Purchase and/or repair of eyewear and charges for contact lens fittings;

(b) Routine eye exam, where noted by the Participating Employer

Except as noted by the Participating Employer, safety eyewear and sunglasses (plain or prescription) are not covered.

Out-of-Province Non-Emergency Eligible Expenses

The Plan will reimburse Non-Emergency Eligible Expenses incurred out-of-province as if these expenses were incurred in the person's province of residence, subject to the in-province maximums. The Plan will not reimburse any expenses payable or provided under the Government Plan.

Out-of-Province Emergency Eligible Expenses

While an Employee or Dependent is travelling (or attending school on a full-time basis and coverage under the Government Plan is maintained*)* outside their normal province of residence, benefits are payable according to the Carrier's standard out-of-province emergency coverage and limitations. This includes, but is not limited to local ambulance services, hospital room charges, services of a Physician and prescription drugs.

Exclusions

Except as provided for in the Plan, the following are not Eligible Expenses at July 2013:

(a) Except as specifically provided in this Plan; Dentures or dental treatments; hearing aids, eyeglasses, contact lenses, surgical lens implants, or examinations for the prescription or fitting of any of these; x-rays; Hospital coinsurance, support stockings; orthotics; arch supports; continuous glucose monitors and supplies, transportation charges incurred for elective treatment and/or diagnostic procedures or for health examinations of any kind.

(b) Charges for the rental of a telephone, television, or similar equipment in a hospital.

(c) Except as specified under Eligible expenses, we pay no drug expenses for:

I. Food replacements, food supplements, and infant foods

II. Administrative charges for injectable medications or infusions

III. Drugs, related preparations, treatments, and services administered during treatment in an emergency room of a Hospital, or as an in-patient in a Hospital, or as an out-patient in a Hospital

IV. Drugs, related preparations, treatments, and services administered in a government-funded clinic or treatment facility

V. General anaesthetic, drugs not approved for sale and distribution in Canada, or medications available without a prescription, or any drug included as a benefit unless approved by the Carrier's Benefit review process

VI. Any expenses identified as exclusions under the Extended Health Care Benefit

(d) Personal comfort items, items purchased for athletic use, air humidifiers and purifiers, services of Victorian Order of Nurses or graduate or licensed practical nurses, services of religious or spiritual healers, occupational therapy, services and supplies for cosmetic, or Experimental purposes, public ward accommodation, rest cures, and medical laboratory tests.

(e) Except as specifically provided in this Plan: charges for completion of forms or written reports, communication costs, delivery and mailing or handling charges, interest or late payment charges, non-sharable or capital costs levied by local hospitals, or charges for translating documents into English.

(f) Professional services of Physicians, Dentists, or Nurse practitioners, or any person who renders a professional health service in the patient's province/territory of residence, except as expressly provided in this Plan Text

(g) Any payment to a pharmacy, a Practitioner, Physician, Dentist, or Nurse practitioner (demanded or received by balance billing, extra billing or extra charging) which represents an amount in excess of the schedule of cost prescribed by the Government plan

(h) That portion of a claim normally covered by a Government Plan which has been refused on the basis that the claim was not submitted within the Government plan's time limits.

(i) Out-of-province/territory expenses incurred due to elective treatment and/or diagnostic procedures, or complications related to such treatment.

(j) Out-of-province/territory expenses incurred due to therapeutic abortion, childbirth, or complications of pregnancy occurring within 2 months of the expected delivery date.

(k) Charges incurred outside the province/territory of residence for continuous or routine medical care normally covered by the Government Plan in the person's province/territory of residence.

(l) Expenses of a Dependent hospitalized at the time of enrolment.

(m) Services performed by a Pharmacist, Physician, Dentist, or a Nurse Practitioner, who is related to or residing with the Member or Dependent.

(n) Services, medical supplies or equipment rendered by a Provider or Practitioner not approved by the Carrier

(o) Fees for ambulance services when an ambulance is called but not used.

(p) Ambulance charges for work related illness or injury assessed by Workers' Compensation Board to be the Employer's responsibility.

(q) Retroactive coverage and payment of any expense, including drugs that receive special authorization from provincial/territorial plans.

(r) Any other item not specifically included under benefits.

(s) Legal cannabis, in any form, as defined by Health Canada unless a DIN is assigned to it.

(t) Any expenses resulting directly or indirectly from, or in any manner or degree associated with, any of the following:

- War, whether declared or undeclared, or any act of war, or participation in a riot, insurrection, or civil commotion
- Suicide or any self-inflicted injury, whether international or unintentional, sustained while travelling outside the normal province/territory of residence ;
- Active duty in the military forces of any nation or international organization, or in any civilian non-combatant unit which serves with such forces in combat;
- A direct or indirect attempt at, or commission of, an indictable offence under the Criminal Code of Canada or similar law of any other country;
- False pretences or fraudulent misrepresentation; and
- Any injury, illness, or condition for which care is provided or available without cost by public authorities or by a tax-supported agency, including preventive

treatment and services available under any Workers' Compensation Act or similar plan.

EXHIBIT III – CURRENT ACCIDENTAL DEATH AND DISMEMBERMENT SCHEDULE OF LOSSES AND ANCILLARY BENEFITS (AS PROVIDED UNDER THE PLAN BY AIG CANADA INSURANCE COMPANY AT JANUARY 1, 2015)

Schedule of Losses

The Carrier shall pay the amount specified in the Table of Losses, if an Employee sustains a Loss stated therein resulting from Injury, provided that:

(a) such Loss occurs within three hundred and sixty-five (365) days after the date of accident causing such Loss;

(b) the amount of the benefit payable for any such Loss shall be the amount set out in the Table of Losses, for that specific Loss; and

Covered Loss*	**% Principal Sum**
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and the Entire Sight of One Eye	100%
Loss of One Foot and the Entire Sight of One Eye	100%
Loss of One Arm or One Leg	80%
Loss of One Hand or One Foot	75%
Loss of The Entire Sight of One Eye	75%
Loss of Thumb and Index Finger of the Same Hand	33 1/3%
Loss of Speech and Hearing The Principal Sum	100%
Loss of Speech or Hearing	75%
Loss of Hearing in One Ear	66 2/3%
Loss of Four Fingers of One Hand	33 1/3%
Loss of All Toes of One Foot	25%
Loss of Use of Both Arms or Both Hands	200%
Loss of Use of One Hand or One Foot	75%
Loss of Use of One Arm or One Leg	80%
Quadriplegia (total paralysis of both upper and lower limbs)	200%
Paraplegia (total paralysis of both lower limbs)	200%
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	200%

* Note: Covered Loss is defined in Article 5.1.

Ancillary Benefits

The current Accidental Death and Dismemberment policy includes the following ancillary benefits:

(a) **Rehabilitation Benefit** – If an Employee suffers Injury resulting in a Loss (other than Loss of Life) for which the Carrier has paid a benefit set out in the Table of Losses, the Carrier shall pay the reasonable and necessary expenses actually incurred for the occupational training of the Employee, provided that:

(a) such training is required because of such Injury and in order for the Employee to be qualified to engage in an occupation in which he or she would not have been engaged except for having suffered such Injury;

(b) the training expenses are incurred within two (2) years from the date of the accident causing such Injury; and

(c) no payment shall be made for ordinary living, travelling or clothing expenses.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is fifteen thousand dollars ($15,000.00) per Employee.

(b) **Family Transportation Benefit** - If an Employee suffers Injury resulting in a Loss (other than Loss of Life) set out in the Table of Losses and if such Loss requires that the Employee be confined to a Hospital located more than one hundred (100) kilometres from his or her permanent place of residence, the Carrier shall pay the reasonable and necessary expenses actually incurred for the transportation of one (1) Immediate Family member to such Hospital. This benefit is only payable if:

(a) confinement to Hospital occurs within three hundred and sixty-five (365) days of the accident causing Injury; and

(b) reimbursement of expenses are limited to the cost of one (1) economy class return airfare via the most direct route, or the equivalent amount toward another type of common carrier transportation for such Immediate Family member.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is fifteen thousand dollars ($15,000.00) per Employee.

(c) **Home Alteration and Vehicle Modification Benefit** – If an Employee suffers Injury resulting in a Loss (other than Loss of Life) for which the Carrier has paid a benefit set out in the Table of Losses and which Loss results in and necessitates the use of a wheelchair in order for the Employee to be ambulatory, the Carrier shall pay the reasonable and necessary expenses actually incurred for:

(a) the one-time cost of alterations to the injured Employee's residence to make the residence wheel-chair accessible and habitable; and

(b) the lesser of:

i) the one-time cost of modifications necessary to a motor vehicle, owned by the injured Employee, to make the vehicle accessible or drivable for the Employee; and

ii) the one-time cost to purchase a wheelchair accessible specially modified vehicle, with the prior approval of the Carrier.

This benefit is payable only if:

(a) home alterations are made on behalf of the Employee and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheel-chair users; and

(b) vehicle modifications are made on behalf of the Employee and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities in the Employee's province of residence.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is fifteen thousand dollars ($15,000.00) per Employee.

