

INVESTING IN YOUR HEALTH AND WELLNESS

Frequently asked questions

YOUR CEVA BENEFITS PROGRAM — AN OVERVIEW

Q1. How does the CEVA Benefits Program work?

Your core benefits

Under the CEVA Benefits Plan, you receive coverage for the following core benefits:

Basic Health	Basic Dental	Short-Term Disability (STD)	Long-Term Disability (LTD)	Basic Life Insurance	Accidental Death & Dismemberment (AD&D) Insurance
Employee/Company shared contributions		Company-paid	Employee-paid	Company-paid	

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 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.

Your optional benefits

CEVA also offers you access to a higher level of Health, Dental and Life Insurance coverage, which you can elect during annual enrolment.

Enhanced Health	Enhanced Dental	Optional Life Insurance (Employee, Spouse, Children)
Employee/Company shared contributions		Employee-paid

Employees who select the Enhanced Health and Enhanced Dental options share the cost of these benefits with CEVA. The employee contributions are made through payroll deductions.

You can also purchase Optional Life Insurance for your spouse, your children, or for yourself. An application must be completed and approved by Sun Life before coverage can take effect. Once coverage is approved, the premiums are deducted through payroll.

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Q2. Can I elect different coverage levels for Health and Dental benefits?

Yes. You have the flexibility to choose a different option (Basic or Enhanced) for your Health and your Dental benefits. For example, you could elect Basic Health coverage and Enhanced Dental coverage. The choice is yours to make.

Q3. Can I elect a different coverage status for my Health and Dental benefits?

Yes. You may choose a different coverage status (single or family) for your Health and your Dental benefits. For example, you could elect single Basic Health coverage and family Enhanced Dental. You have a number of options available to you and your family. The choice is really yours to make.

Q4. Who is eligible for these benefits?

All permanent, non-union employees in Canada who work at least 32 hours per week and who have completed three months of continuous employment are eligible to participate in the CEVA Benefits Program.

Q5. Can I opt out of benefits coverage?

You can opt out of Health and/or Dental. If you are opting out of Health, you will need to provide proof of coverage through another plan, such as a spousal plan. You cannot opt out of Basic Life, Accidental Death and Dismemberment, Short-Term Disability, or Long-Term Disability benefits.

Q6. What happens if I do not actively enrol?

The Program requires everyone to actively enrol by completing their enrolment online and electing their Health and Dental coverage options. Employees who wish to opt-out of Health and/or Dental are required to indicate their opt out selection through the online enrolment site. If you are opting out of Health, you will need to provide proof of coverage through another plan, such as a spousal plan.

If you do not actively enrol in the CEVA Benefits Program, your coverage will default to your current benefit elections (or the core benefits if you have never enrolled) plus any Optional Life insurance for which you are already approved.

The core benefits are:

- Basic Health
- Basic Dental
- Short-Term Disability
- Long-Term Disability
- Basic Life Insurance
- Accidental Death & Dismemberment

Q7. What happens during an unpaid leave of absence? Do I have an option to continue with my benefits?

Normal premium cost-sharing will apply for approved unpaid leaves of absence (maternity, medical, disability or work-related). If you are granted an unpaid leave of absence to attend to personal matters, and if your leave of absence will be more than 30 working days, your employee benefits will be suspended.

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MORE ABOUT YOUR PLAN

Q8. What is *mandatory generic substitution* and how does it work?

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

This means that when a prescription for a brand name drug is presented to the pharmacist, the Green Shield adjudication system will check for the lowest-priced generic substitute and calculate the amount covered by the drug plan. You can accept the lower-priced generic drug, or if you prefer, you can request the prescribed brand name and pay the difference in cost between the generic and brand name.

Generic drugs are clinically identical to the counterpart brand name drug, with the same active ingredients. There is no difference in the quality, purity, effectiveness, or safety between generic and brand name drugs, so the level of treatment is fully maintained when using a generic equivalent.

