ACCIDENT & SICKNESS MEDICAL BENEFITS AND WEEKLY DISABILITY PLAN

Administered by:
Crawford & Company (Canada) Inc.
("Crawford")

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ELIGIBILITY

All members in good standing with Canadian Actors' Equity Association, and non-members while engaged on Apprentice or Permittee engagement contracts.

WHEN NOT ENGAGED ON AN EQUITY ENGAGEMENT CONTRACT

If you are member in good standing with Equity you will be eligible for medical expenses incurred as a result of accident only, subject to applicable re-imbursement rates.

If you are member in good standing with Equity who has worked a minimum of 8 weeks under qualifying Equity engagement contracts in the previous year, you will be eligible for medical expenses incurred as a result of sickness, subject to applicable re-imbursement rates. Qualifying Equity engagement contracts shall be at Levels 2, 3 or 4 or Scheduled Risk premiums aggregating to a six-day week.

WHEN ENGAGED ON AN EQUITY ENGAGEMENT CONTRACT

If you are member in good standing with Equity you will be eligible for Medical Expenses incurred as a result of accident or sickness, and Weekly Disability benefits while you are engaged on an Equity engagement contract subject to limitations and re-imbursement rates as determined by the Insurance Level as determined by Equity.

If you are a non-member, you will be eligible for Medical Expenses only incurred as a result of Accident while you are engaged on an Equity work contract.

COVERAGE LEVELS

Level 1A Coverage means coverage for a member working on an Amateur, Festival or Collective engagement contract for which the premium paid by the artist is $12 per week. Work weeks under such engagement contracts will not increase eligibility for sickness coverage when not working on an Equity Engagement Contract in the following year.

Level 1B Coverage means coverage for a member working on an Equity engagement contract of one day for which the insurance premium paid by the artist is $7 per day. Work days under such engagement contracts will be summed and may increase eligibility for sickness coverage when not working on an Equity Engagement Contract in the following year.

Level 2 Coverage means coverage for a member working on an Equity engagement contract for which the insurance premium paid by the artist is $20 per week.

Level 3 Coverage means coverage for a member working on an Equity engagement contract for which the insurance paid by the artist is $24 per week.

Level 4 Coverage means coverage for a member working on an Equity engagement contract for which the Insurance premium paid by the artist is $34 per week.

Level 5 Coverage means coverage for Apprentices and Permittees working on an Equity engagement contract, as well as members over age 80 residing in Canada and over 70 residing outside of Canada.

Scheduled Risk Coverage is provided to members working on an Equity engagement contract issued under an agreement or Plan that permits engagements of less than two weeks and/or non-continuous engagement. You will be covered only on days scheduled as workdays in the engagement contract.

Equity at its sole discretion will determine the appropriate Level of Coverage and advise the Engager prior to the engagement of Insured Members.

Insurance premiums paid by the artist are correct at the time of writing and are subject to change.

COVERAGES

Medical Expenses – Level 1, 2, 3, 4 – Accident & Sickness Coverage
Plan Maximums:

Semi-private Hospital	$3,000 per person per calendar year
Durable Medical Supplies	$5,500 per person per calendar year
Other Medical Supplies and Services	$6,000 per person per calendar year
Accidental Dental	$3,000 per accident
Vision Care Benefit	50% up to max of $100 per 24 months

Medical Expenses –Level 5 - Accident Coverage Only
Plan Maximums:

Semi-private Hospital	$3,000 per person per calendar year Durable
Medical Supplies	$5,500 per person per calendar year
Other Medical Supplies and Services	$6,000 per person per calendar year

Re-imbursement: Subject to NO annual deductible

a) *Under Contract* Levels 1, 2, 3 and 5 85%
Level 4 100%

b) *Not Under contract*
Members who ***have not*** worked a minimum of eight weeks in the previous year: 50% accident coverage only.
Members who ***have*** worked a minimum of eight weeks in the previous year: 50% accident ***and*** sickness coverage.