(d) **Workplace Modification and Accommodation Benefits -** If an Employee suffers Injury resulting in a Loss (other than Loss of Life) for which the Carrier has paid a benefit set out in the Table of Losses and which Loss results in and necessitates the use of special adaptive equipment and/or workplace modification in order to reasonably accommodate the Employee's return to active full-time work with his or her Employer, the Carrier shall pay to the Employee's Employer, upon the Employee's return to active full-time work with the Participating Employer, the reasonable and necessary expenses actually incurred by the Participating Employer for such adaptive equipment and/or workplace modification provided:

a) the Participating Employer agrees in writing with the Carrier to provide the special adaptive equipment and/or make modifications to the workplace for the purpose of making it accessible and adaptable to the needs of such Employee;

b) the Participating Employer acknowledges in writing to the Carrier that the performance of the essential duties of such Employee's job may be altered;

c) the proposed special adaptive equipment and/or workplace modification have been approved in advance of an expense being incurred by the Participating Employer for such equipment or modification.

The Carrier shall be afforded the opportunity to examine the Employee to evaluate the appropriateness of the proposed modifications.

This benefit is payable only once in connection with Injuries and Losses suffered by any one (1) Employee, regardless of the number of policies, providing coverage for a workplace modification and accommodation benefit, that may be issued by the Carrier to the Policyholder or the Participating Employer.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is five thousand dollars ($5,000.00) for each Employee.

(e) **Psychological Therapy -** If an Employee sustains Injury which results in a Loss payable under the Table of Losses other than Loss of Life, and subsequently as a result of such Injury and Loss, the Employee requires, within two (2) years from the date of such Injury,

Psychological Therapy as prescribed by a Physician, the Carrier will pay the reasonable and customary expenses for Psychological Therapy.

"Reasonable and Customary" means the lesser of:

(a) the usual charge made by Physicians or other health care providers for a given service or supply; or

(b) the charge determined to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished; or

(c) the amount negotiated by the Carrier and the health care provider.

"Psychological Therapy" means treatment or counselling by a therapist or counsellor, who is licensed, registered, or certified to provide such treatment, whether such treatment is on an out-patient basis or provided while a patient at a medical facility licensed to provide such treatment.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident per Employee is five thousand dollars ($5,000.00).

(f) **In hospital benefit -** If an Employee suffers Injury resulting in a Loss (other than Loss of Life) for which the Carrier has paid a benefit set out in the Table of Losses, and as a consequence of such Loss the Employee is, pursuant to the instructions of a Physician, confined to a Hospital for more than five (5) consecutive overnight stays, the Carrier will pay:

(a) for a period of confinement in Hospital of more than thirty (30) consecutive overnight stays, 1% of the Employee's Principal Sum; or

(b) for a period of confinement of thirty (30) consecutive overnight stays or less, one thirtieth (1/30) of the amount determined in accordance with Section 1.1(a) for each overnight stay in Hospital.

The Carrier will pay this benefit monthly, retroactive to the first (1st) overnight stay of confinement in Hospital.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident per Employee is two thousand five hundred dollars ($2,500.00) per month.

Benefits are not payable for more than a total of twelve (12) months of confinement for any one (1) accident causing Injury.
Successive periods of confinement to Hospital for Injury resulting from the same accident, if separated by a period of less than three (3) months, are considered one (1) period of confinement to Hospital for the purposes of calculating this benefit.

(g) **Spousal Educational Benefit** – If an Employee suffers Injury resulting in Loss of Life, for which the Carrier has paid the benefit set out in the Table of Losses, the Carrier will pay to the Employee's Spouse the actual cost incurred for a professional or trades training program in which such Spouse enrolls for the purpose of obtaining an independent source

of support and maintenance provided such cost is incurred not later than thirty (30) months after the Employee's Loss of Life.

The maximum amount payable for this benefit is fifteen thousand dollars ($15,000.00) per Employee.

(h) **Dependent Child Education Benefit** - If an Employee suffers Injury resulting in Loss of Life, for which the Carrier has paid the benefit set out in the Table of Losses, the Carrier will reimburse the annual tuition, not including room and board, charged by an Institution of Higher Learning per school year for each Dependent Child of such Employee up to the lesser of the following amounts:

a) five thousand dollars ($5,000.00) per school year; or
b) 5% of such Employee's Principal Sum.

This benefit is payable annually up to a maximum of four (4) consecutive payments per Dependent Child:

(a) only for such Dependent Child who is, at the time of such Employee's Loss of Life, enrolled as a full-time student in an Institution of Higher Learning beyond the twelfth (12^{th}) grade level; and
(b) only while such Dependent Child continues his or her continuous enrollment in an Institution of Higher Learning.

The Carrier will reimburse the person who has incurred the actual tuition expenses

(I) Repatriation Benefit – If an Employee suffers Injury causing Loss of Life and:

(a) such Loss of Life occurs more than fifty (50) kilometres from his or her permanent city of residence; and
(b) such Loss of Life occurs within three hundred and sixty-five (365) days of the date of the accident causing the Injury,

the Carrier shall pay the actual expenses incurred for preparing the deceased Employee for burial or cremation and shipment of the body to the city of residence of the deceased Employee.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is fifteen thousand dollars ($15,000.00) per Employee.

(j) **Seat Belt Benefit** – If an Employee suffers Injury resulting in Loss of Life for which the Carrier has paid a benefit set out in the Table of Losses, the Carrier shall pay an additional amount equal to 10% of the Employee's Principal Sum if Injury causing the Loss of Life results while he or she is a passenger or driver of a Private Passenger Type Automobile and his or 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.

The maximum amount payable for this benefit is fifty thousand dollars ($50,000.00) per Employee.

(k) **Identification Benefit** – If an Employee suffers Injury causing Loss of Life for which a benefit is paid or payable hereunder and the Employee's body requires identification, the Carrier will pay to one Immediate Family member of the Employee, the reasonable and necessary expenses actually incurred by such Immediate Family member for:

a) commercial lodging and board while en route and/or during the stay in the city or town where the body is located (not to exceed a maximum duration of three (3) consecutive nights); and
b) transportation by the most direct route to such location.

This benefit is payable by the Carrier only if the body of the Employee is located not less than one hundred and fifty (150) kilometres from the said Immediate Family member's normal place of residence and the identification of the body is requested by the police or a similar law enforcement agency having authority over such matters.

Payment will not be made for ordinary living, travelling or clothing expenses, other than as specifically stated above. If transportation occurs in a vehicle or device other than one (1) operated under the license for the conveyance of passengers for hire, the reimbursement of transportation expenses will be limited to a maximum of twenty cents ($0.20) per kilometre traveled.

This benefit is payable only once in connection with Injuries and Losses suffered by any one (1) Employee, regardless of the number of policies providing coverage for this benefit for such Employee, that may be issued by the Carrier.

The maximum amount payable for this benefit is five thousand dollars ($5,000.00) per Employee.

(l) **Day care Benefit** - If an Employee suffers Injury resulting in Loss of Life for which the Carrier has paid the benefit set out in the Table of Losses, the Carrier will pay to the legal guardian of any surviving Dependent Child of the Employee, an amount equal to the lesser of the following:

(a) the actual annual cost charged by a commercial and licensed day care centre; or
(b) 5% of the Employee's Principal Sum; or
(c) five thousand dollars ($5,000.00) per year.

This benefit is payable annually for a maximum of four (4) consecutive payments per Dependent Child:

(a) and only for such Dependent Child who at the date of the Employee's Loss of Life is under age thirteen (13);
(b) provided such Dependent Child is enrolled in a commercial and licensed day care centre no later than ninety (90) days following the Employee's Loss of Life; and
(c) provided that the Dependent Child continues his or her enrollment in a commercial and licensed day care centre.

(m) **Funeral Expense** - If an Employee suffers Injury resulting in Loss of Life, for which the Carrier has paid the benefit set out in the Table of Losses, the Carrier will reimburse the

person who has incurred the actual expenses pertaining to the cremation, burial or funeral expenses of the Employee.

The maximum amount payable for this benefit is five thousand dollars ($5,000.00) per Employee.

(n) **Bereavement Benefit -** If an Employee suffers Injury which results in Loss of Life for which the Carrier has paid the benefit set out in the Table of Losses, the Carrier will pay the reasonable and necessary expenses actually incurred for grief counseling provided that:
   (a) the counseling is for the Spouse and/or Dependent Children;
   (b) such expenses are incurred within 365 days of the date of the accident causing Loss of Life; and
   (c) such grief counseling is provided by a therapist or counselor who is licensed, registered or certified to provide such treatment and who is not a member of the Immediate Family of the Employee.

The Carrier will pay the person who has incurred the actual expense.

The maximum amount payable for this benefit is one thousand dollars ($1,000.00).

(o) **Conversion Option -** On the date of an Employee's termination of employment or during the ninety (90) day period following termination of employment, the employee may elect to convert his or her coverage for accidental Loss of Life under this contract to an individual insurance policy of the Carrier providing comparable coverage. Such individual policy, if conversion is elected, will be effective either as of the date that the employee's application is received by the Carrier within the ninety (90) days after the termination of employment or on the date that coverage under this contract ceases, whichever occurs later. The premium will be the same premium ordinarily available for individual policies of the Carrier as at that time. Application for an individual policy may be made at any office of the Carrier. The amount of insurance benefit provided for in the new policy shall not exceed the Employee's Principal Sum, as at the Effective Date of his or her termination of employment with the Participating Employer.

