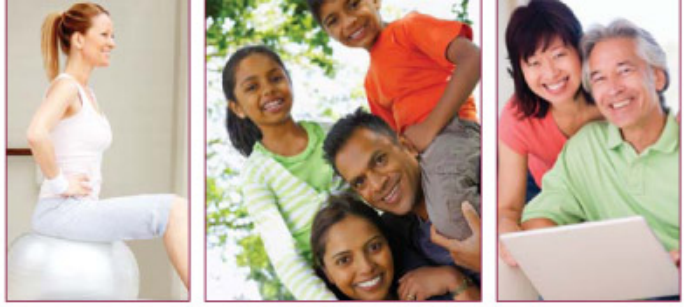

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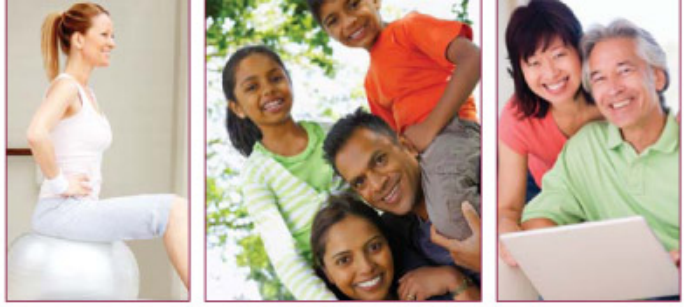
# Benefit Program for Contract Employees



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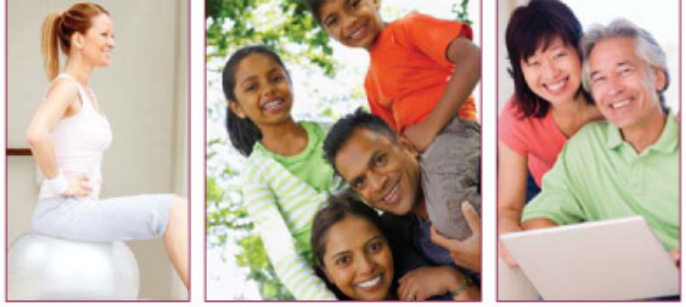
# Eligibility

- Contract employees paid by Teva, who sign a fixed-term contract(s) that results in a term-of-service equal to or greater than 360 days.
- Health or dental claims incurred after your contract start date throughout the end of the current employment contract.



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# Benefit Program for eligible Contract Employees

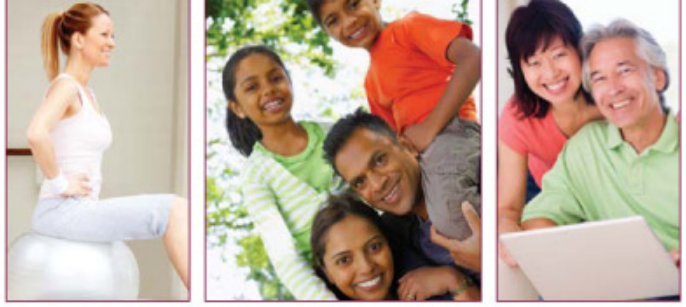
**Healthcare Spending Account**:

Teva will deposit an amount into a Healthcare Spending Account (HCSA) in your name with Manulife Financial that you can use on a tax-free basis* for any medical or dental expense allowed under the Income Tax Act as a medical expense.

| | |
|---|---|
| Single Status: (ee only) | $500 per year** (pro-rated monthly for duration of contract) |
| Family Status: (ee & dep) | $1,250 per year** (pro-rated monthly for duration of contract) |

* Dollars spent under Healthcare Spending are a taxable benefit for employees in Quebec.

** Benefit Year January – December. Deposits for subsequent years made January 1st.



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## Healthcare Spending Account

**A sample of eligible expenses:**

- Prescription drugs (including prescribed OTC)
- Health expenses (paramedical, medical equipment)
- Dental expenses (basic, minor, major, orthodontia)
- Premiums for a spouse's group Health & Dental plan
- Travel and medical insurance premiums
- Eyeglasses, contact lenses, laser eye surgery

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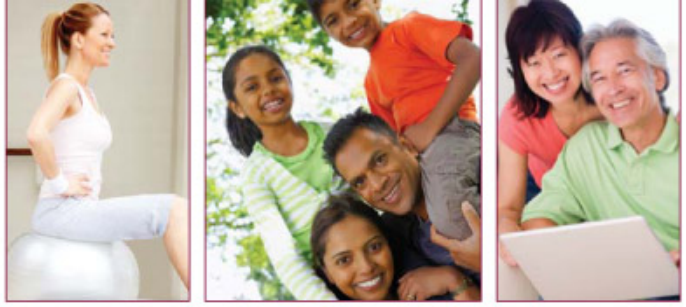