* Not applicable to Level 5

Insuring Clause
If an Insured Member suffers Injury due to an Accident or Sickness, and incurs Covered Medical Expenses as a result thereof, and seeks medical attention within 7 business days from the end date of the Engagement Contract (approved by Policyholder) during which the Injury or Sickness occurred, the Company will pay to the Insured member, subject to the applicable "under contract" terms and conditions of this policy, the actual cost thereof but not more than the stated Policy Maximums incurred within one year from the date of the first treatment for the Injury or Sickness. Members insured under Scheduled Risk must seek medical attention within one day of the scheduled day of work on which the Injury or Sickness occurred.

All bodily harm resulting or caused by any one Accident shall be treated as one Injury for the purpose of determining an Insured member's entitlement to Medical Expense Benefits under this policy. All illness, disease or bodily infirmity which exist at the same time or coexist or overlap for a period of time shall be treated as one period of Sickness for the purpose of determining an Insured member's entitlement to Medical Expense Benefits under this policy. If an Insured Member has not returned to active work for at least six months after the Company has paid a Covered Medical Expense in respect of an Injury or Sickness, then any subsequent claim for Covered Medical Expenses will be treated as part of the initial claim and the Policy Maximums shall apply to all such claims for Covered Medical Expenses.

COVERED MEDICAL EXPENSES

Subject to the sections entitled "Medical Exclusions" and "Medical Limitations", "Covered Medical Expenses" which you incur, and which are defined below, are reimbursed only to the extent that they are reasonable and customary charges, for services performed which are consistent with the diagnosis, incurred as a result of an accident or sickness:

(a) Prescription drugs and medicines are limited to a maximum 90-day supply, every 75 days;
(b) Charges made by a hospital for semi-private hospital room accommodation including deterrent charges where permissible by law;
(c) The services of a qualified physiotherapist (which includes athletic and sports therapists), chiropractor, registered masseur including Shiatsu, speech therapist, osteopath, chiropodist, podiatrist, acupuncturist, or kinesiologist provided these are eligible expenses under the provincial health Plan schedule, up to $650 per specialty per calendar year for Level 1, 2, 3 &

5, and Scheduled Risk Coverage and $1,300 for Level 4 Coverage. This includes the difference between the practitioner's charges and the appropriate provincial health Plan schedule unless prohibited by law;

(d) The services of a registered nurse (not a member of your immediate family);

(e) Medical supplies such as surgical dressings, casts, crutches, splints and other special apparatus, mechanical aids, and orthotics (to a maximum of one (1) pair per thirty-six (36) month period); Orthotics must be prescribed while you are under contract and must be ordered within 15 business days from the end of the contract;

(f) Rental of wheelchairs and other similar services, supplies and equipment for temporary therapeutic use, required as the result of an accident, sickness or the purchase of similar equipment if approved by Crawford.

(g) Local professional ambulance service to or from a hospital, and/or licensed professional air ambulance service when medically necessary, used to transport you from the place where the injury or sickness occurred to the nearest hospital where adequate treatment is available, subject to a maximum expense of $1,000 per injury or sickness;

(h) X-ray treatment or examinations (Except dental x-rays, or x-rays for general health purposes);

(i) Laboratory tests or analysis;

(j) Cost of services of a qualified dentist or dental surgeon but not more than 80% to a maximum of $2,500, incurred within one year from the date of the accident for dental care due to accidental loss or injury of sound natural teeth, but excluding damages to dentures. Any payments made under this coverage shall be in accordance with the schedule of fees published by the Dental Association in the Province or territory where you reside – ***NOT APPLICABLE TO LEVEL 5***;

(k) Out-of-Country Emergency Benefit – will be provided if you are resident in Canada and are covered under the applicable provincial health care Plan (expenses incurred outside of Canada are subject to the Plan maximums as stated);

(l) Stroboscopy – subject to a maximum of 2 treatments per year and $150 per treatment;

(m) Prescription drugs for smoking cessation are reimbursed at 80% to a lifetime maximum benefit limit of $400, exclusive of the medical reimbursement amount.

(n) Expenses incurred for alternative medicine therapies, naturopathy, homeopathy, Chinese medicine and nutritional guidance, subject to combined annual maximum of $750.