APPENDIX A – BENEFIT SUMMARY FOR:

- Mercer Celgar Limited
- Skookumchuck, P.E.

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	May 1, 2003: $82,000 flat benefit amount May 1, 2004: $84,050 flat benefit amount May 1, 2005: $85,750 flat benefit amount May 1, 2006: $87,450 flat benefit amount May 1, 2007: $89,200 flat benefit amount May 1, 2008: $90,985 flat benefit amount May 1, 2009: $93,263 flat benefit amount May 1, 2010: $95,590 flat benefit amount May 1, 2011: $98,460 flat benefit amount May 1, 2014: $100,430 flat benefit amount May 1, 2015: $102,940 flat benefit amount May 1, 2016: $106,029 flat benefit amount August 10, 2017 (Skookumchuck): $108,200 flat benefit amount September 29, 2017 (Mercer): $108,200 flat benefit amount May 1, 2018: $110,370 flat benefit amount May 1, 2019: $112,580 flat benefit amount May 1, 2020: $114,840 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 2003: $82,000 flat benefit amount

May 1, 2004: $84,050 flat benefit amount

May 1, 2005: $85,750 flat benefit amount

May 1, 2006: $87,450 flat benefit amount

May 1, 2007: $89,200 flat benefit amount

May 1, 2008: $90,985 flat benefit amount

May 1, 2009: $93,263 flat benefit amount

May 1, 2010: $95,590 flat benefit amount

May 1, 2011: $98,460 flat benefit amount

May 1, 2014: $100,430 flat benefit amount

May 1, 2015: $102,940 flat benefit amount

May 1, 2016: $106,029 flat benefit amount

August 10, 2017 (Skookumchuck): $108,200 flat benefit amount

September 29, 2017 (Mercer): $108,200 flat benefit amount

May 1, 2018: $110,370 flat benefit amount

May 1, 2019: $112,580 flat benefit amount

May 1, 2020: $114,840 flat benefit amount

Weekly Indemnity

Benefit Schedule	62% of Weekly Earnings to the Weekly Maximum Benefit described below. The Weekly Benefit will not be less than the level of benefits available through the Employment Insurance Program. (benefit level effective date of mill ratification in 2017)
Weekly Maximum Benefit	May 1. 2008: $800 May 1, 2009: $820 May 1, 2010: $840 May 1, 2011: $866 May 1, 2014: $884 May 1, 2015: $906 May 1, 2016: $933 August 10, 2017 (Skookumchuck): $1,000 September 29, 2017 (Mercer): $1,000 May 1, 2018: $1,020 May 1, 2019: $1,050 May 1, 2020: $1,080
	Reimbursement for Completion of Medical Forms The Weekly Indemnity Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit	Benefit Level
Long Term Disability	
	50% of Monthly Earnings, rounded to the next higher multiple of $1.00. No monthly maximum applies. Effective May 1, 2008, if an Employee is under 60 years of age and on Long Term Disability, his/her future disability benefit is recalculated annually on the anniversary of the Long Term Disability commencement date using the Hourly Straight Time Rate effective the later of May 1, 2008 or the anniversary date. The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 80% of the Hourly Straight Time Rate income in effect at the effective date of the recalculation. Reimbursement for Completion of Medical Forms: The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.
Extended Health	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses: ▪ $60 per Calendar Year per Employee or Employee's family (effective January 1, 2018) The reimbursement percentages are as follows: (a) 80% for In-Province Eligible Expenses. (b) 80% for Out-of-Province Non-Emergency Eligible Expenses. (c) 100% for Out-of-Province Emergency Eligible Expenses. (d) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of $2,500 per claim effective August 1, 2012). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum:

Benefit	Benefit Level
	(a) $300,000 per lifetime effective May 1, 2008 (b) Out-of-Province Travel Plan paid claims does not count towards this maximum. Practitioners (a) Acupuncturist: $200 per person per Calendar Year (maximum effective August 1, 2012). (b) Physiotherapist, Massage Practitioner, Naturopath, Occupational Therapists, and Chiropractors combined: $500 per person per Calendar Year. (combined maximum effective date of mill ratification in 2017) (c) Podiatrist: $100 per person per Calendar Year. (d) Psychologist: $500 per person per Calendar Year (maximum effective August 1, 2012). (e) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. (b) Wigs and hairpieces to lifetime maximum of $500 per person. (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems: ▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year; ▪ Orthotics (including arch supports) to a Calendar Year maximum of $300 per person (effective date of mill ratification in 2017). (d) Hearing aids: ▪ (Including batteries, recharging devices or other such accessories) and repairs per person to a maximum of $600 in a 2 Calendar Year period (effective date of mill ratification in 2017). Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of $450 per 24 month period per person (maximum effective August 1, 2012). Effective August 1, 2012, eye examinations are also considered eligible

Benefit	Benefit Level
	under the benefit maximum. Effective September 29, 2017, for Mercer the vision care maximum may also be applied to laser eye surgery.
	Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twenty-four months following the death. In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority
Dental	Reimbursement percentages: ▪ Plan A – Basic Services – 90% of Eligible Expenses ▪ Plan B – Major Services – 50% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents ▪ Plan A – Basic Services – N/A ▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services - $5,000 lifetime per person effective May 1, 2008 Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

APPENDIX B – BENEFIT SUMMARY FOR:

- Canfor Pulp Ltd. (Prince George Pulp & Paper and Intercontinental)
- Chemtrade Pulp Chemicals Limited Partnership
- Public and Private Workers of Canada
- PPWC Local 2

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	May 1, 2013: $98,500 flat benefit amount May 1, 2014: $100,470 flat benefit amount May 1, 2015: $102,980 flat benefit amount May 1, 2016: $106,070 flat benefit amount June 14, 2017(Canfor and Public and Private Workers): $108,200 flat benefit amount August 1, 2017 (Chemtrade): $108,200 flat benefit amount May 1, 2018: $110,370 flat benefit amount May 1, 2019: $112,580 flat benefit amount May 1, 2020: $114,840 flat benefit amount
Accidental Death and Dismemberment – Principal Sum	
	May 1, 2013: $98,500 flat benefit amount May 1, 2014: $100,470 flat benefit amount May 1, 2015: $102,980 flat benefit amount May 1, 2016: $106,070 flat benefit amount June 14, 2017(Canfor and Public and private workers): $108,200 flat benefit amount August 1, 2017 (Chemtrade): $108,200 flat benefit amount May 1, 2018: $110,370 flat benefit amount May 1, 2019: $112,580 flat benefit amount May 1, 2020: $114,840 flat benefit amount

Benefit	Benefit Level
Weekly Indemnity	
Benefit Schedule	62% of Weekly Earnings to the Weekly Maximum Benefit described below. The Weekly Benefit will not be less than the level of benefits available through the Employment Insurance Program. (higher benefit level effective date of mill ratification in 2017)
Weekly Maximum Benefit	May 1, 2013: $865 May 1, 2014: $880 May 1, 2015: $905 May 1, 2016: $930 June 14, 2017: $1,000 May 1, 2018: $1,020 May 1, 2019: $1,050 May 1, 2020: $1,080
	Reimbursement for Completion of Medical Forms The Weekly Indemnity Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit	Benefit Level
Long Term Disability	
	50% of Monthly Earnings, rounded to the next higher multiple of $1.00. No monthly maximum applies. Effective May 1, 2008, if an Employee is under 60 years of age and on Long Term Disability, his/her future disability benefit is recalculated annually on the anniversary of the Long Term Disability commencement date using the Hourly Straight Time Rate effective the later of May 1, 2008 or the anniversary date. The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 80% of the Hourly Straight Time Rate income in effect at the effective date of the recalculation. Reimbursement for Completion of Medical Forms: The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.
Extended Health	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses: ▪ $60 per Calendar Year per Employee or Employee's family (effective January 1, 2018) The reimbursement percentages are as follows: (e) 80% for In-Province Eligible Expenses. (f) 80% for Out-of-Province Non-Emergency Eligible Expenses. (g) 100% for Out-of-Province Emergency Eligible Expenses. (h) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of $2,500 per claim effective August 1, 2012). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will

Benefit	Benefit Level
	be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum: (c) $300,000 per lifetime effective May 1, 2008 (d) Out-of-Province Travel Plan paid claims does not count towards this maximum. Practitioners (a) Acupuncturist: $200 per person per Calendar Year (maximum effective August 1, 2012). (b) Physiotherapist, Massage Practitioner, Naturopath, Occupational Therapists, and Chiropractors combined: $500 per person per Calendar Year. (effective the date of mill ratification in 2017) (c) Podiatrist: $100 per person per Calendar Year. (d) Psychologist: $500 per person per Calendar Year (maximum effective August 1, 2012). (e) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies (e) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. (f) Wigs and hairpieces to lifetime maximum of $500 per person. (g) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems: ▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year; ▪ Orthotics (including arch supports) to a Calendar Year maximum of $300 per person. (effective date of mill ratification in 2017) (h) Hearing aids: ▪ (including batteries, recharging devices or other such accessories) and repairs per person to a maximum of $600 in a 2 Calendar Year period. (effective date of mill ratification in 2017)

Benefit	Benefit Level
	Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of $450 per 24 month period per person (maximum effective date of mill ratification in 2017). Effective August 1, 2012, eye examinations are also considered eligible under the benefit maximum. Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twenty-four months following the death. In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority
Dental	Reimbursement percentages: ▪ Plan A – Basic Services – 90% of Eligible Expenses ▪ Plan B – Major Services – 50% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents ▪ Plan A – Basic Services – N/A ▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services - $5,000 lifetime per person effective May 1, 2008 Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

APPENDIX C – BENEFIT SUMMARY FOR:

- Catalyst Crofton, P.E.

