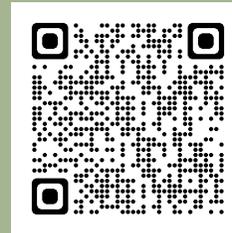
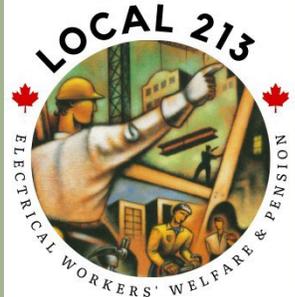


Welfare/Benefit Plan Information Session

April 10, 2024





Agenda

- Nature of the Plan
- Benefit Plan Eligibility
- Plan Coverage
 - Life/AD&D Coverage
 - Member's Death Benefit/Bereavement Wage Loss
 - Wage Indemnity/SUB Plan/Income Continuance
 - Extended Health Care (PBC)
 - Optical/Dental/Hearing Aids
 - Mental Health Resources
 - Other Benefits
 - Continuation of Coverage (self-pay, etc.)
- Welfare and Pension Plan Website
 - www.213pension.org



Nature of the Plan



General Info

- The Local 213 Electrical Workers' Health and Welfare Plan ("The Plan") was established in 1969, and operates on the basis of collective agreements between Local 213 IBEW and participating employers.
- The Plan is administered by a Board of Trustees.
- The Plan provides benefits for members of Local 213 who have been employed by one or more participating employers, and who qualify in accordance with plan rules.
 - Plan is an ELHT – Employer Life and Health Trust Plan and registered with CRA
- The rules and precise terms of the Plan are set out in the Plan Text
 - Brochures/plan descriptions and the plan's website describe the various benefits to members
 - The above two documents are reproductions of the Plan Text but in more detailed and user-friendly terminology
- AGM held every year in December
 - For 2024, December 5th at Local 213 building after Unit 2 monthly meeting (approximate 8:30 PM)



Benefit Plan Eligibility



Qualification

- You may qualify by working and have reported by your employer the required hourly contributions.
- To qualify you must have 130 hours in your hour bank which must be accumulated in the six month period prior to qualification.
- You qualify for all benefits on the first day of the month following the month in which sufficient hours are reported by your employer.
 - Employers are supposed to remit hours to us by specific dates as prescribed within your collective agreement
 - The standard rate per hour is \$2.30 under the Electrical Workers' Agreement
 - Some agreements do not match this standard rate so reported hours are adjusted proportionately
- Apprentices' coverage will be continued by the Plan provided they are attending school full time under the Joint Apprenticeship and Retraining Committee of Local 213.



Hour Bank

- Any hours in excess of the 130 that are required to maintain coverage will accumulate in the members' hour bank **to a limit of 1000 hours**.
 - Equates to approximately 7 months coverage.
- Coverage starts on:
 - The first day of the month following the month in which sufficient hours are reported by a contributing employer AND
 - All enrolment forms are fully completed and returned to the Welfare Office.
- Keep in mind that hours worked in August are reported in September for coverage in October.
- Pro-rating occurs on certain benefits if < 4 months of coverage in a **calendar year**
 - Supplemental Health Account and Dental Benefits
- Coverage ends:
 - When you do not have sufficient hours reported to make the required coverage charge of 130 hours.
 - Members with insufficient hours will be sent a letter with an option to self-pay, if eligible (Plan A or B if under 65).
 - Self-pay has a timeframe limit of 3 years



Who is Covered with You?

Spouse

- Married or Common-Law
- Common-Law – 6 month cohabitation requirement from date EWWP office is advised/receives change form

Reminder to update your Life/AD&D beneficiary if your circumstances change due to a life event

Dependent Children

- Age 21 or 25 if attending an accredited educational institute
 - Includes step-child, legally adopted child or legal ward (not foster child)
- Up to age 18 for Children's Orthodontic coverage
- Disabled children no age limit, subject to Pacific Blue Cross's medical review and approval