(o) While an Insured Member is receiving Weekly Indemnity benefits, Covered Medical Expenses will continue to be paid based on the "When Engaged on an Equity Engagement Contract" provisions, subject to all coverage maximums and terms and conditions of the Plan.

IN-HOSPITAL CASH BENEFIT

If, as the result of an accident, sickness or pregnancy, you are confined in a hospital as an in-patient for a minimum of three nights and are under the care of a legally qualified registered physician or surgeon other than yourself, you will be eligible to claim $25 for each night of confinement, retroactive to the first night of confinement, up to a maximum of 4 nights.

VISION CARE BENEFIT

This policy provides coverage for routine vision care expenses incurred by the insured. Coverage includes:

- Eligible Services:
  - Comprehensive eye examination by a licensed optometrist or ophthalmologist..
  - Prescription eyeglasses (frames and lenses) or contact lenses.
  - Laser eye surgery.
- Benefit Amount:
  - Reimbursement of 50% of eligible expenses, up to a maximum of $100 every 24 consecutive months.
- Conditions:
  - Services must be performed by a licensed vision care professional.
  - Services must not be covered through a provincial program.
  - Coverage applies to usual and customary costs for corrective lenses and frames prescribed as medically necessary.
- Exclusions:
  - Non-prescription eyewear, sunglasses, and accessories.
  - Charges exceeding the stated maximum benefit.
  - Services not prescribed by a licensed professional.
  - Cosmetic or elective procedures (e.g., laser eye surgery) are excluded.

MEDICAL EXCLUSIONS

Expenses incurred as a result of any of the following shall not be Covered Medical Expenses:

(a) Normal health examinations, eye and ear examinations, eye glasses and hearing aids;
(b) Dental care except as specifically provided for;
(c) Accidental bodily injury or illness for which benefits are payable under any Workers' Compensation or similar law;
(d) Services provided to the Insured Member without charge.
(e) Fertility drugs, drugs used to treat erectile dysfunction or obesity;

MEDICAL LIMITATIONS

While being treated for an injury or sickness while under an Equity Engagement Contract, which does not result in a claim for Weekly Disability benefit but for which you incur expenses for the services of a qualified physiotherapist, chiropractor, registered masseur including Shiatsu, speech therapist, osteopath, chiropodist, podiatrist, acupuncturist, or kinesiologist;

I. "Under Contract" reimbursement will only be extended until the earlier of 3 months following the end date of the Equity Engagement Contract or 6 visits, subject to annual Plan maximums;
II. New or different services will be reimbursed as not 'under contract" coverage;
III. Qualified physiotherapists, chiropractors, registered masseurs (including Shiatsu), speech therapists, osteopaths, chiropodists, podiatrists, acupuncturists, and kinesiologists will be required to confirm that treatment commenced while the Insured Member was under an Equity Engagement Contract including cause of the medical condition, and the date that the symptoms first manifested themselves.

In addition, the following shall not be considered Covered Medical Expenses:

(a) Expenses to the extent that benefits, or services are provided by any group insurance or prepayment Plan contributed to or sponsored or arranged by you or Canadian Actors' Equity Association, or;
(b) Expenses payable under any arrangement or agreement between Canadian Actors' Equity Association and any other person, government or organization; or
(c) No payment shall be made for services rendered by a hospital, except for reimbursement of charges which are in excess of benefits payable for hospital services under any government laws of Canada or any province;
(d) medical expenses or other health services covered that are not in excess of or duplicate the cost of any such services covered under the terms of any statutory Plan of health services insurance and as permitted by law.

WEEKLY DISABILITY Coverage only while you are engaged under an Equity Engagement Contract – Not applicable to Level 5

You will be insured for 60% of your contractual weekly earnings to a maximum benefit of $1,500 per week in the event your total disability is caused by injury or illness.

Benefits are payable from the 8th day of total disability caused by injury, up to 104 weeks or your attainment of the age of 80 if you are residing in Canada, or to age 70 if you are residing outside of Canada, whichever occurs first.

To be covered, total disability caused by injury must result within days of the date of the accident.

