



PLAN SUMMARY GUIDE

April 1, 2026 - March 31, 2027

life in **MOTION** 
IATSE 667/669 | GROUP BENEFIT PLAN

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2026 Benefit Improvements

We are pleased to introduce the following benefit improvements:

1. Based on an annual review, the Trustees renewed the \$750 Health Spending Benefit for all members with a minimum of five years of continuous membership in good standing with either IATSE Local 667 or Local 669, effective December 31, 2025.
2. Based on an annual review, the Trustees renewed the \$2,000 Health Spending Benefit for all members age 65 and over with 25 years of continuous membership in good standing with either Local 667 or 669 (measured at December 31, 2025), effective April 1st following their 65th birthday.

Get reimbursed when you upgrade your coverage level

If you qualify for the Health Spending Benefit and you upgrade your coverage level for the 2026-27 plan year, you can submit your upgrade payment for reimbursement under the Health Spending Benefit.

You will need a receipt to submit your upgrade payment for reimbursement to Canada Life.* To request a receipt, please contact the Plan Administrator at iatse667-669healthplan@aga.ca.

*Note: the amount indicated on your upgrade receipt will not include the critical illness premium (if applicable) because it is not eligible for reimbursement under the Health Spending Benefit.

RECEIPTS WILL BE ISSUED APRIL 1ST OR LATER WHEN UPGRADE PAYMENTS ARE MADE IN FULL.

The Trust subsidizes more member costs

In 2026, the Trust will continue to cover the cost of Life Insurance, AD&D and the \$3,500 mental health benefit for all members.

Payment Plan for Upgrades

For some members, changing to the next tier to get improved coverage may be too costly to manage in a lump sum. Therefore, any member wishing to upgrade may choose a payment plan if the upgrade cost exceeds \$750.

Payments can be spread over four months, by providing post-dated cheques in equal amounts for these 2026 dates: March 15, April 15, May 15, June 15. All credit card payments or post-dated cheques must be received by the IATSE Local 667/669 Group Benefit Plan office by March 13, 2026. **There will be NO EXCEPTIONS OR EXTENSIONS to these deadlines.**

Canada Life
Policy Number
&

Canada Life Health
Spending Benefit
Policy Number:
164609

How Your Group Benefit Plan Works



Producer Contributions

Producers contribute to the IATSE Group Benefit Plan based on contribution rates negotiated by Local 667 or Local 669.

Automatic benefit level



Excess Producer contributions

Members will receive the highest benefit level for the Plan year based on their prior calendar year's Producer contributions.

Upgrade benefits

If you have enough to qualify for one benefit level, but not enough for the next highest level, you can use the remainder of your contributions to go toward the next highest benefit level, along with any monies you pay to upgrade.



Leave alone

If you have enough to qualify for one benefit level, but not enough for the next highest level, you can remain at your default benefit level and the remainder of your Producer contributions will be used toward the following year's benefits.

Qualify for Health Spending Benefit

Based on your Producer contributions you may be given the choice of either opting down for a benefit level that has a Health Spending Benefit, but a lower co-insurance or remaining at your default benefit level. You may also qualify for benefit level 04 plus a Health Spending Benefit.



Photo by Jeremy Bernatchez, 1st AC 667

About Your Benefits

Your Group Benefit Plan is sponsored by the I.A.T.S.E. Local 667/669 Health & Welfare Fund. The basic requirement to become eligible and continue to be eligible, for benefit coverage is Union membership 'in good standing' in either IATSE Local 667 or 669 as determined by the respective Constitution and By-Laws of each Local Union and the supreme Constitution and By-Laws of the International Alliance.

Our Group Benefit Plan has 6 benefit levels: Level 01, Level 02, Level 03, Level 04, Golden level for members age 75 and over, and a Québec member only benefit level which includes life insurance, the member and family assistance plan and prescription drug coverage. A Health Spending Benefit will be available, as an option, to all members who have contributions earned through signatory agreements in excess of \$3,659.04. For members who have contributions in excess of \$10,738.14, the Health Spending Benefit is automatically part of your benefit coverage.

Producer Contributions

Members will receive the highest benefit level for the Plan year beginning April 1 based on their individual Group Benefit account balances as of December 31 of the preceding year. Your default coverage for the twelve months beginning April 1, 2026 (as long as you continue to be a member in good standing of IATSE Local 667 or 669) will be confirmed to you with your e-mailed enrollment package, which can also be seen on the Member Benefit Portal (<https://aga.onvitalobjects.com/portal/member>). Your benefits will be based on the contribution balance and any pay direct payments you make to the plan.

Based on your Producer contributions, you may be given the choice of either opting down to a benefit level that has a Health Spending Benefit (which you can direct to any qualifying benefits you require) but lower co-insurance, or instead keeping the higher percentage of payment for benefit coverage (also known as co-insurance paid by the insurance company) which does not include the Health Spending Benefit.

A Guide to Your Group Benefit Plan

The chart below shows the contribution amounts required to qualify for a particular benefit level.

