Between

## Algoma Steel Inc

and

The United Steelworkers on Behalf of itself and its

**Local 2724** 

Updated March 2023

# Extended Health Benefits Section

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#### BETWEEN

## ALGOMA STEEL INC. (hereinafter referred to as the Company)

#### AND

## THE UNITED STEELWORKERS LOCAL 2724 (hereinafter referred to as the Union)

Re: Limited Benefit Coverage for Local 2724 Contract Employees Under the Extended Health Benefits Agreement

The parties agree that, effective May 1, 2008, all employees working for the Company under the terms of a signed employment contract between Local 2724 and Essar Steel Algoma Inc., will be eligible for membership in the Extended Health Benefit Agreement which exists between the parties, subject to satisfying the qualifying provisions of Articles 2.01 and 2.02 of the Extended Health Benefits Agreement. Accordingly, the definition of "Employee" detailed in Article 1.01 (d) of the EHBA will be deemed to be amended to include those employees working under a signed employment contract.

Coverage will be limited to those benefits detailed in Article 3.08 (Major Medical Benefits), Article 3.09 (Dental Plan) and Article 3.11 (Supplemental Hospital (Semi-Private) Coverage). The parties acknowledge that no coverage or eligibility exists for any other benefit not specifically contained within the foregoing Articles cited, including but not limited to; Article 3.02 (Life Insurance), Article 3.03 (Accidental Death and Dismemberment Insurance for Members), Article 3.07 (Short and Long Term Disability Benefits) and 3.10 (Health Benefits on Retirement). Contract Retirees will not become members of the Salaried Employees Defined Contribution Pension Plan.

The provisions of Article 2.03 (Termination of Membership) do not apply to such employees and in its stead, an employee's eligibility for coverage under the EHBA will cease upon the termination of their Employment Contract.

The parties agree that all Local Union 2724 employees employed under a temporary or contract basis will continue not to be eligible for any profit sharing or similar bonus payments)

For the Company

For Local 2724

deer Joughte Court

For the Company

For Local 2724

Resigned With Amendments

Original Dated: April 30, 2008

#### BETWEEN

## ESSAR STEEL ALGOMA INC. (hereinafter referred to as the Company)

## AND

## THE UNITED STEELWORKERS LOCAL 2724 (hereinafter referred to as the Union)

## Re: Benefit Coverage for Union Representatives

The Company agrees to cover the following officers of Local 2724 under the provisions of the Extended Health Benefit Plan at no cost to the Union. Such coverage will be provided on the basis of the job to which he/she would be or is assigned.

President Vice President Recording Secretary Treasurer Financial Secretary

Lerese Dangels
For the Company

For Local 2724

For the Company

For Local 2724

Resigned Without Amendments

## BETWEEN

## ALGOMA STEEL INC. (hereinafter referred to as the Company)

#### AND

## THE UNITED STEELWORKERS LOCAL 2724 (hereinafter referred to as the Union)

## Re: Extended Health Benefit Agreement Article 2.03 Termination of Membership

The parties agree to reduce the 13 week period referred to in Article 2.03(b) if Local 2251 U.S.W. agrees to make the same reduction. The parties agree that coverage to the end of the month in which the employee is laid off is appropriate.

Marious Alchery

For Local 2724

For the Company

For the Company

-- 21 FBb 7014

Resigned without Amendments

#### BETWEEN

## ESSAR STEEL ALGOMA INC. (hereinafter referred to as the Company)

### AND

## THE UNITED STEELWORKERS LOCAL 2724 (hereinafter referred to as the Union)

## Vacation Entitlement When on WSIB Benefits

An employee in receipt of WSIB benefits may make a request to the Human Resources Department (Pension & Benefits section) to receive vacation pay for the week(s) in which he/she was scheduled to be on vacation had he/she not been off work for a work-related injury.

An employee will only be eligible to receive vacation pay for those weeks that had been previously booked as vacation as per the Collective Agreement.

Example: If an employee was scheduled to be on vacation for a particular week and prior to this vacation week commencing, sustains a work-related injury that prevents them from being accommodated within the plant, the employee may request the requisite vacation pay for the week(s) they had previously booked.

For the Company

For the Company

CH 26 2011
Resigned Without Amendments

# Letter of Agreement BETWEEN Algoma Steel Inc. (Hereinafter referred to as the Company) AND

United Steelworkers Local 2724 (Hereinafter referred to as the Union)

## Re: Company Payment of STD Equivalent for WSIB Delayed Claim

Where there is an interruption in the pattern of receipt of income resulting from a delay in a claim for Workplace Safety & Insurance Board (WSIB) and the employee makes application to the Essar Steel Algoma Inc. Compensation Office, the following will apply:

- The Company shall pay the employee the equivalent of Short Term Disability benefits provided in Article 3.07 (a) of the EHBA commencing with the first day of absence from work as a result of a delayed WSIB claim provided suitable work assignment is not available
- Such payment will continue to be paid until the employee's claim is decided and he receives a payment from the WSIB for the period concerned or is paid under 3.07 (a) of the EHBA for the period concerned.
- 3. The employee must agree to repay the Company any monies he receives as per paragraph (1) when his claim is decided.
- 4. If the claim is approved for Health Care Benefits only, the employee must repay the company any Short Term Disability advances, as the claim is deemed occupational.

