UFCW Local 832/
WESTFAIR FOODS LTD.
BENEFIT PLAN

January 1, 2011

The following is a general outline of the most important features of the Benefit Plan.

The information contained in this booklet does not create or confer any contractual or other rights. All rights and benefits are determined in accordance with the Plan Text, and Policy No. 40639 issued by Blue Cross Life Insurance Company of Canada effective May 1, 2005.

This Booklet describes the benefits available to the employees of Westfair Foods Ltd. in Manitoba, who are members of UFCW Local 832.

The Benefit Plan is operated by a Board of Trustees with an equal number of Trustees appointed by Westfair Foods Ltd. and the Union. The Trustees have full authority to resolve all questions related to the provisions of the Benefit Plan.

Provisions of the Benefit Plan may be changed depending upon the financial experience, or at the discretion of the Trustees, if the change is in the best interests of the Benefit Plan. This can include an increase or decrease in the amount of coverage.

FOR INFORMATION ABOUT YOUR ELIGIBILITY, COVERAGE OR CLAIMS, CALL OR WRITE THE ADMINISTRATOR.

Please inform the Administrator of any change in your address, marital status, or dependents.

Administrator's Address:

UFCW Local 832/Westfair Foods Ltd.
Benefit Plan
3rd Floor, 880 Portage Avenue
Winnipeg, Manitoba R3G 0P1

Phone: 982-6087 (In Winnipeg)
1-877-982-6087 (Outside Winnipeg)

The Board of Trustees

Serafina Morgia
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Tier 1 Coverage

PARTICIPATION/ELIGIBILITY FOR COVERAGE

Part-time Employees Only:

If you have not qualified for Tier 2 Coverage (see Page 14 of this Booklet), you become eligible for coverage on the first day of the month, immediately following the month in which you complete 6 consecutive calendar months of employment,

or

If you qualified for Tier 2 Coverage, the day you lose your Tier 2 coverage, because you voluntarily restricted your hours resulting in an average of less than 32 hours per week in a 13-week period (see Page 15 of this Booklet).

Eligible Dependants: Your eligible dependants become eligible for **Prescription Drug** and **Vision Care** coverage when you become eligible.

COVERAGE SUSPENSION/ TERMINATION

Eligibility is suspended:

a) for Sick Pay coverage - while you are on vacation.

b) for all other coverage - during strike or lockout, lay-off, leave of absence and maternity leave. While on leave of absence or maternity leave you can extend your coverage for up to 12 months by making self-payments (currently $26 per month, but subject to change) monthly or quarterly in advance.

Tier 1 Coverage

Eligibility for Tier 1 coverage terminates on the earlier of the following dates:

(a) you qualify for Tier 2 coverage;

(b) your employment terminates or you retire;

(c) you cease to be a member of Local 832;

(d) after 12 months of absence from employment (other than illness or injury);

(e) the Benefit Plan terminates.

ELIGIBLE DEPENDANTS

"Dependants" means your spouse and your unemployed, unmarried, natural or legally adopted child, step-child or the child of a common-law spouse or same gender spouse, who lives with you, or is in residence at a recognized educational institution, and who is:

(a) under 18, or

(b) under 25 and attending a recognized educational institution full-time, or

(c) 18 or over and incapable of self-sustaining employment because of a mental or physical disability which commenced prior to the child's 18th birthday.

A **"spouse"** is a person legally married to you and living with you, or a common-law spouse or same gender spouse who has **lived with you** for at least:

- one year, if neither of you is legally married, or
- three years, if one of you is legally married.

Your common-law or same gender spouse and the children of your common-law or same gender spouse must be listed on your initial Registration form. **If acquired later**, they must be listed on the Administrator's records for at least 12 months before coverage can commence.

SICK PAY

Each month Westfair Foods Ltd. reports the hours that you work to the Benefit Plan. These hours are credited to your Hour Bank.

For every 300 hours accumulated in your Hour Bank, you will be granted one "sick day" credit up to a maximum of 2,100 hours or 7 "sick day" credits.

300 hours will be deducted from your Hour Bank for each "sick day" paid to you.

Benefit

For each day that you are unable to work as a result of an illness, or an accidental non-occupational injury, the Benefit Plan will pay you:

$55.00 if your hourly rate of pay is $9.25 to $12.00.

