

# BENEFITS PROGRAM

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This guide provides summary information about the CEVA Benefits Program. Although this guide is an important information source, it is not intended to replace the official plan documents. In the event of a discrepancy between this information and the official plan documents, the plan documents will be considered correct and will govern in all cases.

# YOUR BENEFITS PROGRAM

At CEVA, we provide a competitive suite of employee benefits because we want to attract, retain, support and engage the best employees. Your benefits are a key component of your Total Rewards package — one of the elements that help make CEVA a great place to work. When it comes to benefits, each of us has our own needs and priorities. That's why the CEVA Benefits Program offers you the opportunity to choose between a Basic and an Enhanced level of coverage for your Health and Dental needs.

Recognizing that benefits are a central part of your employee experience, the CEVA Benefits Program has been designed to:

- Allow you to choose the benefits that best fit your personal situation;
- Respond to your changing benefits needs throughout your career; and
- Engage you as a partner with CEVA to better manage benefits costs.

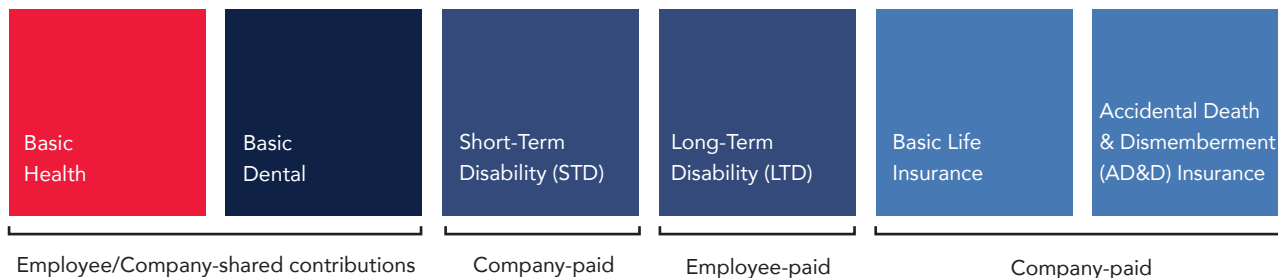




# HOW THE CEVA BENEFITS PROGRAM WORKS

Please take a moment to understand how your Benefits Program works, so you have the information you need to get the greatest value from the program. The CEVA Benefits Program provides you with the following core benefits.

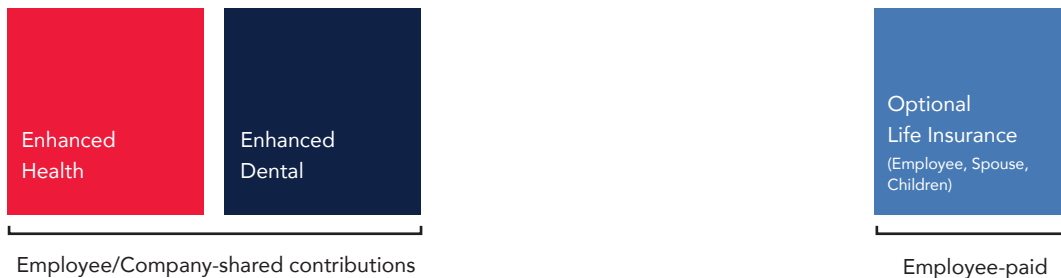
## CORE BENEFITS



CEVA pays the full cost of the core Short-Term Disability (STD), Basic Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance. CEVA also pays most of the cost for Basic Health and Basic Dental, while you share a small portion of the cost. You pay for the full cost of Long-Term Disability (LTD) – this will ensure you are not taxed on any benefits you might receive in the event of a claim.

CEVA also offers you access to a higher level of Health, Dental and Life insurance coverage, which you can elect during annual enrolment. Whether you choose the Basic or Enhanced Health or Dental options, you share the cost of the coverage with CEVA. Your Employee contributions are collected through payroll deductions. You can also purchase Optional Life insurance for you, your spouse or your children. An application must be completed and approved by Sun Life before coverage can take effect. Once coverage is approved, the employee pays the full cost of the premium through payroll deductions.

