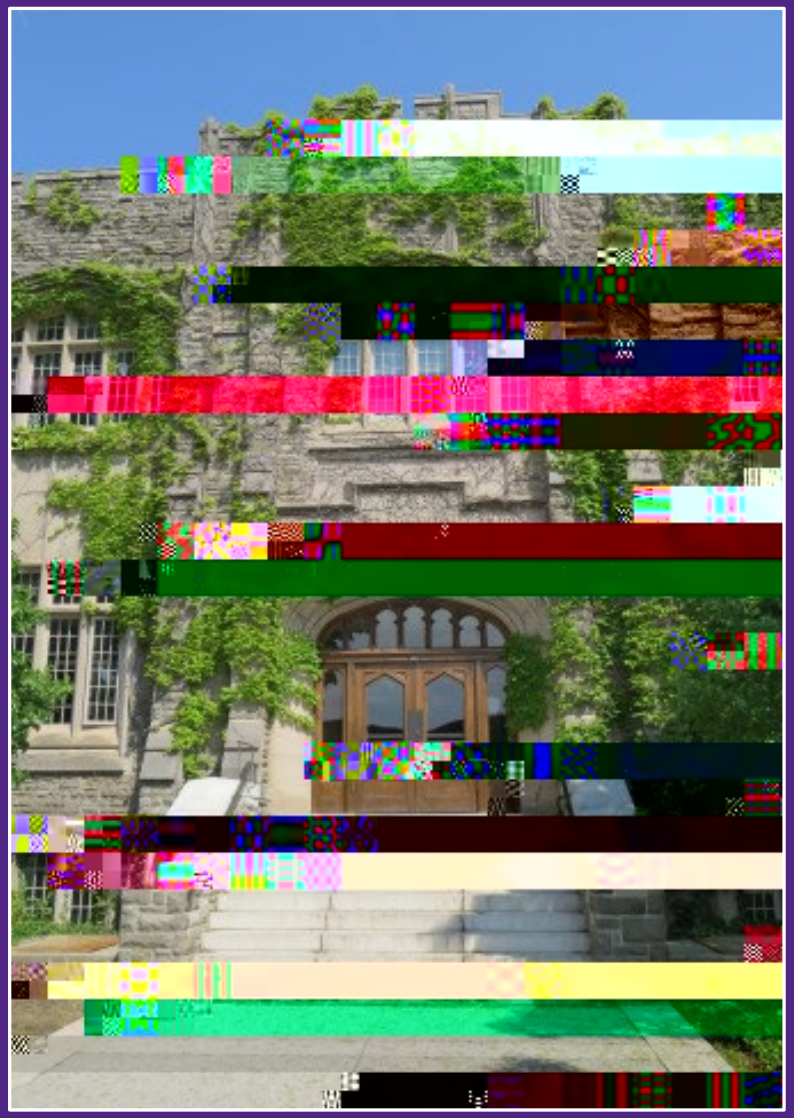

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MY BENEFITS –

- Can be used to pay many medical and dental expenses not covered or only partially covered by Health Care and Dental plans for you and

	• Vacation – plus additional days Western designates annually • Dependent Tuition Scholarship • Recognition programs for long service and retirement • Supplemental income for maternity/parental leaves • Employee Assistance Program • Professional Expense Reimbursement • Educational Funding • Leaves and other workload arrangements • Disability Management - services from an ergonomist, a rehabilitation nurse and an occupational therapist

MY BENEFITS –

- Topical enzymatic debriding agents
- Tuberculosis therapy

The plan also covers:

- Preventive vaccines and medicines (oral or injected)
- Insulin, needles, syringes, lancets and chemical testing agents for the management of diabetes.
- B6 and B12 injectable vitamins when used for weight loss
- Non-oral contraceptives, limited to a maximum of $50 per person per calendar year (this overall maximum includes expenses for contraceptive devices listed under Medical Aids, Appliances, Services and Supplies)

The following two categories of drugs are covered at 100%, up to the specified maximums shown below:

- Smoking cessation aids – to a lifetime maximum of $500 per person
- Fertility drugs – to a lifetime maximum of $12,000 per person

- Drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
- Drugs determined to be ineligible as a result of the insurance provider's due diligence process
- Vitamins (other than injected vitamins), vitamin/mineral preparations and food supplements
- Chelation therapy
- Drugs used in the treatment of sexual dysfunction, other than Caverject and Muse
- Hair growth stimulants
- General public products, whether or not prescribed
- More than a 3-month supply of a drug or medicine
- Dispensing fees that exceed the maximum