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	May 1, 2003: $82,000 flat benefit amount May 1, 2004: $84,050 flat benefit amount May 1, 2005: $85,750 flat benefit amount May 1, 2006: $87,450 flat benefit amount May 1, 2007: $89,200 flat benefit amount May 1, 2008: $90,985 flat benefit amount May 1, 2009: $93,263 flat benefit amount May 1, 2010: $95,590 flat benefit amount May 1, 2011: $98,460 flat benefit amount May 1, 2015: $100,430 flat benefit amount May 1, 2016: $102,440 flat benefit amount November 1, 2017 $108,200 flat benefit amount May 1, 2018: $110,370 flat benefit amount May 1, 2019: $112,580 flat benefit amount May 1, 2020: $114,840 flat benefit amount
Accidental Death and Dismemberment – Principal Sum	
	May 1, 2003: $82,000 flat benefit amount May 1, 2004: $84,050 flat benefit amount May 1, 2005: $85,750 flat benefit amount May 1, 2006: $87,450 flat benefit amount May 1, 2007: $89,200 flat benefit amount May 1, 2008: $90,985 flat benefit amount May 1, 2009: $93,263 flat benefit amount May 1, 2010: $95,590 flat benefit amount May 1, 2011: $98,460 flat benefit amount May 1, 2015: $100,430 flat benefit amount May 1, 2016: $102,440 flat benefit amount November 1, 2017 $108,200 flat benefit amount May 1, 2018: $110,370 flat benefit amount May 1, 2019: $112,580 flat benefit amount

Benefit	Benefit Level
	May 1, 2020: $114,840 flat benefit amount

Weekly Indemnity

Benefit Schedule	62% of Weekly Earnings to the Weekly Maximum Benefit described below. The Weekly Benefit will not be less than the level of benefits available through the Employment Insurance Program. (higher benefit level effective November 1, 2017)
Weekly Maximum Benefit	May 1. 2008: $800 May 1, 2009: $820 May 1, 2010: $840 May 1, 2011: $866 May 1, 2015: $883 May 1, 2016: $900 November 1, 2017: $1,000 May 1, 2018: $1,020 May 1, 2019: $1,050 May 1, 2020: $1,080

Reimbursement for Completion of Medical Forms

The Weekly Indemnity Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit	Benefit Level
Long Term Disability	
	50% of Monthly Earnings, rounded to the next higher multiple of $1.00. No monthly maximum applies. Effective May 1, 2008, if an Employee is under 60 years of age and on Long Term Disability, his/her future disability benefit is recalculated annually on the anniversary of the Long Term Disability commencement date using the Hourly Straight Time Rate effective the later of May 1, 2008 or the anniversary date. The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 80% of the Hourly Straight Time Rate income in effect at the effective date of the recalculation. Reimbursement for Completion of Medical Forms: The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.
Extended Health	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses: ▪ $60 per Calendar Year per Employee or Employee's family (effective January 1, 2018) The reimbursement percentages are as follows: (a) 80% for In-Province Eligible Expenses. (b) 80% for Out-of-Province Non-Emergency Eligible Expenses. (c) 100% for Out-of-Province Emergency Eligible Expenses. (d) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of $1,500 per claim). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum: (a) $300,000 per lifetime effective May 1, 2008

Benefit	Benefit Level
	(b) Out-of-Province Travel Plan paid claims does not count towards this maximum. Practitioners (a) Acupuncturist: $150 per person per Calendar Year. (b) Physiotherapist, Massage Practitioner, Naturopath, Occupational Therapists, and Chiropractors combined: $500 per person per Calendar Year. (effective November 1, 2017) (c) Podiatrist: $100 per person per Calendar Year. (d) Psychologist: $350 per person per Calendar Year. (e) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. (b) Wigs and hairpieces to lifetime maximum of $500 per person. (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems: ▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year; ▪ Orthotics (including arch supports) to a Calendar Year maximum of $300 per person. (effective November 1, 2017) (d) Hearing aids: ▪ (including batteries, recharging devices or other such accessories) and repairs per person to a maximum of $600 in a 2 Calendar Year period. (effective November 1, 2017) Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of $450 per 24 month period per person. (effective November 1, 2017). The vision care maximum may also be applied to laser eye surgery (effective November 1, 2005)

Benefit	Benefit Level
	Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twenty-four months following the death. In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority
Dental	Reimbursement percentages: ▪ Plan A – Basic Services – 90% of Eligible Expenses ▪ Plan B – Major Services – 50% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents ▪ Plan A – Basic Services – N/A ▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services - $5,000 lifetime per person effective May 1, 2008 Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

APPENDIX D – BENEFIT SUMMARY FOR:

- Nanaimo Forest Products Ltd.

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	November 1, 2008: $89,200 flat benefit amount October 3, 2010: $92,768 flat benefit amount October 3, 2011: $96,479 flat benefit amount October 3, 2012: $98,408 flat benefit amount December 22, 2013: $100,376 flat benefit amount December 21, 2014: $102,885 flat benefit amount December 20, 2015: $105,972 flat benefit amount December 18, 2016: $108,091 flat benefit amount December 17, 2017: $110,253 flat benefit amount December 16, 2018: $112,458 flat benefit amount December 15, 2019: $114,707 flat benefit amount December 13, 2020: $117,001 flat benefit amount
Accidental Death and Dismemberment – Flat Benefit Amount	
	November 1, 2008: $89,200 flat benefit amount October 3, 2010: $92,768 flat benefit amount October 3, 2011: $96,479 flat benefit amount October 3, 2012: $98,408 flat benefit amount December 22, 2013: $100,376 flat benefit amount December 21, 2014: $102,885 flat benefit amount December 20, 2015: $105,972 flat benefit amount December 18, 2016: $108,091 flat benefit amount December 17, 2017: $110,253 flat benefit amount December 16, 2018: $112,458 flat benefit amount December 15, 2019: $114,707 flat benefit amount December 13, 2020: $117,001 flat benefit amount
Long Term Disability	**Union Employees**

50% of Monthly Earnings, rounded to the next higher multiple of $1.00.

No monthly maximum applies.

Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of April 30, 2008 or the anniversary date.

If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date.

The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation.

Reimbursement for Completion of Medical Forms:

The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Long Term Disability

Non-Union Employees

50% of Monthly Earnings (base salary for non-union employees) as at the date of disability to a monthly maximum of $8,000.

All source maximum of 70% will apply.

No annual cost of living adjustments will apply.

Reimbursement for Completion of Medical Forms:

The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Extended Health

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- $25 per Calendar Year per Employee or Employee's family
- Effective January 1, 2020: $60 per Calendar Year per Employee or Employee's family

The reimbursement percentages are as follows:

(a) 80% for In-Province Eligible Expenses.

(b) 80% for Out-of-Province Non-Emergency Eligible Expenses.

(c) 100% for Out-of-Province Emergency Eligible Expenses.

(d) 100% for Out of Province Travel Plan Eligible Expenses (to a maximum of $2,500 per claim). (Effective September 24, 2019)

After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

(a) $300,000 per lifetime (Effective September 24, 2019)

(b) Out-of-Province Travel Plan paid claims does not count towards this maximum.

Practitioners

(a) Acupuncturist: $200 per person per Calendar Year (Effective September 24, 2019).

(b) Physiotherapists, massage therapists, naturopaths, occupational therapists, and chiropractors: up to a combined maximum of $500 per person per Calendar year (Effective September 24, 2019).

(c) Podiatrist: $100 per person per Calendar Year.

(d) Psychologist: $500 per person per Calendar Year (Effective September 24, 2019).

(e) Speech Language Pathologist: $100 per person per Calendar Year.

Medical Aids and Supplies

(a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively.

(b) Wigs and hairpieces to lifetime maximum of $500 per person.

(c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:

- Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year;
- Orthotics (including arch supports) to a Calendar Year maximum of $300 per person (Effective September 24, 2019).

(d) Hearing aids:

- (including batteries, recharging devices or other such accessories) and repairs per person only to a maximum of $600 in a 3 Calendar Year period. (Effective September 24, 2019)
- For adults now entitled to hearing aid coverage the benefit will be $75 for September 24, 2019 to December 31, 2019 and then $600 every 2 calendar year as of January 1, 2020

Purchase and/or repair of corrective lenses and frames or contact lenses or eye exams, when prescribed by a Physician or optometrist to a maximum of $450 per 24 month period per person (Effective September 24, 2019).