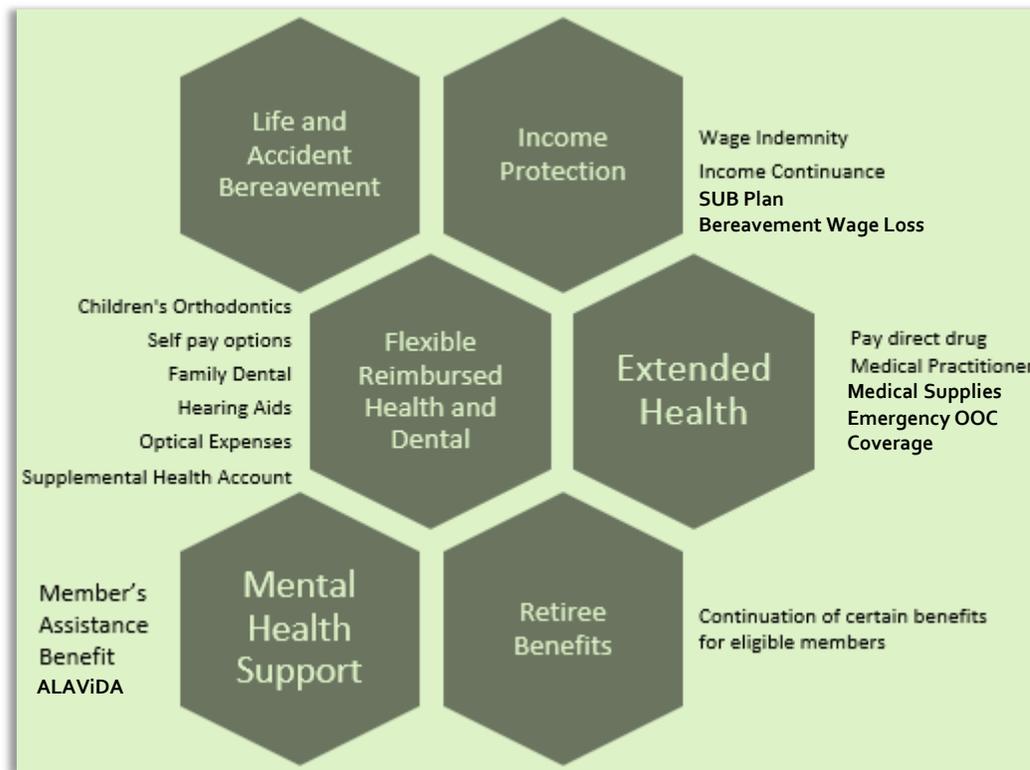


Plan Coverage





Welfare Plan Coverage for Different Purposes





Various Plans, A, B, C and S



 Plan A	Plan B – Self Pay Short Hours/Early Retirees	Plan C – Self Pay Retirees > 65
<ul style="list-style-type: none">• MSP Group Administration• Extended Health (Pacific Blue Cross)• Life Insurance (Member, Spouse, Child)• Dismemberment (AD&D)• Spousal Life Insurance• Members Death Benefit• Bereavement Wage Loss• Wage Indemnity• SUB Plan Top-up• Income Continuance• Dental & Optical• Childrens' Orthodontics• Members and Family Assistance Program• Supplemental Health Account• ALAViDA• Jury Duty	<ul style="list-style-type: none">• MSP Group Administration• Extended Health (Pacific Blue Cross)• Life Insurance (Member, Spouse, Child)• Dismemberment (AD&D)• Spousal Life Insurance• Members and Family Assistance Program• ALAViDA	<ul style="list-style-type: none">• MSP Group Administration• Extended Health (Pacific Blue Cross)• Life Insurance (Member only) Dismemberment (AD&D)• Dental & Optical• Members and Family Assistance Program• ALAViDA



Where to Claim?

Online claim submission via website or app for the majority of expenses

Pacific Blue Cross/BC Life

- Prescription Drugs (pay-direct drug card)
- Paramedical practitioners
- Medical Emergency out-of-country or province medical
- Life Insurance/AD&D – but contact EWWP office for appropriate forms
- Expenses due for the current calendar year by December 31st of the following calendar year (any 2023 expenses due by December 31, 2024)

Claims submitted via email to info@213benefits.org, fax or mail

EWWP Office

- Dental and Optical
- Children's Orthodontics
- Supplemental Health Account
- Wage Indemnity and Income Continuance
- Bereavement Wage Loss, SUB Plan Top-up, Member's Death Benefit, Jury Duty
- Expenses due for the current calendar year by the end of March of the following year **(any 2023 expenses were due by March 31, 2024)**





Life Insurance



Member Life Insurance

- Flat \$100,000 < 65 years, \$35,000 65+
- Benefit payable to your named beneficiary on file with Welfare Plan office

Any Life or AD&D insurance benefits paid out to a beneficiary/member are not taxed unless the beneficiary is unnamed (to estate). However CRA requires the cost of these benefits, if paid by an employer, be taxed. Members receive a T4A from the Plan for their annual premium cost for Life/AD&D.