Producer Contributions	Benefit Level	Note
\$0.00 - \$1,543.07	Golden Level	You will receive this benefit if you are 75 or older
\$614.40 - \$1,543.07	QC Drugs	You will receive this benefit if you live in the province of Québec and your contribution balance (plus your pay direct payment when applicable) totals at least \$614.40
\$0.00 - \$1,543.07	Level 01 (default)	You will receive this benefit if you are not eligible for Level 02,03,04, QC Drugs or Golden Level
\$1,543.08 - \$3,659.03	Level 02 (default)	You will receive this benefit if your contribution balance (plus any pay direct payments when applicable) totals at least \$1,543.08
\$3,659.04 - \$6,158.75	Level 03 (default)	You will receive this benefit if your contribution balance (plus any pay direct payments when applicable) totals at least \$3,659.04
\$3,659.04 - \$6,158.75	Level 02 with \$2,110 Health Spending Benefit	You may opt for this benefit if your contribution balance totals at least \$3,659.04
\$6,158.76 - \$10,738.13	Level 04 (default)	You will receive this benefit if your contribution balance (plus any pay direct payments when applicable) totals at least \$6,158.76
\$6,158.76 - \$10,738.13	Level 03 with \$2,490 Health Spending Benefit	You may opt for this benefit if your contribution balance totals at least \$6,158.76
\$10,738.14 - \$14,817.51	Level 04 with \$1,500 Health Spending Benefit	You will receive this benefit automatically if your contribution balance is between \$10,738.14 and \$14,817.51
\$14,817.52 - \$23,736.27	Level 04 with \$2,500 Health Spending Benefit	You will receive this benefit automatically if your contribution balance is between \$14,817.52 and \$23,736.27
\$23,736.28	Level 04 with \$5,260 Health Spending Benefit	You will receive this benefit automatically if your contribution balance totals at least \$23,736.28

Statement of Your Contribution Balance

Your Benefit coverage is based on your contribution balance on December 31, 2025. Your personal statement on the Member Benefit Portal (<https://aga.onvitalobjects.com/portal/member>) will show your contribution balance (and the amount required if you wish to upgrade to Benefit Level 02, 03, or 04 or the QC Drugs only level for those members living in Québec).

If you do not agree with the contribution balance shown, or you have any questions on your balance, please contact the Plan Administrator by **March 1, 2026**. If we do not hear from you we will assume that your contribution balance is correct.

Eligible Family Members (Dependents)

For the purpose of your benefits with the IATSE Local 667/669 Group Benefit Plan, eligible family members (dependents) include:

1. Your spouse is the person of the same or opposite sex who is:
 - A resident of Canada (or residing with you outside of Canada for qualifying benefits only); and
 - Your husband or wife if you are legally married; or
 - A person who lives with you and has been living with you in a conjugal relationship continuously for a period of at least 12 months.
2. A dependent child is the unmarried natural, step or adopted child, or if proof is submitted, any child under your legal guardianship, primarily dependent on you for support who is either:
 - Under the age of 21 provided they are primarily dependent on you for financial support and they're residents of Canada (or residing with you outside of Canada for qualifying benefits only); or
 - Under the age of 25 (drug coverage extended to age 26 if you live in QC) if they are students regularly attending school for 15 hours a week or more; or
 - Any age, if mentally or physically handicapped provided they became incapacitated prior to attaining the limiting age specified above while covered under this plan.

You may apply for coverage for a dependent child who is a student who resides elsewhere, but within Canada, during the academic term. Proof must be submitted to the Plan Administrator, at the beginning of each academic semester.

Improving Your Coverage

If you qualify for level 01, 02, 03 or QC Drugs and wish to improve your coverage, please complete the Benefit Upgrade Form available on the Member Benefit Portal, or from AGA Benefit Solutions, and send it to the IATSE Local 667/669 Group Benefit Plan office, together with your cheque made payable to: **I.A.T.S.E. Local 667/669 Health and Welfare Fund**. The IATSE Local 667/669 Group Benefit Plan office must receive the cheque by **Friday, March 13, 2026**. Upgrades are payable by cheque, Visa or Mastercard.

Your benefit coverage is based on your contribution balance on December 31, 2025. You can check your contribution balance and confirmation of the amount to upgrade your benefit level through two ways:

1. The AGA Member Benefit Portal (<https://aga.onvitalobjects.com/portal/member>).
2. Your Benefit Confirmation Statement (if you requested a paper package).

If you do not agree with the contribution balance shown, or if you have any questions about your balance, please contact the Plan Administrator, AGA Benefit Solutions, by March 1, 2026. If we do not hear from you, we will assume that your contribution balance is correct.

PLEASE NOTE:

1. You are not able to purchase a benefit level that includes the Health Spending Benefit. The Health Spending Benefit is only available through producer contributions.
2. If you are upgrading from level 01 to either level 02, 03, 04, or QC Drugs your purchase does not include the weekly disability benefit which is only available through producer contributions.
3. If you upgrade your benefits by making a payment this year then you must continue this coverage every year in the future. If you decide not to continue the upgraded coverage you will lose the right to voluntarily upgrade for 36 months.

PLEASE REMEMBER!

Many other conditions will apply to the coverages that are briefly summarized in this document. Should there be any conflict between this summary, the web site and the documents of the Plan, the Plan documents will govern in all cases.

We're here to help

Please contact our Plan Administrator, AGA Benefit Solutions. They will be able to answer any questions about your Plan.

AGA Benefit Solutions
IATSE 667-669 Plan
Administrator
301E - 675 Cochrane Drive
Markham, ON L3R 0B8

Tel: 905-477-7088 and
press "8"

Toll Free (Canada-wide):
1-800-218-7018 and press "8"

Email:
iatse667-669healthplan@aga.ca

*NOTE

If you default on a monthly payment, and do not remedy the payment in default within seven calendar days, then you will automatically be placed in the benefit level that your received payments made you eligible for – this level will be communicated to you by the Plan Administrator.

2026 Benefit Upgrade Payment Options

You have three payment options for paying for your benefit upgrade:

1. Cheque
2. Online credit card payment
3. E-transfer

If you pay by cheque

- Please note your certificate number and upgrade level on the cheque.
- If your upgrade is **less than** \$750, you must pay the total amount payable in one cheque (plus PST where applicable).
- If your upgrade is **more than** \$750, you can pay in one cheque or you can opt for the instalment payment plan with a maximum of four postdated cheques in equal amounts dated March 15, April 15, May 15, June 15.
- Upgrade cheques are to be mailed to:

IATSE Local 667/669 Group Benefit Plan Office
122-3823 Henning Drive
Burnaby, BC V5C-6P3

If you pay by online credit card payment (Visa or Mastercard)

Please go to the IATSE Group Benefits website at www.iatse667-669healthplan.com and click on the "pay for benefit coverage" link on the homepage. You will be directed to complete the payment process using the secure online payment system.