## OPTIONAL BENEFITS



# PROVINCIAL HEALTH INSURANCE

Wherever you live in Canada, you are entitled to government-provided healthcare services. Although coverage varies somewhat by province, in general, the following services are included free of charge: hospital stays, lab services, doctors' visits, surgical procedures, maternity care, and more. Your CEVA Benefits Program goes beyond provincial coverage by providing an additional level of healthcare services.



# ELIGIBILITY

You are eligible to participate in the Benefits Program for Non-Union Canadian Employees if you are a permanent employee who works at least 32 hours per week and have completed three months of continuous employment.

# ENROLMENT

Here's what you need to do to enrol:

- Review this benefits enrolment guide — it has detailed information about your Benefits Program.
- Evaluate your coverage needs. Begin now by looking at recent health and dental claims, considering your future needs and reviewing your spouse's coverage, if applicable.
- Use the CEVA online enrolment site to understand the costs of your benefits choices. You can model more than one scenario before deciding on your elections for the year. Be sure to submit your final choices before the end of the enrolment period. To access the tool, visit [app.websinc.ca/ceva](http://app.websinc.ca/ceva).



If you do not enrol during the enrolment period, your coverage will default to your current benefit elections (or the core benefits, if this is your first time enrolling).



# LIFE EVENTS

Once you make your benefit selections, your choices remain in effect until the next annual enrolment period. However, if you experience a life event (a change in your personal circumstances that affects your benefit needs), you can change your benefit selections.

- birth or adoption of a child;
- marriage or the completion of one year in a common-law relationship;
- divorce or legal separation;
- death of your spouse or a dependent child;
- termination of your spouse's coverage; or
- dependent child no longer qualifying for coverage due to age, leaving post-secondary education, or marriage.

**In order to make a change, you must notify Human Resources within 31 days of experiencing a life event.**





## THINGS TO CONSIDER

Here are a few things to consider as you select your Health and Dental coverage:

- 1 You can select either **Basic** or **Enhanced** coverage for both Health and Dental, respectively. For example, you can select the Basic Health option along with the Enhanced Dental option.

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- 2 Will you need coverage for yourself only, or for you and your family? If you have a spouse, does he or she have a plan that provides coverage (so you can coordinate benefits)?

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- 3 What has been your health and dental claim history? Do you have any upcoming health and dental claim concerns that will require regular treatment next year?



# HEALTH COVERAGE

## AT A GLANCE

	BASIC	ENHANCED
Reimbursement Level for Eligible Health Expenses	75%, unless otherwise noted, until your out-of-pocket expenses reach \$2,000 (excludes dispensing fees)  100% thereafter	100%, unless otherwise noted
Prescription Drugs <small>Dispensing fee is <b>fully covered</b> by both the Basic and Enhanced drug plan when you fill your prescription at a Costco pharmacy and <a href="http://costcopharmacy.ca">costcopharmacy.ca</a> (not available in Quebec)</small>	75%, plus \$6 dispensing fee cap  Subject to conditional formulary, mandatory generic substitution, maximum supply of maintenance drugs*	90%, plus \$6 dispensing fee cap  Subject to conditional formulary, mandatory generic substitution, maximum supply of maintenance drugs*
Hospital Accommodation	Not covered through the CEVA plan, but can be accessed through the provincial health program	Not covered through the CEVA plan, but can be accessed through the provincial health program
Paramedical Services	\$500 per year for all eligible practitioners combined	\$500 per year per eligible practitioner  Overall maximum of \$1,500 per year for all practitioners combined
Orthopedic Shoes/Orthotics	\$200 every 2 years	\$300 every 2 years
Vision Care	100%, up to \$150 every 24 months  100%, up to \$70 per eye exam every 24 months (every 12 months if under age 18)	\$300 every 24 months  \$70 per eye exam every 24 months (every 12 months if under age 18)
Hearing Aids	\$500 every 5 years	\$500 every 3 years
Private Duty Nursing	No coverage	\$10,000 every 12 months
Out-of-Province/Country Emergency Medical	100%, up to \$2,000,000 per incident  90-day limit per trip	100%, up to \$5,000,000 per incident  90-day limit per trip

\*The drug plan will neither waive nor reimburse the additional dispensing fee if you choose to receive less than a three-month supply of maintenance drugs used to treat chronic or lifelong conditions. See page 7 for more information on maintenance drugs.