Spouse Life Insurance

- Payable to Member in the event of death of spouse (must be covered as your spouse on the Welfare Plan)
- \$10,000 if have dependent children, \$5,000 if no dependent children

Dependent Child Life Insurance

- Flat \$2,500 payable to Member in the event of death of dependent child under age 18 (must be covered as your dependent child on the Welfare Plan)





Accidental Death & Dismemberment (AD&D)

Loss of Life

- If Death is due to an accident
- Flat \$100,000 < 65 years, \$35,000 65+ (Matches Life)
- Benefit payable to your same beneficiary as for Life insurance

If a member's (<65) death is accidental in nature, the named beneficiary will receive \$200,000

Other Covered Losses

- 200% • Quadriplegia, Paraplegia, Hemiplegia
- 100% • Entire Sight of Both Eyes, Both Hands or Both Feet, One Hand and One Foot, Entire Sight of Both Eyes, One Hand and Entire Sight of One Eye, Speech and Hearing, One Foot and Entire Sight of One Eye
- 75% • One Arm or One Leg
- 66²/₃% • One Hand or One Foot, Entire Sight of One Eye
- 50% • Speech or Hearing
- 33¹/₃% • Thumb and Index Finger of the Same Hand, Four Fingers of the Same Hand
- 25% • Hearing in One Ear, All Toes of the Same Foot
- Benefit payable to the Member



Additional Benefits

- Spousal Occupational Training (\$10,000), Post secondary education for dependent children (\$5,000), Repatriation of remains (\$10,000), Rehabilitation (\$10,000), Family Travel (\$3,000)





Member's Death Benefit, Bereavement Wage Loss & Jury Duty



Member's Death Benefit

- \$10,000 maximum
- Reimbursed to the beneficiary or relative of the deceased member who pays the funeral expenses.
- Receipts required (from a funeral home / crematorium)

Bereavement Wage Loss

- \$250/day for maximum 3 days
- Immediate family: spouse, mother/father, MIL/FIL, step-mother/step-father, sister/brother, child (including adopted child and step-child), grandfather/grandmother.
- Bereavement Wage Loss Form required to be completed by HR/payroll
- Only paid if your employer has no bereavement benefit