$70.00 if your hourly rate of pay is $12.01 to $16.00.

$85.00 if your hourly rate of pay is $16.01 or higher.

Exclusions

No payment will be made:

- for any partial day of absence;
- if you are entitled to receive benefits from any other source;
- if you are on lay-off, leave of absence, vacation or maternity leave; or
- if your disability results from an intentionally self-inflicted injury, or while you are committing a criminal offense, or provoking an assault, or cosmetic surgery that is not correcting a deformity.

Tier 1 Coverage

PRESCRIPTION DRUG
(For Eligible Members and Dependants)

Expenses incurred for drugs and related supplies, which require the written prescription of a licensed medical doctor or dentist or, where legally permissible, by another licensed practitioner, and are dispensed by a licensed pharmacist, in Canada, **but are not able to be purchased "over the counter"**, are eligible for reimbursement.

Drugs and medicines include injectable drugs when administered by a licensed medical doctor for which no reasonable non-injectable alternative is available, **excluding** the cost of their administration.

Benefit

Up to a maximum of $350 per calendar year.

Exclusions

Charges for the following services and supplies are not eligible for reimbursement.

- Vitamins
- Contraceptives (other than oral)
- Drugs which have no therapeutic value
- Dietary food/supplements
- Smoking cessation aids
- Drugs and/or products prescribed for sexual performance, obesity or infertility

PHYSIOTHERAPIST AND/OR MASSAGE THERAPIST

(For Eligible Members Only)

Expenses incurred for the services of a licensed physiotherapist and/or a licensed massage therapist, are eligible for reimbursement provided you submit a written referral by a licensed medical doctor.

Benefit

Up to a maximum of $300 (combined) per calendar year.

Exclusions

No amount will be paid for amounts eligible for reimbursement by the Manitoba Health Services Commission.

ORTHOTICS

(For Eligible Members Only)

Expenses incurred for orthopedic shoes, boots or inserts, are eligible for reimbursement provided you submit a written prescription from a licensed medical doctor or podiatrist.

Benefit

Up to a maximum of $150 per calendar year.

Exclusions

No amount will be paid for amounts eligible for reimbursement by the Manitoba Health Services Commission.

CHIROPRACTOR
(For Eligible Members Only)

Expenses incurred for the services of a licensed chiropractor are eligible for reimbursement.

Benefit

Up to a maximum of $300 per calendar year.

Exclusions

No amount will be paid for amounts eligible for reimbursement by the Manitoba Health Services Commission.

VISION CARE
(For Eligible Members and Dependants)

Expenses incurred for vision correction are eligible for reimbursement when prescribed by a licensed medical doctor, ophthalmologist or optometrist.

Benefit

Glasses or contact lenses: Up to a maximum of $250 per 24-month period.

Eye examinations: Provided the expense is not covered in any part by the Manitoba Health Services Commission: up to a maximum of $80 per 24-month period.

Exclusions

No amount will be paid for tinting, safety glasses or sunglasses or any form of eyeglasses provided for cosmetic or aesthetic purposes or required as a condition of employment.

WIGS/HAIRPIECES
(For Eligible Members Only)

Expenses incurred for wigs and/or hairpieces, required as a result of a medical condition are eligible for reimbursement.

When you submit a claim, you must include a referral from a licensed medical doctor.

Benefit

Lifetime maximum of $1,000.

AMBULANCE
(For Eligible Members Only)

If medically necessary, up to $400 per trip will be reimbursed for transportation by any form of licensed ambulance, including air ambulance, from:

- ✓ the place where disability is suffered to the nearest hospital where adequate treatment can be received
- ✓ a hospital to your residence

TRAVEL HEALTH
(For Eligible Members Only)

Travel Health coverage is provided under Blue Cross Policy No. 40639 if you are under age 70, and are traveling outside of Manitoba and:

a) require emergency care as a result of a sudden and unexpected injury, or
b) sustain a sudden, unexpected illness or acute episode of a disease that could not have been reasonably anticipated based on prior medical condition,

and

TRAVEL HEALTH (cont'd)
(For Eligible Members Only)

- ✓ you are covered under the Manitoba Provincial Health Plan and the charges are not eligible for reimbursement there under, and
- ✓ the length of the planned trip does not exceed 90 days, and
- ✓ the charges are necessary for treatment in relation to the medical emergency, and
- ✓ the charges are not in excess of the usual, customary and reasonable expenses for the services performed, or the materials furnished, as determined by Blue Cross.