Benefits are payable from the 8th day of total disability caused by sickness, up to a maximum of 52 weeks or your attainment of the age of 80 if you are residing in Canada, or age 70 if you are residing outside of Canada whichever occurs first. To be covered, total disability caused by injury must result within 30 days of the date of the Illness.

Benefits for total disability are only paid if you satisfy the definition of total disability, seek professional care from a legally qualified physician within 7 business days from the end date of your Equity Engagement Contract and remain under the professional care and regular attendance of a legally qualified physician.

Benefits for total disability are paid only as long you receive no earnings from performing other work or services.

These payments will normally be based on your "in town" contractual earnings, at the time of disability. However, in the event that you become disabled while on tour and remain away from your home, the payments are based on the contractual earnings including per diem. You shall be eligible for disability payments based on contractual earnings, including per diem, until you are no longer disabled or you return to your home or a hospital or other care facility near your home, whichever is first.

If you are unable to fully resume your normal occupation but are capable of performing some other type of work or services, the weekly disability benefit will be reduced by 50% of your earnings. However, the total income will not exceed your pre-disability contracted income.

If you have signed an Equity Engagement Contract and become totally disabled between the date of signing the contract and the first date of the engagement and are unable to commence your duties due to total disability, you will be insured for weekly disability benefits from the 1st date of your Equity Engagement Contract, provided that total disability continues beyond the elimination period and all other terms of the Plan are met.

If you become disabled on a Level 1 Equity Engagement Contract for which no minimum fee is articulated, the benefits shall be based on $435 per week (benefit $261 per week).

"Total Disability" means that you are completely prevented from performing each and every material duty of the role for which you were contracted.

WEEKLY DISABILITY REHABILITATION BENEFIT

When you have been totally and continuously disabled due to an accident and have been receiving weekly disability benefits through this Plan, you will be eligible to claim expenses deemed 'reasonable and necessary' up to a limit of $5,000 for special training, provided;

(a) such training is required in order for you to engage in an occupation which you would not have been engaged in prior to the injuries;
(b) expenses be incurred within two years from the date of the accident;
(c) no payment will be made for ordinary living, traveling or clothing expenses

WEEKLY DISABILITY EXCLUSIONS

(a) Any disability which commences while you are not engaged under an Equity Engagement Contract; or
(b) Any period of disability during which you are not under the care of a legally qualified physician and/or surgeon, other than yourself; or
(c) Any disability resulting from sickness or disease for which you are entitled to benefits under any Workers' Compensation Act, or Occupational Disease Law, any provincial vehicle insurance; or
(d) Any period of disability during which you are on a "Paid Pregnancy Leave of Absence"; or
(e) Intentionally self-inflicted Injury; or
(f) Any period of disability during which you engage in alternative employment for wage, earnings or profit unless approved by Crawford; or
(g) Any disability due to war or any act of war; or
(h) Suicide, or any attempt thereat, while sane or insane; or
(i) Any disability resulting from alcoholism or any narcotics habits
(j) Services or expenses which are:
    (i) provided by any Workers' Compensation or Occupational Disease Law or any provincial vehicle insurance;

(ii) expenses to the extent that benefits or services are provided by any group insurance or pre-payment Plan, contribution to which is made, or which is sponsored or arranged by you or Canadian Actors' Equity Association.

(k) No payment shall be made for services rendered by a hospital, except for reimbursement of charges which are in excess of benefits payable for hospital services under government laws of Canada or any province.

RECURRENT DISABILITY PROVISION

"A period of total disability" will be considered to be a recurrence of your previous total disability, provided all the following conditions are met:

a) You have received weekly disability benefits under the Plan.
b) You become totally disabled again within 30 days of no longer being qualified to receive a weekly disability benefit under the Plan.
c) The subsequent period of total disability is due to an injury or illness which is directly related to the cause of the immediately preceding period of total disability.

If a period of total disability is considered to be recurrent, the Weekly Disability benefit is subject to all the provisions of this benefit with the following exceptions:

a) You are entitled to the recommencement of the Weekly Disability benefit on the date the total disability recurred.

b) The weekly disability benefit will be based upon the same contractual earnings as at the original date of total disability.