Jury Duty

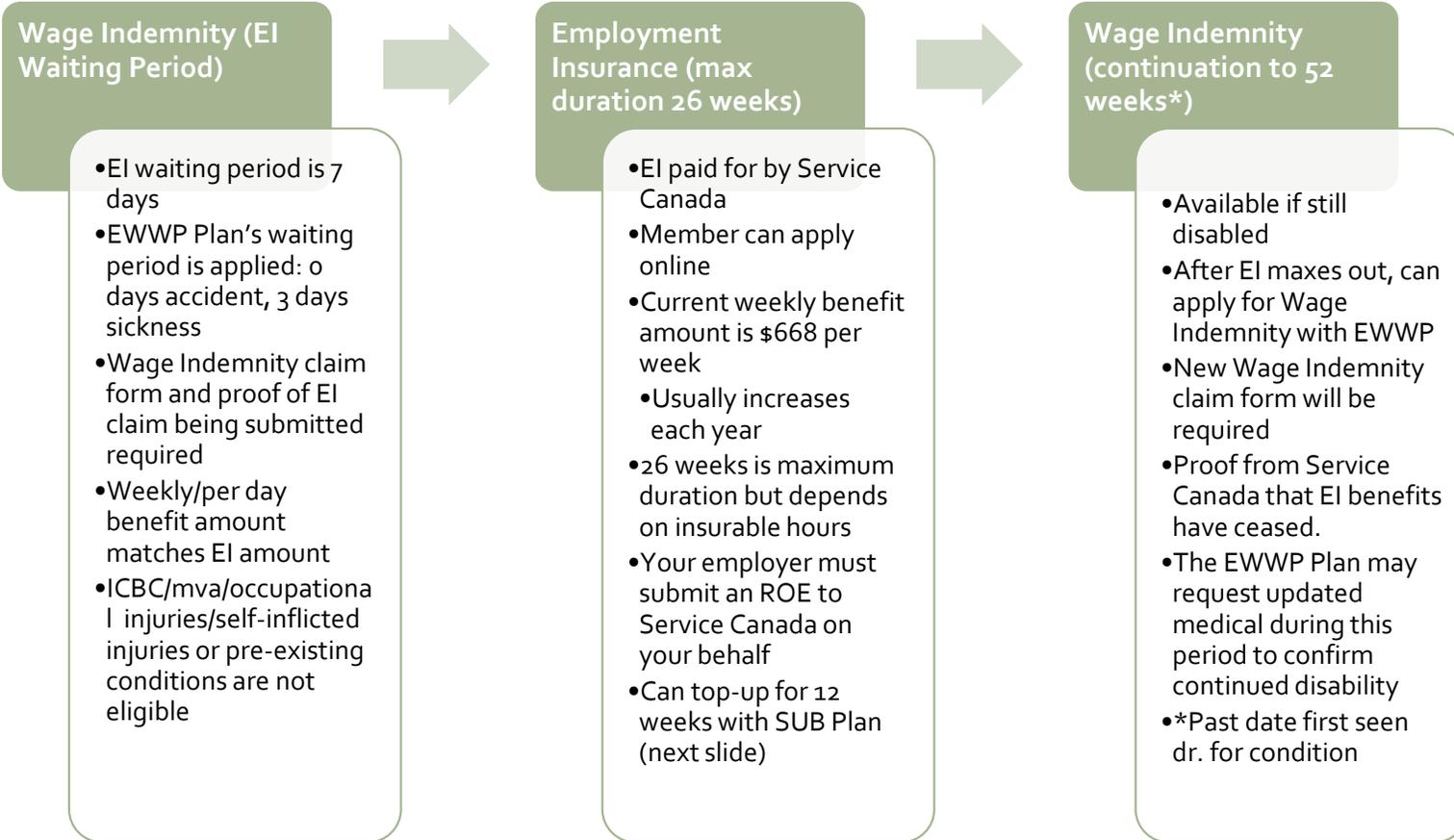
- \$150/day based on 5 day week
- Jury Duty Reimbursement form required to be completed
- Sheriff's receipt must be included



Wage Indemnity (Short Term Disability) & EI



Continuation of benefits under the Welfare Plan during EI benefits period and Wage Indemnity payment period. Member must provide EI print screens to Welfare Plan office for continuation during that timeframe.



Continuation of benefits under the Welfare Plan also provided during maternity/parental/compassionate care leave (proof of EI required) and WCB-related disabilities. Member must provide proof of EI/WCB benefits to Welfare Plan office for continuation during that timeframe.



SUB Plan Top-Up (EI Benefits Top-Up)

You can to receive SUB top-up benefits under two different categories in a calendar year . The 1,000 hours requirement must be met in between the first and second SUB payment period Exception is if the Member transitions from EI sickness benefits to Maternity benefits. In this situation, the Member can receive SUB Plan benefits for a continuous 12 week period only.

- \$250 per week EI Top-Up for a maximum of 12 weeks
- Eligibility:
 - Your employer(s) remits to the Local 213 Electrical Workers' Welfare Plan; and;
 - You have at least 1,000 (worked) hours remitted on your behalf within the past 12 months; and
 - You are in good standing – union Dues must be paid up to the current month/year; and
 - Last date worked prior to the leave was on or after January 1, 2024
- You are in receipt of EI benefits as a result of:
 - Sickness/accident (not MVAs); or
 - Maternity, parental leave
 - Compassionate care
 - Family caregiver benefits (children)
 - Family caregiver benefits (adult)

SUB Plan Top-Up application can be obtained from EWWP office



Income Continuance (Long Term Disability)

Because the following benefits are forms of wage replacement, a 10% withholding tax is applied and you will receive a T4 for the amount paid from the Plan: Wage Indemnity, SUB Top-Up, Income Continuance, Bereavement Wage Loss and Jury Duty