Covered Services and Supplies

100% of the following eligible Emergency Medical expenses are payable with an unlimited lifetime maximum (subject to certain limits):

- Hospital in-patient and outpatient charges.
- Medical and surgical charges for services provided by a physician.
- Blood or plasma, if not available free of charge.
- Private duty nursing.
- Ambulance services, from the place of illness or accident to the nearest hospital capable of providing appropriate treatment.
- Economy air transportation to home city in Canada by stretcher if you received treatment at a hospital as an in-patient.
- Dental care to natural teeth, to a maximum of $1,000, due to damage caused only by a direct accidental blow to the mouth.

TRAVEL HEALTH (cont'd)
(For Eligible Members Only)

Covered Services and Supplies (cont'd)

- Treatment for emergency relief of dental pain, to a maximum of $300. A letter from the attending dentist, indicating that acute dental pain was not present prior to departure must be presented.
- Prescription drugs.
- Physiotherapy provided in a hospital.
- Chiropractic, and podiatrist or chiropodist services, on certification, by the attending practitioner, that services were for acute care.
- Allowance of $40 per day for each day of hospitalization as an in-patient, to a maximum of $1,000.
- Emergency veterinary care, to a maximum of $200, required due to injury to an accompanying pet.
- Up to $300 for the return of your pet to your home city in Canada, if you are confined in hospital for at least 3 days.
- Transportation charges to your bedside by your spouse, or, a family member, while you are confined to hospital for at least 3 days. Written verification by the attending physician, that the medical condition was serious enough to require the visit must be provided. Transportation charges will also be allowed for a family member traveling to identify your deceased body prior to release of the body, if required by law.

  Eligible charges are round trip economy airfare by the most direct route from a Province in Canada to the place where illness or accident occurred to a maximum of $4,000.

TRAVEL HEALTH (cont'd)
(For Eligible Members Only)

Covered Services and Supplies (cont'd)

- Repair or replacement of eyeglasses, or contact lenses, to a maximum of $100, required due to accident or injury, provided the injury was treated by a physician or dentist.
- Additional cost, if any, of the most direct return economy air fare to your home city in Canada from place of hospitalization, including the cost of return economy air fare for:
  - a graduate professional nurse, if, on written request by the attending physician, nursing care is required during the flight home, and
  - a relative or traveling companion covered by a Blue Cross Travel Health Plan and traveling with you at the time of injury or onset of illness.
- Additional cost of return economy airfare for an escort to accompany your dependant child(ren) (up to 18 years of age) to their Province of residence in the event you have been evacuated to Canada for medical reasons.
- An allowance of up to $2,000 towards the cost of the return of a private or rental vehicle, used for the trip, to your place of residence, or nearest rental agency, in the event total disability prevents you from driving.
- Additional board and lodging expenses, incurred beyond the original duration of the trip by a friend or relative remaining with you during your hospitalization as an inpatient, if the friend or relative is also covered by a Blue Cross Travel Health Plan.

TRAVEL HEALTH (cont'd)
(For Eligible Members Only)

Covered Services and Supplies (cont'd)

- Charges for hotel accommodation and meals to a combined maximum of $300 for persons traveling to your bedside or traveling to identify your deceased body.
- In the event of death, up to $5,000 towards the cost of transporting your body to your home city in Canada (including costs of preparation and standard vessel), or for cremation or burial at place of death.

INTERNATIONAL EMERGENCY TRAVEL ASSISTANCE

When traveling outside of Manitoba **remember to carry your International Emergency Travel Assistance card with you**, so that you or a family member can call the number on the card when emergency services are required.

The International Emergency Travel Assistance service offers 24-hour multilingual worldwide assistance by telephone, telex or facsimile in locating medical services in emergency situations.

Physicians, hospitals or you should contact the International Emergency Travel Assistance representative immediately in the following medical situations, if you:

- Are hospitalized or about to be hospitalized.
- Need assistance in locating the nearest proper medical care.
- Need to have this insurance coverage verified.

TRAVEL HEALTH (cont'd)
(For Eligible Members Only)

- Are involved in an accident and require medical treatment.
- Have a medical problem and require translation service.
- Require emergency evacuation which is deemed medically necessary.
- Develop any serious medical problem.

