BENEFITS OF FILM+

IATSE 891 | 60+ HEALTH PLAN

A guide to your health plan and coverage

Sept 28, 2026

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Disclaimer

This guide provides a description of the benefits available under Benefits of Film+, the IATSE 891 60+ Health Plan, as of August 01, 2025. We've made every effort to offer an accurate and up-to-date description.

However, if there are any differences between this guide and the legal documents that govern Benefits of Film, the legal documents will rule.

Possession of this booklet does not confer or establish any contractual entitlements. All entitlements and responsibilities pertaining to the benefits specified under the group policy will be governed exclusively by the terms and conditions stipulated within said policy(ies).

The Trust retains the right to modify or suspend any coverages, including those for retirees, outlined in the group policy, and to terminate the entire policy at any time concerning active participants (including those absent due to disability) as well as retired participants post-retirement.

Furthermore, the Trust reserves the right to adjust the eligibility criteria for the coverages, including those for retirees, specified in the group policy, at any time regarding active participants (including those absent due to disability) as well as retired participants post-retirement.

For inquiries regarding the contents of this booklet or for further clarification on the benefits, participants are encouraged to reach out to the Trust's administrator, AGA Benefits Solutions at 1-800-218-7018 or email: benefitsoffilm@aga.ca.

A note about this guide

The coverage you need

We've tried to keep the 60+ plan as close as possible to the active plan. You'll continue to have mostly the same coverage as an active member covered under the hour bank for everything listed below but the percentage paid by the plan will depend on your eligibility. The coverage would be virtually impossible to buy on your own - especially at the higher levels.

Of course, there are some things in the active plan that we can't cover under the 60+ plan, either because they are not financially viable or don't make sense for most participants of this plan. These are listed below.

What's covered/available under *Benefits of Film+*

- Teladoc
- Consult+
- Dental (basic, denture, major)
- Drugs
- Employee and Family Assistance Program
- Hearing aids and visioncare
- Medical services and supplies
- Optional life insurance (Members under age 70)
- Paramedical services, including acupuncture, chiropractor, massage therapy, naturopathy, physiotherapy, occupational therapy, podiatry, psychology, speech therapy, kinesiology, osteopathy, social worker, counsellor
- Rehabilitation - drugs and alcohol
- Death benefit ($5,000)

What's not covered under *Benefits of Film+*

- AD&D
- Critical illness insurance
- Disability
- Orthodontics

How do I...?

Enrol in the plan?

If your hour bank runs out and you are over 60, please fill out the Opt-in Form, Group Enrolment Form and Beneficiary Form, and return these to AGA Benefits Solutions.

The above forms are also available at www.benefitsoffilm.com

Add a new spouse or child?

Complete and submit the following forms (as well as any other required documentation):

- Group Change Form
- Common-law Form (if applicable)

Coverage will not be effective until the appropriate forms have been received and processed.

Find enrolment or claims forms?

You'll find all relevant forms online at www.benefitsoffilm.com.

Change my home or email address?

All correspondence will be considered delivered unless the mail or email is returned.

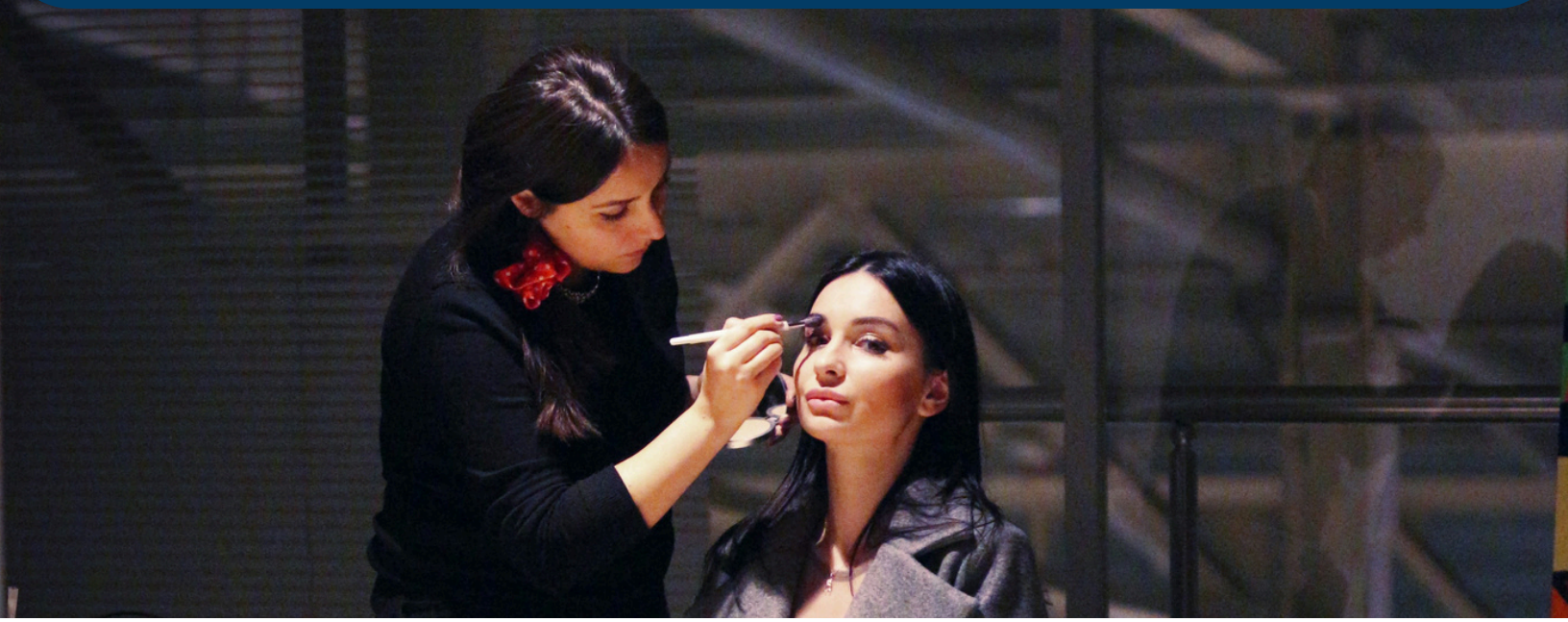
You're responsible for keeping AGA Benefit Solutions informed about your current contact information, including your correct home and email addresses. AGA Benefit Solutions sends weekly updates to Canada Life.

If you change your address with the union office, the union will inform AGA Benefit Solutions, but that only happens on a monthly basis. Also, update with all health providers, dentists, etc

Access the Employee and Family Assistance Plan?

Call FSEAP at 1-800-667-0993 (toll-free) any time to speak to a counsellor who will assess the level of intervention you may need. The counsellor can provide immediate crisis support, schedule you for counselling, a work/life service or to help you find the right resource in your community.

How your plan works



Who can join the plan

It costs you nothing to join, there are no monthly payments and no deductibles! You qualify if you're age 60 or over and have worked at least 20,000 IATSE 891 hours. This includes hours worked since March 1, 1993 and 140 hours for each month of IATSE 891 membership before that. Self-payments, disability credits, and volunteer time do not contribute to these hours.

In order to be eligible for coverage under Benefits of Film+ you must be a Canadian resident and have coverage under the MSP, or other provincial health plan, to qualify for extended health coverage – which includes reimbursement for a range of medical and paramedical supplies and services.

You're a Canadian resident if you meet all of these conditions:

- You're a Canadian citizen or permanent resident;
- You're physically present in Canada for at least 6 months in a calendar year (or at least 5 months in a calendar year if you're vacationing outside of BC).

If you have a student or a work permit, you might be considered a Canadian resident. If you're not sure about your eligibility status, contact the BC Medical Services Plan for help at 1-800-663-7100 or 604-883-7151.

If you are not a Canadian resident, you may be eligible to qualify for Dental, Employee and Family Assistance and Drug and Alcohol Rehab Benefits.

How to join the plan

Complete the following forms and send them to AGA Benefit Solutions to enrol in the plan:

- **60+ Health Plan Opt-In Form**
  https://benefitsoffilm.com/FormsPlus

You must also complete a

- **Group Benefits Enrolment Form**
- **Group Benefits Beneficiary Form**

Coverage levels

Your coverage is tied directly to how many eligible hours you've worked at IATSE 891. The more hours, the higher your coverage level.

Hours reported	Base Drug Plan	Supplementary Drug Plan	For All Other Expenses	Lifetime Maximum for Medical and Vision
20,000-29,999	30%	24%	30%	$25,000
30,000-39,999	40%	32%	40%	$30,000
40,000-49,999	50%	40%	50%	$35,000
50,000-59,999	60%	48%	60%	$40,000
60,000+	70%	56%	70%	$45,000

Switching between the 60+ plan and the active plan

If you accumulated 280 or more hours in a 12-month period, you can re-enrol in the active plan. When your hour bank again dips below 140 hours, you can then enrol back into the 60+ plan. But your additional hours won't change your level of coverage under the 60+ plan. Your coverage level is based on the number of hours you have when you first join the plan.

Covering your family members

Your spouse and children listed on your enrolment form are covered for the extended healthcare and dental benefits.

Your family members are not covered under the plan until you enrol them. Forms are available at **www.benefitsoffilm.com**.