Eye examinations are also considered eligible under the benefit maximum.

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twenty-four months following the death. (Effective September 24, 2019)

In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority. (Effective September 24, 2019).

Dental

Reimbursement percentages:

- Plan A – Basic Services – 90% of Eligible Expenses
- Plan B – Major Services – 50% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefits maximums for Employees or Dependents

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services - $5,000 lifetime per person (Effective September 24, 2019)

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

Dental coverage includes composite filings under dental restorative services (Effective September 24, 2019)

APPENDIX E – BENEFIT SUMMARY FOR:

- Cascadia Forest Products Ltd. (Island Phoenix)

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	May 1, 2002: $100,000 flat benefit amount
Accidental Death and Dismemberment – Principal Sum	
	May 1, 2002: $100,000 flat benefit amount
Weekly Indemnity	
	Covered by the EMBA plan.
Long Term Disability	
	50% of Monthly Earnings, rounded to the next higher multiple of $1.00. No monthly maximum applies. Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date. If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date. The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation. Reimbursement for Completion of Medical Forms The Long Term Disability Plan will reimburse the Employee up to a maximum of $25 per form for any charges made by his/her Physician for completing the medical forms required by the Carrier.

Benefit	Benefit Level
Extended Health	
	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses: ▪ $50 per Calendar Year per Employee or Employee's family Coverage will include a pay direct drug card. Reimbursement will be limited to the level of cost of an equivalent generic drug, unless the Physician specifically states no substitution. The reimbursement percentages are as follows: (a) 80% for In-Province Eligible Expenses. (b) 80% for Out-of-Province Non-Emergency Eligible Expenses. (c) 100% for Out-of-Province Emergency Eligible Expenses. (d) 100% for Out-of-Province Travel Plan Eligible Expenses (to a maximum of $1,500 per claim). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses), involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum: (a) $100,000 per lifetime (b) Out-of-Province Travel Plan paid claims do not count towards this maximum. Practitioners (a) Acupuncturist: $100 per person per Calendar Year. (b) Physiotherapist/Massage Practitioner combined: $550 per person per Calendar Year. (c) Chiropractor/Naturopath combined: $600 per person per Calendar Year. (d) Podiatrist: $100 per person per Calendar Year. (e) Psychologist: $350 per person per Calendar Year. (f) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies

Benefit	Benefit Level
	(a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. (b) Wigs and hairpieces required to lifetime maximum of $500 per person. (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems: ▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year; ▪ Orthotics (including arch supports) to a Calendar Year maximum of $250 per person. (d) Hearing aids: ▪ (excluding batteries, recharging devices, or other such accessories) and repairs to a maximum of $550 per person in a 5 Calendar Year period. Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of $250 per 24 month period per person. Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of six months following the death.
Dental	
	Reimbursement percentages: ▪ Plan A – Basic Services – 85% of Eligible Expenses (Bite-wing x-rays are limited to once every 18 months. Recall exams, topical application of fluoride and polishing limited to once every 9 months for those over age 16 and 2 per calendar for those under age 16.) ▪ Plan B – Major Services – 60% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents: ▪ Plan A – Basic Services – N/A

Benefit	Benefit Level
	▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services: – $2,500 lifetime per person for Employee or Spouse – $3,000 lifetime per person for Dependent Children Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of six months following the death

APPENDIX F – BENEFIT SUMMARY FOR:

- New Skeena Forest Products Inc. – Terminated from Plan Effective May 13, 2005
- Sun Wave Forest Products Ltd. – Terminated from Plan Effective May 6, 2010

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	May 1, 2002: $80,000 flat benefit amount
Accidental Death and Dismemberment – Principal Sum	
	May 1, 2002: $80,000 flat benefit amount

Weekly Indemnity

Benefit	Benefit Level
Hourly Straight Time Rate Category	**Non-Occupational Accident and Sickness (weekly benefit)**
$17.75 but less than $18.00	$465
$18.00 but less than $18.25	470
$18.25 but less than $18.50	475
$18.50 but less than $18.75	480
$18.75 but less than $19.00	485
$19.00 but less than $19.25	490
$19.25 but less than $19.50	495
$19.50 but less than $19.75	500
$19.75 but less than $20.00	505
$20.00 but less than $20.25	510
$20.25 but less than $20.50	515
$20.50 but less than $20.75	520
$20.75 but less than $21.00	525
$21.00 but less than $21.25	530
$21.25 but less than $21.50	535
$21.50 but less than $21.75	540
$21.75 but less than $22.00	545
$22.00 but less than $22.25	550
$22.25 but less than $22.50	555
$22.50 but less than $22.75	560
$22.75 but less than $23.00	565
$23.00 but less than $23.25	570
$23.25 but less than $23.50	575
$23.50 but less than $23.75	580
$23.75 but less than $24.00	585
$24.00 but less than $24.25	590
$24.25 but less than $24.50	595
$24.50 but less than $24.75	600
$24.75 but less than $25.00	605
$25.00 but less than $25.25	610
$25.25 but less than $25.50	615
$25.50 but less than $25.75	620
$25.75 or over	625

Benefit	Benefit Level
	Reimbursement for Completion of Medical Forms The Weekly Indemnity Plan will reimburse the Employee up to a maximum of $25 per form for any charges made by his/her Physician for completing the medical forms required by the Carrier.
Long Term Disability	
	50% of Monthly Earnings, rounded to the next higher multiple of $1.00. No monthly maximum applies. Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date. If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date. The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation. Reimbursement for Completion of Medical Forms The Long Term Disability Plan will reimburse the Employee up to a maximum of $25 per form for any charges made by his/her Physician for completing the medical forms required by the Carrier.

Benefit	Benefit Level
Extended Health	
	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses: ▪ $50 per Calendar Year per Employee or Employee's family The reimbursement percentages are as follows: (a) 80% for In-Province Eligible Expenses. (b) 80% for Out-of-Province Non-Emergency Eligible Expenses. (c) 100% for Out-of-Province Emergency Eligible Expenses. (d) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of $1,500 per claim). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum: a) $100,000 per lifetime b) Out-of-Province Travel Plan paid claims does not count towards this maximum. Practitioners a) Acupuncturist: $150 per person per Calendar Year. b) Physiotherapist/Massage Practitioner combined: $300 per person per Calendar Year. c) Chiropractor/Naturopath combined: $200 per person per Calendar Year. d) Podiatrist: $100 per person per Calendar Year. e) Psychologist: $300 per person per Calendar Year. f) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. b) Wigs and hairpieces to lifetime maximum of $500 per person.

Benefit	Benefit Level
	c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems: ▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year; ▪ Orthotics (including arch supports) to a Calendar Year maximum of $250 per person. d) Hearing aids: ▪ (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of $600 in a 3 Calendar Year period. Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of $350 per 24 month period per person. Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of six months following the death.
Dental	Reimbursement percentages: ▪ Plan A – Basic Services – 90% of Eligible Expenses ▪ Plan B – Major Services – 50% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents: ▪ Plan A – Basic Services – N/A ▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services – $3,500 lifetime per person Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will

Benefit	Benefit Level
	continue Dental coverage for a period of six months following the death.

APPENDIX G – BENEFIT SUMMARY FOR:

- Bowater Canadian Forest Products Inc. - Not a Party to Trust Agreement Dated May 1, 2004

Benefit	Benefit Level

Basic Life Insurance – Flat Benefit Amount

May 1, 1994: $61,000 flat benefit amount

May 1, 1995 : $63,000 flat benefit amount

May 1, 1996: $65,000 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 1994: $61,000 flat benefit amount

May 1, 1995: $63,000 flat benefit amount

May 1, 1996: $65,000 flat benefit amount

Long Term Disability

50% of Monthly Earnings, rounded to the next higher multiple of $1.00.

No monthly maximum applies.

All source maximum of 70% will apply.

Effective May 1, 1994, if an Employee is under age 60 and has previously reached his/her 10 year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit will be recalculated using the greater of his/her existing Long Term Disability benefit or the benefit using the Hourly Base Rate effective May 1, 1997.

Reimbursement for Completion of Medical Forms

No coverage is provided.

Benefit	Benefit Level
Extended Health	
	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses: ▪ $25 per Calendar Year per Employee or Employee's family The reimbursement percentages are as follows: (a) 80% for In-Province Eligible Expenses. (b) 80% for Out-of-Province Non-Emergency Eligible Expenses. (c) 100% for Out-of-Province Emergency Eligible Expenses. (d) 100% for Out-of-Province Travel Plan Eligible Expenses (to a maximum of $1,500 per claim). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum: (d) $100,000 per lifetime (e) Out-of-Province Travel Plan paid claims do not count towards this maximum. Practitioners (a) Acupuncturist: $100 per person per Calendar Year. (b) Physiotherapist/Massage Practitioner combined: $250 per person per Calendar Year. (c) Chiropractor/Naturopath combined: $200 per person per Calendar Year. (d) Podiatrist: $100 per person per Calendar Year. (e) Psychologist: $250 per person per Calendar Year. (f) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. (b) Wigs and hairpieces to lifetime maximum of $500 per person. (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems: ▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year.