For the Company For Local 2724

| Lett 1 deep Act Cellect
| For the Company For Local 2724

Date: 21 kg/ 70/9

Between

## Essar Steel Algoma Inc. Herein after referred to as "the Company"

And

## United Steelworkers, Local 2251 & 2724

Herein after referred to as "the Union"

The Company and the Union locals hereby agree to the following which constitutes full and final settlement of the arbitration related to "Rituxan" and the parties shall abide by the following in all matters going forward related to disputes concerning prescription drugs not approved for re-imbursement by the Company's insurance carrier.

- In exchange for the agreed to points below, the Company will provide to the grievor, eligibility for the drug herein known as "Rituxan" for the treatment of his current illness only, subject to the usual terms, conditions and limitations as set out in the EHBA and the contract with the carrier.
- The Unions acknowledge that the Company does not accept the
  correctness of the conclusions of the Craven Award regarding the
  significance of the terms of the contract with the carrier (EHBA Article
  3.01) and that it intends to raise this issue before other arbitrators in the
  future. The Company acknowledges the position of the Unions that the
  Craven Award is binding upon it on a going-forward basis.
- The Union Locals (2251 and 2724) hereby agree to the following points of fact and no further challenges will be made by either local union related to the following:
  - The Company has the sole and exclusive right to select and change insurance carriers at its sole discretion without consultation with the local unions so long as it maintains coverage which the local unions were legally entitled to under their Collective Labour Agreements.
  - The practice of seeking prior approval of the insurance carriers for certain prescription drugs and other benefits, also known as, preapproval, is a long standing practice for the parties and within the insurance industry. In addition, it is the insurance carrier/provider who has sole and legitimate authority to decide what drugs and

benefits otherwise provided will require pre-approval prior to coverage being contemplated and/or being reimbursed.

In the event of a change of insurance carriers, the Employer will set up a process to ensure that prescription drugs which received preauthorization under the previous carrier is honoured for coverage under the new insurance carrier.

- The parties agree that they will implement the following procedure to deal
  with disputes related to prescription drugs not being covered by the benefit
  plan for reasons related to the appropriateness of a treatment plan related
  to a specific instance. The following dispute resolution mechanism will be
  as follows:
  - Any dispute related to the denial of a prescription drug, requiring pre-approval of the insurance carrier prior to providing coverage, will be first discussed by the Joint Compensation/Benefits Committee as per the section 4.03 of the Extended Health Benefit Agreement.
  - Should the Joint Compensation/Benefits Committee be unable to reach a satisfactory conclusion then the matter shall be discussed by a representative of the insurance carrier, designated by the carrier, and the employee's appropriate treating physician. Should the designated representative of the insurance carrier and the employee's treating physician reach agreement, the decision will be binding upon the parties for the specific employee in question only.
  - o Should the designated representative of the insurance carrier and the employee's treating physician be unable to agree on the matter, they will select a mutually agreeable independent physician to hear the explanations of the treating physician and that of the insurance carrier. The mutually agreeable independent physician will then determine whether, under all the circumstances, the treatment recommended by the employee's physician is an appropriate and prudent use of financial resources. The decision of the agreed to physician, mutually selected by the carrier and the treating physician, will be binding upon the Company, the Union and the carrier in this specific instance only.
  - Should the designated representative of the insurance carrier and/or the employee's treating physician be either unable or unwilling to select a third party independent physician to decide on the matter, then the Company and the Union will select a third party medical practitioner/organization to adjudicate the matter. The third party will then determine whether, under all the circumstances, the treatment recommended by the employee's physician is an appropriate and prudent use of financial resources.

- The parties agree that any costs related to the third party to hear the dispute will be shared equally.
- The Company and the Union agree that this procedure will replace section 4.04 "Arbitration" in the Extended Health Benefit Agreement as the sole mechanism for deciding disputes of for deciding disputes of eligibility of prescription drugs and should either party not agree with the decision, both parties will bound by the decision and will not under any circumstance have the matter heard by way of the arbitration process.

For the Company:

For the Union:

LU 2251

Dated:

LU2724

#### BETWEEN

## ESSAR STEEL ALGOMA INC. (hereinafter referred to as the Company)

## AND

## THE UNITED STEELWORKERS LOCAL 2724 (hereinafter referred to as the Union)

Re: Article 3.02 of the Extended Health Benefit Agreement

Those salaried employees who rejected the option of becoming covered under the Survivor Benefit provision of the Management Pension Plan as of January 1, 1976 have Life Insurance coverage at 2 ½ times their basic annual salary, exclusive of bonus or incentives, rounded to the next \$500.