Your spouse is the person you are legally married to – or who you have been living within a common-law relationship – for at least one full year and is publicly represented as your spouse. You must complete a ***Common-Law Spouse Declaration*** form to cover a common-law spouse and a ***Group Change Form***.

Your child is a child born to you or your spouse, a stepchild, a legally adopted child or a legal ward (but not a foster child). Your child must be unmarried and:

- under age 21 and financially dependent on you or your spouse; or
- any age and attending a recognized educational institution full-time; or
- any age if child became disabled under the age of 21 or while being a full-time student and is living with you or your spouse, financially dependent and incapable of self-sustaining employment.

To continue coverage for a disabled child, complete the Application for Overage Dependant form (and have it approved by Canada Life) before the child turns 21. You can contact AGA for this form.

When coverage ends

Your benefits coverage ends when one of the following occurs (whichever one happens first):

- your membership with IATSE Local 891 ends;
- you're no longer eligible; or
- the plan closes.

Coverage for your family ends when (whichever one happens first):

- your coverage ends,
- your spouse is no longer eligible, or
- your child no longer qualifies.

If you have a new spouse, coverage for your previous spouse ends the day before coverage for your new spouse begins.

Keeping the plan healthy

Most of your benefits — including extended healthcare and dental — are self-insured by the plan (instead of being insured by an insurance company).

Self-insurance allows us to put more of our contribution dollars toward benefits for our members instead of insurance company profits. But there's a limited pool of money to pay for benefit claims, so we need to work together to protect our plan.

Here's what you can do to help control costs and allow us to keep offering an excellent package of benefits:

- **Coordinate your coverage.** If you or your spouse are covered by another plan, tell us. That way, we can make sure both plans pay their fair share.
- **Use it wisely**. The purpose of *Benefits of Film+* is to ensure you and your family can access good healthcare. Use it if you need it. But use it wisely.
- **Shop and compare**. Spend the plan's money like it is your own. Do some comparison shopping before buying items or services you will submit a claim for. Remember that lifetime maximums apply.

Who pays for benefits

Your coverage is tied directly to how many hours you've worked. The more hours, the higher your coverage level. You are responsible for paying any amount over the coverage provided by the plan. This plan exists to thank and support our long service members.

Who manages the plan

Benefits of Film+ operates independently from IATSE Local 891. The union's only role in the plan is to negotiate employer contributions.

A Board of Trustees governs the plan. The board is made up of six Local 891 members who are elected to serve as trustees, plus the elected Business Representative, who acts as a link between the plan and the union. The board's job is to manage the plan in the best interests of the membership as a whole.

It's responsible for all plan-related decisions, including which benefits are offered. Because they're not experts in the benefits field, the trustees hire professional advisors and service providers. These include actuaries, lawyers, benefits administrators, insurance companies and accountants.

Current trustees

Please reference the website at www.benefitsoffilm.com for the most up-to-date list of Plan trustees.

Your benefits

Dental

The plan reimburses 30%-70% of reasonable and customary expenses for basic care of teeth, major restorative services and dental injury due to an accident. The base percentage reimbursed depends on the level of coverage you qualify for based on your reported hours. (See chart on page 7)

Deductible	**$0**
Basic coverage	30%-70%
Major coverage • Dentures • All other expenses	 30%-70% 30%-70%
Dental Maximum • Yearly (per person/year)	$1,000

See the following pages for a detailed list of what's covered and what's not.

How it works

Present your Canada Life card at the dentist's office. If you want to know the amount of any potential out-of-pocket expenses, ask your dentist to complete a treatment plan and submit it to Canada Life for review. This will help you avoid any surprises down the road. The treatment plan is valid for six months, as long as you remain covered under the plan.

Making a claim

See "Making health and dental claims" on page 29 for details.

What's covered

Basic Dental

Diagnostic services

- One complete oral exam every 36 months, if a claim hasn't been paid for any other exam by the same dentist in the past six months
- Two limited oral exams every calendar year (only one limited oral exam is covered in any 12-month period during which you also get a complete oral exam)
- Two limited periodontal exams in a calendar year
- Two specific exams in a calendar year
- Emergency exams
- A complete series of x-rays every 36 months
- Intra-oral x-rays to a maximum of 15 films every 36 months and a panoramic x-ray every 24 months; services provided in the same 12 months as a complete series are not covered
- Diagnostic casts, once in a calendar year
- Two patient consultations per calendar year

Preventive services

- Polishing and topical application of fluoride twice every calendar year
- Scaling
- Pit and fissure sealants on bicuspids and permanent molars once every 24 months
- Space maintainers, including appliances for controlling harmful habits
- Finishing restorations
- Interproximal disking
- Recontouring of teeth

Minor restorative services

- Cavities, trauma and pain control
- Retentive pins and prefabricated posts for fillings
- Prefabricated crowns for primary teeth and permanent teeth, one per tooth every two years
- Inlays and onlays - replacement inlays and onlays are covered when the existing restoration is at least five years old and can't be used
- Gold foils used to repair existing gold restorations
- Amalgam and tooth-coloured fillings - replacement fillings are covered only if the existing filling is at least two years old or the existing filling was not covered under this plan

Endodontic services

- One course of root canal treatment per tooth (if it's a permanent tooth) every five years

Periodic (gum) services

- Root planing
- Periodontal surgery - gingival curettage and osseous surgery are limited to one per sextant every five years
- Occlusal adjustment and equilibration, limited to a combined maximum of four time units every 12 months (a time unit is a 15-minute interval or any portion of a 15-minute interval)

Denture maintenance

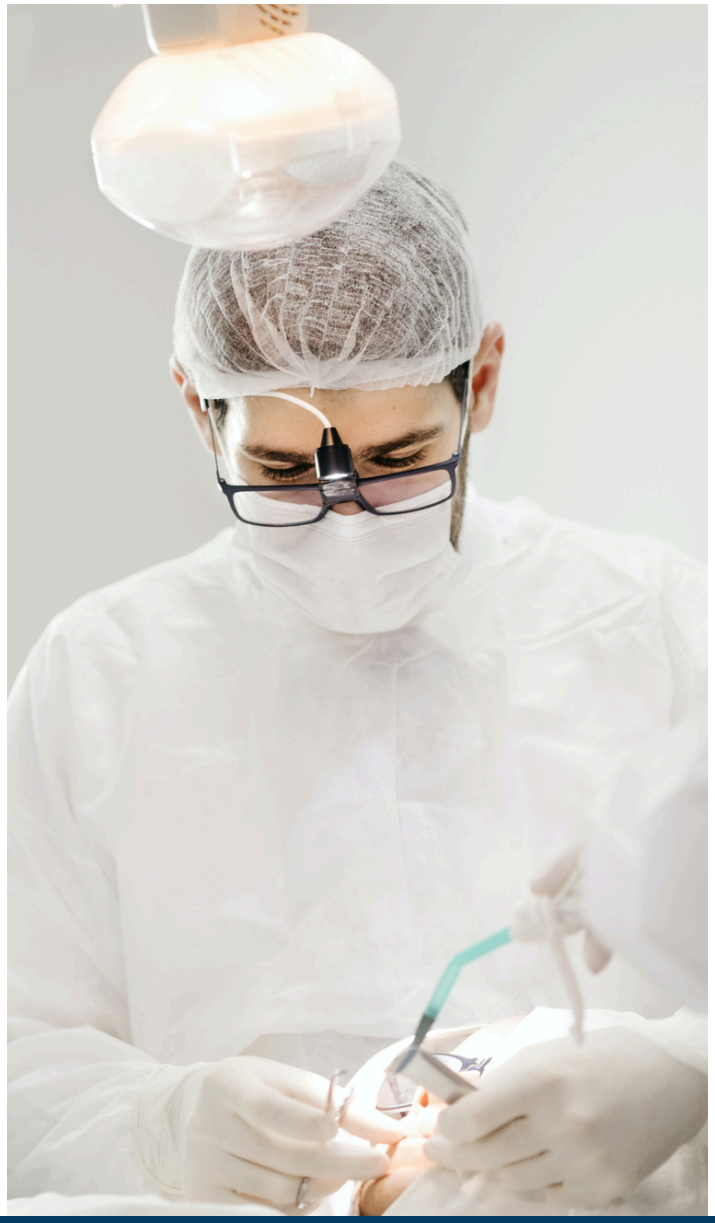
- Denture relines for dentures at least six months old, once every 24 months
- Denture rebases for dentures at least two years old, once every 24 months
- Resilient liner in relined or rebased dentures after the three-month post-insertion care period is over, once every 36 months
- Denture repairs and additions as well as resetting of denture teeth after the three-month post-insertion care period is over
- Denture adjustments after the three-month post-insertion care period is over, once every 12 months
- Tissue conditioning after the three-month post-insertion care period is over, twice every 60 months
- Repairs to covered bridgework
- Removal and re-cementation of bridgework

Adjunctive services

- Dental services which are necessary to treat a covered medical (not dental) condition – or services that are necessary to treat a dental injury

Oral surgery

Includes services for remodelling and recontouring oral tissue.



Major Dental

Crowns

Crowns are covered when a tooth has extensive structural loss that cannot be adequately restored using another procedure.

Coverage for crowns on molars is limited to the cost of metal crowns, even if non-metal crowns are used. Coverage for complicated crowns is limited to the cost of standard crowns. Replacement crowns are covered when the existing restoration is at least five years old and can't be fixed.