# PRESCRIPTION DRUGS

The CEVA Benefits Program covers drugs that require a prescription from a doctor and are obtained from a pharmacist.

**Conditional Formulary** – Since 2013, any new drugs available in the Canadian marketplace are evaluated by Green Shield and classified as covered, not covered or conditional (covered with certain conditions). **Not covered** means that the new drug does not offer any therapeutic advantages over existing covered drugs. A drug classified as **conditional** is considered an alternative therapy, is prescribed to treat unapproved conditions, or has high potential for abuse. To receive coverage for these drugs, you must meet specific criteria — your prescribing doctor must complete an authorization form that shows therapeutic need.

**Mandatory Generic Substitution** – The drug plan covers prescription drugs up to the lowest-cost equivalent. This means that if a generic drug exists and you choose to buy the brand name drug instead, the drug plan will only reimburse up to the eligible cost of the generic drug, even if your doctor says no substitution.

**Maintenance Drugs** – Maintenance drugs are medications used to treat chronic or lifelong conditions such as high cholesterol, high blood pressure and diabetes. Your drug plan allows pharmacists to dispense a three-month supply of these types of **maintenance** drugs for a single dispensing fee. If you choose to receive less than a three-month supply of these drugs, your drug plan will not reimburse the additional dispensing fee: you will be responsible for this cost. If you choose to have your prescriptions for maintenance drugs filled at a pharmacy other than a Costco pharmacy, the CEVA drug plan will reimburse your claim up to the amount the prescription would have cost if it were filled at Costco (not applicable in Quebec).

**Preferred Provider Network (PPN) for Specialty Drugs** – The PPN for Specialty Drugs provides employees who require specialty drugs to treat complex long-term and life threatening conditions access to better pricing through a network of preferred pharmacies. It also features Health Case Management services to provide our employees with personalized support such as education on the disease and treatment, side-effect management, prescription renewal reminders and much more.

## COSTCO PRESCRIPTION PROGRAM

The Costco Prescription Program provides lower prescription pricing, low dispensing fees fully covered by the drug plan, no-charge home delivery service, easy online refill requests, and access to licensed pharmacists by phone and at Costco pharmacy locations.

The benefits of the Costco Prescription Program apply to you, your spouse and your dependants covered under the CEVA Benefits Program.

Simply visit [www.costcopharmacy.ca](http://www.costcopharmacy.ca) to register or show your Green Shield Canada ID card at a Costco pharmacy when you fill your prescription. Please note that the Costco Prescription Program is not available in Quebec.





# PARAMEDICAL SERVICES

Paramedical services include consultation with the following specialists:

- Physiotherapists
- Acupuncturists
- Chiropractors
- Podiatrists/Chiropodists
- Massage therapists
- Occupational therapists
- Orthotherapists
- Naturopaths
- Osteopaths
- Speech therapists
- Dieticians
- Psychologists
- Social Workers/Counsellors
- Audiologists

It is important to note that the practitioner must be licensed and registered. A Physician (M.D.) prescription or referral letter is required for massage therapists and orthotherapists. For more information, please call 1-888-711-1119 or visit [www.greenshield.ca](http://www.greenshield.ca).

# ORTHOPEDIC SHOES/ORTHOTICS

Orthopedic shoes and orthotics services include:

- Custom-made orthopedic shoes or modifications to orthopedic shoes when prescribed by a doctor or podiatrist.
- Custom-made orthotic inserts for shoes, when prescribed by a doctor or podiatrist.

# HEARING AIDS

Hearing aids prescribed by an attending, qualified medical practitioner. Repairs are included.