Upon the death of an employee who has the higher amount of Life Insurance coverage, neither the surviving spouse nor his dependent children are eligible for an ongoing monthly pension under the pension plan, nor for coverage under the Extended Health Benefit Agreement.

Leresa Dangelo For the Company

For the Company

For Local 2/24

For Local 2724

Resigned Without Amendments

Original Dated: Not dated

## BETWEEN

## ESSAR STEEL ALGOMA INC. (hereinafter referred to as the Company)

## AND

## THE UNITED STEELWORKERS LOCAL 2724 (hereinafter referred to as the Union)

Re: Article 3.07 of the Extended Health Benefit Plan

The parties agree that the 15 week period referred to in the second paragraph of Article 3.07(a)(i) is the same 15 week period referred to in the first paragraph and commences 2 days following the employee's absence.

For the Company

For the Company

OC 26, 2011 Resigned Without Amendments

Original Dated: January 19, 2005

Letter of Agreement
Between
Algoma Steel Inc.
And
USW Local 2724

## Re: Sick Pay

- 1. An employee who does not have earnings for a day on which he/she is sick, will be deemed to have had earnings for such a day equal to the earnings received immediately prior to such day.
- 2. The company agrees to maintain the employees current rate of pay for the first two days of an absence as a result of injury or illness. An employee who is off sick shall be to make up the time lost on the first two days over the following 6 month period. The employee's manager will determine if the lost time is to be made up. In making this decision the manager will take into account any time worked for which the employee was not compensated. The employee shall also be allowed to make up the time by using vacation time; or using accumulated C time or the options of not being paid for the first two days.

Original Dated: January 19, 2000

Resigned with Amendments: February 19, 2019

Amended on Date: November 7, 2022

For the Company:	For the Union:
	Keller Fr.

## Letter of Agreement BETWEEN Algoma Steel Inc. (Hereinafter referred to as the Company) AND

United Steelworkers Local 2724 (Hereinafter referred to as the Union)

## Re: Company Payment of STD Equivalent for WSIB Delayed Claim

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- The Company shall pay the employee the equivalent of Short Term Disability benefits provided in Article 3.07 (a) of the EHBA commencing with the first day of absence from work as a result of a delayed WSIB daim provided suitable work assignment is not available
- Such payment will continue to be paid until the employee's claim is decided and he receives a payment from the WSIB for the period concerned or is paid under 3.07 (a) of the EHBA for the period concerned.
- 3. The employee must agree to repay the Company any monies he receives as per paragraph (1) when his claim is decided.
- 4. If the claim is approved for Health Care Benefits only, the employee must repay the company any Short Term Disability advances, as the claim is deemed occupational.

For the Company

For the Company

For Local 2724

For Local 2724

Date: 21 (4) 70/9

#### Between

#### Algoma Steel Inc.

#### And

#### USW Local 2724 and Local 2251

### Re: Benefit Coverage

This letter acknowledges resolution (clarification) of certain benefit items that have been in discussion at the Joint Compensation and Benefits Committee meetings:

#### Crown Coverage:

- Effective August 1, 2022, crown coverage is 50 / 50 co-pay with an annual maximum of \$1,000.00 calendar year per individual.
- For the following items, the co-pays and maximums currently in place continue to apply. Changes will be made effective the date this letter is signed.

### **Modified Shoes:**

- The cost of Off the Shelf Shoes is not covered, however, the costs associated orthopedic modifications to footwear to accommodate or compensate for problems arising from bio mechanical or structural abnormalities or disease process/trauma will be covered up to \$200 every 6 months,
- Coverage is for the cost of materials and labour charges related to modifications of existing footwearor ordinary shoes only.
- Footwear, modification/repair, prescription with diagnosis required. Must be prescribed by a Chiropodist, Podiatrist or MD.

## Orthotics:

• Coverage will increase from 1 pair to up to 2 pair to maximum \$500 every 24-months.

#### C-PAP:

- Reasonable and customary as per current Greenshield practice and ADP(Assisted Devices Program) guidelines, specifically:
- Currently, ADP funds 75% or \$780.00 of the total price (\$1,040.00) that they have set
  as the purchase price of a CPAP machine. The patient is responsible for 25% or
  \$260.00 of that cost. This \$260.00 is the amountthat Green Shield will pay based on
  ADP's guidelines.

## 18 Paver in Auto-Accident:

- Benefits are not eligible for claims relating to auto111obile accidents for whichcoverage is available under a motor vehicle liability policy providing no-fault benefits.
- The patient is responsible to make any claims under their motor vehiclepolicy. Where
  there is no coverage under the automobile insurance, or where coverage limits are
  reached, regular Greenshield benefits will apply.
- The exception to this is semi-private room coverage, wherein Greenshield becomes first payer.

Original dated: May 17, 2012

Resigned with Amendments: November 7, 2022

For the Company:

For L2724:

For L2251:

Signed on the 25 day of Light. 2022