Dentures

Standard complete dentures, standard cast or acrylic partial dentures or complete overdentures or bridgework when standard complete or partial dentures are not viable treatment options. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics, even if other materials are used.

Replacement appliances are covered only when:

- the existing appliance is a covered temporary appliance;
- the existing appliance is at least five years old and can't be fixed; and
- the existing appliance is less than five years old, and it becomes unserviceable due to the placement of an initial opposing appliance or the extraction of additional teeth. If additional teeth are removed but the existing appliance can be fixed, coverage is limited to the replacement of the additional teeth.

The plan also covers:

- denture-related surgical services for remodelling and recontouring oral tissues; and
- denture remakes, once every 36 months following the three-month post-insertion period.

Periodontal appliances

This includes adjustments, relines and repairs.

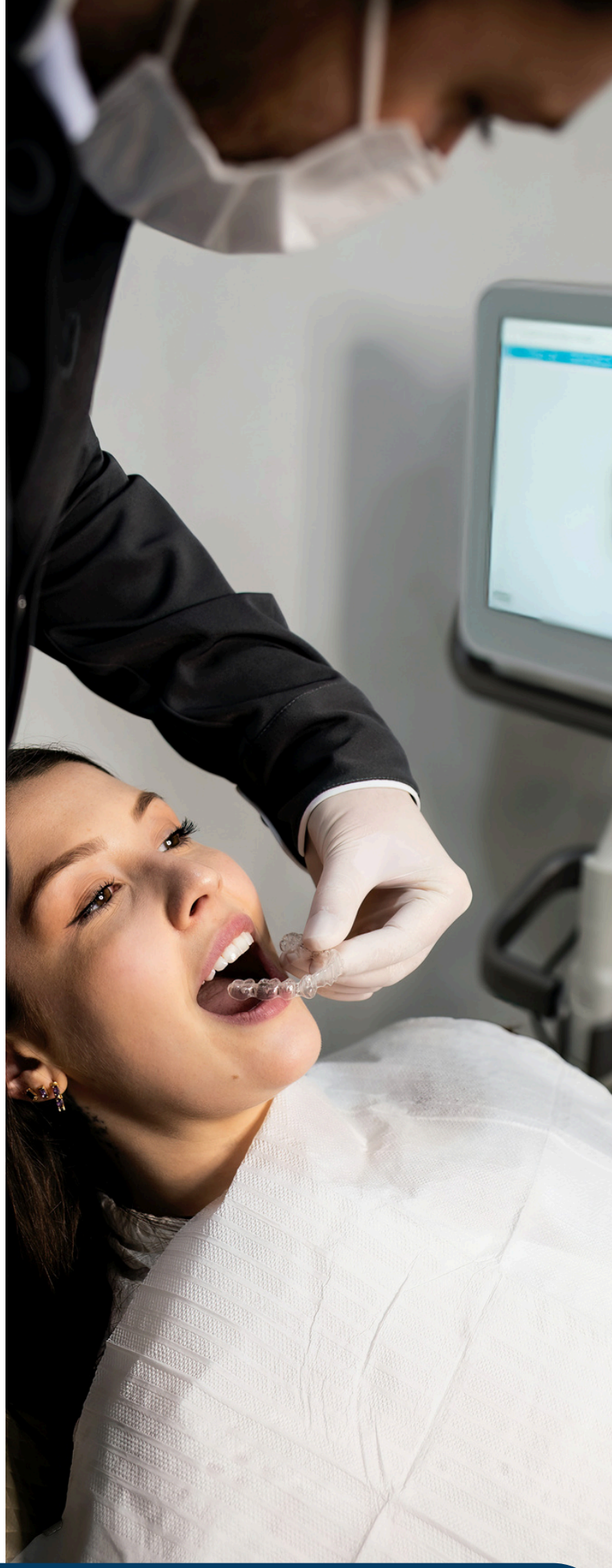
Veneers

Lab-processed veneers are covered when a tooth has extensive structural loss that cannot be adequately restored using other procedures. Replacement lab-processed veneers are covered when the existing restoration is at least 5 years old and cannot be made serviceable.

What's not covered

- Duplicate x-rays, custom fluoride appliances, oral hygiene instruction and nutritional counselling
- Root canal services including:
  - Root canal therapy for primary teeth
  - Isolation of teeth
  - Enlargement of pulp chambers
  - Endosseous intra-coronal implants
- Periodontal services including:
  - Desensitization
  - Topical application of antimicrobial agents
  - Subgingival periodontal irrigation
  - Charges for post-surgical treatment
  - Periodontal re-evaluations
  - Periodontal appliances
- Types of oral surgery including:
  - Implantology
  - Surgical movement of teeth
  - Alveoloplasty or gingivoplasty done together with extractions
- Hypnosis or acupuncture
- Veneers (other than lab-processed veneer), recontouring existing crowns and staining porcelain
- Crowns or a lab-processed veneer if the tooth could have been restored using other procedures. If crowns, onlays or inlays are provided, benefits will be based on coverage for fillings
- Replacement of periodontal appliances and dentures that are lost, broken or stolen
- Overdentures or initial bridgework if these are done when standard complete or partial dentures would have been a viable option
  - If overdentures are provided, coverage includes only standard complete dentures
  - If initial bridgework is done, coverage includes only a standard cast partial denture and restoring abutment teeth when it's needed for purposes other than bridgework
  - If additional bridgework is done in the same arch within 60 months, coverage only includes adding teeth to a denture and restoring abutment teeth when it's needed for purposes other than bridgework
  - Benefits only include standard dentures or bridgework when equilibrated and gnathological dentures, dentures with stress breaker, precision and semi-precision attachments, dentures with swing lock connectors, partial overdentures and dentures and bridgework related to implants are provided
- Expenses covered under another group plan's extension of benefits provision
- Accidental dental injury expenses for treatment provided more than 12 months after the accident; denture repair or replacement; or any orthodontic services

- Expenses private benefit plans are not allowed to cover by law
- Services and supplies you should get for free by law or for which you get charged only because you have coverage
- Services or supplies that don't represent reasonable dental treatment. Treatment is reasonable when it's:
  - recognized by the Canadian Dental Association;
  - proven to be effective;
  - of a form, frequency and duration that's necessary for dental health;
  - performed or supervised by a dentist;
  - performed by a dental hygienist who's allowed by law to practise independently; or
  - performed by a denturist
- Congenital defects or developmental malformations in people 19 or older, except orthodontics
- Treatment for cosmetic purposes only
- Expenses arising from war, insurrection or voluntary participation in a riot
- Orthodontics



Employee and Family Assistance Program (EFAP)

The EFAP provides access for you, your spouse and dependent children under 30, to confidential short-term individual counseling and work/life services – at no cost to you – to help you with any personal, family or work- related issues.

The benefit offers up to 10 sessions per case. You can get additional sessions based on clinical need and the judgement of EFAP counsellors and clinical supervisors. New access for different issues within the same year is available.

Counselling services:

- Addictions
- Anger
- Anxiety and depression
- Career development
- Childcare and eldercare issues
- Communication
- Family concerns
- Family violence
- Financial or legal issues
- Grief and loss
- Health and diet concerns
- Life transitions
- Mental health
- Parenting issues
- Personal development
- Relationship issues
- Separation and divorce
- Sexuality
- Substance use concerns
- Stress management (work or home)
- Trauma
- Work-life balance

Work/life services:

- Career counselling
- Child/eldercare consultation
- Financial coaching and credit counselling
- Legal consultation
- Life coaching
- Nutritional counselling
- Smoking cessation support
- Resource kits – family stages

The EFAP also offers assessments and referrals to community services for treating serious or chronic emotional, relationship, behavioural or psychiatric problems.

If you or members of your family need or want additional counselling, you can keep seeing your EFAP counselor on a fee-for-service basis. The EFAP won't reimburse you for psychological or counselling services that you access independently outside the EFAP. Those services may be covered under the plan's extended healthcare benefits. See Paramedical Services and supplies on page 24.

If you die, your spouse and children are each eligible for up to 12 EFAP sessions of 50 minutes.

How it works

Call the EFAP directly to access services and counsellors. They'll ask you some questions, assess your situation and refer you to an EFAP counsellor, a work/life service or a resource in the community.

For more information about the EFAP:

- call 1-800-667-0993 (available 24/7/365);
- access the online Health and Wellness Centre at myfseap.ca, click on myFSEAP Portal, login with group name IATSE 891 and enter password 2bwell.
- access the app at myfseap.ca/myfseap-app. The same group name and password apply.

Health and Wellness

Teladoc®

This service is designed to allow access to the expertise of specialists, resources, information and clinical guidance.

You, your dependents and your dependent's physician can access this service if the physician has made a diagnosis of a serious physical illness or condition for which there is objective evidence, or if the covered person or his or her physician suspects that the person has this illness or condition.

The service includes a step-by-step process to help address your concerns. This process may include confirming the diagnosis and suggesting the most effective treatment by drawing on a global database of up to 50,000 peer-ranked physicians.

How it works

Call diagnostic and treatment support services at **1-877-419-BEST (2378)** toll-free.