- Custom-molded orthopaedic shoes, when prescribed by an orthopaedic surgeon, physiatrist, rheumatologist, physician, podiatrist or chiropodist - one pair per calendar year (the first $75 in a calendar year is not covered), modifications to street shoes including scaphoid pads, torque heels, insoles, molded arch supports etc. (limited to one pair per person in a calendar year)
- Custom-moulded orthotics – one pair per calendar year to a maximum of $400, on the recommendation of a physician, chiropodist or podiatrist
- Wigs – for permanent or temporary hair loss as a result of medical treatment to a lifetime maximum of $700
- ObusForme products – up to $100 per 5 calendar years
- Enuresis equipment – up to $100 per calendar year
- Blood glucose monitors– up to $200 per calendar year
- Insulin jet injectors up to $350 per calendar year
- Transcutaneous Electrical Nerve Stimulation (TENS) machine, limited to 50% of the cost
- Intra-uterine devices (IUD's) and contraceptive diaphragms – up to maximum $50 per covered person in a calendar year (this overall maximum includes expenses for non-oral contraceptive drugs listed under Drugs and Medicines)
- Mozes detectors, limited to the cost of three months rental
- Compression garments and medical supplies

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- Diabetic appliances, insulin infusion pumps and accessories
- Hearing aids - cost, installation, repair and initial batteries, maintenance (excludes replacement batteries or hearing tests)
- Private duty nursing (for services that can only be delivered by a Registered Nurse (R.N.) or Registered Practical Nurse (R.P.N.) who is not ordinarily a resident in your home or related to you or your dependents). The insurance provider must pre-approve services in advance.
- Ambulance service, including air ambulance, to the nearest hospital where medical care can be provided, when necessary

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- Prostatic Specific Antigen (PSA) test – two tests per 12 consecutive months

There are various exclusions whereby the insurance provider will not pay benefits for expenses incurred for or in connection with such as, but not limited to:

- Care, services or supplies which are not medically necessary, as determined by the insurance provider
- Care, services or supplies w a31 (r)]4 (c)-2 vlp Tw 1.335 0 Td[(i)7.4C6.1 (ot)3.(na)6.2 (ger)-10.[e)8.1 (cc)-2 v)-2 tPu2 (-8 y)65 ( )0..2 (geren)6.1 (ne)6.1 calottilh

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- Speech therapists
- Masseurs

- Dental care – preventative, diagnostic, restorative, orthodontic and therapeutic dental care
- Facilities including (but not limited to):
  - Meals, lodging and treatment in a treatment centre for alcoholism or drug addiction
  - Care in a nursing home
  - Care in a self-contained domestic establishment (such as a covered person's home)
  - Payments to a public or licensed private hospital
- Devices and supplies such as:
  - Artificial eye or limbs
  - Crutches
  - Device/equipment designed to pace or monitor the heart of a covered person who suffers from heart disease
  - Device or equipment exclusively to enable a covered person with a mobility impairment to operate a vehicle
  - Electronic speech synthesizer that enables a mute individual to communicate by use of a portable keyboard
  - Hearing aids
  - Hospital bed, including attachments

If your coverage ceases or reduces on or before your Normal Retirement Date (NRD) for any reason other than your request, you may convert your existing group life insurance to an individual policy plan (up to a maximum of $200,000) with the insurance provider without proof of good health, provided you apply and pay your first monthly premium within 31 days of your coverage reducing or attainment of your NRD. During this 31-day period, the amount of life insurance eligible for conversion is continued without charge. To convert your group life insurance to a private policy, contact Human Resources at 519-661-2194. If the coverage ceases for your spouse for anyou x oraoB6( )0.5

» Voluntary Personal Accident Insurance

This optional plan offers 24-hour, full-year protection against accidents anywhere in the world, whether you are on or off the job.

You may purchase any amount of insurance in multiples of $10,000 subject to a maximum of $500,000 covering yourself, or yourself and your dependents (Family Plan).

Your spouse by virtue of a legal marriage or your partner of the opposite sex or of the same sex who is publicly represented as your spouse and has continuously been so represented for at least the previous year. At any one time, only one person may be insured as your Spouse.

Your child or the child of your Spouse (biological, adopted or step-child), who is not married or in any other formal union recognized by law, excluding a child who has attained age 21, or age 25 in the case of a full-time student wholly dependent on you for support.

A child who attains the limiting age who is incapable of supporting himself due to physical or mental disability, is dependent on you for support and maintenance, and is not married nor in any other formal union recognized by law is deemed to continue to be a child for as long as these three conditions exist. This continuation is subject to Sun Life Financial receiving proof of the above conditions not later than 31 days after your child attains the limiting age.

You are insured for the principal sum elected.