- You must pay for your upgrade IN FULL with a one-time payment. If you want to make post-dated upgrade payments, please pay by cheque.
- Make sure you have enough room on your credit card to cover the full amount of your 2026 upgrade.
- All fields must be filled out or your payment will not go through. Please make sure to provide the name of the person getting the upgrade if the credit card holder name is different.
- Your upgrade payment may appear on your credit card statement as being made to Worldline.

If you pay by e-transfer

- You must pay for your upgrade IN FULL, with a one time payment. You will not be able to make post-dated upgrade payments via e-transfer as you would had you paid by cheque. If required, the e-transfer recipient e-mail is: leta@iatse667-669healthplan.com.
- To ensure that your payment is properly allocated to your account you must use your nine-digit Canada Life ID number in any notes field in your online banking platform. If you are uncertain of your ID number, contact the Plan Administrator who will be able to provide that to you.
- After making your payment you **must** e-mail the Plan Administrator (iatse667-669healthplan@aga.ca) to notify them that your payment has been made. Please make the subject line "IATSE667-669 2026 Payment Confirmation, and include the amount of your payment, your name and the date your payment was made.
- **Failure to notify the Plan Administrator of your payment may result in your upgrade payment not being allocated to your account.**

Québec Members

If you've been issued a health insurance card by the Régie de l'assurance maladie du Québec (RAMQ), you must have basic prescription drug insurance from either:

1. A private plan.
2. The Québec prescription drug insurance plan (but only if you are not eligible for comparable coverage under a private plan).

As a result, if you qualify for benefit level 01 you must upgrade your coverage to at least the QC Drugs benefit level. However, you do not need to upgrade to the QC Drugs benefit level if you provide the IATSE Local 667/669 Group Benefit Plan with proof that you have RAMQ-equivalent drug coverage through another source (i.e. your spouse's plan). The QC Drugs benefit level covers 75% of eligible prescription drug expenses, subject to RAMQ guidelines, for you and your eligible dependents. This benefit level is available only if you are a resident of Québec, as required by provincial legislation. A drug card is provided.

Residency

Note, that if you are not a resident of Canada:

1. You will not qualify for the Critical Conditions Benefit, Weekly Disability or Medical Benefits.
2. You will qualify for the Life Insurance and Accidental Death & Dismemberment.
3. In certain countries you may qualify for Dental Expenses (Benefit Levels 02, 03, 04).
4. You may qualify for the Member and Family Assistance Plan.

Benefit Coverage at Age 65 and Over

Members age 65 and over will be eligible for coverage, although will be subject to the following restrictions:

- \$2,000 Health Spending Benefit for all members age 65 and over with 25 years of continuous membership in good standing with either Local 667 or Local 669 (measured at December 31, 2025) effective April 1st following their 65th birthday.
- Critical conditions will end at age 65.
- Life insurance reduces to \$50,000 at age 70.
- Accidental Death & Dismemberment reduces at age 65 to 50% coverage as per the qualifying benefit level, and stops at age 70.
- Weekly Disability terminates on March 31 following the member's 75th birthday.
- Medical benefits are limited to an annual maximum of \$5,000 per insured individual, starting on the April 1 following the member's 70th birthday.



Your Coverage at a Glance

The table below provides a high-level overview of the different coverage levels. For a detailed plan description or clarification on any of these benefits, please refer to the Group Benefit Plan website at: www.iatse667-669healthplan.com. Family coverage is noted if the benefit is available to members and their eligible dependents, benefit coverage for members only is also noted.

	Golden Level (age 75 & over)	Level 01	QC Drugs	Level 02	Level 03 Default	Level 02 Benefits with Health Spending Benefit Option	Level 04 Default	Level 03 Benefits with Health Spending Benefit Option	Level 04 Benefits with Health Spending Benefit
Contributions Required to Qualify	n/a	n/a	\$614.40	\$1,543.08	\$3,659.04	\$3,659.04	\$6,158.76	\$6,158.76	\$10,738.14 to \$36,053.80
Benefits which can be purchased and may be subject to sales tax	n/a	n/a	ONLY available for purchase for member living in QC.	Available for purchase	Available for purchase	NOT available for purchase	Available for purchase	NOT available for purchase	NOT available for purchase
Medical									
Prescription Drugs per person (family)	n/a	n/a	75%	70%	80%	70%	90%	80%	90%
Hospital per person (family)	n/a	n/a	n/a	70%: semi-private	80%: semi-private	70%: semi-private	90%: semi-private	80%: semi-private	90%: semi-private
Eye Exams per person (family)	n/a	n/a	n/a	70%: once per 24 months (R&C)	80%: once per 24 months (R&C)	70%: once per 24 months (R&C)	90%: once per 24 months (R&C)	80%: once per 24 months (R&C)	90%: once per 24 months (R&C)
Vision Care per person (every 24 months)	n/a	n/a	n/a	70%: \$300 member (\$100 dependents)	80%: \$500 member (\$150 dependents)	70%: \$300 member (\$100 dependents)	90%: \$750 member (\$250 dependents)	80%: \$500 member (\$150 dependents)	90%: \$750 member (\$250 dependents)
Paramedicals per practitioner (family)	n/a	n/a	n/a	70%: \$700 annual max	80%: \$700 annual max	70%: \$700 annual max	90%: \$700 annual max	80%: \$700 annual max	90%: \$700 annual max
Specified mental health practitioners - combined maximum (see page 9 for list)	70%: \$3,500 annual max	70%: \$3,500 annual max	70%: \$3,500 annual max	70%: \$3,500 annual max	80%: \$3,500 annual max	70%: \$3,500 annual max	90%: \$3,500 annual max	80%: \$3,500 annual max	90%: \$3,500 annual max
Medical cannabis (see page 10)	n/a	n/a	n/a	70%: \$2,500 annual max	80%: \$2,500 annual max	70%: \$2,500 annual max	90%: \$2,500 annual max	80%: \$2,500 annual max	90%: \$2,500 annual max
Dental									
Basic per person (family)	n/a	n/a	n/a	50%: \$1,000 annual max	80%: \$1,500 annual max	50%: \$1,000 annual max	90%: \$1,500 annual max	80%: \$1,500 annual max	90%: \$1,500 annual max
Major per person (family)	n/a	n/a	n/a	n/a	n/a	n/a	60%: \$2,500 annual max	n/a	60%: \$2,500 annual max
Orthodontia (children under 19)	n/a	n/a	n/a	n/a	n/a	n/a	50%: \$3,500 lifetime max per dependent	n/a	50%: \$3,500 lifetime max per dependent
Other Benefits									
Life insurance (member only)	\$50,000	\$50,000	\$100,000	\$100,000	\$250,000	\$100,000	\$300,000	\$250,000	\$300,000
Teladoc (family)	n/a	n/a	n/a	Available	Available	Available	Available	Available	Available
Critical Conditions (member only)	n/a	n/a	n/a	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
AD & D (member only)	n/a	n/a	n/a	\$25,000	\$75,000	\$25,000	\$100,000	\$75,000	\$100,000
Out of Country per person (family)	n/a	n/a	n/a	100% up to \$1 million lifetime	100% up to \$1 million lifetime	100% up to \$1 million lifetime	100% up to \$1 million lifetime	100% up to \$1 million lifetime	100% up to \$1 million lifetime
Member & Family Assistance Plan (family)	Available	Available	Available	Available	Available	Available	Available	Available	Available
Short term disability (member only)	n/a	n/a	n/a	\$700 max. 26 weeks*	\$700 max. 26 weeks*	\$700 max. 26 weeks*	\$700 max. 26 weeks*	\$700 max. 26 weeks*	\$700 max. 26 weeks*
Health Spending Benefit (family)	Balance Up to \$1,543.07	n/a	n/a	n/a	n/a	\$2,110	n/a	\$2,490	**Note