A member advocate will be assigned to your case. The member advocate will take your medical history and answer your questions. Any information you provide is confidential. The member advocate will give you information, resources and guidance to meet your needs.

If it's appropriate, the member advocate might arrange for an in-depth review of your medical file to help confirm the diagnosis and develop a treatment plan. This review might include collecting, deconstructing and reconstructing medical records, pathology retesting and analyzing test results. You'll receive a written report outlining the conclusions and recommendations of the specialists.

Generally, this process takes a few weeks. Timelines may vary depending on the complexity of your case and the number of medical records that need to be collected.

If you decide to seek treatment from a different physician, the member advocate can help identify a specialist qualified to meet your needs. Expenses incurred for travel and treatment are not covered.

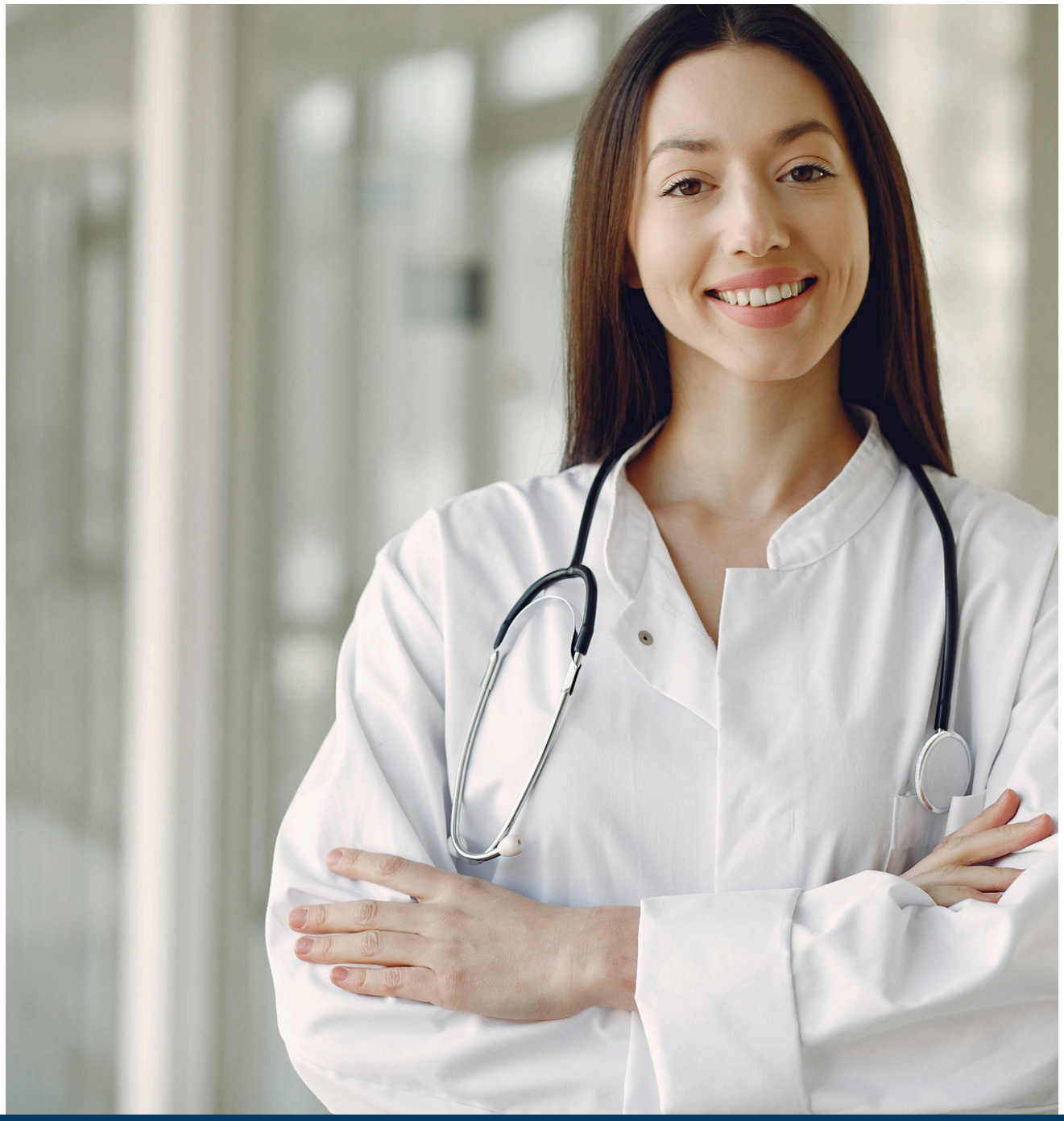
If you decide to seek treatment outside Canada, the memuber advocate can arrange referrals and help book accommodations. The member advocate can also help with accessing discounts, arrange for the forwarding of medical information and monitor the treatment process.

The member advocate can identify a physician able to answer basic

questions about health concerns and treatment options. You'll receive the answers in an email.

Some additional services include:

- Best Doctors 360 - Information to assist your medical needs
- FindBestDoc - Find a specialist that meets your criteria
- Ask The Expert - Personalized answers to questions about a medical condition
- Mental Health Navigator - Help to find the correct treatment and assist with working through the mental healthcare system



Extended healthcare

Drugs

Benefits of Film+ covers a comprehensive two-tier Drug Plan, consisting of Base and Supplementary Plans.
Please refer to Page 5 for the coverage levels for the Base and Supplementary Drug Plans.

Base Drug Plan

The Base Plan covers drugs listed in the BC Fair Pharmacare Drug Formulary. For drugs that are eligible under the provincial Fair Pharmacare Plan, coverage is limited to the deductible and coinsurance you are required to pay under that plan.

Fair PharmaCare coverage

To find out which drugs are covered by Fair PharmaCare, go to https://pharmacareformularysearch.gov.bc.ca. You can then enter the name of the drug or the Drug Identification Number (DIN). If Fair PharmaCare covers the drug, the page will show information about dosage, manufacturers and the maximum price Fair PharmaCare recognizes.

Special authority drugs

Certain drugs that would not otherwise qualify for coverage may be covered if they are approved by BC Fair Pharmacare under the Special Authority program.

Special Authority requests are made by a prescriber and coverage is approved for patients who meet Fair Pharmacare's criteria. Your physician can submit an online Special Authority approval request. If Fair Pharmacare denies the request, discuss your options with your physician or your pharmacist.

Supplementary Drug Plan

The Supplementary plan covers drug and drug supplies listed in the Canada Life Managed Formulary when they are prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada.

To support cost-effective care, the lowest cost alternative or generic drug will be substituted for a brand name drug. However, this limitation does not apply if medical evidence is provided indicating a contraindication to the interchanged drug. In these situations, your physician may complete a *Request for Brand Name Drug Coverage* form for review.The form is available on the Forms page of the *Benefits of Film* website.

The Supplementary Plan includes coverage for fertility drugs, with a lifetime maximum of $10,000.

Cannabis For Medical Purposes

Cannabis is covered for medical purposes when obtained from a licensed producer pursuant to the

completion of a Prior Authorization Form which is available at www.my.canadalife.com/sign-in. Once you have signed in, the form is available under "Info Centre/ Forms/Prior Authorization (select the form for Cannabis). Cannabis may be eligible if prescribed for one of the four conditions outlined in the Prior Authorization Form. This form must be completed by your physician and submitted to cldrug.services@canadalife.com for approval. The maximum amount payable is $2,500 per calendar year.

Medical Services

The plan covers reasonable and customary charges for the following services and supplies:

Ambulance, hospital and home nursing services

- **Ambulance**: Transportation to the nearest hospital for adequate treatment
- **Chronic care**: Provided in a hospital, nursing home or by a nurse at your home in Canada, reimbursed at 100%. The care needs to be for a condition where improvement or deterioration is unlikely in the next 12 months.
- **Hospital accommodation**: Private room and board. The government-authorized co-payment for accommodation in a nursing home is also covered when it's provided in Canada and the treatment is acute, convalescent or palliative
    - **Acute care** is an active intervention required to diagnose or manage a condition that would otherwise deteriorate
    - **Convalescent care** is active treatment or rehabilitation for a condition that will significantly improve as a result of the care and follows a 3-day hospitalization for acute care
    - **Palliative care** is treatment for relieving pain in the final stages of a terminal condition

For out-of-province accommodation, any difference between the hospital's standard ward rate and the government-authorized allowance in your home province is also covered. The plan also covers the hospital facility fee related to dental surgery and any out-of-province hospital outpatient charges not covered by the government health plan in your home province.

Residences established primarily for senior citizens or which provide personal rather than medical care are not covered.

- **Nursing**: Home nursing and private duty nursing services of a registered nurse, a registered practical nurse if you're a resident of Ontario or a licensed practical nurse if you're a resident of any other province. The services must be provided in Canada. No benefits are paid for services provided by a family member or for services

- which don't require the skills of a registered or practical nurse. Apply for a pre-care assessment before home nursing begins.

Treatment of injury to sound natural teeth

- Treatment must start within 60 days after the accident unless delayed by a medical condition
- Accidental injury means an injury resulting from a direct external blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics
- A sound tooth is any tooth that did not require restorative treatment immediately before the accident. A natural tooth is any tooth that has not been artificially replaced

No benefits are paid for:

- Dental treatment completed more than 12 months after the accident
- Orthodontic diagnostic services or treatment
- Temporary, duplicate or incomplete procedures or for correcting unsuccessful procedures

Medical supplies

The plan covers the following medical supplies when prescribed by a physician:

- For supplies available on a rental basis, the plan covers either the rental cost or at the insurer's discretion, the cost of purchase.