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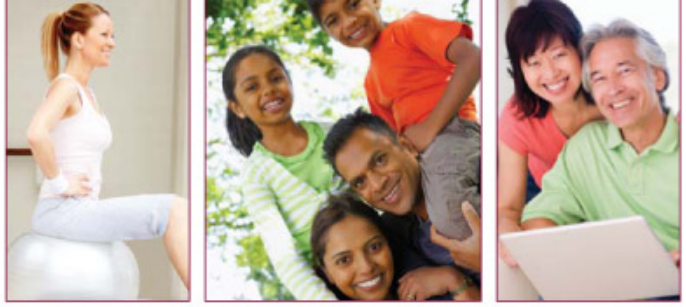
## The HCSA Rules

**CRA sets rules for Healthcare Spending Accounts:**

- You have 2 calendar years (as an eligible contract employee or a permanent employee) to use any money deposited to your HCSA or it is forfeited.
- You cannot carry the *expenses* over to the next year.
- Canada Revenue Agency reserves the right to change eligibility relating to expenses that can be processed through a HCSA at any time.
- In order to be eligible, expenses must be incurred during the employment contract and prior to termination of employment.



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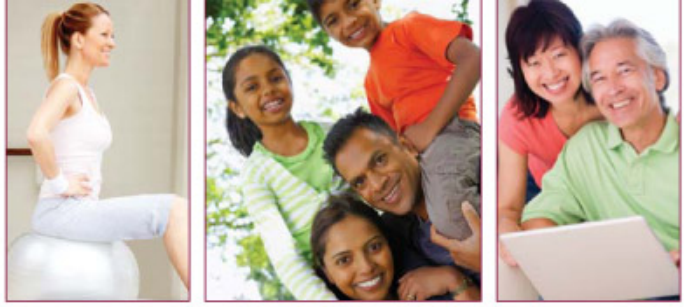
## Coordination of Benefits

**If you have benefit coverage elsewhere, coordinate coverage under both plans:**

- Use core coverage first under any traditional benefit plan
- Claim co-pays, coverage limitations and any other out of pocket expenses from your Healthcare Spending Account



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Manulife Financial

## Group Benefits
## Health Care Spending Account (HCSA) Claim

*This form is to be completed by the plan member. Receipts must be attached for all expenses. (Please attach to the back of this form.) Please retain copies for your files as receipts will not be returned.*

**1 Plan member information**

| Plan contract number | Division number | Plan member certificate number | Plan sponsor |
|---|---|---|---|
| 86398 | | | Teva Canada Limited |

| Plan member name (first, middle initial, last) | Birthdate (dd/mmm/yyyy) |
|---|---|
| | |

| Plan member address (number, street and apt.) | City or town | Province | Postal code |
|---|---|---|---|
| | | | |

**2 Patient information**

Complete for all expenses.
Use one line per patient.

| Patient's name | Date of birth (dd/mmm/yyyy) | Relationship to plan member |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**3 Type of HCSA claim submission**

*No spouse or dependant coverage*

***Please check ✓ one of the following:***

○ You are claiming for a health or dental expense that is covered by your health or dental plan, but not covered by any spousal or dependant plan. If you want any outstanding amount under your health or dental plan submitted to your HCSA, please ensure you enclose:

- **original** receipts,
- your completed Extended Health Care or Dental claim form, and
- your completed HCSA claim form.

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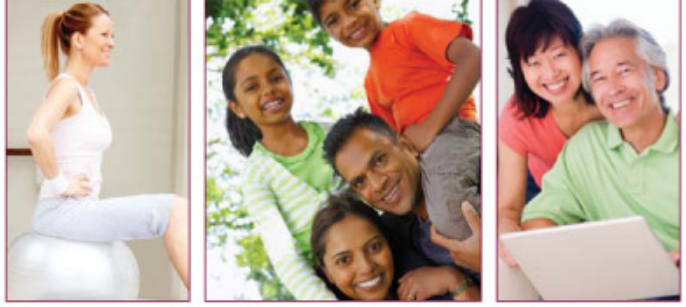

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**3 Type of HCSA claim submission**

*Please check ✓ one of the following:*

*No spouse or dependant coverage*

○ You are claiming for a health or dental expense that is covered by your health or dental plan, but not covered by any spousal or dependant plan. If you want any outstanding amount under your health or dental plan submitted to your HCSA, please ensure you enclose:
- **original** receipts,
- your completed Extended Health Care or Dental claim form, and
- your completed HCSA claim form.