As a reminder, for maintenance drugs (such as refills for a chronic condition), the CEVA drug plan reimburses your claims up to the amount the prescription would have cost if it were filled at Costco.

Q9. What are *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 neither waive nor reimburse the additional dispensing fee: you will be responsible for this cost.

Q10. How does the *dispensing fee cap* work and why should I pay attention to it?

The dispensing fee is the amount the pharmacy charges per prescription for dispensing the medication and offering advice. These fees vary widely among pharmacies. This is a good example of how employees can manage their own expenses. Employees can shop around and save money by selecting a pharmacy with a lower dispensing fee, or they can choose to pay the difference. If you choose to fill your prescriptions at a pharmacy other than a Costco pharmacy, dispensing fees are reimbursed up to \$6 per prescription, under both the Basic and Enhanced Health options.

Q11. What are the *advantages with using the Costco Pharmacy*?

Prescriptions are reimbursed at the amount Costco would charge. In other words, if your pharmacy charges more than what Costco charges, then your expenses will be reimbursed up to the Costco amount and you will be responsible to pay the incremental amount. If you choose to fill your prescriptions at a Costco pharmacy, the dispensing fee will be fully covered. You do not need to be a Costco member to take advantage of their low prices at the Costco Pharmacy. In addition, you can save even more through Costco Pharmacy online at www.costcopharmacy.ca, where you could order refills by mail.

By selecting a Costco pharmacy, you are not only saving money, but you are also helping to keep CEVA plan costs down, which helps maintain the sustainability of our drug program in the future. We know that our prescription drug benefit is extremely valuable to our employees, and we can all do our part by being savvy consumers.

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Q12. Is there more that I can do to help contain costs and increase savings when filling my prescription?

Yes. If your prescription is ongoing, ask the doctor to prescribe a three-month supply each time to minimize dispensing fees. Your drug plan will not waive or reimburse the additional dispensing fee if you choose to receive less than a three-month supply for ongoing prescriptions, known as maintenance drugs, used to treat chronic or lifelong conditions.

Q13. Under what circumstances will I be able to make changes to the coverage I select under the program?

You will be able to make changes at each annual enrolment period for the coming plan year. You will also be able to make changes between enrolment periods if you have a life event that affects your need for benefits coverage.

A life event is a change in your personal circumstances that may affect your benefit needs, such as:

- 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 a post-secondary school, etc.

Q14. What is the difference between the terms *premium* and *out-of-pocket*?

A **premium** is a monthly payment made by the employer and/or employee for insurance coverage.

Out-of-pocket is the money you can expect to pay for expenses that are not covered by the plan. Your out-of-pocket maximum for eligible health claims under the Basic Health option is \$2,000 per year, after which point the plan reimburses 100% of the eligible expenses you incur.

OPTIONAL LIFE INSURANCE

Q15. Can I purchase additional Optional Life Insurance coverage?

Yes. You can purchase additional Life Insurance in multiples of \$10,000, up to \$250,000, for you and/or your spouse (or up to \$15,000 per child) at an additional premium, subject to approval of medical evidence of insurability.

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CLAIMS

Q16. How do I file a claim?

There are three ways to be reimbursed for eligible expenses:

- A pay-direct drug card that automatically pays the pharmacist for the covered portion of prescription medication
- Plan Member Online Services: Green Shield's secure online member e-claim service for your eligible paramedical and vision care claims
- Paper claim forms, available through the online enrolment site or at www.greenshield.ca, can be mailed to Green Shield

Q17. Do I need to submit receipts? How long do I need to keep them for?

You do not 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.

If you are submitting a paper claim form, your original receipts must be included with your completed form.

Q18. Where can I find more information?

For more information, please refer to the CEVA Benefits Program guide or contact:

- **Green Shield** (Health and Dental): 1-888-711-1119 or www.greenshield.ca
- **CEVA Human Resources** (General information and plan details): BenefitsCanada@cevalogistics.com

This document provides summary information about the CEVA Benefits Program. Although this document 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.