Diabetic supplies

- Blood Glucose Monitors. Maximum $250 per person per lifetime
- Flash Glucose Monitoring Machines
- Continuous glucose monitors, including sensors and transmittals. Maximum $4,000 per calendar year
- External insulin infusion pumps are covered, plus $5,000 every three years for replacements

Hearing and speech aids

- Hearing aids, excluding batteries, recharging devices and other accessories. Replacement is covered only when the hearing aids can't be repaired. Maximum $2,000 per person every 60 rolling months
- Speech aids, including Bliss boards and laryngeal speaking aids, when no alternative method of communication is possible. Maximum $4,000 per person every five calendar years

Breathing equipment

- Oxygen and the equipment needed for its administration
- Intermittent positive pressure breathing machines
- Continuous positive airway pressure (CPAP) machines and dental sleep apnea devices, limited to a combined maximum of one machine or device every 5 years.

- Apnea monitors for respiratory dysrhythmias

Orthopaedic Equipment

- Braces and cervical collars (elastic supports and foot orthotics are not considered braces)
- Custom-made foot orthotics when prescribed by a physician, podiatrist, chiropodist, chiropractor or physiotherapist. Custom Fitted orthopedic shoes when prescribed by a physician, podiatrist, chiropodist or chiropractor, including modifications to orthopedic footwear. The maximum amount for orthotics and orthopedic shoes is:
  - $300 for a dependent child under age 20; and
  - $500 for any other person
- Casts and splints
- External electrospinal stimulators for the correction of scoliosis
- Non-Union bone stimulators

Here's what's needed for your orthotic claims to be processed:

1. the date of full payment of the orthotics;
2. the date the orthotics were dispensed (the date the orthotics are picked up will be used as the date of expense for claim payment);
3. a detailed description of the type of orthotics bought;
4. a copy of a detailed biomechanical examination; and
5. a prescription which includes a medical diagnosis for which the orthotics are needed.

Prosthetic Equipment

- Artificial eyes, including rebuilding and polishing of artificial eyes
- Standard artificial limbs, including repairs, stump sock and shoulder harnesses. The maximum for stump socks is $250 per calendar year
- External breast prosthesis once a year
- 4 surgical brassieres in a person's lifetime

Mobility Aids

- Canes, walkers, crutches
- Mechanical or hydraulic patient lifters up to a maximum of $2,000 per lifter, once every 5 years.
- Wheelchairs, including repairs and rechargeable batteries
- Outdoor wheelchair ramps up to a maximum of $2,000, once in a person's lifetime

Other medical supplies:

- Hospital beds, bed rails, trapeze bars and traction apparatus
- Colostomy and ileostomy supplies
- Catheters and supplies
- Transcutaneous nerve stimulators for the control of chronic pain
- Custom-made pressure supports for lymphedema
- Custom-made compression hose, to a maximum of 2 pairs per calendar year
- Custom-made burn garments
- Elevated toilet seats, shower chairs, bathtub rails and standard commodes
- Wigs for cancer patients undergoing chemotherapy, to a maximum of $500 in a person's lifetime
- Blood pressure monitors
- Heart monitors
- Cardiac screeners

$700 per person, per calendar year, per specialty

- Acupuncturist
- Chiropractor
- Kinesiologist
- Massage therapist
- Naturopath
- Osteopath (excluding diagnostic x-rays)
- Physiotherapist/ Occupational therapist (combined limit of $700/calendar year)
- Podiatrist (including surgery but excluding diagnostic x-rays)
- Speech therapist

$5000 combined max, per person, per calendar year

- **Counsellor**
  (certified or clinical)
- **Psychologist**
- **Social Worker**
- **Psychotherapists**
  (Registered psychotherapist
  Licensed psychotherapist
  Psychotherapist
  Counselling psychotherapist
  Psychoeducator)
- **Counsellors**
  (Licensed counsellor
  Canadian certified counsellor
  Certified clinical counsellor
  Registered counsellor
  Registered professional counsellor
  Registered clinical counsellor
  Registered therapeutic counsellor
  Licensed counsellor
  Clinical counsellor
  Clinical therapist
  Certified counsellor
  Counselling therapist
  Mental health therapist
  Marriage and family therapist
  Psychoanalyst
  Sexologist)

Smoking cessation supplies:

Up to $1,500 per calendar year for smoking cessation products

Family Planning

Members can use the family planning coverage to help manage the costs of fertility services for themselves, their dependants, or a surrogate.

The family lifetime maximums is $25,000, which includes drug expenses for a surrogate(a copy of the surrogacy contract will be required). It is important to note that the fertility drug maximum is separate from the family-building maximum.

The benefit covers a wide range of services, including:

Physician and Diagnostic Services:

- Physician block and monitoring fees
- Medical imaging (ultrasounds, nuchal translucency ultrasound, Spindleview, embryoscope, Matris test, non-invasive analysis of embryo culture media,Sonohysterogram)

Diagnostic Testing for Gestational Carriers:

- Prenatal screening
- Endometrial Receptivity Analysis (ERA)
- FSH and AMH testing

Egg, Embryo, and Sperm-Related Services:

- Retrieval (PESA, MESA, TESE, Micro TESE)
- Thawing, transfer, and storage fees
- Egg donor programs
- Sperm function testing, selection, washing, and preparation

Genetic Testing and Analysis:

- PGT-A, PGT-SR, and PGT-M
- Products of conception analysis
- Sperm chromatin assay
- DNA fragmentation testing
- Endometrial Receptivity Testings (ERAs)

Fertility Procedures:

- In-vitro fertilization (IVF) (standard, natural, stimulated, antagonist, and reciprocal)
- Intra-cytoplasmic sperm injection (ICSI)
- Intrauterine insemination (IUI)
- Artificial insemination (AI)
- In-vitro maturation
- Assisted hatching

Fertility Preservation:

- Cryopreservation of eggs, sperm, and embryos for future family planning

Gender Affirmation

This benefit provides coverage for a variety of gender-affirming procedures not covered by government healthcare. It is available to members and eligible dependants (age 18 or older) covered under the plan.

The lifetime maximum coverage for the members is **$25,000**.

What's Covered?

Top Procedures:

- Breast augmentation (breast implants)
- Mastectomy (removal of breasts)
- Chest contouring
- Pectoral implants

Bottom Procedures:

- Penectomy (removal of penis)
- Orchiectomy (removal of testicles)
- Scrotectomy (removal of scrotum)
- Vaginoplasty (construction of a vagina)
- Hysterectomy (removal of uterus)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Vaginectomy (removal of vagina)
- Metoidioplasty (construction of male genitals)
- Phalloplasty (construction of a penis)
- Scrotoplasty (construction of a scrotum)

Other Procedures:

- Implantation or replacement of penile and/or testicular prosthesis
- Facial feminization or masculinization procedures (forehead, brow, eye/eyelid, nose, jaw, lip, cheek, or chin contouring, augmentation, or reduction)
- Laryngoplasty (Adam's apple reduction or augmentation)
- Hairline reconstruction, hair removal (electrolysis or laser), and hair transplants
- Voice surgery or vocal cord surgery
- Liposuction, lipofilling, and other aesthetic procedures

Consult+

Consult+ is a virtual healthcare service available to you and your eligible dependents as part of your benefits plan. It allows you to connect with licensed doctors, nurses, and other healthcare professionals for non-urgent medical care through an app or website—24/7, from anywhere in Canada.

How to Use Consult+

- Download the Consult+ app or visit the website.
- Create your account using your plan number and member ID.
- Add dependents, if applicable, and start a consultation on-demand or by appointment.

Key Features

- 24/7 Access: Speak to healthcare professionals anytime, including evenings, weekends, and holidays.
- Multiple Languages: Consult+ services are available in English and French.
- Prescriptions and Refills: Receive prescriptions or refills electronically, sent directly to your preferred pharmacy.
- Referrals: Get referrals for lab work, diagnostic tests, or specialists when medically required.
- Family Support: Add eligible dependents to your account, including children and adults.
- Self-Led Therapy: Access online cognitive behavioral therapy (iCBT) modules to manage mild to moderate anxiety, depression, or life challenges such as divorce or loss.

Typical Scenarios for Use

- Diagnosis and treatment of minor illnesses such as colds, flu, or infections.
- Management of chronic conditions like diabetes or high blood pressure.
- Consultation regarding new or ongoing symptoms to determine next steps.
- Obtaining prescriptions, medical notes, or referrals for further care.

Eligibility

This service is included in your benefits plan and is available to you and your eligible dependents.