The attending physician must submit certification to Blue Cross that the services were:

- for emergency treatment, and
- provided outside Manitoba.

Neither Blue Cross nor the International Emergency Travel Assistance provider is responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

International Emergency Travel Assistance Toll Free Telephone Numbers:

In Canada and the United States, call toll free 1-866-601-2583. In all other countries, or if you have any difficulties with the toll free number, call collect 0-204-775-2583.

The toll free telephone numbers are located on the International Emergency Travel Assistance card for your convenience.

For general inquiries call Manitoba Blue Cross at 775-0151 or toll free (within Manitoba only) 1-800-873-2583, outside Manitoba, but within Canada 1-888-596-1032.

TRAVEL HEALTH (cont'd)
(For Eligible Members Only)

Exclusions and Limitations

No amount will be paid for any expense incurred by or as a result of:

- retired employees,
- traveling, against medical advice,
- medical examinations, cosmetic treatment or dental services other than those required as a result of an accident,
- pregnancy and delivery in the event that any portion of travel occurs 36 weeks following gestation, or
- treatment that could have waited until you returned home without endangering your life or health.

PARTICIPATION/ELIGIBILITY FOR COVERAGE

Full-time Employees: You become eligible for coverage, on the first day of the month, immediately following the month in which you complete 3 consecutive calendar months of full-time employment.

Part-time Employees: You become eligible for Tier 2 coverage on the first day of the month immediately following the end of a 13-week period during which you average at least 32 hours of work per week.

NOTE: If you are away from work because of illness or injury on the day that your coverage should be effective, or the day when an increase in your coverage should take effect, your coverage effective date or increased coverage effective date will be delayed until you return to work for one full day.

Eligible Dependants: Your eligible dependants become eligible for coverage when you become eligible **EXCEPT THAT if any of your dependants are confined to a hospital or convalescent hospital on the day their coverage would otherwise begin, the coverage will begin when your dependant is no longer hospitalized.**

Tier 2 Coverage

COVERAGE SUSPENSION/ TERMINATION

If you are a Part-time Employee, eligibility for Sick Pay coverage is suspended while you are on vacation.

For all Employees, eligibility for all other coverage is suspended during strike or lockout, lay-off, leave of absence and maternity leave. While on leave of absence or maternity leave you can extend your coverage for up to 12 months by making self-payments (currently $26 per month but subject to change) monthly or quarterly in advance.

Eligibility for Tier 2 coverage terminates on the earlier of the following dates:

(a) your employment terminates or you retire;

(b) you are a Part-time Employee whose coverage commenced after November 10, 1997, and you voluntarily restrict your hours resulting in an average of less than 32 hours per week in a 13-week period;

(c) you cease to be a member of Local 832;

(d) after 12 months of absence from employment (other than illness or injury);

(e) the Benefit Plan terminates.

Tier 2 Coverage

ELIGIBLE DEPENDANTS

“Dependants” means your spouse and your unemployed, unmarried, natural or legally adopted child, step-child or the child of a common-law spouse or same gender spouse, who lives with you, or is in residence at a recognized educational institution, and who is:

(a) under 18, or

(b) under 25 and attending a recognized educational institution full-time, or

(c) 18 or over and incapable of self-sustaining employment because of a mental or physical disability which commenced prior to the child’s 18th birthday.

A **“spouse”** is a person legally married to you and living with you, or a common-law spouse or same gender spouse who has **lived with you** for at least:

- one year, if neither of you is legally married, or
- three years, if one of you is legally married.

Your common-law or same gender spouse and the children of your common-law or same gender spouse, must be listed on your initial Registration form. **If acquired later**, they must be listed on the Administrator’s records for at least 12 months before coverage can commence.

Tier 2 Coverage

MAJOR MEDICAL
(For Eligible Members and Dependants)

Charges for the following Major Medical services and supplies will be reimbursed, if incurred as a result of illness or injury, provided the charge is not eligible for reimbursement under any government plan or other employer plan.

Payments will be issued only to you.

Hospital Expenses

Charges for a semi-private hospital room in Canada in excess of ward accommodation and medical and surgical treatment incurred on an outpatient basis (excluding physician's and special nurses' fees).

If confinement is in a private room, the amount eligible will be limited to the cost of semi-private accommodation in the same hospital.

