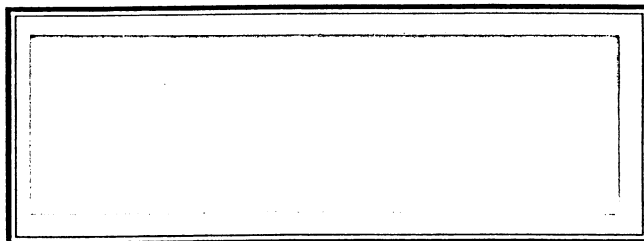


KCC 244
BENEFITS PACKAGE
FOR COPE 378 MEMBERS

2006

**Your
Group
Benefits
Booklet**

For the Employees of



Benepac®



Benefits by Design™

... the preferred choice

Group Name and Number(s)

KCC-244 Holdings Ltd.

Employee Classification

Employees

Group Number(s)

Green Shield Canada 22714

Effective Date

February 1, 2003

February, 2003

Introduction

This booklet contains important information about your group benefits. We suggest you read it carefully, then file it in a safe place with your other important documents.

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of KCC-244 Holdings Ltd. or any of its applicable affiliated or subsidiary companies. The information in this booklet is a summary of the provisions of the Master Contracts issued by the insurers. In the event of a discrepancy between this booklet and the Master Contracts (a Plan Summary is available from your employer) the terms of the Master Contracts will apply.

Defined terms are capitalized (e.g. Coverage effective date). Green Shield Canada is referred to as “Green Shield”, and Benefits by Design is referred to as “we”, “our”, or “us” in this booklet. We will refer to you, the employee/member, as “you” or “your” in this booklet.

Possession of this booklet alone does not mean that you or your dependents are insured. Coverage must be in effect and you must satisfy all the requirements of the Master Contracts.

Benepac® is a group insurance program developed and administered by Benefits by Design. Coverage is provided through:

Green Shield Canada
Dental Care Plan

Please refer to the Table of Contents to help you locate the appropriate section in this booklet. If you require additional information, please contact our office or your Plan Administrator.

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Schedule of Benefits

The Schedule of Benefits contains a brief summary of your benefits. Please refer to the appropriate page in this booklet for a more detailed benefit description.

Dental Care

<i>Deductible</i>	Single – no deductible Family – no deductible	
<i>Eligible Expenses</i>	<i>Reimbursement Percentage</i>	<i>Financial Limit Per Person</i>
Basic Services (includes Endo/Perio)	80%	\$1500 per calendar year
Major Restorative Services	50%	Combined with Basic Services
<i>Recall Exams</i>	Once every 6 months	
<i>Dependent Children</i>	Covered from birth to age 21, or to age 25 if in full-time attendance at a school or university, or to any age if handicapped.	
<i>Termination Age</i>	Insurance terminates at your age 70	

Green Shield Canada

This section includes a description of the benefits underwritten by Green Shield Canada ("Green Shield") under Group Number 22714.

Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Please contact your benefit representative, broker/consultant, or the Green Shield Customer Service Centre at 1-888-711-1119 to determine benefit eligibility and coverage details.

Dental

- Please refer to the Schedule of Benefits for your plan's deductibles, co-insurance percentages, and benefit maximums.
- Basic Services cover:
 - recall exams once every 6 months,
 - other exams and full mouth x-rays every 3 years. Other exams refers to a complete examination of the mouth. Full mouth x-rays is a series of 16 different x-rays. These examinations are generally performed on a new patient.
- Comprehensive Basic Services cover denture relines once every 3 years.
- Major Restorative Services cover dentures, crowns and bridges once every 5 years.
- Orthodontic Services cover adults and dependent children.
- Applicable lab, drug and other expenses are eligible to a maximum of 40% of the professional fee.
- Your eligible claims are reimbursed at the level stated above and in accordance with the Current Provincial Dental Association Fee Guide for General Practitioners, or if referred to a dental specialist, the General Practitioners Fee Guide plus 10%
- Please obtain a pre-authorization from Green Shield to ensure the procedure is covered and to confirm amount of reimbursement.