What's not covered

Consult+ is for non-urgent medical care only. It does not cover:

- Life-threatening conditions (call 911 for emergencies)
- Mental health prescriptions or in-person evaluations
- Prescriptions for controlled substances

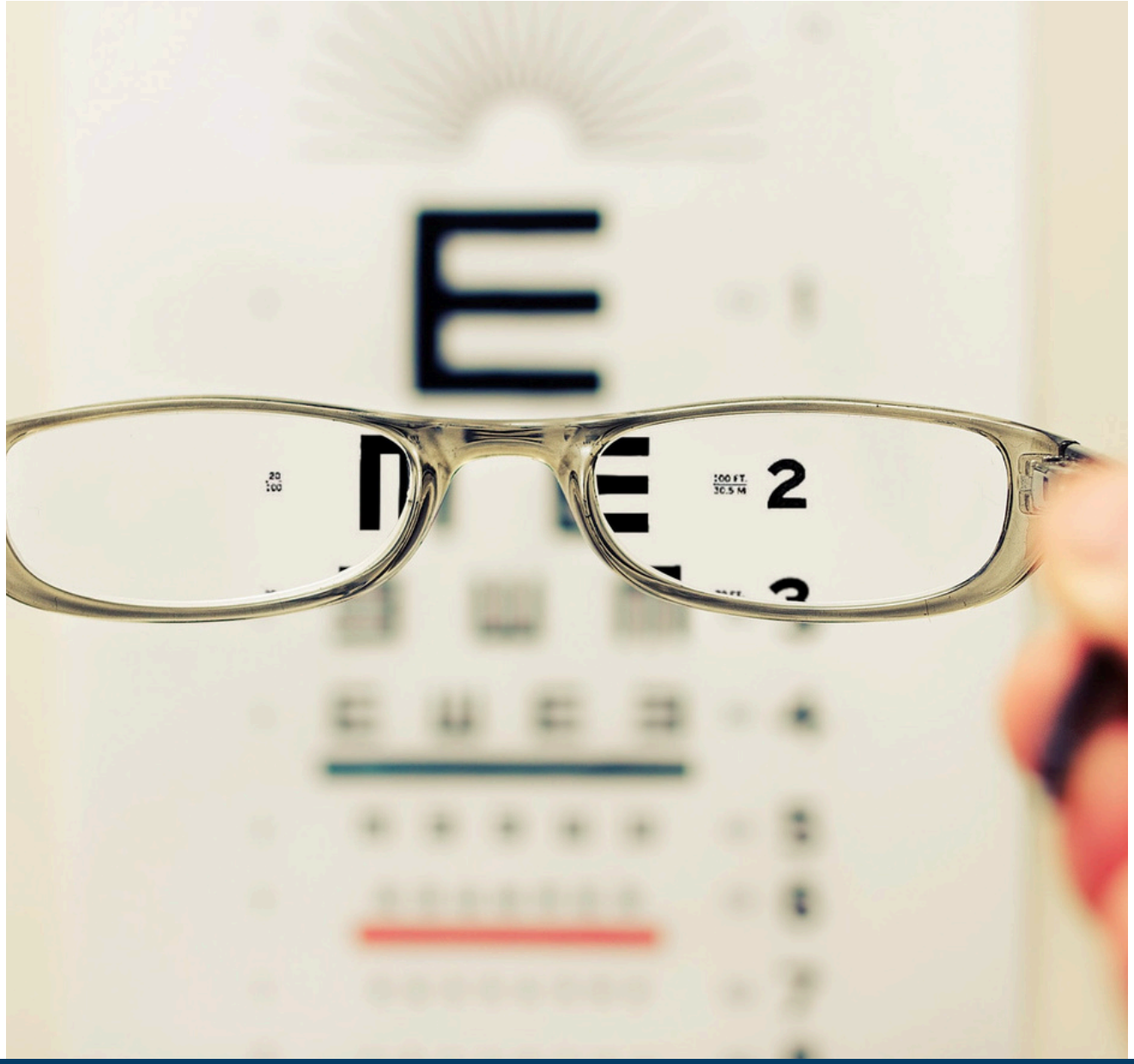
Vision

The plan provides 30%-70% coverage for the following benefits:

- Eye exams: One per person every 24 months, R&C limits apply
- Glasses, contact lenses and laser eye surgery: up to $600 per person every 24 months

Making a claim

Submit your receipt with your claim to Canada Life in the usual way. To learn more about making claims, go to the section “Making health and dental claims” on page 29.



Life Insurance

All members of IATSE Local 891 who are Canadian residents and in good standing are eligible for a death benefit of $5,000 payable upon death, regardless of age. If you die while covered by the plan, Canada Life will pay a benefit to your beneficiary on behalf of the trust. It's not available to members on the old retiree plan, or to dependents. To review your beneficiary information, contact AGA Benefit Solutions at 1-800-218-7018 or benefitsoffilm@aga.ca, or complete the form at benefitsoffilm.com to change your beneficiary.

Optional life insurance

If you elected Optional Life Insurance coverage for yourself and your spouse while covered under the Active Members' Plan, you may continue this coverage under the 60+ Plan.

The amount of coverage approved under the Active Members' Plan (in units of $5,000, to a maximum of $500,000) may continue under the 60+ Plan.

Important Information

As of April 1, 2026, Optional Life Insurance is closed to new enrolments and increases in coverage.
Members looking for new or additional life insurance coverage may apply through the Freedom to Choose™ program offered by Canada Life.

When coverage ends

Your Optional Life Insurance coverage ends when you turn age 70. Your spouse's coverage ends when either you or your spouse turns age 70, whichever occurs first.

Converting to individual insurance

If your Optional Life Insurance coverage ends before age 65, you or your spouse may be able to convert the coverage to an individual life insurance policy without providing proof of good health, provided you apply and pay the first premium within 31 days after the group coverage ends.

Freedom to Choose

Freedom to Choose is administered entirely by Canada Life and is separate from the core Benefits of Film plan. Coverage amounts, eligibility requirements, and approval are determined by Canada Life.

Who to contact

For questions about your existing Optional Life Insurance coverage, contact AGA Benefit Solutions at 1-800-218-7018 or benefitsoffilm@aga.ca.

Freedom to Choose

Additional optional insurance coverage may be available through the Freedom to Choose program offered by Canada Life.

Freedom to Choose is separate from the core Benefits of Film plan and is not funded through employer contributions. If you choose to enrol, you are responsible for paying premiums directly to Canada Life.

Through Freedom to Choose, eligible members may apply for additional:

- Life insurance
- Critical illness insurance
- Accident insurance

Life insurance provides up to $1,000,000 in coverage, payable to your loved ones upon your death. It can help with everyday living expenses, paying off debts, or funding an education. If a covered person is diagnosed with a terminal illness, they may be eligible for a portion of the insurance proceeds. Coverage is available for you, your spouse, and your eligible children (coverage for children begins 15 days from birth) up to age 85.

Critical illness insurance provides up to $250,000 in coverage if you are diagnosed with a covered condition, paid as a one-time lump sum for you to use however you need. Coverage is available for you and your spouse, up to age 65. Covered conditions include heart attack, stroke, life-threatening cancer, multiple sclerosis, Parkinson's disease, and others.

Accident insurance provides up to $250,000 in coverage if you are seriously injured or pass away as a result of a covered accident, whether at work, at home, or on vacation. Coverage may be selected for you alone or for your family, including your spouse and/or dependants, up to age 85.

Coverage amounts, eligibility requirements, age limits, and approval are determined by Canada Life.

Coverage may also be available for your spouse and/or dependants, depending on the product selected.

If approved, coverage remains in place as long as premiums continue to be paid and may continue even if you are no longer covered under *Benefits of Film*.

To learn more or apply for coverage, sign in to *My Canada Life at Work.*

Note: Freedom to Choose™ is administered entirely by Canada Life and is not part of the core Benefits of Film plan.

Death Benefits

On your death, Canada Life will pay the death benefit and, if applicable, the basic life insurance to your namedbeneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your plan administrator will explain the claim requirements.

If your spouse was covered for optional life and your spouse dies, you will be paid the amount for which he or she was insured.

- If you are approved for a waiver of premium on your basic life insurance, any optional life insurance for yourself or your spouse will also continue without premium payment as long as your basic life insurance continues but not beyond the date your optional insurance would otherwise terminate.
- If your or your spouse's optional life insurance terminates on or before the individual's 65th birthday, you or your spouse may be eligible for an individual conversion policy without providing proof of insurability. You must apply and pay the first premium no later than 31 days after the group insurance terminates. In the case of insurance for your spouse, you or your spouse may apply. See your plan administrator for details.
- Your optional life insurance will not continue past the date you reach age 70. Your spouse's coverage will not continue past the date you or your spouse reaches the age of 70, whichever comes first.

Limitation

No benefit is paid for suicide within the first two years of initial or increased optional life coverage. In such a situation, Canada Life refunds the premiums that have been received.

Making a claim

In case of death, an executor, family member or friend can start the claims payment process by contacting the IATSE Local 891 Benefits of Film+ representative at 604 664-8914 or benefitsoffilm@iatse.com.

Rehabilitation and detox for drugs and alcohol

If you or a family member (including dependent children to age 30) needs rehabilitation for drug and/or alcohol misuse, the plan reimburses 70% of the cost, up to $20,000 per person, per lifetime, for residential and non- residential treatments.

How it works

Residential rehabilitation

Once you complete residential rehabilitation, you can apply for reimbursement by presenting a receipt and a letter or a certificate of completion from the rehabilitation centre to the IATSE Local 891 office.

Non-residential rehabilitation

Submit the same documents as above along with a letter from your physician, the Employee and Family Assistance provider or the disability provider (Canada Life) confirming that non-residential treatment would be effective in your case.