Ambulance

If medically necessary, up to $400 per trip will be reimbursed for transportation by any form of licensed ambulance, including air ambulance, from:

- ✓ the place where disability is suffered to the nearest hospital where adequate treatment can be received
- ✓ a hospital to the patient's residence

MAJOR MEDICAL (cont'd)
(For Eligible Members and Dependants)

Medical Services and Supplies

When you submit a claim you must include a referral from a licensed medical doctor.

- treatment by x-ray, radiation and radioactive isotopes
- rental, or at the option of the Administrator, purchase of a wheelchair, hospital bed or respiratory/ventilator (must be approved by the Administrator). Lifetime maximum of $1,000 per person
- rental, or at the option of the Administrator, purchase of other therapeutic medical equipment (must be approved by the Administrator). Lifetime maximum of $250 per person
- crutches, splints, casts, trusses, braces, lumbar-sacro supports, corsets, traction equipment, knee braces, cervical collars and surgical elastic stockings

Wigs/Hairpieces

Expenses incurred for wigs and/or hairpieces, required as a result of a medical condition: lifetime maximum of $1,000 per person.

When you submit a claim, you must include a referral from a licensed medical doctor.

MAJOR MEDICAL (cont'd)
(For Eligible Members and Dependants)

Prosthesis

Purchase, replacement or repair of artificial limbs or eyes.

Breast prostheses and surgical bras: up to a maximum of $100 per single prostheses or bra, and $200 per double prostheses or bra per calendar year.

When you submit a claim you must include a referral from a licensed medical doctor.

Orthotics (For Eligible Members Only)

Expenses incurred for orthopedic shoes, boots or inserts, are eligible for reimbursement up to a maximum of $150 per calendar year provided you submit a written prescription from a licensed medical doctor or podiatrist.

Private Duty Nurse

On written order by a licensed medical doctor, services of a registered nurse, registered psychiatric nurse, VON or licensed practical nurse who is not related to you nor ordinarily a resident in your home, while you or your Dependant are confined to a hospital, and for up to 12 months following discharge from hospital.

Expenses for such services will not be eligible if you or your Dependant are residing in a nursing home, home for the aged, rest home or similar facility in Canada, or if services are for custodial care.

Maximum payment of $3,000 per person per calendar year.

MAJOR MEDICAL (cont'd)
(For Eligible Members and Dependants)

Health Practitioners

Up to a maximum of $350 per practitioner, per calendar year for the services (excluding diagnostic x-ray examinations) of a licensed:

- clinical psychologist
- chiropodist
- physiotherapist (including massage therapy)
- registered dietician

When you submit a claim you must include a referral from a licensed medical doctor.

VISION CARE
(For Eligible Members and Dependants)

Expenses incurred for vision correction are eligible for reimbursement when prescribed by a licensed medical doctor, ophthalmologist or optometrist.

Benefit

Glasses or contact lenses: Up to a maximum of $250 per 24-month period.

Eye examinations: Provided the expense is not covered in any part by the Manitoba Health Services Commission: up to a maximum of $80 per 24-month period.

Exclusions

No amount will be paid for tinting, safety glasses or sunglasses or any form of eyeglasses provided for cosmetic or aesthetic purposes or required as a condition of employment.

CHIROPRACTOR
(For Eligible Members and Dependants)

Expenses incurred for the services of a licensed chiropractor are eligible for reimbursement.

Benefit

Up to a maximum of $300 per calendar year.

Exclusions

No amount will be paid for amounts eligible for reimbursement by the Manitoba Health Services Commission.

SICK PAY
(For Part-Time Employees Only)

If you **have not worked** sufficient hours to qualify for Weekly Indemnity Benefits from the Westfair Group Insurance Plan, and you **have used all** of your Company Sick Leave Credits, you may be entitled to Sick Pay coverage from the Benefit Plan.

Each month Westfair Foods Ltd. reports the hours that you work to the Benefit Plan. These hours are credited to your Hour Bank.

For every 300 hours accumulated in your Hour Bank, you will be granted one "sick day" credit up to a maximum of 2,100 hours or 7 "sick day" credits.

300 hours will be deducted from your Hour Bank for each "sick day" paid to you.

SICK PAY (cont'd)
(For Part-Time Employees Only)

Benefit

For each day that you are unable to work as a result of an illness, or an accidental non-occupational injury, the Benefit Plan will pay you:

$55.00 if your hourly rate of pay is $9.25 to $12.00.