*Weekly Disability: For qualifying members only, and after 14 days of continuous disability. Please contact the Plan Administrator for further information.

**Note: Account Balances from Producer contributions between \$10,738.14 and \$14,817.51 will have a \$1,500.00 Health Spending Benefit. Account Balances from Producer contributions between \$14,817.52 and \$23,736.27 will have a \$2,500.00 Health Spending Benefit. Account Balances from Producer contributions of at least \$23,736.28 will have a \$5,260 Health Spending Benefit.

Medical Coverage Details

The Plan pays the following eligible expenses, please refer to the coverage chart on the opposite page for percentage of payment based on your benefit level coverage.

Predeterminations for all medical and dental expenses over \$500 should be sent to Canada Life **PRIOR** to treatment to determine which expenses will be covered. In many cases, sending the predetermination to Canada Life will be up to you as the Plan Member, and not your provider.

Drugs (excluding dispensing fees) requiring a prescription are limited to the lowest cost alternative drug expenses.

- 'maintenance' drugs (excluding dispensing fees) reimbursed every 90 day supply
- a drug card is issued for members and enrolled adult dependents

Semi-private Hospital Room (up to \$10,000 per person per plan year).

Licensed Practitioners up to \$700 for each person per plan year:	Specified mental health practitioners, combined up to \$3,500
Acupuncturist	Counsellor*
Audiologist	Psychologist
Chiropractist	Psychotherapist**
Chiropractor	Social worker
Christian Science Practitioner	<p><i>Includes Intensive Behavioral Intervention and Applied Behavior Analysis treatment for children on the autism spectrum disorder (must be supervised by a psychologist).</i></p> <p><i>(All practitioners must meet Income Tax Act and Provincial Legislation registration and licensing requirements)</i></p>
Dietician	
Naturopath	
Occupational Therapist	
Osteopath	
Physiotherapist / Athletic Therapist	
Podiatrist	
Registered Massage Therapist	
Speech Language Pathologist	

*Eligible counsellors include:

- Canadian Certified Counsellor
- Certified Clinical Counsellor
- Registered Counsellor
- Registered Clinical Counsellor
- Registered Therapeutic Counsellor
- Licensed Counsellor
- Clinical Counsellor
- Clinical Therapist
- Certified Counsellor
- Counselling Therapist
- Mental Health Therapist
- Marriage & Family Therapist
- Psychoanalyst
- Sexologist

**Eligible psychotherapists include:

- Registered Psychotherapist
- Licensed Psychotherapist
- Psychotherapist
- Counselling Psychotherapist
- Psychoeducator

Teladoc can help you get an expert second opinion about surgery or a serious medical diagnosis, find a specialist, or get help understanding your condition and navigating the healthcare system.

Victorian Order of Nurses to a maximum of \$450 per plan year.

Private Duty Nursing for acutely ill patients when not confined to a hospital, or a minimum of one four hour shift per day basis to a maximum of \$5,000 per individual per plan year.

Hearing Aids purchase, repair or replacement to a maximum of \$2,000 per ear every 5 consecutive plan years.

Orthopaedic Equipment (wearable braces and cervical collars, casts, splints external electrospinal stimulators for the correction of scoliosis, non-union bone stimulators, prone standers) included (reasonable & customary charges) when prescribed per individual every plan year.

Custom Fitted Orthopaedic Shoes when attached to and form part of a splint included (reasonable & customary charges) when prescribed per individual every plan year.

Custom Fitted Orthopaedic Shoes when not attached to or forming part of a splint, to a maximum of \$300 per individual every plan year.

Custom-made Foot Orthotics when prescribed to a maximum of \$750 per individual annually. Special conditions apply.

Prosthetic Appliances for initial purchase up to a lifetime maximum of \$10,000 per individual. Replacements only when needed due to changes in physical condition.