Basic Services

- **Recalls** include exams, bitewing X-rays, cleanings and fluoride treatments.
- **Complete, general or comprehensive** oral exams, full mouth x-rays and panoramic x-rays. Dental x-rays, including complete mouth x-rays and panormanic x-ray once every 3 years; bitewing x-rays twice in 12 months; and other dental x-rays as required in connection with the diagnosis of a specific condition requiring treatment.
- **Basic restorations** including fillings and inlays.
- **Extractions and surgical services.** General anaesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery. Sleep dentistry is not eligible.
- **Endodontic** treatment including root canal therapy.
- **Periodontal** treatment including scaling and/or root planing.
- **Standard denture services** including relining and rebasing of dentures plus denture adjustments after 6 months from installation.

Major Restorative Services

- **Dentures**, complete, immediate and partial.
- **Crown restorations** or onlays on natural teeth.
- **Repair** or recementing of crowns, onlays and bridgework on natural teeth.
- **Bridges**, including pontics, abutment retainers/crowns on natural teeth.

General Information

Definitions

Coverage effective date

means the date coverage becomes effective based on:

- your date of hire, and
- the average number of hours you work each week (minimum 20 hours per week to be eligible for plan), and
- the three month waiting period selected by your employer, and
- the date your application is received by us.

Dependent

means, subject to any age limitations included in the Schedule of Benefits or benefit description, any of the following persons for whom coverage is provided under this Plan:

- one Spouse, and
- any child, stepchild, or legally adopted child who is unmarried, living with you or dependent upon you (or both), and not regularly employed

Spouse

means your legal spouse or a person 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.

Effective Date of Coverage and Enrolment

If you are eligible for coverage, you must complete an application form, and submit it to us within 31 days of completing the waiting period, to ensure that your coverage starts on the correct effective date.

You should apply for Dependent coverage (when applicable):

- on the same date you apply for your own coverage, or
- within 31 days if you have a new Dependent.

For all benefits provided by Green Shield, the Coverage effective date is the date you complete the waiting period

Limitations

- If you are not actively at work on your Coverage effective date, your Coverage effective date will be delayed until you return to active full-time employment.
- If we do not receive your application form within the required time limits, please refer to the Late Entrants section.

Should you require additional information about when your coverage starts, please contact our office or your Plan Administrator.

Late Entrants

If you did not apply within 31 days of completing the waiting period but request coverage later (for yourself and/or your Dependents), you (or your Dependent) will be a late entrant and the eligibility date will be the date on which Green Shield has, in writing, approved the evidence of health or has waived such a requirement.

Termination of Coverage

Generally, your coverage (and any Dependent coverage) terminates if you cease to be eligible due to change of group, leave of absence, age limitation or retirement, if you terminate your employment, or if the group plan terminates, etc. For further details on termination of coverage, please have your Plan Administrator refer to the Plan Summary or contact our office.

Survivor Benefits

In the event that you die while covered under this plan, the level of benefits provided to you will continue to cover a survivor as follows:

- your spouse and dependent children will retain limited benefits for 24 months, not to exceed the date of the second anniversary of your death, or the date on which your spouse remarries, whichever happens first,
- the regular monthly rates will be waived.

Limited Benefit Clause

Green Shield will determine the amount of benefits payable, giving consideration to limited procedures, services, or courses of treatment that may be performed to accomplish the desired result. The attending physician/dentist and the patient have the option of which procedure to use, although payment for the procedure may be based on the "limited treatment" principle. The Limited Benefit Clause is a financial limitation

and not intended as a comment regarding any treatment recommended or performed by a physician/dentist.

Predetermination

If the cost of any proposed treatment is expected to exceed \$300.00, submit to Green Shield a detailed treatment plan from your provider **before your treatment begins**. If a description of the procedures to be performed and an estimate of the charges **are not submitted in advance**, Green Shield reserves the right to make a determination of benefits payable, taking into account alternate procedures, services or course of treatment, based on accepted standards of medical/dental practice.