## VISION CARE

Vision care benefits help cover the costs of eye exams, laser surgery, eyeglasses and contact lenses. As a Green Shield Canada (GSC) plan member, you are eligible to receive a discount on eyewear.

For details, please visit the GSC website at <http://www.greenshield.ca/en-ca/plan-members/health-care-discounts> and select **Vision**.

## PRIVATE DUTY NURSING

This benefit includes in-home services of a registered nurse, registered nursing assistant or licensed nurse, provided this person does not ordinarily live in your home and is not a family member.

## OUT-OF-PROVINCE/COUNTRY EMERGENCY MEDICAL

You are covered for the cost of emergency medical treatment, including doctors' fees and hospital stays, while you are travelling outside your home province or Canada.

The program pays 100% of your eligible expenses in excess of those paid by your provincial health insurance plan. Coverage is limited to a maximum of 90 days per trip, up to the maximums indicated.





# DENTAL COVERAGE

## AT A GLANCE

	BASIC	ENHANCED
Basic Services	75%	90%
Major Restorative Services	50%	50%
Orthodontics	No coverage	50% (children from 6 to 19 years old only)
Maximum	\$1,500 per calendar year, Basic and Major services combined	\$2,000 per calendar year, Basic and Major services combined \$2,000 lifetime maximum for Orthodontics
Recall Examinations	Once every 9 months	Once every 6 months
Fee Guide	One year lag	One year lag

## YOUR DENTAL COVERAGE

You are reimbursed for a percentage of your Dental expenses according to the option you choose. Dental coverage is based on the previous year's provincial fee guide. Basic services include:

- Diagnostic and preventative services, including regular check-ups;
- Minor restorative services, such as filling cavities;
- Endodontics (e.g., root canals); and
- Periodontics (e.g., gum disease treatment).

Major restorative services, such as crowns, bridges and dentures, are covered at 50%, up to the maximums indicated. The **Enhanced option** also covers 50% of orthodontics for dependent children only (up to age 19), including braces, up to a \$2,000 lifetime maximum.



**Need more information?**

For more information about your Health and Dental coverage, please contact Green Shield at 1-888-711-1119 or [www.greenshield.ca](http://www.greenshield.ca).



# DISABILITY COVERAGE

Disability benefits protect you from loss of income if injury or illness keeps you from working for an extended period of time.

## SHORT-TERM DISABILITY

Short-Term Disability (STD) is company-paid and forms part of your Basic coverage. The STD benefit replaces 60% of your weekly earnings, up to a maximum of \$1,500 per week, if you are unable to work due to sickness or injury. Depending on the nature of your absence, there may be a waiting period before STD benefit payments start. Payments are made for 17 weeks, after which time your claim is assessed under our Long-Term Disability (LTD) policy.

Eligibility for STD is subject to review and approval. Please speak with your local HR representative if you have any questions about the STD policy.

## LONG-TERM DISABILITY

If your disability continues beyond STD, you may qualify for Long-Term Disability (LTD) benefits. The LTD benefit replaces 60% of the first \$5,300 of your monthly salary plus 40% of the remainder, up to a maximum of \$6,000 per month.

- Payments continue as long as you are disabled, until age 65.
- Since you pay for 100% of the LTD premiums with after-tax dollars, you will receive your LTD payments tax-free in the event of a qualifying disability.



### LTD – an example

Ben earns \$5,500 per month at the time of his disability. Once the STD payments expire, he moves to LTD coverage.

His LTD payment is \$3,180 (60% of \$5,300) plus \$80 (40% of \$200) for a total of \$3,260 per month until he returns to work or reaches age 65. Since Ben paid for his LTD plan with after-tax contributions, the payments he receives are tax-free.



## NAMING BENEFICIARIES

As part of the enrolment process, you are required to name a beneficiary for the different death benefits. You may name more than one beneficiary and allocate different percentages to each person.

You are automatically the beneficiary for any coverage on the lives of your spouse and/or dependants.

# LIFE AND ACCIDENT INSURANCE

Your Benefits Program also provides protection for you and your beneficiaries against unexpected financial hardship resulting from death or accidental injury.