$70.00 if your hourly rate of pay is $12.01 to $16.00.

$85.00 if your hourly rate of pay is $16.01 or higher.

Exclusions

No payment will be made:

- for any partial day of absence;
- if you are entitled to receive benefits from any other source;
- if you are on lay-off, leave of absence, vacation or maternity leave; or
- if your disability results from an intentionally self-inflicted injury, or while you are committing a criminal offense, or provoking an assault, or cosmetic surgery that is not correcting a deformity.

Tier 2 Coverage

LIFE INSURANCE
(For Eligible Members Under Age 70)

Life Insurance coverage provides financial protection for your survivors in the event of your death.

If you die while eligible for coverage and the claim requirements are met, your life insurance benefit will be paid to the beneficiary(ies) you have named on your Designation of Beneficiary Form.

Benefit

The death benefit is equal to **one times your annual salary** (rounded to the next higher $1,000 if not already a multiple thereof), **to a maximum of $100,000.**

If your beneficiary predeceases you, the benefit will be paid to your estate.

You designate a beneficiary by completing a Designation of Beneficiary Form. To change your beneficiary you must complete a new Designation of Beneficiary Form and mail it to the Administrator.

The amount of your Life Insurance coverage will be reviewed every 6 months and will be adjusted where necessary based on your wage in effect on the review date.

LIFE INSURANCE (cont'd)
(For Eligible Members Under Age 70)

If your coverage terminates prior to age 65, you may be able to convert your coverage to an individual life insurance policy, without a medical examination or health questionnaire. You must apply in writing and send the first month's premium to Blue Cross within 31 days of the date that your life insurance coverage terminates.

To contact a Blue Cross Life Insurance Agent for assistance, dial (204) 775-0161.

Be sure to tell the agent that you are insured under Group Policy No. 40639.

The Life Insurance Benefit paid to your beneficiary is not taxable, except for any interest that may be included in the payment, which is a taxable benefit to your beneficiary.

Tier 2 Coverage

TRAVEL HEALTH
(For Eligible Members and Dependants)

Travel Health coverage is provided under Blue Cross Policy No. 40639 when you or an eligible dependant, under age 70, are traveling outside of Manitoba and:

a) require emergency care as a result of a sudden and unexpected injury, or
b) sustain a sudden, unexpected illness or acute episode of a disease that could not have been reasonably anticipated based on prior medical condition,

and

- ✓ the patient is covered under the Manitoba Provincial Health Plan and the charges are not eligible for reimbursement there under, and
- ✓ the length of the planned trip does not exceed 90 days, and
- ✓ the charges are necessary for treatment in relation to the medical emergency, and
- ✓ the charges are not in excess of the usual, customary and reasonable expenses for the services performed, or the materials furnished, as determined by Blue Cross.

TRAVEL HEALTH (cont'd)
(For Eligible Members and Dependants)

Covered Services and Supplies

100% of the following eligible Emergency Medical expenses are payable with an unlimited lifetime maximum per person (subject to certain limits):

- Hospital in-patient and outpatient charges.
- Medical and surgical charges for services provided by a physician.
- Blood or plasma, if not available free of charge.
- Private duty nursing.
- Ambulance services, from the place of illness or accident to the nearest hospital capable of providing appropriate treatment.
- Economy air transportation to home city in Canada by stretcher if the patient has received treatment at a hospital as an in-patient.
- Dental care to natural teeth, to a maximum of $1,000, due to damage caused only by a direct accidental blow to the mouth.
- Treatment for emergency relief of dental pain, to a maximum of $300. A letter from the attending dentist, indicating that acute dental pain was not present prior to departure must be presented.
- Prescription drugs.
- Physiotherapy provided in a hospital.
- Repair or replacement of eyeglasses, or contact lenses, to a maximum of $100, required due to accident or injury, provided the injury was treated by a physician or dentist.
- Chiropractic, and podiatrist or chiropodist services, on certification, by the attending practitioner, that services were for acute care.

