



INTRODUCTION AND OVERVIEW

Although William Day Construction Limited intends to maintain this benefits plan in the future, the Company reserves the right to amend or modify the Plan. Any amendments or modifications to the governing documents are effective without notice, except as required by law.

Your coverage is described in the Summary of Benefits and the Benefit Details pages. Be sure to read these pages carefully.

Policy Number and Carrier/Adjudicators

Benefit	Carrier/Adjudicator	Policy/Group #
Extended Health, Drugs, Dental	Sun Life	022205

Claims for Extended Health are paid for in advance and submitted on the appropriate form to Sun Life along with the original receipts. Sun life will reimburse you within a reasonable time period. Drug and Dental Claims are processed with the Employee Benefit Card.

If you or a family member depending on your coverage requires hospital treatment or overnight care, please provide Admissions with your Employee Benefit Card. Note that our plan does not provide semi-private coverage – WARD coverage only.

ABOUT THIS PLAN

The Benefit year runs from January 1 to December 31.

Dependent children are eligible until the end of their 21st year (to the day the child turns 22) if in school full-time and financially dependent upon you, residing at your home or listing you as their home address.

SUMMARY OF BENEFITS

The following provides a basic overview of benefits under this plan. Refer to booklet for further specifications. Be sure to keep your booklet in a safe location. It is needed for any travel out of country. Details contained in the plan text and company documents supersede this overview, which is provided only as a general guide for quick reference.

EXTENDED HEALTH CARE (Medicare supplement) / MEDICAL

Insurance percentage: 100% - no deductible

Maximum: \$5,000 per certificate per year – see sub-caps for limits within plan.

Paramedical Care: Acupuncturists, Chiropractors, Physiotherapists, Registered Massage Therapists, Naturopaths, Licensed Psychologists, Speech Therapists, and Podiatrists/Chiropodists. Total paramedical expenses limited to a maximum of \$1,500 per covered person per benefit year;

Other Medical Equipment and Supplies:

Subject to exclusions and limitations set out in booklet

- **Accidental Dental:** Reasonable and customary charges that are no more than fee stated in Dental Fee Guide for a general practitioner in the providence of Ontario;
- **Ambulance Services:** For professional ambulance service to nearest hospital or other medical facility capable of providing required care, excluding transportation to/from scheduled appointments.
- **Hearing Aids:** Limited to \$500 per covered person every five (5) years
- **Private Duty Nursing:** Out of Hospital – Limited to \$25,000 per person every three (3) benefit years
- **Vision Care:** Frames and prescription lenses, or prescription lenses; limited to \$200 per covered person every twenty-four (24) consecutive months; \$50 towards eye exam.
- **Dental Care:** Current fee guide for general practitioners. Deductible Nil. Basic Dental Coverage including limited examinations (see booklet).
- **Prescription Drugs**
Coinsurance Percentage: 100 % of prescription drugs.
Deductible: Nil (Dispensing Fee covered by the plan to \$11.00)
- **Hospital Coverage** WARD Coverage only. (not semi-private)

EMERGENCY OUT OF CANADA MEDICAL COVERAGE

Maximum Coverage Period: 30 days per covered person per trip
Percentage or Amount payable: 100% of the cost of covered emergency services
Termination of Benefit: Retirement or last day of month of attainment of age 75