You automatically receive company-paid Basic Life insurance and AD&D coverage equal to your annual salary, reduced by 50% at age 65.

**Optional Life insurance** is also available for you and/or your family at an additional premium.

# CLAIM SUBMISSION

## ELECTRONIC CLAIM SUBMISSION

There are two methods available to you for electronic claim submission:

### Pay-Direct Prescription Drug Card

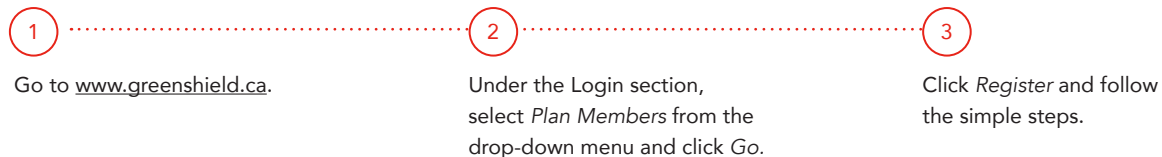
The card makes filling your prescriptions hassle-free:

- ✓ It's EASY — No claim forms and no mailing costs are necessary.
- ✓ It's FAST — Instantly determine if your prescription is eligible and how much is covered.
- ✓ It's SMART — Potential health risks are immediately identified online, alerting your pharmacist of potentially adverse drug interactions with other medications you are taking.
- ✓ It's SIMPLE — You present your drug card at the pharmacy and the pharmacist will send the claim electronically for immediate processing. Green Shield will be billed directly for the prescription and you will only pay your portion of the cost at the pharmacy.

### Online Paramedical and Vision Care Claims

Filing your claims online is a fast and easy way to process your eligible paramedical (e.g., massage therapy, chiropractic care and physiotherapy) and vision care expenses. Payment is made within two business days directly to your bank account. Be sure to keep your original receipts for one year.

To register:



If you have any issues registering, please call Green Shield at **1-888-711-1119**.



# PAPER CLAIM SUBMISSION

Paper claim forms are available at [www.greenshield.ca](http://www.greenshield.ca). Once you complete your claim form, mail it to the address on the form, along with your original receipt(s). For help with completing a form, contact Green Shield at 1-888-711-1119.



## Keep your receipts

You don't need to send in your receipts when submitting a claim online. However, since you may be selected for a random audit within 12 months of submitting your claim, you must retain your original receipts for one year.

# COORDINATION OF BENEFITS

Your spouse's healthcare plan might cover the portion of your medical, prescription and dental expenses that is not paid through the Benefits Program.

Likewise, your benefits can help top up any costs that might not be covered under your spouse's plan.

With the Coordination of Benefits option, you and your spouse may have access to 100% coverage of your family's healthcare expenses.

## Here's how it works:

- You and your spouse must first submit a claim under your own company's programs, as employees, for your own expenses.
- You can then submit a claim to your spouse's program (and vice versa) for the remaining portion.
- Claims for dependent children must be submitted under the program of the parent whose birthday (month and day; the year is not important) is earlier in the year. For example, if you were born in November and your spouse was born in March, claims for dependent children must be submitted to your spouse's program first.

# QUESTIONS?

If you have questions about your CEVA Benefits Program, please contact:



Health and Dental plan inquiries:

**Green Shield**

1-888-711-1119

[www.greenshield.ca](http://www.greenshield.ca)

Get quick and easy access to your benefits plan information with Green Shield's mobile app, GSC on the Go™. You'll be able to submit a claim directly from your smartphone or tablet, show your all-in-one benefit and travel ID card without logging in to the app, find a health provider near you, and more.

To download GSC on the Go, use the internet browser on your device to go to the GSC website at [www.greenshield.ca](http://www.greenshield.ca) > *What You Need* > *Online Services* > *GSC on the Go*.



To access your online benefits enrolment and management tool, visit [app.websinc.ca/ceva](http://app.websinc.ca/ceva).

General information and plan details:

**CEVA Human Resources**

[BenefitsCanada@cevalogistics.com](mailto:BenefitsCanada@cevalogistics.com)