TRAVEL HEALTH (cont'd)
(For Eligible Members and Dependants)

Covered Services and Supplies (cont'd)

- Allowance of $40 per day for each day of hospitalization as an in-patient, to a maximum of $1,000.
- Emergency veterinary care, to a maximum of $200, required due to injury to an accompanying pet.
- Up to $300 for the return of an insured's pet to his/her home city in Canada, if the insured is confined in hospital for at least 3 days.
- Transportation charges to the bedside of an insured by his/her spouse, or, a family member while insured is confined to hospital for at least 3 days. Written verification by the attending physician, that the medical condition was serious enough to require the visit must be provided. Transportation charges will also be allowed for a family member traveling to the bedside to identify a deceased insured prior to release of the body, if required by law.
  Eligible charges are round trip economy airfare by the most direct route from a Province in Canada to the place where illness or accident occurred to a maximum of $4,000.
- Additional cost, if any, of the most direct return economy air fare to the insured's home city in Canada from place of hospitalization, including the cost of return economy air fare for:
  - a graduate professional nurse, if, on written request by the attending physician, nursing care is required during the flight home, and
  - a relative or traveling companion covered by a Blue Cross Travel Health Plan and traveling with the patient at the time of injury or onset of illness.

TRAVEL HEALTH (cont'd)
(For Eligible Members and Dependants)

Covered Services and Supplies (cont'd)

- Additional cost of return economy airfare for an escort to accompany the insured dependant child(ren) (up to 18 years of age) to their province of residence in the event the Member has been evacuated to Canada for medical reasons.
- An allowance of up to $2,000 towards the cost of the return of a private or rental vehicle, used for the trip, to the insured's place of residence, or nearest rental agency, in the event total disability prevents the insured from driving.
- Additional board and lodging expenses, incurred beyond the original duration of the trip by a friend or relative remaining with the insured during his/her hospitalization as an inpatient, if the friend or relative is also covered by a Blue Cross Travel Health Plan.
- Charges for hotel accommodation and meals to a combined maximum of $300 for persons traveling to the bedside or traveling to identify a deceased family member.
- In the event of death, up to $5,000 towards the cost of transporting the deceased insured to his/her home city in Canada (including costs of preparation and standard vessel), or for cremation or burial at place of death.

INTERNATIONAL EMERGENCY TRAVEL ASSISTANCE

When traveling outside of Manitoba **remember to carry your International Emergency Travel Assistance card with you**, so that you or a family member can call the number on the card when emergency services are required.

TRAVEL HEALTH (cont'd)
(For Eligible Members and Dependants)

The International Emergency Travel Assistance service offers 24-hour multilingual worldwide assistance by telephone, telex or facsimile in locating medical services in emergency situations.

Insured travelers, physicians, or hospitals should contact the International Emergency Travel Assistance representative immediately in the following medical situations, if you (or your insured dependant):

- Are hospitalized or about to be hospitalized.
- Need assistance in locating the nearest proper medical care.
- Need to have this insurance coverage verified.
- Are involved in an accident and require medical treatment.
- Have a medical problem and require translation service.
- Require emergency evacuation which is deemed medically necessary.
- Develop any serious medical problem.

The attending physician must submit certification to Blue Cross that the services were:

- for emergency treatment, and
- provided outside Manitoba.

Neither Blue Cross nor the International Emergency Travel Assistance provider is responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

TRAVEL HEALTH (cont'd)
(For Eligible Members and Dependants)

International Emergency Travel Assistance Toll Free Telephone Numbers:

In Canada and the United States, call toll free 1-866-601-2583. In all other countries, or if you have any difficulties with the toll free number, call collect 0-204-775-2583.

The toll free telephone numbers are located on the International Emergency Travel Assistance card for your convenience.

For general inquiries call Manitoba Blue Cross at 775-0151 or toll free (within Manitoba only) 1-800-873-2583, outside Manitoba, but within Canada 1-888-596-1032.

Exclusions and Limitations

No amount will be paid for any expense incurred by or as a result of:

- retired employees (including dependants),
- students in attendance at learning institutions outside of Canada,
- traveling, against medical advice,
- medical examinations, cosmetic treatment or dental services other than those required as a result of an accident,
- pregnancy and delivery in the event that any portion of travel occurs 36 weeks following gestation, or
- treatment that could have waited until the insured returned home without endangering the insured’s life or health.

Privacy Legislation

Participation in the UFCW LOCAL 832/ WESTFAIR FOODS LTD. BENEFIT PLAN ("the Benefit Plan") depends on the collection, storage, use and, sometimes, the destruction of personal information about the Benefit Plan Members and their eligible Dependants.