IUD's when prescribed by a licensed physician to a maximum of 2 per plan year.

Fertility Drugs & In Vitro Drugs covered to a combined lifetime maximum of \$5,000. Eligible fertility and in vitro procedures may be payable from your Health Spending Benefit if applicable.

Anti-Smoking Aids when only available by prescription, up to a lifetime maximum of \$500 per individual.

Medical Cannabis covered up to \$2,500 per year for treatment of spasticity or neuropathic pain associated with multiple sclerosis, chemotherapy-induced nausea and vomiting or neuropathic pain associated with cancer, anorexia or neuropathic pain associated with HIV/AIDS, and symptoms associated with palliative care. In all cases, Canada Life will determine if you qualify based on diagnosis and will require dispensing from an authorized supplier.

Eye Examinations performed by a licensed Ophthalmologist or Optometrist that are not covered by your provincial health plan. Coverage is limited to one eye examination every 24 consecutive months, up to the insurer's reasonable and customary maximum per person.

Vision Care (glasses, contact lenses and laser eye surgery) for levels 02, 03 & 04. Coverage is for prescription lenses, including contact lenses, frames and the fitting of glasses, plus vision therapy, every 24 consecutive months, starting with the first month of expenses. Contact lenses for specified conditions are covered up to \$200 every 24 consecutive months. Only submit claim to Canada Life upon final payment.

Emergency Out of Country Coverage is designed to provide benefits (up to \$1,000,000 per person's lifetime) during a medical emergency while you or your dependents are temporarily outside of Canada. A medical emergency is a sudden and unexpected injury; the onset of a condition not previously known or identified or an unexpected episode of a condition known or identified prior to departure from Canada. Provincial healthcare coverage must be in place to apply. Non-emergency services such as vision, paramedical or dental expenses are subject to the in-Canada limitations, i.e. eligibility, co-insurance, plan maximums, frequencies, etc.

This guide is a summary of your Plan coverage. For full details, please refer to the Benefit Booklet at www.iatse667-669healthplan.com or send an email to the Plan Administrator to request a copy.

Dental Coverage Details

The Plan pays the following eligible expenses. Please refer to the coverage chart on page 8 for the percentage of payment based on your benefit level coverage. If dental expenses for a proposed course of treatment will exceed \$500, it is recommended that you have your dentist complete a 'Predetermination of Benefits' which should be sent to Canada Life prior to treatment. Once Canada Life has completed its review of your dental procedures, it will send the dental predetermination information directly to you, and it will be your responsibility to contact your dental provider to determine the next steps for your treatment.

Basic Dental per person

- oral examinations, x-rays, etc. limited to twice every plan year but not more than once every 6 months, full mouth series dental x-rays limited to once every two plan years
- extraction of teeth and basic restorative fillings
- anesthesia and drugs as administered and prescribed by the Dentist
- emergency examinations and other basic dental services
- endodontics (therapy dealing with root canal)
- periodontics (prevention and treatment of diseases of the bone and gums around the gums around the teeth)
- relining, rebasing, repair or adjustment of dentures
- qualifying fees for Hygienists and Denturists

Major Dental per person

- crowns, inlays and onlays if a tooth cannot be restored by a filling
- initial installation of dentures and fixed bridges due to the removal of natural teeth while covered under the Plan
- replacement of dentures and fixed bridges after 5 years if not serviceable and cannot be restored
- recementing of crowns, inlays, onlays, and fixed bridges

Orthodontia

- orthodontics for dependent children prior to age 19



Freedom to Choose™

Insurance coverage that moves with you

Join the Freedom to Choose™ program, provided by Canada Life, and you'll be able to keep your Life, Critical Illness and AD&D Insurance coverage — even if you leave the Group Benefits Plan or if the plan terminates.

If you're approved, coverage is paid for by you (the member) at rates that could be lower than you'd pay if you had individual coverage.

For more information, pricing and to apply for coverage, sign in to my.canadalife.com and go to the offers section.

Claiming Medical and Dental Benefits

The medical benefit and dental benefits are provided through Canada Life. Claims must be submitted to Canada Life as soon as possible, but no later than 12 months from the date of the expense.

Canada Life and your Plan Administrator will continue to help you with your claims for expenses and benefits. If you have a claim for benefits, a claim form must be completed and sent to Canada Life, or you can complete an electronic claims submission through **my.canadalife.com**. If you would like copies of blank claim forms, please contact the Plan Administrator, they can also provide assistance to you in filling in the forms. Prior to sending your claims to Canada Life, it is highly recommended that you make copies of your completed claim forms & receipts to keep for your records. If you file an electronic claim, you must keep your receipts for a period of 1 year in case you get audited by Canada Life.

If you have any questions on the actual expenses you will be covered for under the Plan, you should contact Canada Life directly. You can do this by writing or phoning them (see page 15 for details).

Claiming Life Insurance, AD&D, Weekly Disability Benefit and Critical Conditions Benefits

The Life Insurance, AD&D and Weekly Disability benefits are provided through Canada Life. The Critical Conditions benefit is provided through Medavie Blue Cross. The Plan Administrator will help you, your beneficiary or estate with any claim for benefits. They will provide the claim forms that must be completed and outline the information that is required to process the claim.

The AD&D (Accidental Death & Dismemberment), Weekly Disability and Critical Conditions benefits cover many different conditions. In you are unsure if your condition may be covered or require further clarification on the coverage, please contact the Plan Administrator.

Please refer to the IATSE 667/669 Group Benefit Plan website at: **www.iatse667-669healthplan.com** for further information on who qualifies, the benefits covered and when expenses will be paid.

Using the Member and Family Assistance Program (M.A.P.)

TELUS Health provides the Member and Family Assistance Program, which includes private, professional, confidential counselling for all members and their families. Services include counselling for marital, financial and emotional problems, alcohol & drug counselling, eldercare & childcare referrals as well as telephone counselling for legal issues. The TELUS Health website is: **one.telushealth.com**.