Benefit	Benefit Level
	(d) Hearing aids: ▪ (excluding batteries, recharging devices, or other such accessories) and repairs per Dependent Child only to a maximum of $400 in a 5 Calendar Year period. Purchase and/or repair of corrective lenses and frames or contact lenses when prescribed by a Physician or optometrist to a maximum of $150 per 24 month period per person. If eyeglasses are for use while working in the mill they must be safety lenses and frames. Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of three months following the death.
Dental	Reimbursement percentages: ▪ Plan A – Basic Services – 80% of Eligible Expenses ▪ Plan B – Major Services – 50% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents: ▪ Plan A – Basic Services – N/A ▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services – $2,500 lifetime Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of three months following the death.

Weekly Indemnity

Benefit Schedule:

Hourly Straight Time Rate Category	Non-Occupational Accident and Sickness (weekly benefit)
$19.75 but less than $20.00	505
$20.00 but less than $20.25	510
$20.25 but less than $20.50	515
$20.50 but less than $20.75	520
$20.75 but less than $21.00	525
$21.00 but less than $21.25	530
$21.25 but less than $21.50	535
$21.50 but less than $21.75	540
$21.75 but less than $22.00	545
$22.00 but less than $22.25	550
$22.25 but less than $22.50	555
$22.50 but less than $22.75	560
$22.75 but less than $23.00	565
$23.00 but less than $23.25	570
$23.25 but less than $23.50	575
$23.50 but less than $23.75	580
$23.75 but less than $24.00	585
$24.00 but less than $24.25	590
$24.25 but less than $24.50	595
$24.50 but less than $24.75	600
$24.75 but less than $25.00	605
$25.00 but less than $25.25	610
$25.25 but less than $25.50	615
$25.50 but less than $25.75	620
$25.75 or over	625
Effective May, 1 2003	
$25.75 but less than $26.00	625
$26.00 but less than $26.25	630
$26.25 but less than $26.50	635
$26.50 or over	640

APPENDIX H – BENEFIT SUMMARY FOR:

- Western Pulp Limited – Terminated from Plan Effective March 9, 2006
- Weyerhaeuser Company Limited (Kamloops) – Terminated from Plan Effective May 1, 2004

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	May 1, 2003: $82,000 flat benefit amount
	May 1, 2004: $84,050 flat benefit amount
	May 1, 2005: $85,750 flat benefit amount
	May 1, 2006: $87,450 flat benefit amount
	May 1, 2007: $89,200 flat benefit amount
Accidental Death and Dismemberment – Principal Sum	
	May 1, 2003: $82,000 flat benefit amount
	May 1, 2004: $84,050 flat benefit amount
	May 1, 2005: $85,750 flat benefit amount
	May 1, 2006: $87,450 flat benefit amount
	May 1, 2007: $89,200 flat benefit amount

Benefit Schedule Continued

Hourly Straight Time Rate Category	**Non-Occupational Accident and Sickness (weekly benefit)**
Effective May 1, 2004	
$26.50 but less than $26.75	640
$26.75 but less than $27.00	645
$27.00 but less than $27.25	650
$27.25 or over	655
Effective May 1, 2005	
$27.25 but less than $27.50	655
$27.50 but less than $27.75	660
$27.75 but less than $28.00	665
$28.00 or over	670
Effective May 1, 2006	
$28.00 but less than $28.25	670
$28.25 but less than $28.50	675
$28.50 but less than $28.75	680
$28.75 or over	685
Effective May 1, 2007	
$28.75 but less than $29.00	685
$29.00 but less than $29.25	690
$29.25 but less than $29.50	695
$29.50 or over	700

Reimbursement for Completion of Medical Forms

The Weekly Indemnity Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit	Benefit Level
Long Term Disability	
	50% of Monthly Earnings, rounded to the next higher multiple of $1.00. No monthly maximum applies. Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date. If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date. The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation. Reimbursement for Completion of Medical Forms: The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.
Extended Health	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

Benefit	Benefit Level
	▪ $25 per Calendar Year per Employee or Employee's family The reimbursement percentages are as follows: (a) 80% for In-Province Eligible Expenses. (b) 80% for Out-of-Province Non-Emergency Eligible Expenses. (c) 100% for Out-of-Province Emergency Eligible Expenses. (d) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of $1,500 per claim). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum: (a) $100,000 per lifetime (b) Out-of-Province Travel Plan paid claims does not count towards this maximum. Practitioners (a) Acupuncturist: $150 per person per Calendar Year. (b) Physiotherapist/Massage Practitioner combined: $300 per person per Calendar Year. (c) Chiropractor/Naturopath combined: $200 per person per Calendar Year. (d) Podiatrist: $100 per person per Calendar Year. (e) Psychologist: $350 per person per Calendar Year. (f) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. (b) Wigs and hairpieces to lifetime maximum of $500 per person. (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:

Benefit	Benefit Level
	▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year; ▪ Orthotics (including arch supports) to a Calendar Year maximum of $250 per person. (d) Hearing aids: ▪ (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of $600 in a 3 Calendar Year period. Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of $350 per 24 month period per person. Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twelve months following the death. In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority. This does not apply to Weyerhaeuser Company Limited (Kamloops).
Dental	Reimbursement percentages: ▪ Plan A – Basic Services – 90% of Eligible Expenses ▪ Plan B – Major Services – 50% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents ▪ Plan A – Basic Services – N/A ▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services - $3,500 lifetime per person Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

APPENDIX I – BENEFIT SUMMARY FOR:

- Pope & Talbot Ltd. – Terminated from Plan Effective February 5, 2011 – Benefit Coverage Terminated Effective May 9, 2008

Benefit	Benefit Level
Basic Life Insurance – Flat Benefit Amount	
	May 1, 2003: $82,000 flat benefit amount May 1, 2004: $84,050 flat benefit amount May 1, 2005: $85,750 flat benefit amount May 1, 2006: $87,450 flat benefit amount May 1, 2007: $89,200 flat benefit amount
Accidental Death and Dismemberment – Principal Sum	
	May 1, 2003: $82,000 flat benefit amount May 1, 2004: $84,050 flat benefit amount May 1, 2005: $85,750 flat benefit amount May 1, 2006: $87,450 flat benefit amount May 1, 2007: $89,200 flat benefit amount
Weekly Indemnity	
	Covered by the EMBA plan.

Benefit	Benefit Level
Long Term Disability	
	50% of Monthly Earnings, rounded to the next higher multiple of $1.00. No monthly maximum applies. Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date. If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date. The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation. Reimbursement for Completion of Medical Forms: The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.
Extended Health	Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

Benefit	Benefit Level
	▪ $25 per Calendar Year per Employee or Employee's family The reimbursement percentages are as follows: (a) 80% for In-Province Eligible Expenses. (b) 80% for Out-of-Province Non-Emergency Eligible Expenses. (c) 100% for Out-of-Province Emergency Eligible Expenses. (d) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of $1,500 per claim). After $1,000 has been paid for a person for Eligible Expenses (except for Out–of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan. Per Person Maximum: (a) $100,000 per lifetime (b) Out-of-Province Travel Plan paid claims does not count towards this maximum. Practitioners (a) Acupuncturist: $150 per person per Calendar Year. (b) Physiotherapist/Massage Practitioner combined: $300 per person per Calendar Year. (c) Chiropractor/Naturopath combined: $200 per person per Calendar Year. (d) Podiatrist: $100 per person per Calendar Year. (e) Psychologist: $350 per person per Calendar Year. (f) Speech Language Pathologist: $100 per person per Calendar Year. Medical Aids and Supplies (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of $150 and $200 per person, respectively. (b) Wigs and hairpieces to lifetime maximum of $500 per person. (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems: ▪ Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a

Benefit	Benefit Level
	maximum of $400 per adult per Calendar Year and $200 per Dependent Child per Calendar Year; ▪ Orthotics (including arch supports) to a Calendar Year maximum of $250 per person. (d) Hearing aids: ▪ (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of $600 in a 3 Calendar Year period. Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of $350 per 24 month period per person. Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twelve months following the death. In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority.
Dental	Reimbursement percentages: ▪ Plan A – Basic Services – 90% of Eligible Expenses ▪ Plan B – Major Services – 50% of Eligible Expenses ▪ Plan C – Orthodontic Services – 50% of Eligible Expenses Benefits maximums for Employees or Dependents ▪ Plan A – Basic Services – N/A ▪ Plan B – Major Services – N/A ▪ Plan C – Orthodontic Services - $3,500 lifetime per person Survivor Benefit Coverage If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

SUMMARY OF AMENDMENTS 1 TO 6 – ADOPTED BY TRUSTEES FEBRUARY 17, 2005

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
1	2.4 – Waiting Period	Add provision that waiting period does not need to be fulfilled after period of layoff if seniority rights are maintained.	May 1, 2003
2	2.7(a) – Continuation of Coverage	Add requirement for reimbursement of benefits paid from third parties to continue coverage.	May 1, 2003
3	2.7(b) – Continuation of Coverage	Clarified language regarding reinstatement of coverage if recalled to work and lay off coverage has ceased but seniority rights maintained.	May 1, 2003
4	2.10 – Limitation on Legal Claims	Add limitation regarding timing of legal claims.	May 1, 2003
5	Appendix A	Added note that Weyerhaeuser Kamloops has terminated from the plan.	May 1, 2004
6	Appendix A	Corrected punctuation.	May 1, 2003