- Follows Wage Indemnity if still disabled and unable to perform any occupation
- \$1,250 per month up to earlier of age 65, receipt of CPP retirement pension or leaving the jurisdiction of Local 213 without consent of Trustees
- Definition of disability:
 - Applied for and receiving the CPP disability pension, AND/OR
 - Satisfy the Trustees of the Plan of your continuing disability.
- Payable up to age 65 for members with:
 - More than 10 years of membership in Local 213 IBEW.
 - Members with less than 10 years of membership will be prorated according to the number of years active in the Welfare Plan.
 - You must have been a member of the Local 213 Electrical Workers' Welfare Plan for 48 of the past 60 months.
- Completion of Income Continuance claim form and proof of receipt of CPP disability benefits required.



Extended Health Care (Pacific Blue Cross)



80% of all in-province expenses until \$1,000 paid, then 100%

Prescription Drugs

Pay-direct drug card
 Drugs which legally require a prescription
 Vaccines: \$250/year
 Fertility drugs: \$5,000/lifetime
 Allergy serums, compound drugs, insulin, diabetic test strips

- *Massage Therapy: \$750
- *Physiotherapy: \$750
- Chiro/Naturopath: \$750
- Psychology: \$2,500
- Acupuncture: \$500
- Podiatrist: \$500
- Speech Pathologist: \$500

Paramedical Practitioners

100%
Emergency
Out of Country
/ Province

Pacific Blue Cross limits are per covered person per calendar year

Claims submitted online or paper to PBC

Medical Supplies

Oxygen, walkers, canes, crutches
 Rigid support braces, permanent prosthesis
 Orthopaedic shoes/orthotics: \$400 adult/\$200 child per cal year
 Hospital beds, wheelchairs, breathing machines and apparatus, continuous glucose monitors
 **Hearing aids: \$1,500/3 calendar years

**Prior to January 1, 2024, Massage and Physiotherapy were combined together at \$750/person/calendar year
 **Prior to January 1, 2024, Hearing aids were combined with the Dental Care benefit and reimbursed by the EWWP office. As of Jan 1, 2024, these expenses will be reimbursed by Pacific Blue Cross*



Dental Coverage & Children's Orthodontics



Dental Coverage

- 100% to *\$2,800 maximum per family per calendar year
- Necessary (non-cosmetic) dental expenses
- Dental clinics can submit directly to EWWP (member can assign payment)
- Standard dental claim form required
- Pro-rated if < 4 months of coverage in a calendar year
- Adult orthodontics would be eligible under this coverage amount



Children's Orthodontics

- 75% to \$5,250 maximum (\$7,000 submitted)
- Lifetime maximum
- Applied to each dependent child
- Member must advise if other coverage (same as for other Welfare Plan benefits)
- Treatment plan must be submitted to EWWP for approval
- Member must retain coverage under Plan A for reimbursement to continue



**Prior to January 1, 2024, the Dental limit was \$2,500 per calendar year. This limit will still apply to expenses with a date of service before Jan 1, 2024.*

Optical & Supplemental Health Account

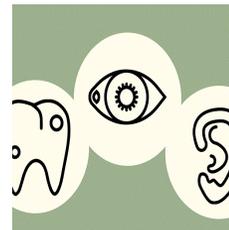


Optical

- *\$600 per calendar year per family
- Contact lenses, prescription glasses/sunglasses, eye laser surgery
- Optical Claim form and proof of payment must be provided, along with a prescription < 2 years old
- Expenses from delisted providers will not be reimbursed

Delisted providers include:

- Your Eyes Only
- Skylight Optical
- Eyesberg
- Yaohan Optical
- Galaxy Eyewear
- Vision Express
- House of Vision



Supplemental Health Account

- \$750 per calendar year per family
- Overages from Optical/Dental submitted claims
- Also can be used for uncovered amounts from Pacific Blue Cross paramedical practitioners (claim statement must be provided and only these expenses are eligible)
- Must have > 4 months of coverage in a calendar year to access



**Prior to January 1, 2024, the Optical limit was \$500 per calendar year. This limit will still apply to expenses with a date of service before Jan 1, 2024.*



Remember:
\$2,500/person/
cal year
psychology
coverage with
PBC as well!