All counselling is provided in the strictest confidence and directly with TELUS Health. For information about your M.A.P., or to arrange for an appointment including emergency after hours service, call: 800-387-4765 – English or 800-361-5676 – French or download the TELUS Health One app.

Substance Use Program

As a member of the I.A.T.S.E. 667/669 Group Benefit Plan, regardless of your benefit level, you and your eligible dependents have access to two substance use programs:

1. An inpatient/outpatient substance use program and addiction and recovery helpline through **TELUS Health** (your Member Assistance Plan provider); and
2. On-demand support to help you address your relationship with substances — all available on your mobile device through **ALAViDA**.

TELUS Health's Addiction and Recovery Helpline:

▶ Call **866-769-8522**

After contacting the Addiction and Recovery Helpline you will:

- Be connected directly with a representative from the addiction team, who will **FIRST** complete an assessment with you and **THEN** arrange for a personalized treatment plan with a qualified counsellor.
- Be provided with a recommended personal treatment plan.
- Be provided with financial assistance from the I.A.T.S.E. 667/669 Group Benefit Plan (up to \$30,000 lifetime coverage for in-patient and/or out-patient treatment) regardless of your benefit level.

Help is available 24/7 and is just a phone call away. Just be sure you belong to the I.A.T.S.E 667/669 Group Benefit Plan when you call.

ALAViDA's on-demand support:

▶ Visit **try.alavida.com/iatse**

Get as little or as much support as you need to change your relationship with substances when you join the ALAViDA TRAIL. Once you are registered, you will have confidential access to substance use awareness self-assessments, daily notifications and self-tracking tools, a personalized learning plan with iCBT modules (internet-based Cognitive Behavioural Therapy), a personal care team you can text or meet online securely from home, optional weekly group coaching sessions, and more!

Understanding the Health Spending Benefit

The Health Spending Benefit, like almost all of our other benefits, is a tax free benefit providing that it is paid for by the employer through Producer contributions (the exception is in Québec whereby all benefits are considered taxable). As with all of our benefits, the Health Spending Benefit is regulated through the Income Tax Act, however there are some additional claim options that are covered through this benefit that are not covered in our regular benefit package.

Your Health Spending Benefit can be used to pay for valid medical and dental expenses of you and your dependents that exceed the Benefit Level amounts paid. Examples of the expenses that can be paid are:

1. Portions of claims not paid through your Benefit Level such as:
 - the remaining % of eligible Health Care Benefit expenses and Basic Dental expenses you now pay,
 - any or all of the % of Major Dental and % of eligible Orthodontic expenses you now pay,
 - prescription lenses, frames and contact expenses that exceed the dollar limit each 24 month period,
 - licensed eligible practitioner fees over \$700 each year,
 - private hospital room expenses in excess of semi-private expenses,
 - basic and major dental expenses over the per year maximum per person, or Orthodontic expenses over the lifetime maximum for a dependent child,
 - health care benefit expenses over the maximum for members age 70 or over,
 - drug dispensing fees and drug expenses in excess of least costly course of treatment.
2. Alternate or “topping-up” of procedures such as crowns (where the dental benefit may only reimburse for fillings), porcelain fillings, implants, orthodontic expenses for individuals age 19 and over.
3. Some alternative medicine expenses for prescribed medications such as over the counter drugs, and homeopathic substances **if prescribed by a licensed physician, dentist or medical practitioner and dispensed by a pharmacist**; and for medical devices, aids and equipment not reimbursed under your Benefit Level. Limitations may apply.
4. Laser eye surgery provided it is performed by a licensed physician.

Each claim you make with your Health Spending Benefit will reduce your Health Spending Benefit dollar for dollar. For example, if you have used your \$750 limit for Orthotics and have an additional \$100 expense, you may receive reimbursement for this \$100 by claiming it through your Health Spending Benefit for the same amount.

REMEMBER!

Any Health Spending Benefit amounts not used within the prescribed period, or if you do not remain a member in good standing of IATSE Local 667 or Local 669, will be transferred back into the reserve fund. Please be aware of the Canada Life claims submissions deadlines below.

Plan year	Claims incurred during plan year	Health spending claims submission deadline	NOTE
April 1, 2025 - March 31, 2026	April 1, 2025 - March 31, 2026	September 30, 2026	Health spending claims incurred during the 2025-26 plan year will not be paid after September 30, 2026
April 1, 2026 - March 31, 2027	April 1, 2026 - March 31, 2027	September 30, 2027	Health spending claims incurred during the 2026-27 plan year will not be paid after September 30, 2027

Expenses from the April 1, 2025 to March 31, 2026 plan year **must be** submitted to Canada Life no later than September 30, 2026. **If** you have any unused health spending money left over it will be carried over to the new plan year, **however**, your claims will not, therefore it is imperative your claims are submitted by the deadline.

5 Important Things to Know About Your Health SolutionsPlus Visa Card

1. While your Health SolutionsPlus prepaid VISA card has an expiry date, your card is only valid as long as you have contributions on the card.
2. Each year that you qualify for the Health Spending Benefit, your card will be automatically topped up for the rest of the year with that amount.
3. As with the regular Health Spending Benefit, by law, all contributions must be used within 2 years.
4. In the event your healthcare/dentalcare provider location does not accept your VISA card, you can still submit your claim(s) through the standard paper process or make an electronic claims submission through **my.canadalife.com**.
5. Each claim you make with your Health SolutionsPlus prepaid VISA card will reduce your Health Spending Benefit dollar for dollar.