Who to contact

For more information contact the IATSE Local 891 office at 604-664-8914 or benefitsoffilm@iatse.com. The Employee and Family Assistance Program at 1-800-667-0993 or www.fseap.bc.ca, are great resources to find an appropriate facility.

Travel Benefits

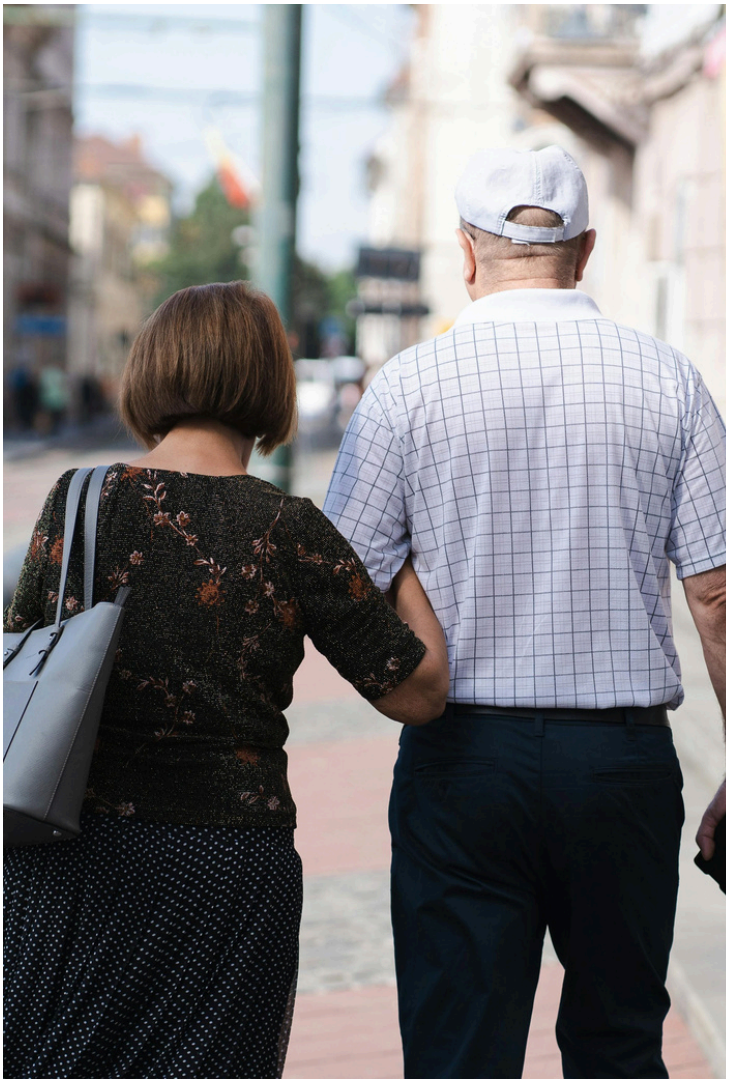
Benefits of Film offers two types of travel benefits:

1. Global Medical Assistance (emergency travel);
2. Out-of-country care.

With these programs, you're covered for medical emergencies while travelling both within Canada and abroad, as well as when your physician refers you for treatment outside your home province or country. To be eligible, you must be a member in good standing, and both you and your eligible dependents must be enrolled in your provincial healthcare plan. Out-of-country claims cannot be paid if you or your dependents do not have active provincial healthcare coverage. Coverage under this plan is limited to trips of up to 30 days, and it terminates when the member reaches age 75. Coverage is based only on the member's age, so an eligible spouse or dependent who is older than the member will remain covered until the member reaches age 75.

Global Medical Assistance

The plan provides emergency-only medical help while you're travelling for vacation, business or education outside of Canada or within Canada for emergencies that happen more than 500 kilometres from your home.



What's covered

The Global Medical Assistance program covers 100% of these expenses, but you mustfirst get approval from Canada Life:

- On-site hospital payment when it's needed for admission, up to $1,000
- Transportation to the nearest suitable hospital if adequate local care is unavailable while you're travelling in Canada. If you're travelling outside Canada, transportation to a hospital in Canada or to the nearest suitable hospital outside Canada
- Transportation and lodging for one family member to join you if you've been hospitalized for more than seven days while travelling alone, reimbursement is available for moderate quality lodgings up to $1,500 and for a round-trip economy class ticket
- Phone, cab and rental car expenses
- If you or a covered family member is hospitalized while travelling with a companion, expenses for moderate quality lodgings for the companion when the return trip is delayed due to your or your covered family member's medical condition, up to $1,500
- The cost of comparable return transportation home for you or a covered family member and one travelling companion if:
    - prearranged, prepaid return transportation is missed because you or your covered family member is hospitalized; and
    - the return fare is non-refundable.

- Preparation and transportation of the deceased's body home
- Return transportation home for minor children travelling with you or another covered family member who are left unaccompanied because of your or your family member's hospitalization or death
- Return or round-trip transportation for an escort for the children is covered when considered necessary
- Cost of returning your or your covered family member's vehicle home or to the nearest rental agency if illness or injury prevents you or your covered family member from driving
    - Reimbursement is up to $1,000
    - No coverage for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

What's not covered

Meals, trip cancellation and lost luggage expenses

Who to contact

If you have a medical emergency while travelling more than 500 kms from home, both within and outside Canada, you can call on the following numbers:

From Canada or the U.S.:
1-855-222-4051 (toll free)
All other countries:
1-204-946-2577 (collect)

** Long-distance charges can be submitted to Canada Life for reimbursement.

The Claim Forms for all expenses incurred are present online on the Canada Life Member Portal and are clearly identified

Out-of-country care

The plan covers all or part of the cost of treatment outside Canada if you experience a medical emergency while travelling or if you are referred by your physician for treatment abroad.

A medical emergency is defined as a sudden and unexpected injury, illness, or acute episode of disease that could not reasonably have been anticipated based on the patient's prior medical condition.

Coverage for travel outside Canada is limited to a maximum trip duration of 30 days, and the plan terminates at age 75.

Emergency care	**100% reimbursement** Emergency care is covered if it's required due to a medical emergency while you, your spouse or child is temporarily outside Canada for vacation, business or educational purposes. If you can return to Canada, you'll be covered for the lesser of: • the amount paid under this plan's out-of-country care provision for continued treatment outside Canada; or • the amount paid under the healthcare provisions of this plan for comparable treatment in Canada plus the cost of return transportation. No emergency care benefits are paid for: • any further medical care related to a medical emergency after the initial acute phase of treatment. This includes non- emergency ongoing management of the condition originally treated as an emergency; • any subsequent and related episodes during the same absence from Canada; and • expenses related to pregnancy and delivery, including infant care after the 34th week of pregnancy or at any time during the pregnancy if the patient's medical history shows a higher-than-normal risk of an early delivery or complications.
Non-emergency care (medical referral)	**80% reimbursement** Non-emergency care outside Canada is covered if: • it's required due to a referral from your Canadian physician;

	• it's not available in Canada and must be obtained elsewhere for reasons other than waiting lists and scheduling difficulties; • you're covered by the government health plan in your province for a portion of the cost; and • Canada Life pre-approves the treatment before you leave Canada. Benefits are not paid for investigational or experimental treatment or for transportation and accommodation charges.

What's covered

Services and supplies covered by emergency and non-emergency out-of-country care include:

- Treatment by a physician
- Diagnostic x-ray and lab services
- Hospitalization in a standard or semi-private ward or intensive care unit
- Medical supplies provided during a covered hospital stay
- Paramedical services provided during a covered hospital stay
- Hospital out-patient services and supplies
- Medical supplies provided out of the hospital if they would have been covered in Canada under our plan's extended healthcare provisions described in this guide
- Drugs
- Out-of-hospital services of a professional nurse
- For emergency care only: ambulance services by a licensed ambulance company to the nearest suitable hospital and dental accidental treatment if it would have been covered in Canada

Making a travel benefits claim

Refer to the section "Making health and dental claims" on page 33 for more information.

Coordinating claims with your spouse

If both you and your spouse have health and/or dental coverage under a workplace benefit plan, you can coordinate your claims. In other words, you can claim payment for health or dental expenses under both plans. Here's what you need to do:

- First, submit claims for yourself through your plan. Then you can submit any unpaid personal claims through your spouse's plan.
- Your spouse must submit personal claims through his or her plan first. If that plan doesn't cover the full cost, the remaining expense can be submitted through your plan.
- Claims for your children must be submitted first to the plan of the parent whose birthday falls earlier in the year. For example, if you were born in March and your spouse was born in July, you would submit claims to this plan first. Then, any uncovered expenses can be submitted to your spouse's plan as a secondary payer.

If you and your spouse are separated or divorced, you should submit claims for your children in the following order:

1. The plan of the parent with custody of the child.
2. The plan of the spouse of the parent with custody.
3. The plan of the parent without custody.
4. The plan of the spouse of the parent without custody.

Regardless of the circumstances, the total reimbursement you (or your spouse) receive cannot be more than 100% of the eligible expenses.

Claims are subject to Reasonable & Customary (R&C) limits from all insurers. Coordinating your benefits will help maximize your reimbursement, but due to R&C limits, you may not receive 100%.