ADDITIONAL ACCIDENTAL DENTAL CARE – NOT APPLICABLE TO LEVEL 5

This coverage only applies to injuries sustained while you are under Extraordinary Risk Coverage.

Stage Managers, Directors, Choreographers and their assistants are insured for Additional Accidental Dental Care coverage, while performing their duties in connection with an Extraordinary Risk.

Crawford will pay for the cost of services of a qualified dentist or dental surgeon, minus the deductible, (if any), to a maximum of $2,500, incurred within one year from the date of the Accident for dental care due to accidental loss or injury of sound natural teeth, but excluding damages to dentures.

Any payments made under this coverage shall be in accordance with the schedule of fees published by the Dental Association in the Province or territory where you reside.

EXTENDED BENEFITS

Under the terms of the Plan you will be covered as if you were on contract, from the first day of rehearsal to the termination date of your Equity Engagement Contract. In addition, you will be covered for any day on which you are required to travel to (at the inception of the contract) or from (at the conclusion of your contract) the place of employment or residence designated in your contract with Canadian Actors' Equity Association, up to a maximum of 7 days. This extended coverage applies only to those days during which you travel

QUEBEC COVERAGE

For members who are resident in Quebec, Crawford will not be able to maintain coverage for you unless you have a Plan which provides the prescribed drug coverage which is always in force.

GENERAL DEFINITIONS

"Accident" means a sudden, unforeseen and fortuitous event occurring while the Insured Member is covered under this Plan.

"Extraordinary Risk" shall be defined as the performance of acrobatic feats, suspension from trapeze wires, or like contrivances; the use or exposure to weapons, fire or pyrotechnic devices or the taking of dangerous leaps, falls, throws, catches, knee drops, or slides; (the handling of unusual live animals, including birds, fish, reptiles); the entrance or exit from the stage area in darkness or reduced lighting; performance on a set comprising area(s) raised more than 20 cm. above the normal stage floor and where there are no guardrails; or where the floor has been inclined more than 8 cm. per metre run.

Within the sphere of dance the execution of choreography or staging which departs from those accepted techniques of movement and support used in contemporary theatre dance (classical, ballet, modern, jazz or culturally specific dance) is also defined as an extraordinary risk. It shall be the decision of Canadian Actors' Equity Association as to what constitutes an extraordinary risk

"Injury" means bodily injury resulting directly and independently of all other causes from an Accident, which is caused by external, violent and visible means and sustained while an Insured member is covered under this Plan. It does not include anything that is a Sickness.

"Injury" when used in this Plan with respect to Total Disability does not include bodily harm caused by or resulting from bending, lifting or twisting. Such bodily harm is treated as a "sickness" in determining an Insured Member's entitlement to Total Disability benefits under this Plan. "Injury" when used in this booklet does not include bodily harm caused by or resulting from the physical demands of an Insured Member's employment. Such bodily harm is considered a sickness in determining an Insured Member's entitlement to Total Disability benefits under this Plan.

"Sickness" means an illness, sickness or bodily infirmity of the Insured member which commences while the Insured Member is covered under this Plan.

With respect to Total Disability the Sickness must cause Total Disability while the Insured Member is covered under this Plan. In determining an Insured Member's entitlement to Total Disability benefits, "Sickness" also includes bodily harm caused by or resulting from bending, lifting or twisting and bodily harm caused by or resulting from the physical demands of an Insured Member's employment.

"Physician" means a physician or surgeon licensed to practice medicine, perform surgery and administer drug who is not a member of the Insured Member's immediate family.

"Hospital" means a legally constituted establishment which meets all of the following requirements:

a) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
b) provides 24 hour a day nursing service by registered or graduate nurses;
c) has a staff of one or more licensed Physicians available at all times;
d) provides organized facilities for diagnosis and surgical facilities; and
e) is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts

"Total Disability" means that the Insured Member is completely prevented from performing each and every material duty of the role for which they were contracted.

