

TEAMSTERS LOCAL UNION NO. 155 HEALTH BENEFITS PLAN

SUMMARY OF BENEFITS – SEPTEMBER 1, 2025

This summary provides an outline of current benefits. The Plan booklet contains more complete descriptions.

You may obtain more information from the Union, or by contacting the Plan office at:

Address: 501 – 4445 Lougheed Hwy, Burnaby, BC V5C 0E4 **Phone:** 1-855-832-6155 **Fax:** 604-433-8894

Email: teamsters155@convyta.com

Web: <https://www.te155benefits.ca/>

Benefits are available to members in good standing of Teamsters Local Union No. 155.

PRODUCER CONTRIBUTIONS	Producers pay a percentage of gross earnings (Episodic & MoW: 8%; Features: 8.5%, “Supplemental”: 6%), as well as a flat rate per day worked. They also advise the Plan office of the hours you have earned, which determines your eligibility for coverage.
COVERAGE STARTS	<p>After employers report a total of 200 hours for you in up to 10 consecutive calendar months, coverage begins on the first of the month following the report.</p> <p><u>Exception:</u> In recognition of the length of time worked on permit before being admitted to the Union, the Trustees grant 300 hours to begin coverage on the first of the month following the date when the Union advises that you are now a member.</p> <p><u>Enrolment:</u> You must enroll to cover your dependents.</p>
HOUR BANK	Every month, the hours you work are added to your hour bank. Every month you are covered, 100 hours are deducted from your hour bank to “pay” for your coverage. Excess hours worked stay in your hour bank up to 1,200 hours (12 months of coverage) to allow you to stay covered when working less than 100 hours or unemployed.
SELF PAYMENT	<p>If your Hour Bank falls below 100 hours, the Plan office will send you a Shortage Notice. Be sure to pay your Shortage Notice promptly to maintain continuous coverage. You will be billed at \$2.38 per hour to maintain full benefits.</p> <p><u>Maximum Self-Pays:</u> You may self-pay to continue coverage for up to twelve (12) full months or eighteen (18) full months if you are on maternity/parental leave. Your self-pay count is re-set to zero if your employer(s) report 40 hours in one month.</p> <p><u>Subsidized Retirement Plan (SRP)</u> This plan is available to long serving Teamsters Local Union No. 155 members and retirees (55 and over) and meet certain eligibility criteria and who are no longer eligible for Active Plan benefits because they have no hours available in their hour bank and have exhausted the Active Plan self-pay options. Contact the Plan office for more information.</p>
EXTENDED HEALTH CARE (EHC) <i>(Self-insured by the Plan, with large amount of pooling insured by Pacific Blue Cross)</i>	<p>100% reimbursement for:</p> <ul style="list-style-type: none">• Vision Care Products & Services up to \$400 payable per calendar year• Eye exams up to Reasonable & Customary (R&C) limit per calendar <p>80% reimbursement with no overall financial limit for:</p> <ul style="list-style-type: none">• Direct pay prescription drugs—present your card to the pharmacist; note drug reimbursement subject to Low Cost Alternative / Generic pricing• Other eligible expenses <p>Second Medical Opinion – this benefit offers those faced with a serious medical condition the opportunity to obtain a second medical opinion. Contact Pacific Blue Cross for more information.</p> <p>Worldwide Emergency Medical Assistance – carry your card when traveling</p>