Healthcare claims for expenses in Canada

Most claims can be submitted online. You'll need to register for www.mycanadalifeatwork.com and sign up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Submit online claims to Canada Life as soon as possible and no later than 12 months after you incur the expense.

Keep your receipts for 12 months from the date you submit your claim in case Canada Life requests it.

For other healthcare claims, you may need to submit a paper claim. Go to benefitsoffilm.com to download and print a claim form.
Attach your receipts to the completed claim form and return them to the Canada Life Benefit Payment Office no later than 18 months after the date of the expense.

Dental claims

Most dental providers will submit online claims directly to Canada Life on your behalf. If they do not submit the claim online, you will need to take the completed Claim Form from the dental provider and submit your claim online through www.mycanadalifeatwork.com or by mail.

To use the online service, you need to be registered for www.mycanadalifeatwork.com and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Submit online dental claims to Canada Life no later than 12 months after the dental treatment.

For all other dental claims, mail your completed form to the Canada Life Benefit Payment Office no later than 18 months after the date of the expense.

Attach your receipts to the completed claim form and send them to the Canada Life Benefit Payment Office no later than 18 months after the date of the expense.

Drug claims

When you join the plan, you'll receive a Benefits Card in the mail. You'll need to show your card to the pharmacy when you buy prescription drugs.

Before your prescription is filled, the pharmacist will check your medication history. If your drug claim is rejected, ask the pharmacist why. If the pharmacist doesn't know, contact Canada Life. If you still don't have an answer, contact AGA Benefit Solutions, our plan administrator.

If your pharmacy doesn't accept the Benefits Card or you don't have it with you, you can complete a paper claim form and mail it to Canada Life along with your receipt. You can also submit drug expenses through My Canada Life at Work or through the Canada Life mobile app.

Adoption and birth

If you have a newborn child or you adopt a child, that child won't be covered automatically under *Benefits of Film+*. To cover your child, complete and submit a Group Benefits Change Form together with any required documents, as explained in the form to AGA Benefit Solutions.

The form is available at benefitsoffilm.com. You can also ask the union or AGA Benefit Solutions for the form.

If your child is a BC resident, he/she must also be enrolled under the BC Medical Services Plan (MSP).

Death

If you die while your coverage is still in force and your spouse and children are covered by the plan, they will continue to have coverage for dental and extended health benefits. These benefits will continue to your spouse for two years and two years for your dependent children or until the child turns 19, or until your dependents no longer qualify for coverage (whichever one happens first).

If your child is born after you die, the child is considered covered during the two years following your death.

Disability

Employment Insurance (EI): You may qualify for Employment Insurance sick benefits.

Canada Pension Plan (CPP): Benefits are available from the Canada Pension Plan for severe and prolonged disabilities, both occupational and non-occupational if you meet the qualifications. Apply for these benefits at your local Canada Pension Plan office.

For more information on EI and CPP benefits, go to www.canada.ca.

Divorce/separation

If you and your spouse separate or divorce, you'll need to fill out a Group Change Form and submit it to AGA Benefit Solutions to remove your spouse. The form is available at benefitsoffilm.com. You can also ask the union or AGA Benefit Solutions for the form.

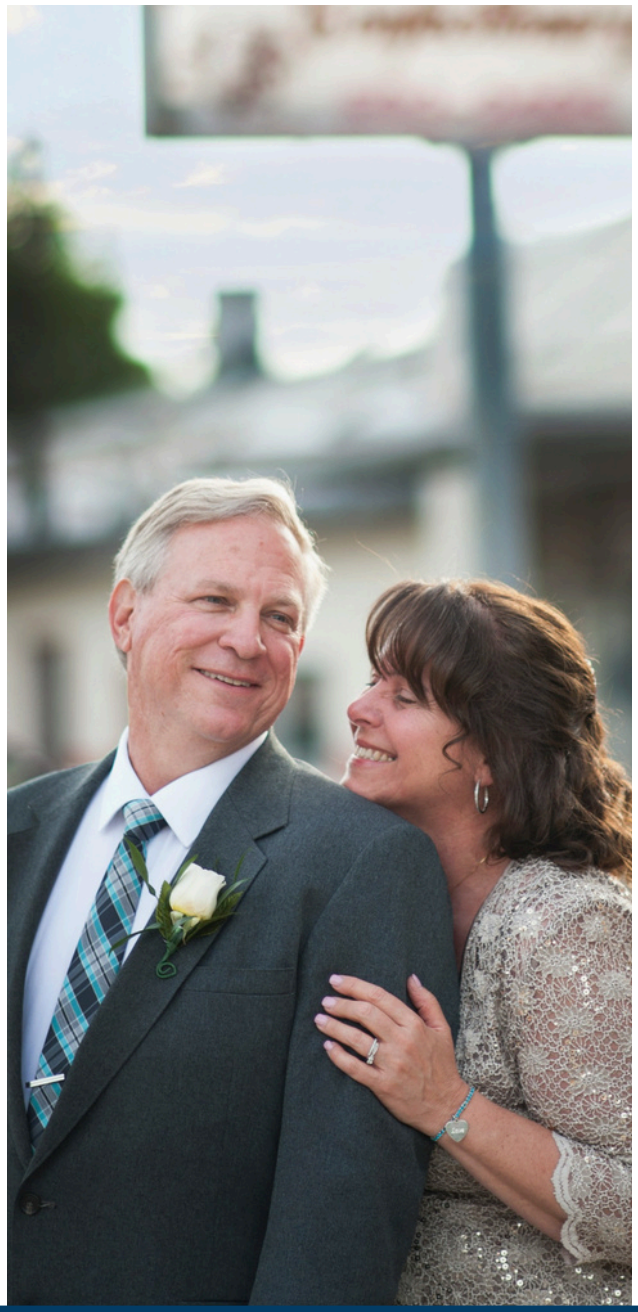
Marriage/new common-law spouse

If you get married or if you have a new common-law spouse, your partner won't be covered automatically. To include your new spouse in your coverage, complete and submit to AGA Benefit Solutions a Group Change Form and Common-law Form (if applicable) together with any required documents as explained in the forms.

The forms are available at benefitsoffilm.com. You can also ask the union or AGA Benefit Solutions for the forms.

Suspension from the union

If you are suspended from IATSE Local 891, you'll lose all benefits, except for access to rehabilitation for drugs and alcohol and the Employee and Family Assistance Program.



Child – A person born to you or your spouse; a stepchild; a legally adopted child; or a legal ward (but not a foster child).

To be eligible for benefits under the plan, your child must be unmarried and:

- under age 21 and not working more than 30 hours per week unless a full-time student, or
- over 21 and full-time student, or
- over 21 and disabled for a continuous period beginning before age 21 or while being a full-time student.

For any disabled dependents, you need to complete an Application for Overage Dependant before the child reaches 21 to continue coverage.

Coordination of benefits – A policy determining how benefit claims will be paid if you're covered under more than one plan, so that each plan pays a portion of the claim.

Family – your spouse and child(ren) covered under this plan.

Illness – Any bodily injury, disease, physical or mental illness, or a medical condition resulting from pregnancy.

Plan administrator – An entity responsible for administering the plan on behalf of the trustees – in this case, AGA Benefit Solutions.

Reasonable and customary (R&C) – The general level of charges for a specific service or product in the area where the expenses are incurred, as determined by the plan adjudicator. The link to Canada Life's list of Reasonable and Customary Charges for Paramedical Providers is available at www. my.canadalife.com/sign-in under "Benefits Centre/ Coverage & Balances/Customary Charges.

Self-insured – An arrangement in which the plan sponsor agrees to pay certain benefits rather than having them underwritten by an insurance company.

Spouse – your legal spouse or someone who has been living with you in a common-law relationship for at least one full year and who is publicly represented as your spouse.

Worked hours – This includes hours worked under IATSE 891 and reported since March 1, 1993, and 140 hours for each month of IATSE 891 membership before that. Self-payments, disability credits, and volunteer time do not contribute to these hours.

Contact information

Provider	AGA Benefit Solutions	Canada Life	IATSE Local 891	Teladoc	FSEAP
Role	Plan administrator	Pays health and dental claims	Health Plan Representative	Provides guidance and second opinion on health issues	Employee and Family Assistance Program
Plan #		Plan number: 58198			
Contact Us	Personal record updates Benefits Cards Reviewing claims decisions by Canada Life Tax receipts Eligibility for active/retiree benefits	Health, dental and vision claims Online access to claims and coverage Direct deposit for health and dental claims	Membership status Union dues	Verify a diagnosis and confirm best treatment options Getting a second opinion	Provides confidential counselling services and resources
Phone	1-800-218-7018	1-855-729-1839	604-664-8914	1-877-419-BEST (2378)	1-800-667-0993
Email	benefitsoffilm@aga.ca		benefitsoffilm@iatse.com		
Fax	905-477-2249		604-298-3456		
Address	Benefits of Film c/o AGA Benefit Solutions Inc. 675 Cochrane Drive, Suite 301E Markham, ON L3R 0B8		IATSE Local 891 1640 Boundary Road Burnaby, BC V5K 4V4		
Website	benefitsoffilm.com	www.mycanadalifeatwork.com	iatse.com	www.teladoc.ca	fseap.bc.ca Password: 2bwell

BENEFITS OF FILM+

IATSE 891 | 60+ HEALTH PLAN