Mental Health Supports

Member Family Assistance Program with Homewood Health

- For members and dependents of all ages seeking short-term counselling and coaching services for a wide range of personal, family and work-related concerns.
- People frequently use this program for personal challenges such as relationship concerns, family or parenting issues, anxiety, depression, addictions, grief, coping with health issues or work-related challenges.
- Online services and app (Homeweb/Pathfinder)



ALAViDA

- Provides a comprehensive support app for alcohol and substance use accessible 24/7 from the privacy of your smart phone.
- TRAIL app has self-assessments, tracking tools, daily push reminders/notifications and access to virtual real-life counsellors. Watch for emailed campaigns from the Plan.



Construction Industry Rehab Plan

- CIRP is a non-profit, joint union/management sponsored alcohol and drug treatment program, providing mental health and substance use services to the BC & YT organised construction industry.
- Provides individual counselling for addiction support, day programs, family services and access to residential programs





Plan C Retiree Welfare Plan Coverage

Includes:

- Basic Medical (MSP Group Administration)
- Extended Health (Pacific Blue Cross)
 - Limited to \$100,000 per member or dependent per lifetime
 - Includes out of Province/Country coverage in lifetime limit
- Life Insurance: as follows:
 - Age 65 \$10,000.00
 - Age 66 \$9,000.00
 - Age 67 \$8,000.00
 - Age 68 \$7,000.00
 - Age 69 \$6,000.00
 - Age 70 and older \$5,000.00
- Members and Family Assistance Program
- ALAViDA (Substance Abuse Support Program)
- Dental/Optical/Hearing Aids \$1,500 per family per year
 - This is not in addition to any dental/optical/hearing aid amount used while on plan A
 - i.e. if you were on Plan A and used \$1,000 of your dental/hearing aid and optical benefits combined under that Plan, you would have \$500 remaining if you switch during the year





Plan C Requirements and Eligibility

Requirements:

- Self-pay to Local 213 Electrical Workers' Welfare Plan Office
 - Cost \$125 per month
 - Self-pay must be maintained by the member for continuous months, without any gaps in coverage
- Available to retirees 65 years of age or over
- Active member of plan in 48 months of past 60 months immediately before application
- Between 65 and 70 years of age
- Members on this Plan are ineligible for the federal senior's dental benefit





Welfare and Pension Plan Website

www.213pension.org





- Home page top Menu guides you to the main sections of the site.
 - Search feature
- Office hours/any closure info on this page



OFFICE HOURS

Members: Please note the claiming deadline for 2021 claims was March 31, 2022.

8:00 am - 4:30 pm Monday to Friday.

The office will be closed on Monday September 19th to recognize a National Day of Mourning for Queen Elizabeth II and Friday September 30th in recognition of the National Day for Truth and Reconciliation. It will also be closed on Monday October 10th for Thanksgiving.

We appreciate your support during the past couple of years.

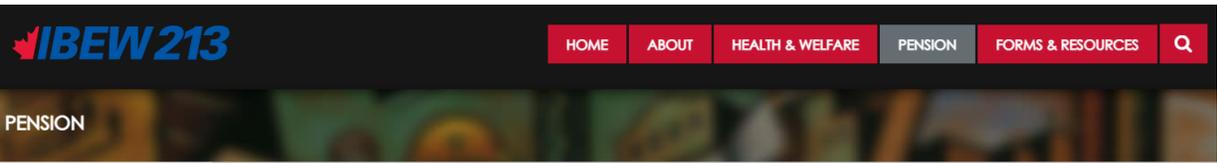


CONTACT INFO

1424 Broadway Street
Port Coquitlam BC V3C 5W2

T: (604) 571-6545 | F: (604) 571-6544
E: info@213benefits.org

office safety:
As per recent provincial health guidelines, masks are optional for visitors and staff.



- CONTRIBUTIONS AND PENSIONABLE SERVICE
- RETIREMENT
- TERMINATION
- FORM OF PENSION
- AMOUNT OF PENSION / INDEXING
- DEATH BENEFIT
- OTHER INFORMATION
- DECISIONS OF TRUSTEES

INFORMATION FOR MEMBERS

Please visit the Forms Library for the full Annual Report (2021).