SUMMARY OF AMENDMENTS 7 TO 15 – ADOPTED BY TRUSTEES AUGUST 29, 2005

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
7	2.2 – Hierarchy of Plan Documents	Added a provision that the Carriers' practice will be used in the administration of all Plan text provisions as agreed by the Trustees.	May 1, 2003
8	5.1(e) – Terms Defined	Corrected typo.	May 1, 2003
9	Appendix D	Added note that Bowater Canadian Forest Products not a party to trust agreement dated May 1, 2004.	May 1, 2004
10	Appendix A	Adjusted name of Western Pulp Limited Partnership to Western Pulp Limited.	July 28, 2004
11	Appendix B	Updated extended health deductible to $50 per calendar year (negotiated change).	January 1, 2005
12	Appendix A	Adjusted name of Celgar Pulp Company to Mercer Celgar Limited.	February 14, 2005
13	Appendix B	Updated dental provision to include updated frequency limitations for bite-wing x-rays, polishing, application of fluoride and recall examinations (negotiated changes)	May 1, 2005
14	Appendix C	Added note that New Skeena Forest Products Inc. has terminated from the plan.	May 13, 2005
15	Appendix B	Adjusted name of Weyerhaeuser Company Limited (Island Phoenix) to Cascadia Forest Products Ltd. (Island Phoenix).	May 30, 2005

SUMMARY OF AMENDMENTS 16 TO 19 – ADOPTED BY TRUSTEES SEPTEMBER 11, 2006

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
16	Appendix A	Adjusted name of NorskeCanada General Partnership to Catalyst Paper Corporation for and on behalf of Catalyst Paper.	October 3, 2005
17	Appendix A	Added a provision that laser eye surgery is an eligible expense under the existing vision care benefit for Catalyst Paper employees.	November 1, 2005
18	Appendix A	Added note that Western Pulp Limited has terminated from the plan.	March 9, 2006
19	Appendix A	Adjusted name of Canadian Forest Products Ltd. to Canfor Pulp Limited Partnership.	July 1, 2006

SUMMARY OF AMENDMENTS 20 TO 29 – ADOPTED BY TRUSTEES FEBRUARY 12, 2008

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
20	2.6(f)	Add provision that coverage ends on the effective date of the participating employer ceasing to participate in the plan.	May 1, 2003
21	2.7(a)	Add requirement that applicable premiums must continue for coverage to continue while an employee is disabled.	May 1, 2003
22	5.1(b) – Terms Defined	Changed definition of child to more closely match carrier contract wording.	May 1, 2003
23	5.1(c)	Changed definition of covered accidental death to include restriction on death involving gross negligence on the	May 1, 2003

		employee's part, for consistency with carrier contract wording.	
24	5.1(e)	Corrected typo.	May 1, 2003
25	Exhibit 3 – Ancillary Benefits (h)	Included key conversion privilege eligibility provisions, for consistency with carrier contract.	May 1, 2003
26	Appendix C	Added Sun Wave Forest Products Ltd. as a participating employer.	September 24, 2006
27	1.14	Added Section 1.14 - Public Plan References to ensure that any change the name of a governance sponsored/public benefit program is automatically reflected in the Plan text.	May 1, 2003
28	1.15	Added Section 1.15 - Statutory References to ensure that any amendments to any statutes referenced in the Plan text while not explicitly stated are automatically reflected in the Plan text.	May 1, 2003
29	1	Adjust the name of Article 1 from 'Definitions' to 'Interpretation' to reflect the addition of Articles 1.14 and 1.15	May 1, 2003

Summary of Amendments 30 to 43 - Adopted by Trustees May 19, 2009

Amendment	**Article**	**Summary of Amendment**	**Effective Date Approved by Trustees**
30	1.8 – Leave of Absence	Added reference to Employment Standards Act.	May 1, 2003
31	2.4 - Waiting Period	Adjust definition of waiting period for Nanaimo Forest Products Ltd. employees	November 1, 2008
32	2.7 (e)	Add section on continuation of benefits for a severance allowance as negotiated in 2008 collective bargaining (Articles 20, 21 and 22)	May 1, 2008

33	3.0 (c)	Add Nanaimo Forest Products Ltd.	November 1, 2008
34	7.1 (j)	Define Nanaimo Forest products non-union employees monthly earnings	November 1, 2008
35	7.4 – Long Term Disability – Integration With Other Disability Income	Remove specific percentage of all source maximum and make reference to applicable appendices for this information following 2008 collective bargaining	May 1, 2008
36	7.4.3	Add Sun Wave Forest Products Ltd.	October 24, 2006
37	8.1 (l)	Correct spelling of PharmaCare	May 1, 2003
38	9.1 (g)	Correct spelling of PharmaCare	May 1, 2003
39	Appendix A	Removes Pope & Talbot Limited (Harmac Pulp Operations), Western Pulp Limited, Weyerhaeuser Company Limited (Kamloops) from this appendix and reflects following adjustments as negotiated in 2008 collective bargaining: • Group Life and AD&D increased benefit levels for 2008 to 2012 • Weekly Indemnity benefit schedule and maximums for 2008 to 2012 • Long Term Disability all source maximum percentage, cost of living being applied annually instead of every five years and being based on the Straight Time Labour Rate instead of the Base Rate • Extended Health lifetime maximum increase • Dental orthodontic lifetime maximum increase	May 1, 2008
40	Appendix D	Reflects addition of all source maximum percentage in Long Term Disability Schedule	May 1, 2008

41	Appendix E	This appendix is created to reflect Nanaimo Forest Products Ltd.'s group benefit coverage details	November 1, 2008
42	Appendix F	This appendix is created to reflect Western Pulp Limited and Weyerhaeuser Company Limited (Kamloops) specific benefit coverage in place at time of termination from the Plan.	May 1, 2008
43	Appendix G	This appendix is created to reflect Pope & Talbot Ltd. specific benefit coverage in place at time of termination from the Plan.	May 1, 2008

SUMMARY OF AMENDMENTS 44 TO 45 – ADOPTED BY TRUSTEES MARCH 30, 2010

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
44	6.7 (e)	Replaces BC with Canada. Included at the request of HRDC to confirm eligibility for EI premium reduction program.	July 1, 2009
45	Appendix A	Confirm weekly indemnity benefit will meet or exceed level of benefits provided through EI. Included at the request of HRDC to confirm eligibility for EI premium reduction program.	July 1, 2009

SUMMARY OF AMENDMENT 46 TO 50 – ADOPTED BY TRUSTEES FEBRUARY 28, 2011

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
46	Appendix C	Terminates Sun Wave Forest Products Ltd.	May 6, 2010
47	Appendix E	Updates Nanaimo Forest Products Ltd.'s basic life and accidental death and dismemberment amount of insurance to $92,768.	October 3, 2010
48	7.5 – Rehabilitative Employment	Corrects typographical error.	May 1, 2003
49	Exhibit II – Exclusions (s)	Corrects spelling of PharmaCare.	May 1, 2003
50	Appendix G	Clarifies Pope & Talbot Ltd.'s termination date from the Plan.	February 5, 2011

SUMMARY OF AMENDMENT 51 TO 55 – ADOPTED BY TRUSTEES FEBRUARY 23, 2012

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
51	2.7 – Continuation of Coverage	Clarifies benefits available during a severance allowance.	May 1, 2008
52	8.5 – In-Province Eligible Expenses	Corrects grammatical error.	May 1, 2003
53	8.6 – Out-of-Province Non-Emergency Eligible Expenses	Corrects grammatical error.	May 1, 2003
54	8.7 – Out-of-Province Emergency Eligible Expenses	Corrects grammatical error.	May 1, 2003

55	Appendix E	Updates Nanaimo Forest Products Ltd.'s basic life and accidental death and dismemberment amount of insurance effective October 3, 2011 and October 3, 2012.	October 3, 2011

SUMMARY OF AMENDMENT 56 TO 62 – ADOPTED BY TRUSTEES FEBRUARY 21, 2013

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
56	Appendix A	Removes Catalyst from this appendix and reflects the following adjustments as negotiated in 2012 collective bargaining: • Group Life and AD&D increased benefit levels for 2014 to 2016 • Extended Health out of province travel plan maximum increase, acupuncture and psychologist maximum increase, vision increase and add eye exams	August 1, 2012
57	Appendix B	Includes Catalyst Paper benefit summary with no changes to prior	August 1, 2012
58	Appendices	Move benefit summary for Nanaimo Forest Products to appendix C so that all active plans are together. Re-letters all other appendices. Corrects formatting/lettering under extended health benefit for several mills	February 21, 2013
59	Article 8	Updates wording to align with Pacific Blue Cross' standard policy wording and adjudication practices. No change in coverage.	February 21, 2013