This information forms the foundation upon which individual entitlements are built, and from which benefit payments are calculated and made. As well, parts of the personal information are needed to satisfy government demands for facts, facilitate audits of the Benefit Plan, estimate future operating costs, assess the Benefit Plan's performance and to transfer data to any replacement program. The information could also be called into a court action. In all cases, however, personal information is stored with the utmost attention to security, and deployed, sparingly, to fulfill the requirements of the Benefit Plan and the law.

Registration, to participate in the Benefit Plan, involves an authorization to allow the Board of Trustees and the Administrator to gather and apply personal information in specific ways. A Member may revoke that authorization, subject to certain legal constraints; however, doing so precipitates the destruction of the Member's personal information and may, therefore, render ongoing participation impossible.

A complaint by a Benefit Plan Member, related to Personal Information, may be addressed to the Administrator's Privacy Officer. If further satisfaction is required, the Plan Member may contact the Office of the Privacy Commissioner of Canada or, if applicable, the Provincial Commissioner.

Appeal Procedure

If your claim for benefits has been partially or totally denied, you may appeal the decision of the Administrator.

The appeal process is as follows:

1. Send a letter to the Administrator describing why you feel that the claim should be paid and where possible enclose information to support your claim.

   Appeals must be submitted within 30 days of being denied.

2. The Administrator may request additional information, if necessary, and will review your appeal.

If the claim is still unable to be paid, the Administrator will present your appeal to the Board of Trustees for a decision.

You will be notified in writing of the final decision of the Board of Trustees.

How To Report Claims

MAKE SURE THAT YOU HAVE COMPLETED A REGISTRATION FORM AND MAILED IT TO THE ADMINISTRATOR. YOUR CLAIMS WILL NOT BE PROCESSED UNTIL THIS IS DONE.

How do I complete a claim for Sick Pay Benefits?

a) Complete Section 1 of the Sick Pay Claim Form.

b) Have your Employer complete Section 2.

c) Mail the Form to the Administrator.

Claims must be submitted within 45 days following your first day off.

How do I complete a claim for Major Medical Benefits?

a) Complete the Member's Statement of the Major Medical Claim Form and attach all original receipts.

b) Sign and date the back of the Form where indicated. If you are claiming expenses incurred by your spouse or a dependant child age 18 or over make sure that they sign the back of the Form where indicated.

c) Mail the Form to the Administrator.

Claims must be submitted no later than April 30 of the year following the year in which the expense or charge was incurred.

How To Report Claims

What happens if my Spouse is a Member of another plan?

The charges are shared by both plans. The procedure is outlined below:

Claims for expenses you incurred should be submitted to this Benefit Plan first – we are first payer. The Administrator will provide a copy of the claim and documentation of the amount this Plan has paid, to you for submission to the other plan.

Claims for expenses incurred on behalf of your spouse should be submitted to his/her plan first – we are second payer. When payment has been received from the other plan, submit the claim to this Benefit Plan. Enclose detailed documentation of the amount the other plan has paid.

Claims for expenses incurred on behalf of your dependant children should be submitted first to the plan in which the parent with the earlier birth month and day, is a member. If the parents have the same birth date, claims should be submitted first to the plan in which the parent, whose first name begins with the earlier letter of the alphabet, is a member.

If the parents are divorced or separated, claims for dependant children should be submitted as follows.

- First… to the plan of the parent having custody of the child.
- Second… to the plan of that parent's spouse.
- Third… to the plan of the parent not having custody.
- Fourth… to the plan of that parent's spouse.

How To Report Claims

What happens if both my Spouse and I are employed by Westfair Foods?

If both of you are eligible for coverage under the Benefit Plan, up to 100% of the total applicable expense may be reimbursed.

You must indicate on the Major Medical Claim Form that both you and your spouse are employed by Westfair Foods.

Claims for expenses incurred on behalf of your dependent children are also eligible for reimbursement of up to 100% of the applicable expense.

How is a claim made for Life Insurance Benefits or Travel Health?

Claim Forms are available from the Benefit Plan Office. Please call or write the Administrator, and the forms will be sent to you along with all the necessary instructions.

NOTE:

A claim for Life Insurance must be made within 365 days from the date of death.

A claim for Travel Health must be made within 365 days from the date the service or supplies were received.