ABOUT THE PLAN

The Plan provides benefits on death or retirement for Members of Local 213 who have been employed by one or more Participating Employers, and who qualify in accordance with the age and employment rules. These rules and the precise terms of the Plan are set out in the Plan Text, but the main features are summarized on this site for the convenience of the Members and their spouses. In the event of disagreement between this site and the formal text of the Plan, the formal text will govern. If you wish more information with regard to any Items, please contact the Director.

PLAN GOVERNANCE AND FINANCIAL SECURITY

There are several factors that go into ensuring that your pension is secure. The Trustees' focus, along with input from their trusted advisors, is on growing the Pension Plan fund, carefully managing risk and adequately funding the Plan. It is no small task, but you can rest assured that in good hands and that your pension will be there when you need it.



- Your Pension is Secure because it is backed by assets worth almost \$500 million and supported by a funding strategy aimed at covering the cost of current and future pension obligations while providing a funding cushion for unexpected, negative events.
- Your Pension is Secure because investments, funding and risk are all managed based upon a Strategic Plan (a formal policy called Statement of Investment Policy and Procedures) that is continuously reviewed and updated to the benefit of all Plan members.
- Careful risk management is at the core of every decision the Trustees make and they take an integrated approach to funding and investments.
- Your Pension is Secure because the Trustees meet on a monthly basis, unlike other Trusteed plans, which may often meet quarterly. This means Financial Performance is reviewed constantly, and provides the advantage to make decisions on asset changes quickly, when and if needed.
- Your Pension is Secure because annually, independent auditors perform a comprehensive review of the plan's financials, data, calculations, income and liabilities. The result of this review is the annual Financial Statements which are included within this Annual Report. These Financial Statements for the Plan are required to be filed with the BC Pension Plan regulator, BCFSA, annually, within 6 months of the completion of the Plan's fiscal year.
- Your Pension is Secure because in addition to the annual Financial Statements, BCFSA also requires a pension plan valuation to be performed at least

- Main page of Pension section has a left hand menu
- Additional information categories





- Main page of Health & Welfare section has a left hand menu
- Additional information categories

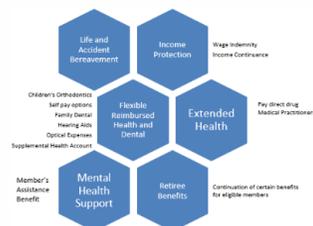


- COVID-19
- ANNUAL REPORT
- ELIGIBILITY
- COVERAGE
- SELF PAY
- MSP
- EXTENDED HEALTH (PBC)
- HEALTH PROFESSIONALS
- DENTAL / HEARING AIDS
- OPTICAL
- SUPPLEMENTAL HEALTH ACCOUNT
- CHILDREN'S ORTHODONTICS
- WAGE INDEMNITY
- INCOME CONTINUANCE

INFORMATION FOR MEMBERS

The Local 213 Electrical Workers' Health and Welfare Plan ("The Plan") was established in 1969, and operates on the basis of collective agreements between Local 213 IBEW and participating employers. The Plan is administered by a Board of Trustees.