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DENTAL	<p>\$5,000 annual maximum per person (Part A and B combined)</p> <ul style="list-style-type: none">• Part A (Basic) 100% reimbursement• Part B (Major Crown, Bridge, Dentures) 60% reimbursement <p>\$5,000 lifetime maximum per person for Part C (Orthodontia) at 50% reimbursement</p>
LIFE, AD&D and DEPENDENT LIFE INSURANCE <i>(Life and Dependent Life insured by Co-operators, AD&D insured by AIG)</i>	<p>\$125,000 flat benefit <i>(Life and AD&D reduce to \$20,000 on the first month after your 65th birthday; at age 70, AD&D ends and Life reduces to \$10,000).</i></p> <p>Dependent Life - \$10,000 for spouse; \$5,000 for each child, except \$2,500 for 15 days old <i>(Dependent Life Insurance is NOT in force unless you enroll your dependents!)</i></p> <p><u>Conversion:</u> You may convert to an individual life policy by applying within 30 days of termination from Plan coverage.</p> <p><u>Disability:</u> If you apply promptly after being disabled for 6 months, life insurance coverage may continue to age 65. If your insurance is being continued under this provision, after you turn 65 life insurance will be continued for your lifetime at \$5,000.</p>
LONG TERM DISABILITY (LTD) <i>(Insured by Co-operators)</i>	<p>\$2,500 <u>taxable</u> monthly benefit</p> <p>Benefits commence on the later of: the 113th day of continuous/consecutive disability, or expiration of EI sickness benefits.</p> <p>Benefit is reduced by WorkSafe BC payments, and total “all source” disability income can be no more than 85% of annual earnings in most recent year.</p> <p>Benefits be payable to age 65, recovery or death.</p> <p>For the <u>first two years</u>, you must be disabled from <u>your own job</u>; after <u>two years</u>, you must be disabled from <u>any occupation</u>. (NOTE: You are only covered for LTD for up to six months after last date worked. Coverage starts again when you work 50 hours in a month)</p>
OTHER BENEFITS	<p>EMPLOYEE ASSISTANCE PLAN (EAP) - The EAP program is a voluntary, confidential counseling and information service for you and your dependents. Dial 1.800.667.0993 or contact the Plan Office or the Local Union No. 155 Office for information.</p> <p>BEREAVEMENT LEAVE – In the event of death of an immediate family member, bereavement leave will be payable to for up to 5 days (at a specified rate) where you would have otherwise been working or available for work. This pay is for time off to grieve, attend a funeral, or handle any issues related to the person’s death.</p> <p>RESIDENTIAL REHABILITATION BENEFIT – The Plan will pay for residential rehabilitation treatment to maximum of \$20,000 per member per lifetime (last limit increase effective October 23, 2019). The lifetime benefit amount can also be shared with the member’s spouse. For further details, or to apply for this benefit, please contact your Union or the Plan Office.</p>

A FEW SUGGESTIONS TO HELP SPEED CLAIMS PROCESSING

- **Enroll** all your dependents with the Plan office. Claims for dependents that are not enrolled will be rejected and will have to be reprocessed after you enroll them.
- **Advise** the Plan office at 1-855-832-6155 or teamsters155@convyta.com for changes to your mailing address.
- **Submit your claims electronically** through your PBC Member Profile. Create your account and sign in at pac.bluecross.ca or through the mobile app.
- **Or mail claims to:**
Pacific Blue Cross
PO Box 7000
Vancouver, BC V6B 4E1
- **Check** that your **receipts** are itemized and show that you have paid for the service.
- **Save copies of your receipts** before sending them to PBC in case there is a problem or they are lost.
- **Extended Health claims** must be submitted no later than June 30 of the current year. For faster reimbursement, send your receipts in throughout the year to avoid seasonal delays.

BC PHARMACARE pays 70% of prescription drug costs beyond an annual deductible based on your family's income. If your family's prescriptions exceed your PharmaCare deductible for the current year, your pharmacist will charge you the balance over what PharmaCare pays. **YOU SHOULD BE REGISTERED** for BC PharmaCare's income-based deductible. If you are not, contact the Plan office or your Union for information.

Supplemental Health Care payments from your Benefit Account (as described in the old Plan booklet) are no longer a feature of this Plan, which is now an hour bank. **HOWEVER:** If you had more than \$625 in your account at the time of conversion in 2009, the amount in excess of that was set aside as a "grandfathered" account balance. You can use this for reimbursement of eligible medical expenses, such as the percentage of Extended Health and Dental claims which the Plan does not pay or amounts over annual limits.

This is not automatic – **you must apply to the Plan office**, either providing your receipts for expenses which are not Plan benefits, or a copy of your Explanation of Benefits statement showing what PBC did not pay under the Plan.

DISABLED?

- EI** If you contribute to Employment Insurance, you are probably eligible for the 26-week EI sick benefit. Contact your EI office or the Union for information.
- LTD** If you are disabled for over 26 weeks while covered for full benefits, you should apply for Long Term Disability. You should also apply for "Waiver of Premium", which can continue your Life and AD&D insurance while disabled without further payment of premiums. Contact the Plan office or your Local for more information, **before** the 26 weeks are up, to avoid delays in payment. If you are accepted on LTD, the Plan will also extend your coverage for EHC and Dental while you remain a member in good standing of the Union.
- CPP** You may be eligible for a CPP disability pension after 4 months of disability. Contact Service Canada at 1.800.277.9914 or www.servicecanada.gc.ca **before** the 4 months are up, to find out if you are eligible and how to apply.

TRAVELLING?

Emergency Medical Travel Assistance – In the event of an emergency while travelling worldwide, call the nearest Medi-Assist Emergency Access number listed on the back of your Worldwide Emergency Medical Assistance card. Have your PBC Extended Health Benefits ID card and policy number ready for personal identification.

