

NEWSLETTER

February 2009

**TO: ACTIVE PLAN MEMBERS
SPOUSES AND BENEFICIARIES OF
THE MILLWRIGHT REGIONAL COUNCIL OF ONTARIO BENEFIT PLANS**

We are pleased to enclose your 2009 member booklet that includes all of the benefit improvements and changes up to January 1, 2009. Your member booklet contains information about the Welfare Plan, Legal Assistance Program, Supplementary Unemployment Benefit Plan and Pension Plan for Active members.

AIG Commercial Insurance Company of Canada (previously known as American Home Assurance Company) insures the Emergency Out of Province Medical Coverage which is provided under your Welfare Plan. Enclosed is a new pamphlet (and identification card). The pamphlet outlines the benefit improvements that took place under this coverage as of January 1, 2008.

Following are other important benefit improvements that have taken place effective January 1, 2009:

Life Insurance Benefit -

- Life Insurance benefit for all Active members is \$100,000.
- Retiree Life Insurance - In any economic environment, particularly during periods like 2008, Life Insurance for Retirees at a maximum level of \$50,000, largely subsidized by the Trust Fund, is not sustainable. Recognizing that an increase in the self-payment level would impact all retirees including those not eligible for the \$50,000 Retiree Life, it was agreed to reduce the Retiree Life Insurance maximum for new Retirees from \$50,000 to \$30,000 in 2010 and 2011. This gradual change, with advance notice, gives time for those approaching retirement to determine how this change will impact their arrangements for final expenses.

The following table outlines the changes to Retiree Life Insurance:

| Most Recent Continuous Years Of Credited Service Millwright Pension Plan | Active Life Insurance At Retirement Was \$100,000 Replaced By Retiree Life At Retirement | |
|---|---|--|
| | Effective for Retirements on or after January 1, 2010 | Effective for Retirements on or after January 1, 2011 |
| Less than 5 years | \$ 2,000 | \$2,000 |
| 5 years to 9 years 11 months | \$ 10,000 | \$10,000 |
| 10 years to 14 years 11 months | \$ 15,000 | \$15,000 |
| 15 years to 19 years 11 months | \$ 30,000 | \$20,000 |
| 20 years or over | \$ 40,000 | \$30,000 |

Note : When a disabled member who is approved for Waiver of Life Insurance premium retires, the Retiree Life Insurance Benefit applicable is the lesser of the amount of life insurance coverage the disabled member had under the waiver of premium provision and the amount applicable based on the member's continuous years of Credited Service in the Millwright Pension Plan.

Weekly Income Benefit -

- To keep in line with recent changes in the level of government EI benefits, Weekly Income Benefit payments have increased from \$435 to \$447.

Dental Benefits -

- Eligible dental expenses incurred on or after January 1, 2009 will be paid up to the maximums in the 2008 ODA fee guide (previously the 2007 fee guide).

MESSAGE FROM YOUR BOARD OF TRUSTEES

Over the past few years, and more frequently in 2008, there have been a number of claims submitted by members for Orthotics, Orthopaedic Shoes, Support Stockings and braces that are not payable or only partially payable under your Welfare Plan. These claims have been brought to the attention of the Board of Trustees and upon review it has been verified that all of the claims have been paid or denied within the rules of the Plan. Many of these members are out-of-pocket hundreds of dollars because the expenses submitted were not payable under the Plan. **No company or provider can say with certainty that 100% of the cost of these devices and services will be paid by your union or your Plan.** The Plan rules clearly state what is payable in your member booklet and periodic newsletters.

1. These services and devices must be medically necessary to treat an illness or injury as diagnosed by a physician (MD) or recognized specialist in these areas of medical practice. **This does not include a Chiropractor** or anyone other than an MD or for foot related matters a Podiatrist or Chiropodist.
2. Your claim forms for these services must be accompanied by your doctor's diagnosis, recommendation for services/devices and a receipt paid in full that clearly outlines each service/device provided and its related cost.
3. Orthotics and Orthopaedic Shoes must be custom made. This does not include shoes selected off the shelf which are then modified. They have to be custom made and moulded for the insured's feet and dispensed (the person actually selling the device) by a foot specialist being a Podiatrist, Chiropodist, Pedorthist, or Orthotist. Again **this does not include** Chiropractors or other practitioners not specified above.
4. Custom made Orthopaedic shoes, Orthopaedic work boots or Orthotics are paid to a maximum of \$200 per foot/shoe up to a maximum of \$400 every calendar year.
5. Paramedical services including Podiatrist and Chiropodist are paid \$2,500 per calendar year per insured.
6. Braces and other related medical devices (e.g. tens machine) when necessitated by accidental bodily injury or disease are paid up to reasonable and customary charges as determined by the insurer. Please contact the Plan Administrator to clarify the amounts payable and medical evidence required before you purchase braces or medical devices.
7. Support hose to treat a diagnosed medical condition, must have a compression weight of 20mmhg to 30mmhg or greater to be eligible for payment up to a maximum of \$400 every 12 months.

All medical services must be paid by the insured at date of service or receipt of product. The Plan Administrator can not pay your provider directly. The only assignment allowed under your Welfare Plan is with registered Dental offices.

Before accepting to receive any services or devices related to any medical benefits, including those outlined above, it's very important that you:

1. Understand the treatments and services being suggested/recommended.
2. Know what your Plan will reimburse you for and what it will not and the medical evidence needed for each service/device.
3. Obtain a Pre-determination before incurring expenses over \$300.
4. Never sign a blank claim form.
5. Never sign a release, consent or authorization form that you do not fully understand and be cautious when offered financial assistance by the service provider.
6. Keep track of your appointments, treatments and dates.
7. If you want to receive reimbursement from your Plan for these services and devices you must make sure you are receiving them from a recognized medical practitioner.

Important:

The member booklet and newsletters are not the governing policies or plan documents. They are an outline of the provisions of the plans and are to be considered as such. These are for your information. They do not create or confer any contractual or other rights. Also, remember that no benefits are guaranteed and they can be changed by the Trustees at any time.

Full details of all the benefit plans are set out in the actual plan documents. In the event of any discrepancy benefits will be paid according to the terms of the plan documents, insurance policies and government regulations, as applicable.

If you have any questions or require further information about your 2009 booklet contact the Plan Administrator's Contact Centre:

**MANION, WILKINS & ASSOCIATES LTD.
500 – 21 Four Seasons Place, Etobicoke, ON M9B 0A5
Contact Centre Number: 416-234-3511
Toll Free: 1-800-263-5621 – Fax: 416-234-2071**

Yours very truly,

THE BOARD OF TRUSTEES

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