ABOUT THE PLAN



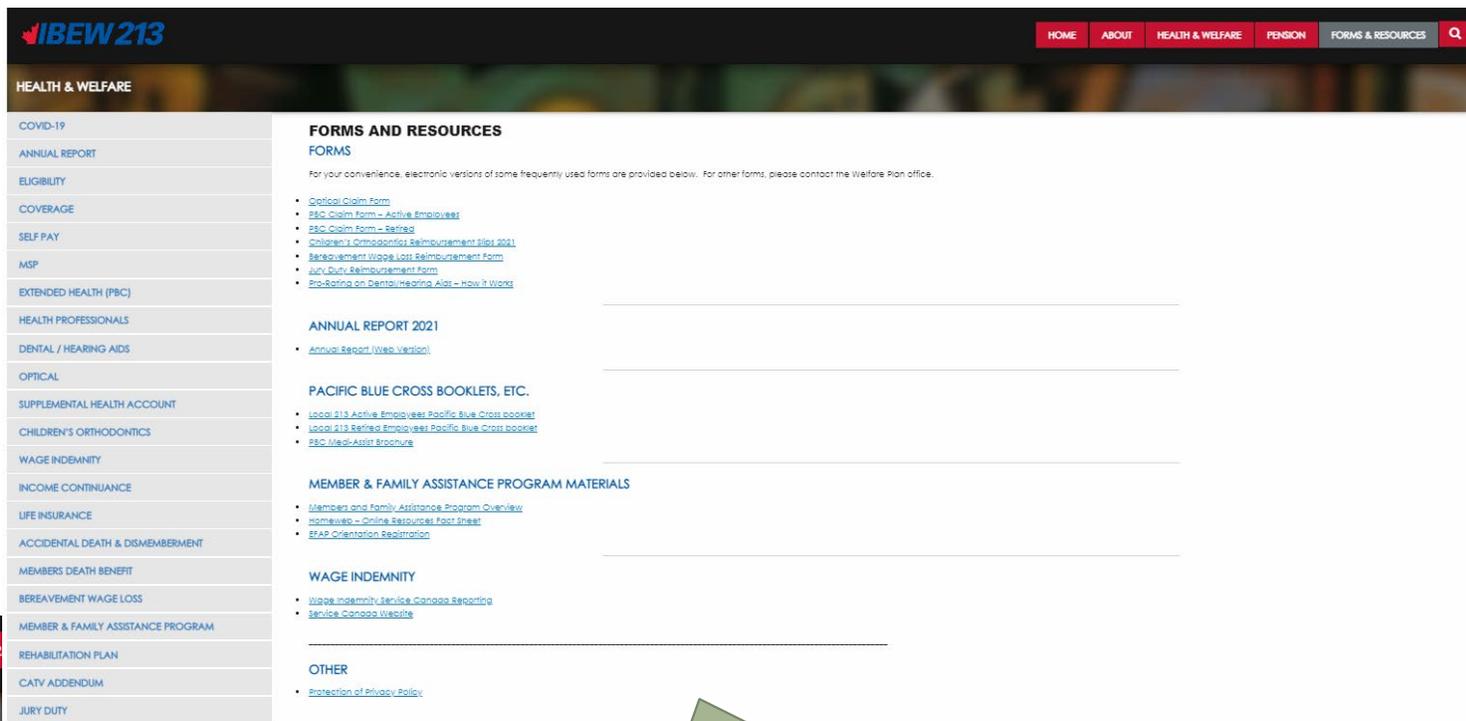
The Plan provides benefits for members of Local 213 who have been employed by one or more participating employers, and who qualify in accordance with plan rules. These rules and the precise terms of the Plan are set out in the Plan Text, but the main features are summarized on this site for the convenience of members and their spouses. In the event of disagreement between this site and the formal text of the Plan, the formal text will govern. If you wish more information with regard to any items, please contact the Director.

There are many different components of the Welfare Plan. Some benefits are designed to provide protection against circumstances in which you may not be able to work due to sickness:

Others provide you for reimbursement of you and your family's health and dental expenses. If you have questions about your Welfare benefits, or any of the information in this booklet, you can contact info@213benefits.org.

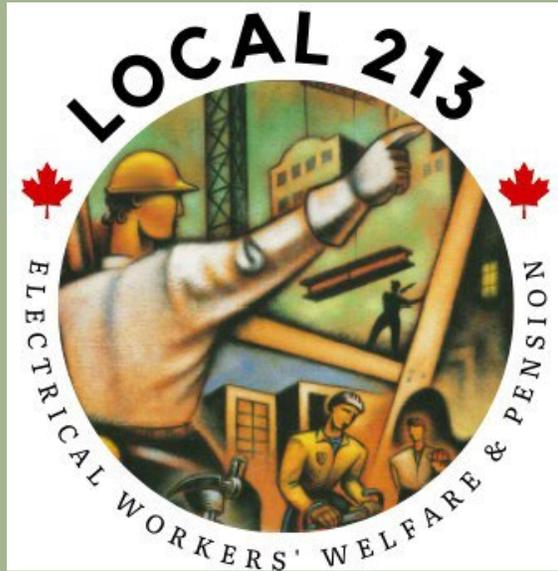
ANNUAL GENERAL MEETING

Our 2022 Annual General Meeting (AGM) will be held on:



- Online Forms and Resources
- Fillable forms for Welfare Plan
- Welfare Plan booklets
- Annual Reports





Thank you and Questions?

Plan website: www.213pension.org

General email: info@213benefits.org

Director of Pension and
Benefits:
Hileray Kilback