If you choose coverage for you and your eligible dependents (Family Plan), your spouse and children will be insured as follows:

- If there are no eligible children,

If injuries result in death, dismemberment or loss of use within 365 Tm

Additional benefits may also be payable. Outlined below is a summary of those benefits. Specific conditions and limitations may apply. Please contact Human Resources should you want more details on these benefits.

A benefit will6h6 (s)-2 (.)]d0.5 (H-1.9 (h)6.1 (oul2 (e.)3.6 (a6.7 (anS)]TJ0 Tc 0 Tw2 0.651 0 Tda( )TJ0.001 Tc -0.003 Tw 0.497 0 Tdcas)4pec)-2 (i)1.5 (de)6.1(ont)3.6 (l)1

eligible for child care expenses, a one-time payment of $2,500 will be made in addition to the loss of life benefit.

The maximum amount payable is $5,000 per child per year to a maximum total benefit of $25,000.

Identification expense (for the purpose of identifying the body of an insured person) means the actual costs for hotel accommodation for a maximum of three days and transportation by a member of the immediate family by the most direct route by a licensed common carrier.

The maximum amount payable is $5,000.

Dependent parent: parents or grandparent of yours or your Spouse who at the time of an accident is receiving support and care provided by you or your spouse as evidenced by Canadian income tax returns showing parent as a dependent.

The maximum amount payable is $5,000 per eligible parent.

Funeral expenses means the reasonable costs associated with interment.

The maximum amount payable is $5,000.

Psychological therapy means the reasonable and customary charges for treatment or counselling by a therapist or counsellor, who is licensed, registered or certified to provide such treatment.

The maximum amount payable is $5,000.

Vocational training expenses means the actual costs incurred for tuition, fees, room and board billed by an institution of higher learning that is intended to prepare you for work in any gainful occupation. Includes costs for required books or course supplies.

The maximum amount payable is $15,000.

If a common accident causes you and your spouse's loss of life, the combined Loss of Life benefit amount will be two times the larger of the two Loss of Life benefits amounts payable. This combined Loss of Life benefit amount will not exceed two times your benefit amount.

Common accident means a single accident or separate accidents that occur within the same 24-hour period and result in accidental bodily injury to an insured person and the insured person's spouse. The common accident extension of coverage is subject to a maximum amount of two times your Loss of Life benefits amount.

When you or your dependent have multiple losses as a result of one accident, the maximum amount payable will not exceed 100% of the Loss of Life benefit amount with the exception of loss of use of both arms, both legs or a combination of one arm and a leg, quadriplegia, paraplegia and hemiplegia.

In no event will the maximum benefit amount per insured person exceed 200%.

You may designate any person you wish as your named beneficiary and may initiate a change at any time. If the named beneficiary is under the age of 18 or mentally infirm, a trustee must be designated. Benefits payable in the event of your death are paid to your named beneficiary. In the event of your loss under the dismemberment coverage, benefits are payable to you0.271 0 Tdg (pf)3.A.6 (b)Tj0 Tc .389 00.00.001 Tw -31.084 -1.144

» Long Term Disability Benefit

After an elimination period of 105 days of total disability has expired, you may be eligible for Long Term Disability benefits payable by our insurance provider. Human Resources will send you a package in advance of the end of the elimination period. You are encouraged to submit your application (which includes an Attending Physician Statement) for Long Term Disability benefits as soon as possible to avoid any late filing penalties and delay in payments to you. If you have made a WSIB claim, you should also apply for Long Term Disability benefits.

During the first 24 months, you are eligible for monthly benefits if you are unable to perform your own occupation. Beyond the twenty-four months you continue to be eligible for benefits if you are not able to perform the duties of your own or any other occupation falling within the broad professional role for which you are reasonably suited by education, training or experience and which has salary rates equal to at least 75% of your indexed pre-disability monthly earnings. In reviewing your claim, the insurance provider can request additional medical information and/or independent medical examinations.

A monthly benefit will be paid to you if you become totally disabled while covered under the Long Term Disability benefit and remain under the continuing care of a physician.

- The benefit commences after the elimination period (after 105 consecutive days of Short-Term Disability)
- Monthly benefit of 70% of your normal basic monthly salary (maximum monthly benefit $6,000)
- The benefit is based on your annual base salary as of the beginning of total disability (first day sick)

If you are able to return to your regular occupation or any other occupation after a period of total disability that extends past the elimination period, a monthly benefit will be paid, subject to the following conditions. You must be:

- Under the continuing care of a physician
- Not able to perform the essential and material duties of your occupation on a full-time basis
- Not able to earn at least 80% of your indexed pre-disability earnings
- Able to earn at least 20% of your indexed pre-disability monthly earnings

The monthly benefit payable will be the amount (%)-2.2 0.001 T2.4 5 (o)0.6 (t.5 (w)-1

When the Basic Life Insurance benefit premiums are waived, the premiums for your Optional Life, Optional Spousal Life and Dependent Life will also be waived.