RECENT CHANGES TO THE PLAN

INCREASE TO SELF-PAY RATE

- Members who are self-paying on the Active Plan are currently charged only 35% of the actual cost of benefits. The Trustees have determined that self-pay members should contribute 50% of the actual cost of benefits to ensure sustainability. As a result, rates will increase in two phases over a 12-month period as follows:

Effective Date	Coverage Month	Previous Rate (per hour)	New Rate (per hour)
September 1, 2025	October 2025	\$1.90	\$2.38
March 1, 2026	April 2026	\$2.38	\$2.85

MODIFICATION TO LTD ELIMINATION PERIOD

- Effective October 1, 2023 Members who are eligible for Employment Insurance must exhaust EI sickness benefits before commencement of LTD benefits. Effective October 1, 2023 LTD benefits will start on the later of: the 113th day of continuous/consecutive disability, or expiration of EI sickness benefits.

INCREASE TO SELF-PAY RATE

- Members who are self-paying on the Active Plan are currently charged only 31% of the actual cost of benefits. It is the Trustees' intent to have self-pay members pay 50% of the actual costs. As such, the Active Plan self-pay rate is being increased over a three-year period as required to reach this target. The second increase will be effective September 1, 2022 when rates will increase from \$1.40 to \$1.90 per hour.

INCREASE TO SELF-PAY RATE

- Members who are self-paying on the Active Plan are currently charged only 30% of the actual cost of benefits. It is the Trustees' intent to have self-pay members pay 50% of the actual costs. As such, the Active Plan self-pay rate will be increasing over a three-year period as required to reach this target. The first increase will be effective September 1, 2021 when rates will increase from \$1.11 to \$1.40 per hour.

VARIOUS PLAN ENHANCEMENTS

- Effective January 1, 2021, in the event of death of an immediate family member, bereavement leave will be payable for up to 5 days (at a specified rate) where you would have otherwise been working or available for work.
- Effective March 30, 2021, coverage for vaccines has been added (for example: flu, hepatitis, shingles, travel).
- Effective July 20, 2021, long serving members who are age 55 and over and who meet eligibility criteria will have the option to continue coverage for EHC and Dental benefits once coverage under the Active Plan terminates.

VARIOUS PLAN ENHANCEMENTS

- Effective January 1, 2020, The combined annual maximum for basic and major services is increased from \$3,000 to \$5,000 per person
- Effective April 1, 2020:
 - Life and AD&D Insurance increased to \$125,000 for members under age 65
 - Coverage added for Second Medical Opinion services

VARIOUS PLAN ENHANCEMENTS

- Effective January 1, 2020, The annual maximum is increased from \$750 to \$1,000 per person per type of practitioner (massage therapist, physiotherapist, etc.)

- Effective October 23, 2019:
 - The residential rehabilitation lifetime maximum increased to \$20,000
 - Coverage for lens implants is included within the vision care benefit, subject to the current limit
 - The annual limit is removed for erectile dysfunction prescribed drugs

DENTAL PLAN ENHANCEMENTS – DECEMBER 1, 2018

- Coverage added for dental implants under Major Services, subject to the dental fee guide and the Plan's existing combined annual maximum for Basic and Major Services of \$3,000 per person.
- Coverage added for white composite fillings, subject to the dental fee guide and the Plan's existing combined annual maximum for Basic and Major Services of \$3,000 per person.

VARIOUS PLAN ENHANCEMENTS – JULY 1, 2017

- Life and AD&D Insurance increased to \$100,000 for members under age 65
- The monthly LTD benefit increased to \$2,500 per month
- Residential Rehabilitation lifetime maximum increased to \$10,000
- The reimbursement percentage for Dental Basic Services increased to 100%
- The \$100 annual deductible for EHC was removed
- The reimbursement percentage for Vision Care increased to 100%
 - Maximum benefit for Vision Care products increased to \$400 per calendar year
 - The benefit can now be applied to laser eye surgery (in addition to glasses and contact lenses)
 - Eye exams are now covered as a separate benefit – once per calendar year up to reasonable and customary limits
- Paramedical Practitioners annual maximum increased to \$750 per person, per type of practitioner
- Coverage was added for prescribed contraceptives
- Hearing aids are now covered for adults as well as dependent children; 100% reimbursed to a maximum of \$1,000 per ear every 60 months
- Continuous glucose monitors are covered up to the reasonable and customary limit for members meeting eligibility criteria