"Sound Natural Teeth" – means a tooth that is whole or properly restored (restoration with amalgams only); is without impairment, periodontal or other conditions; and is not in need of the treatment provided for any reason other than an accidental injury.

For purposes of this Plan, a tooth or teeth previously restored with a crown, inlay, only or porcelain restoration or treated by endodontics, or the repair of existing implants or fixed bridgework, are also considered to be sound natural teeth. Removable dentures are excluded from coverage.

"Engagement Contract" means any contract for the engagement of an Insured Member approved by the Canadian Actors' Equity Association for work within their jurisdiction and for which premiums are required.

HOW TO CLAIM

A claim form must be completed and sent directly to Crawford before any benefits can be paid. These are obtainable from deputies, stage management, engagers and either a Canadian Actors' Equity Association office or from the following web site - www.caea.com.

If you receive injuries that require medical attention, it is very important that you submit a claim even if you do not anticipate incurring any expenses, taking any time off or the symptoms are not severe. If the injury did not require immediate medical attention but the accident seemed fairly acute or strenuous, it is a good idea to initiate a claim by completing a claim form outlining the details of the accident and submitting it to Crawford.

If it can be documented that the medical condition commenced while under contract, the claim may be eligible under the terms of the Plan. **It is for this reason that it is essential that Crawford is notified when an accident has occurred.**

- Crawford is a leader in the field of early intervention and wants to work with you to see that you are getting appropriate care.
- If you do not notify Crawford that you have had an accident, sickness or modified duties then should your medical condition worsen after the end of your contract, Crawford will be unable to consider your claim.
- If your role has been modified to accommodate your injuries, please include Engager documentation to confirm these changes.
- Make sure you have the Engager's Statement completed on the Income Replacement Claim form if you submit a claim while under contract.
- Sign the Authorization on the form authorizing the release of medical information with respect to your claim.
- When filing an Income Replacement Claim, make sure the Attending Physician Statement is fully completed by a medical practitioner. You may be required to pay your physician for completing the form which is not covered by the Plan.

For medical expense claims, attach original receipts and keep copies for your records. You may need these for tax purposes. Crawford cannot return originals.

If assistance is required with a submission, please contact Crawford at 1-888-688-4344.

Additional Points:

- Calendar year maximums as stated in this brochure refer to the period January 1st to December 31st of any given year.
- The services provider providing the eligible treatment must be licensed/ registered in the province in which they are practicing and their full name and license number must appear on the receipt.
- An "official receipt" for the purposes of reimbursement of an eligible claim means: A signed receipt from the services provider which includes their full name (title), mailing address and phone number along with their signature and license number. It does NOT mean a store receipt, charge card receipt or a blank generic receipt.
- All eligible claims will be considered within the usual range of charges being made by other service providers in the area in which the charge is incurred when providing the same or comparable services or supplies.
- All claims must be reported to Crawford within one (1) year from the date of the expense, injury or sickness.

FREQUENTLY ASKED QUESTIONS

Question: When will my claim be processed?
Answer: Normally, within 10 business days of being received by Crawford

Question: I have old medical receipts. How long after the fact can I submit a claim?
Answer: Within 1 year from the date on the official receipt

Question: Do I have dental coverage?
Answer: Yes, but only as a result of an accident

Question: Am I covered for eyewear or eye exams?
Answer: Yes, please review your vision care benefit.

Question: Are there prescription drugs that are not eligible for claiming?
Answer: Yes. Please refer to the "Medical Exclusions" section in this booklet.

Question: Can I still receive income replacement benefits after my contract ends?
Answer: No, unless you became disabled while under contract and you have notified Crawford

Question: What do I do if I don't receive benefits to which I think I should be entitled?
Answer: Speak to a representative at Crawford. If you need further assistance, contact Canadian Actors' Equity Association's Director of Finance and Administration.

To ensure that your privacy is protected, please note that claims information cannot be provided directly to Canadian Actors' Equity Association. Canadian Actors' Equity Association would be pleased to assist you with your claim(s); however, to act on your behalf you will be required to provide written authorization to the Canadian Actors' Equity Association and Crawford.

Arranged by:
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