*Spouse or dependant coverage - Manulife Financial first payor*

○ You are claiming for a health or dental expense for which you received partial reimbursement from your health or dental plan and your spousal or dependant plan. If you want the outstanding amount to be submitted to your HCSA, please ensure you enclose:
- **copies** of receipts,
- all insurance carrier's claim statement(s)/explanation of benefit form(s), and
- your completed HCSA claim form.

*Spouse or dependant coverage - Manulife Financial second payor*

○ You are claiming for a health or dental expense for which you received partial reimbursement from your spousal or dependant plan. If you want the outstanding amount to be submitted to your health or dental plan and then your HCSA, please ensure you enclose:
- **copies** of receipts,
- the other insurance carrier's claim statement(s)/explanation of benefit form(s),
- your completed Extended Health Care or Dental claim form, and
- your completed HCSA claim form.

*No coverage*

○ You are claiming for a health or dental expense that is not covered under any plan. If you want the expense submitted to your HCSA, please ensure you enclose:
- **original** receipts, and
- your completed HCSA claim form.

**4 Mailing instructions**

- Staple your receipts and, if applicable, your health or dental claim form(s) and insurance carrier's claim statement(s)/explanation of benefit form(s) to the back of the claim form.
- Place your completed claim form in an envelope and mail to this address.

MANULIFE FINANCIAL
GROUP HEALTH CLAIMS
PO BOX 1653
WATERLOO ON N2J 4W1

Please complete next page

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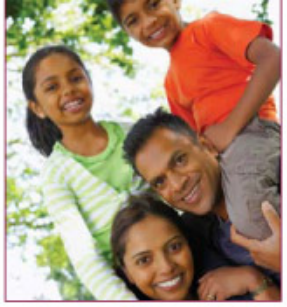


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**5 Claims confirmation**

Total amount of **ALL** receipts submitted: $

**I certify** that I, my spouse and/or my dependants of minor or major age ("Dependants"), have received all goods or services claimed and that the information provided for this claim is true and complete. **I authorize** Manulife Financial ("Manulife") to collect, use, maintain and disclose personal information relevant to this claim ("Information") for the purposes of Group Benefits plan administration, audit and the assessment, investigation and management of this claim ("Purposes"). **I am authorized** by my Dependants to disclose and receive their Information, for the Purposes. **I authorize** any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. **I understand** that expenses reimbursed under the Health Care Spending Account may not be claimed for personal income tax. **I understand** that should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes. **I authorize** the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number. **I agree** a photocopy or electronic version of this authorization is valid. **I understand** that Manulife's Privacy Policy and Privacy Information Package are available at www.manulife.ca/groupbenefits, or from my Plan Sponsor.

**Please sign here**

Plan member's signature | Date signed (dd/mmm/yyyy)

Any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits health file. Access to your Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file, and, where appropriate, to have any inaccurate information corrected.

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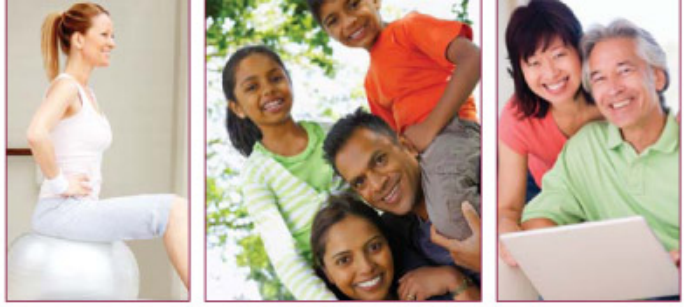

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## Next Steps:

- **Enroll online**

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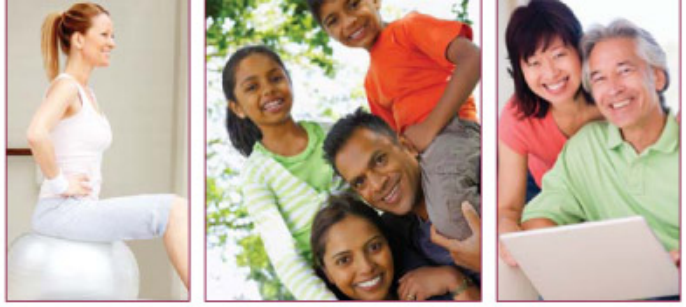

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# Thank you for attending!

## QUESTIONS?