60	Article 9	Updates wording to align with Pacific Blue Cross' standard policy wording and adjudication practices. No change in coverage.	February 21, 2013
61	Exhibit I	Updates wording to align with Pacific Blue Cross' standard policy wording and adjudication practices. No change in coverage.	February 21, 2013
62	Exhibit II	Updates wording to align with Pacific Blue Cross' standard policy wording and adjudication practices. No change in coverage.	February 21, 2013

SUMMARY OF AMENDMENT 63 TO 65 – ADOPTED BY TRUSTEES OCTOBER 24, 2013

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
63	Appendix A	Reflects the Weekly Indemnity benefit maximum increases effective May 1, 2014, May 1, 2015 and May 1, 2016 as negotiated in 2012 collective bargaining.	June 19, 2013
64	Appendix A	Reflects change in mill name from Tembec Industries Inc. to Skookumchuck Pulp Inc. effective May 17, 2013	June 19, 2013
65	Appendix B	Reflects increase to the Basic Life, AD&D and Weekly Indemnity benefit maximums effective May 1, 2015 and May 1, 2016 as negotiated in 2012 collective bargaining.	June 19, 2013

SUMMARY OF AMENDMENT 66 TO 69 – ADOPTED BY TRUSTEES FEBRUARY 12, 2014

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
66	Appendix A	Removes Canfor and Chemtrade from this appendix and reflects the following adjustments as negotiated in 2012 collective bargaining: • Group Life, AD&D, and weekly indemnity benefit levels for 2013 to 2016	February 12, 2014
67	Appendix B	Includes Canfor and Chemtrade benefit summary to reflect their collectively bargained Life, AD&D, and Weekly Indemnity benefit maximum. As these benefit maximums are different than those negotiated for the other participating employers.	February 12, 2014
68	Appendices	Re-letters all other appendices. Corrects formatting/lettering under extended health benefit for several mills	February 12, 2014
69	Appendix D	Reflects increase to the Basic Life and AD&D benefit maximum effective December 22, 2013 for Nanaimo Forest Product as a result of the 2013 letter of understanding	February 12, 2014

SUMMARY OF AMENDMENT 70 TO 71 – ADOPTED BY TRUSTEES OCTOBER 9, 2014

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
70	2.7	Continuation of Coverage – Update wording to clarify process for continuation of benefit coverage during lay off and Leave of Absences	October 9, 2014

71	Appendix B	Canfor name change from Canfor Pulp Limited Partnership to Canfor Pulp Ltd.	October 9, 2014

SUMMARY OF AMENDMENT 72 TO 76 – ADOPTED BY TRUSTEES FEBRUARY 16, 2015

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
72	5	Accidental Death & Dismemberment – Update wording from new carrier regarding AD&D benefit effective January 1, 2015	February 16, 2015
73	Appendix B	Nanaimo Forest Products Ltd. increase to life benefit and vision care benefit as a result of ratification of labour agreement effective December 21, 2014	February 16, 2015
74	6.3	Update wording for short term disability to include process for disability claims being paid when disability continues into layoff period February 16, 2015	February 16, 2015
75	7.6	Update long term disability wording to include process for disability claims being paid when disability continues into layoff period	February 16, 2015
76	Exhibit III	AD&D update benefit carrier name and schedule effective January 1, 2015	February 16, 2015

SUMMARY OF AMENDMENT 77 – ADOPTED BY TRUSTEES FEBRUARY 16, 2015

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
77	Appendix B	Nanaimo Forest Products Ltd. increase to life and AD&D	February 22, 2016

		benefit as a result of ratification of labour agreement effective December 20, 2015	

SUMMARY OF AMENDMENT 78 TO 79 – ADOPTED BY TRUSTEES JUNE 13, 2016

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
78	1.3	Update name from Pulp, Paper, and Woodworkers of Canada to Public and Private Workers of Canada	June 13, 2016
79	Appendix A	Update name from Pulp, Paper, and Woodworkers of Canada to Public and Private Workers of Canada	June 13, 2016

SUMMARY OF AMENDMENT 80 – ADOPTED BY TRUSTEES OCTOBER 17, 2016

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
80	Appendix A	Update Public and Private Workers of Canada coverage to reflect the same coverage as Canfor	October 17, 2016

SUMMARY OF AMENDMENT 81 – ADOPTED BY TRUSTEES FEBRUARY 16, 2017

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
81	Appendix D	Nanaimo Forest Products Ltd. increase to life and AD&D benefit as a result of ratification of labour agreement effective December 18, 2016	February 16, 2017

SUMMARY OF AMENDMENT 82 – ADOPTED BY TRUSTEES JANUARY 1, 2017

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
82	Exhibit II – page 52	PBC modified their standard coverage to include continuous glucose monitors effective January 1, 2017	February 16, 2017

SUMMARY OF AMENDMENT 83 TO 87 – ADOPTED BY TRUSTEES FEBRUARY 19, 2018

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
83	Appendix A	Reflects increase to the Basic Life, AD&D and Weekly Indemnity benefit level and maximums effective as negotiated in 2017 collective bargaining. Reflects increases to extended health care paramedical maximums, vision care maximum and orthotics maximum. effective date varies based on mill date of ratification in 2017 Annual deductible increased effective January 1, 2018	February 19, 2018
84	Appendix B	Reflects increase to the Basic Life, AD&D and Weekly Indemnity benefit level and maximums effective as negotiated in 2017 collective bargaining. Reflects increases to extended health care paramedical maximums, vision care maximum and orthotics maximum. effective date varies	February 19, 2018

		based on mill date of ratification in 2017 Annual deductible increased effective January 1, 2018	
85	Appendix C	Reflects increase to the Basic Life, AD&D and Weekly Indemnity benefit level and maximums effective as negotiated in 2017 collective bargaining. Reflects increases to extended health care paramedical maximums, vision care maximum and orthotics maximum. effective date varies based on mill date of ratification in 2017 Annual deductible increased effective January 1, 2018	February 19, 2018
86	Appendix D	Updates Nanaimo Forest Products Ltd.'s basic life and accidental death and dismemberment amount of insurance to $110,253.	February 19, 2018
87	Exhibit I	Updates to composite fillings on all teeth as negotiated in 2017 collective bargaining (effective date of mill ratification in 2017)	February 19, 2018

SUMMARY OF AMENDMENT 88 TO 89 – ADOPTED BY TRUSTEES JUNE 19, 2018

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
88	2.4	Reflects understanding as agreed to by the Trustees that another waiting period does not need to be satisfied when an employee returns from an employer approved leave of absence	June 19, 2018
89	Appendix C	Reflects that Laser Eye Surgery is covered under Vision Care maximum for Catalyst	June 19, 2018

SUMMARY OF AMENDMENT 90 – ADOPTED BY TRUSTEES OCTOBER 15, 2018

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
90	Appendix B	Addition of PPWC Local 2 in Appendix as new class was created effective August 1, 2018	October 15, 2018

SUMMARY OF AMENDMENT 91 TO 95 – ADOPTED BY TRUSTEES FEBRUARY 21, 2019

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
91	Article 8	Updated terms defined to reflect Pacific Blue Cross' updated contract wording	February 21, 2019
92	Exhibit II	Updated eligible expenses to reflect Pacific Blue Cross' updated contract wording	February 21, 2019
93	Exhibit II	Updated exclusions to reflect Pacific Blue Cross' updated contract wording	February 21, 2019
94	Appendix D	Added Nanaimo Forest Products basic life flat amount effective December 16, 2018	February 21, 2019
95	Appendix D	Added Nanaimo Forest Products AD&D flat amount effective December 16, 2018	February 21, 2019

SUMMARY OF AMENDMENT 96 TO 103 – ADOPTED BY TRUSTEES OCTOBER 21, 2019

96	Article 6	Article 6.1 (r) – reference to curtailment being treated same as lay-off as it relates to benefit period	October 21, 2019
97	Article 6	Article 6.7 (g) – reference to floater day and vacation days as being carved out of WI benefit	October 21, 2019

98	Exhibit II	Updated to reflect the current coverage of anti-obesity drugs as per PBC's past practice	October 21, 2019
99	Exhibit II	Update to reflect the current coverage of Medical and Aids (removing blood and blood plasma)	October 21, 2019
100	Exhibit II	Update to reflect the current coverage of the speech processors to be subject to a 5 year benefit period	October 21, 2019
101	Appendix A	Update the name change of Zellstoff Celgar to Mercer Celgar and Skookumchuck Pulp Inc. to Skookumchuck, P.E.	October 21, 2019
102	Appendix D	Negotiated plan changes to NFP: - Improvements in life/AD&D benefit levels for December 2019 and December 2020 - Improvements to extended health (EHC) and dental (effective September 24, 2019 with the exception of annual EHC deductible increasing January 2020)	October 21, 2019
103	Appendix C	Update the name change of Catalyst Paper (Crofton Division) to Catalyst Crofton, P.E.	October 21, 2019

SUMMARY OF AMENDMENT 104 TO 105 – ADOPTED BY TRUSTEES MARCH 2, 2020

104	Exhibit II	Updated exclusions to reflect Pacific Blue Cross' updated contract wording	March 2, 2020
105	Article 8	Article 8.1 - Preferred pharmacy: added the carrier website for a list of preferred pharmacies	March 2, 2020