You can contact Canada Life Group Claims at:

English

Canada Life Group Claims
Winnipeg Benefits Payments
P.O. Box 3050, Stn. Main
Winnipeg, MB R3C 0E6

Customer Service: 855-729-1839
Customer Service: 877-883-7072
(for health spending enquiries)

French

Canada Life Group Claims
Montreal Benefits Payments
P.O. Box 3050, Stn. Main
Place Bonaventure, Suite 5800
800 de la Gauchetière St. W
Montreal, QC H5A 1B9

Customer Service:
855-729-1839



Contact Details For More Information

For questions about...	Where to go...												
Plan Details or General Information	For a comprehensive, easy-to-read description of the plan refer to the Fund's website: www.iatse667-669healthplan.com , you can also find information regarding your specific benefit level and any benefit updates. You can also contact the Plan Administrator listed below.												
Plan Administration	<p>Plan Administrator</p> <p>Contact AGA Benefit Solutions at: Phone: 905-477-7088 or 800-218-7018 and press "8" E-mail: iatse667-669healthplan@aga.ca 301E - 675 Cochrane Dr Markham, ON L3R 0B8</p> <p>Member Benefit Portal https://aga.onvitalobjects.com/portal/member</p>												
Lost Canada Life Health Solutions Plus VISA card or drug card													
Voluntary Upgrades													
Critical Conditions													
Weekly Disability													
How to file claims													
Accessing claim forms & filing online claims	You can submit and track your health and dental claims or find claim forms online: <table border="0"> <tr> <td>1. Visit my.canadalife.com</td> <td>or</td> <td>1. Visit www.canadalife.com</td> </tr> <tr> <td>2. Click "Sign in"</td> <td></td> <td>2. Click "Find a form"</td> </tr> <tr> <td>3. Once you have signed in, click "Make a claim"</td> <td></td> <td>(located at the top of the page)</td> </tr> <tr> <td></td> <td></td> <td>3. Click "I have coverage through my employer"</td> </tr> </table>	1. Visit my.canadalife.com	or	1. Visit www.canadalife.com	2. Click "Sign in"		2. Click "Find a form"	3. Once you have signed in, click "Make a claim"		(located at the top of the page)			3. Click "I have coverage through my employer"
1. Visit my.canadalife.com	or	1. Visit www.canadalife.com											
2. Click "Sign in"		2. Click "Find a form"											
3. Once you have signed in, click "Make a claim"		(located at the top of the page)											
		3. Click "I have coverage through my employer"											
Tracking your claim	When you submit claims online, you can choose either text or email notification when claims have been paid. You can also sign up for direct deposit to have claims paid directly into your bank account.												
Health Spending Benefit Coverage & Claims	You can contact the Plan Administrator listed above. However, if you have specific claims information, contact Canada Life at: 877-883-7072.												
Health & dental claims issues	You can contact Canada Life at: 855-729-1839. However, if you feel you need further assistance with any claims issues, contact the Plan Administrator listed above.												
Out-of-province / country medical emergency	In case of medical emergency If you have a medical emergency while travelling you should contact the travel assistance location nearest you or have someone call on your behalf. Available 24/7 and 365 days of the year. Canada or U.S.A.: 855-222-4051 All other countries: 204-946-2577* If you have questions about your Out-of-Country Emergency Care coverage or claims, please call 800-957-9777. *Submit long distance charges to Canada Life for reimbursement.												
Teladoc Medical Experts	Call 877-419-2378, or visit their website at: www.teladoc.ca/canadalife												
Member and Family Assistance Plan	Call TELUS Health at 800-387-4765 or visit their website at one.telushealth.com , available 24/7, 365 days. You can also download the TELUS Health One app today for convenient access to wellbeing support.												



Make confident, informed health decisions.



With Teladoc Health, you have access to advice and support for your medical needs.

Services available to you:

Expert Medical Opinion

An expert review of your diagnosis and treatment plan

Find a Doctor

Find a leading local physician for you and your family

Care Finder

Find leading specialists outside of Canada

Personal Health Navigator

Get connected to resources for your medical needs

Ask the Expert

Receive personalized responses from leading experts

Mental Health Navigator

Get help navigating the mental healthcare system

Top 5 reasons people use our expert services:

- 1.** Little improvement in current treatment plan
- 2.** Pain won't go away
- 3.** Need a local specialist
- 4.** Confused about test results
- 5.** Considering surgery

Extended Family Benefits

These services also extend to your parents and in-laws!

Start your journey to better health today!

Visit Teladoc.ca/CanadaLife | Call 1-877-419-2378

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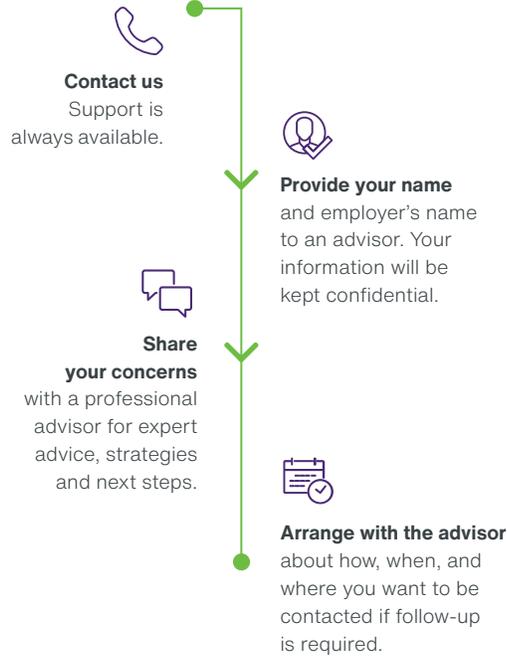


Convenient access to online resources.

Let us help

Your MAP provides you with immediate and confidential help for any work, health or life concern at no cost to you 24/7.