General Overall Exclusions

Eligible Services do not include, and reimbursement will not be made when Green Shield is aware of or has been apprised of:

1. Services or supplies received as a result of disease, illness or injury due to any of:
 - intentionally self-inflicted injury while sane or insane,
 - an act of war, declared or undeclared,
 - participation in a riot or civil commotion,
 - committing a criminal offence.
2. Failure to keep a scheduled appointment with a licensed medical/dental practitioner.
3. Services or supplies which are cosmetic in nature.
4. The completion of any claim forms and/or insurance reports.
5. Services or supplies which do not meet accepted standards of medical/dental/ophthalmic practice, including charges for services or supplies which are experimental in nature.
6. Services or supplies normally paid through any provincial government health plan, Workers' Compensation Board, the Assistive Devices Program or any other Government Agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made.
7. Services or supplies from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body.

8. Services or supplies which are not recommended or approved by the attending physician/dentist.
9. Services or supplies that you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage.
10. Services or supplies which are legally prohibited by the government from coverage.
11. The replacement of lost, missing or stolen items, or items which are damaged due to negligence.
12. Services or supplies which arise out of an automobile accident, and you are entitled to benefits under the no fault benefit schedule of your automobile insurance policy, or under an applicable Insurance Act.

Co-ordination of Benefits (COB)

Where you or your dependents have coverage with more than one carrier, claims shall be co-ordinated so that reimbursement from all coverages shall not exceed 100% of the actual claim. Ask for Green Shield's COB brochure for information on how your family can receive this service.

Subrogation

Green Shield retains the right to subrogation if benefits have or should have been paid or provided by a third party. In cases of third party liability, you must advise your lawyer of these rights.

Group Conversion Package

If your employer group coverage terminates you are eligible to continue coverage on an individual basis. Contact 1-800-667-0429 for an information package to be sent to you. You must apply within 60 days after the date your group benefits have been terminated.

Claiming Information

All claims submitted to Green Shield require the Green Shield Identification Number for **the person who has received the benefit**. Refer to your Green Shield Identification Card for the applicable number.

Claims must be submitted to Green Shield within 12 months from the date the Eligible Service was incurred.

References to dollar maximums are stated in Canadian Funds.

Your health service provider can call Green Shield for prior approval. Generally, providers will bill Green Shield directly by submitting a Green Shield claim form on your behalf.

If you have paid the provider, send your claim form with an original itemized paid receipt, a medical referral if required, the patient's name, address and Green Shield Identification Number to the address indicated below.

Green Shield Canada, Attention:

Dental Claims

P.O. Box 1608
Windsor, Ontario N9A 7G1

For claims, eligibility or general information regarding your benefits, contact your Benefits Administrator, Broker/Consultant or Green Shield Canada's Customer Service Centre at:

1-888-711-1119
(519) 255-1133 (Windsor, Ontario)

Benefits Developed and Administered by

Benefits by Design

#630 – 2755 Lougheed Highway, Port Coquitlam, BC V3B 5Y9

Phone: (604) 464-0313 Fax: (604) 464-7997

Toll Free Service

Phone: 1-800-668-2295 Fax: 1-800-667-1336

www.benefitsbydesign.ca

Your Insurance Broker

Jill Marshall

J. Marshall & Company Ltd.
7249 Wiltshire Street, Vancouver, BC V6P 5H4

Phone: (604) 266-1817 Fax: (604) 266-1836

Your group benefits were arranged through Benefits by Design by Jill Marshall, your employer's insurance broker. In addition to providing advice in the area of group benefits, Jill is a professional in both personal and corporate financial and insurance planning.

For a private and confidential consultation please contact Jill at the above phone number to arrange an appointment at a time and place convenient for you. Jill will be pleased to explain your group benefits to you in detail and co-ordinate them with your personal program.

Some areas where Jill may be of assistance are:

Personal Finances

Mutual Funds
RRSP's
Education Funds

Personal Insurance

Mortgage Insurance
Life Insurance
Disability Insurance

Corporate Insurance

Buy/Sell Agreements
Key Person Insurance
Executive Compensation