

#### Appendix 'A'

The Agreement for an Insurance Program currently provides for the coverage of (i) drugs requiring the prescription of a physician, surgeon or dentist in accordance with the Food and Drugs Act or (ii) other drugs and medicines when prescribed by a physician, surgeon, or dentist for the treatment of a diagnosed injury or illness if the product contains one or more of a number of listed drugs that are set out.

The Company and the Union agree that the following procedure with respect to part (ii) above is consistent with the intent of the Agreement for an Insurance Program. In order for the continued coverage of drugs and medicines that do not require the prescription of a physician, surgeon or dentist, a pre-authorization form for such a drug claim will be provided to the employee by the Company, executed by the attending physician, surgeon or dentist and submitted by the employee to the insurance carrier.

The pre-authorization form must verify that the medication is being prescribed for the treatment of a diagnosed injury or illness and that such medication is a lesser cost than any comparable medication that does require the prescription of a physician, surgeon or dentist. A pre-authorization form that meets the above requirements shall have effect for a period of twelve calendar months from the date of submission.

The parties agree that the terms of this Appendix 'A' are subject to review upon request of either the Company or the Union.

Appendix 'B'

Pre-Authorization Form- Over the Counter Medications  
Lake Erie Steel GP Inc. Bargaining Unit Employees

Drugs and medicines that do not require the prescription of a physician in accordance with the Food and Drugs Act are covered expenses under the Lake Erie Steel Agreement for an Insurance Program if they meet the following two conditions:

1. The medication is being prescribed for the treatment of a diagnosed injury or illness, and
2. The medication is a lesser cost than comparable medication that does require the prescription of a physician, surgeon, or dentist.

I hereby submit that the above two conditions have been met with respect to the attached prescription.

\_\_\_\_\_  
(attending physician)

\_\_\_\_\_  
(Employee Name and ID Number)

Policy Number 51265

\_\_\_\_\_  
(Date)