1-800-387-4765



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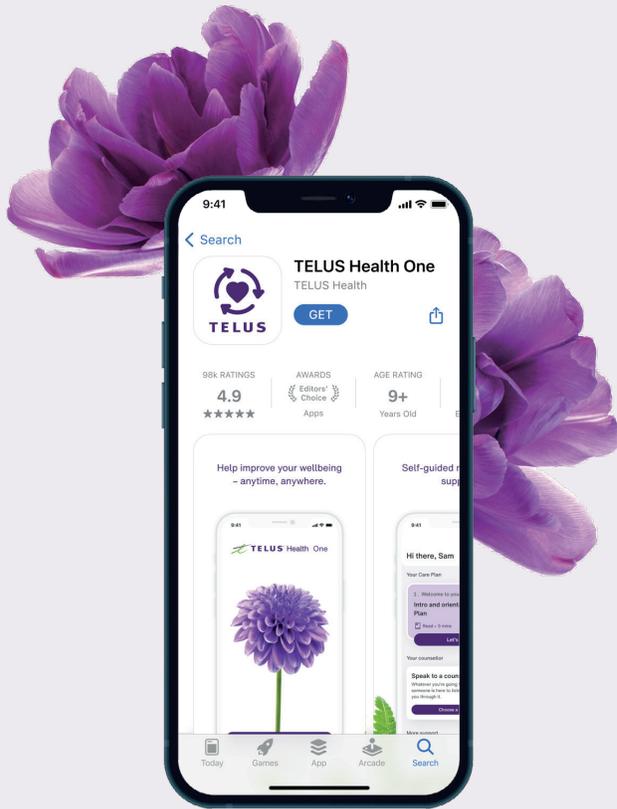
Access your MAP 24/7 by phone, web or mobile app.

one.telushealth.com

Username: IATSE
Password: Camera

Solutions for your work, health and life.

- Support wellbeing**
Stress, mental health concerns, grief and loss, crisis situations.
- Manage relationships and family**
Communication, separation/divorce, parenting.
- Deal with workplace challenges**
Stress, performance, work-life balance.
- Tackle addictions**
Alcohol, drugs, smoking cessation, gambling.
- Find child and elder care resources**
Child care, schooling, nursing/retirement homes.
- Get legal advice**
Family law, separation/divorce, custody.
- Financial helpline support**
Debt management, bankruptcy, retirement.



 TELUS® Health

Download the TELUS Health One app.

Feel supported and connected wherever you are.

With the TELUS Health One app, you can access your member assistance program, which includes qualified support for your mental, physical, social and financial health.

- Search for resources and tools on topics ranging from **family and life to health, money and work**
- Stay connected to your organization through the **News Feed**
- Receive support on your own schedule with **CareNow**
- Access the **Total Wellbeing Assessment** to help identify your wellbeing strengths and opportunities for improvement

What's more, the app acts like your digital wallet card. You can call an MAP advisor with just one tap – toll-free, 24/7 – for expert advice, resources and referrals.

Download the TELUS Health One app today for convenient access to wellbeing support.

1. Download the free app on Android or iOS – simply search for 'TELUS Health One'.
2. Open the app, click on 'Log in' and enter your shared log-in credentials.



Username: **IATSE**

Password: **Camera**

Call us, 24/7: **1-800-387-4765**



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◆ ALAViDA

Substance Use

Confidential
substance use
support from
any device



ALAViDA offers confidential, on-demand support for anyone who would like to reevaluate their relationship with alcohol and substance use.

Whether you're looking to gain control over alcohol or substance use for the first time, have been trying to quit for years, or just want to be proactive about your health, ALAViDA is tailored to your needs.

Connect with a care team for a personalized program proven to reduce substance use or use a self-guided approach to go at your own pace. Join the ALAViDA TRAIL, a secure app where you can track your journey and access resources including:

- ✓ Substance use awareness self-assessments
- ✓ Daily notifications and self-tracking tools
- ✓ A personalized learning plan with iCBT modules (Internet-based Cognitive Behavioral Therapy)
- ✓ Evidence-based resources available 24/7
- ✓ Ongoing progress reports
- ✓ Check-ins and asynchronous messaging with the ALAViDA care team
- ✓ Optional group coaching sessions



ALAViDA is confidential and no information is shared with employers, plan sponsors, licensing bodies or unions.

Learn more at try.alavida.com/iatse

LifeSpeak Inc.

Frequently Asked Questions

WHO IS ELIGIBLE FOR THE ALAViDA TRAIL?

ALAViDA is available to all IATSE Local 667/669 members and their family members who are at least the age of majority in their state of residence.

HOW TO ACCESS IT?

Go to try.alavida.com/iatse. To create an account on the ALAViDA TRAiL, scroll down and click the “Get Started” button. You will be directed to a registration page where you can fill in your information.

ONCE REGISTERED, HOW TO ACCESS THE TRAIL?

An email confirmation with the subject line “Welcome to the ALAViDA TRAiL” will be sent to the email used to register. Once registered, you can log in to the TRAiL platform at any time and from any device directly from the email, or by navigating to trail.alavida.com/login. If you have questions or need assistance, please click "contact us" on [this page](#).

IS REGISTRATION AND USAGE CONFIDENTIAL?

Yes, participation in the ALAViDA TRAiL is completely confidential. Personal health information is governed by rigorous privacy laws. Plan sponsors and employers will not receive any personal information regarding participation and all usage and sessions are protected by comprehensive data privacy infrastructure. The complete privacy policy can be found here: <https://alavida.com/privacy>.



life in MOTION

IATSE 667/669 | GROUP BENEFIT PLAN

IATSE Local 667/669 Plan Administration Office
301E - 675 Cochrane Drive
Markham, ON L3R 0B8
Tel: 905-477-7088 Toll Free: 800-218-7018 and press "8"
Email: iatse667-669healthplan@aga.ca

Member Benefit Portal

<https://aga.onvitalobjects.com/portal/member>



THE FINE PRINT

This Plan Summary Guide provides answers to some of the general questions you may have about your Plan. It does not create or confer any contractual or other rights. If there should be any conflict between this summary guide and the Group Policies or other official documents of the Plan and Trust, the official documents will govern in all cases. These documents are available to any member upon request.

April 1, 2026 - March 31, 2027