Waiver of premium will terminate when the earliest of the following event occurs:

- You are no longer totally disabled
- You reach your Normal Retirement Date
- You retire; or
- You fail to submit required proof of total disability

If the waiver of premium ends and you do not become actively employed with Western, you may choose to convert this coverage to an individual life insurance policy. (Refer to the Conversion Option provision for additional information).

If a period of Total Disability is considered to be a continuation of a previous Total Disability, the waiver of premiums will be automatically reinstated.

On the January 1 that follows the date you begin receiving Long Term Disability payments and on each January 1 following, your monthly benefit (including any prior cost of living adjustments) will be increased by the lesser of:

- 6%
- The increase in the Consumer Price Index for the 12 months period ending on September 30th of the previous year

If you are at t

MY BENEFITS –

» Critical Illness Benefit

The Critical Illness Benefit is a compulsory benefit that is fully paid by Western. The Critical Illness Benefit applies only to those illnesses or disorders defined below. If more than one critical illness is incurred by and diagnosed for you, payment will be made for only one critical illness under this benefit.

Heart attack means the death of a portion of the heart muscle as a result of inadequate blood supply as evidenced by both new electrocardiographic (ECG) changes indicative of myocardial infarction and the elevation of cardiac biochemical markers to a level considered diagnostic for acute infarction. Heart attack does not include:

- An incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event; or
- Elevation of cardiac markers due to coronary angioplasty, unless there are diagnostic changes of new Q wave infarction on the ECG

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- The date of any sign, symptom or medical consultation that led to the diagnosis of any type of cancer is within 90 days after the effective date of coverage

Critical Illness Benefits are not payable for a critical illness which is due to or results directly or indirectly from any of the following:

- Failure to seek or follow medical advice
- Intentionally self-inflicted injuries, suicide or attempted suicide
- Operating a vehicle while impaired by drugs, toxic substances or an alcohol level in excess of the legal limit
- Travel or flight in any kind of aircraft if you are a member of the aircraft crew; or if you are

informs you each year of your RRSP contribution limits on your Notice of Assessment.

You decide how to invest your retirement account balance – made up of

» Post-Retirement Benefits

To be covered by the Western Post-Retirement Benefits program, you and your eligible dependents must reside in Canada and meet the following eligibility criteria:

- Eligible to retire (within 10 years of your Normal Retirement Date) and
- Five years of full-time service for members who became full-time on or before June 30, 2007 or
- Ten years of full-time service for members who became full-time on or after July 1, 2007

At the time of retirement you must make applic74ake ap[us)-2 (t)3.6 (l7jJ.5 (bBDC BDC (r)))-7.3are03eTw 5.32F 0 T19c 0.275 0 Tdof full

» Claims Process

Managing your health and dental claims effectively can make a big difference in the value you derive from the benefits program. The program makes it easy for you in a number of ways.

To register for online access, you will need your
and your which can be found on either a claim statement or on your benefits card. Go to the Manulife website, hover over the sign in button located at the top of the screen, and select “Plan member” under “Group benefits” from the drop down menu.

On the first visit to the site, you will be prompted to register. Select the register button and follow the instructions. Once you have registered, you will be able to sign in using your email address and password.

» Definitions

Means the employee reports for work at his or her usual place of employment with the employer, or such other location as may be required, and is able to perform the Essential and Material Duties of his or her regular occupation on a permanent full-time and full-pay basis for a minimum of 25 hours per week, unless specified otherwise. If an employee is not required to report for work on a specified date, he or she will be considered to be Actively Employed if he or she is not disabled to the degree that he or she could not have reported for work at his or her usual place of employment and performed the Essential and Material Duties of his or her regular occupation.

Means the ongoing and continuous medical or surgical inpatient treatment of a sickness or injury in the acute phase, including active treatment of a chronic sickness.

Means a process the insurance provider follows to assess new drugs, existing drugs with new indications, services or supplies to determine eligibility under the plan. This process may use Pharmacoeconomics, cost effectiveness analysis reference information from existing federal or provincial formularies, recognized clinical practice guidelines, or an advisory body.

» Costs

Basic Life Insurance:	$0.151 / $1,000	$0.151/ $1,000
Extended Health:		Single: $184.10 Family: $388.13
Dental:		Single: $51.32 Family: $141.07