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# CEVA Benefits Program





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This guide provides summary information about the CEVA Benefits Program, effective January 1, 2013. 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.



# Contents

How the CEVA Benefits Program Works – 2

Eligibility – 3

Enrolment – 3

Life Events – 3

Provincial Health Insurance – 3

Things to Consider – 4

Health Coverage at a Glance – 4

Your Health Coverage – 5

Dental Coverage at a Glance – 6

Your Dental Coverage – 6

Your Disability Coverage – 7

Your Life and Accident Insurance – 7

Electronic Claim Submission – 8

Paper Claim Submission – 9

Questions? – 9

Program

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

CEVA pays the full cost of the core benefits, with the exception of Long-Term Disability (LTD). You pay for the full cost of 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. If you choose the Enhanced Health or Enhanced 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 Great-West Life before coverage can take effect. Once coverage is approved, the employee pays the full cost of the premium through payroll deductions.

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

# Benefits Program

## 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 40 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 Benefits Calculator to understand the costs of your benefits choices.
- Make your choices and enrol using the CEVA Benefits Enrolment Form. Be sure to complete your enrolment form and return it to HR before the end of the enrolment period.

**If you do not enrol during the enrolment period, your coverage will default to the core benefits.**

## Life Events

Once you make your benefit selections, your choices remain in effect until the next annual re-enrolment. 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.

## 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.

## 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.
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)?
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  |
|--|---|---|
| <b>HEALTH</b>                                    |   |   |
| Reimbursement Level for Eligible Health Expenses | 75%, unless otherwise noted, until your out-of-pocket expenses reach \$2,000 (excludes dispensing fees)<br>100% thereafter                | 100%, unless otherwise noted  |
| Prescription Drugs                               | 75%, plus \$6 dispensing fee cap<br>Subject to conditional formulary, mandatory generic substitution, maximum supply of maintenance drugs | 90%, plus \$6 dispensing fee cap<br>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<br>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<br>100%, up to \$70 per eye exam every 24 months (every 12 months if under age 18)                      | \$300 every 24 months<br>\$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<br>90-day limit per trip   | 100%, up to \$5,000,000 per incident<br>90-day limit per trip   |

## Your Health Coverage

### Prescription Drugs

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

- **Conditional Formulary** – Any new drugs available in the market beginning January 1, 2013 will be evaluated by Green Shield to classify them as covered, not covered or conditional. “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 100-day or 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.

### 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, orthotherapists and dieticians. For more information, please call **1-888-711-1119** or visit [www.greenshield.ca](http://www.greenshield.ca).

#### Orthopedic Shoes/Orthotics

- 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 ear, nose or throat specialist. Repairs are included.

#### Vision Care

Helps cover the costs of eye exams, laser surgery, eyeglasses and contact lenses that are necessary for the correction of vision.

#### Private Duty Nursing

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  |
|----------------------------|--|---|
| <b>DENTAL</b>              |  |   |
| Basic Services             | 75%  | 90%   |
| Major Restorative Services | 50%  | 50%   |
| Orthodontics               | No coverage  | 50% (dependants only)   |
| Maximum                    | \$1,500 per calendar year, Basic and Major services combined | \$2,000 per calendar year, Basic and Major services combined<br>\$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).



## Your 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. The benefit payments start from the 1<sup>st</sup> day of disability if your absence is due to an accident or you are admitted to a hospital. Otherwise, the STD benefit payments start after 10 days. Payments are made for the first 17 weeks of disability, after which time your claim is assessed under Long-Term Disability.

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 lasts more than 17 weeks, 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, or for a maximum of 12 months if your disability began after your 64<sup>th</sup> birthday.
- 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.

## Your 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.

### 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.

### 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 through Great-West Life. He is paid \$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.

## Electronic Claim Submission

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

### 1) 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 SMART* — Instantly determine if your prescription is eligible and how much is covered.
- *It's SAFE* — 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.

### 2) Online Paramedical and Vision Care Claims

Filing your claims online is a fast and easy way to process your eligible paramedical (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:

1. Go to [www.greenshield.ca](http://www.greenshield.ca).
2. Under the Login section, select *Plan Members* from the drop-down menu and click *Go*.
3. Click *Register* and follow the simple steps.

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

## 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.

## 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.

## Questions?

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

General information and plan details:

**CEVA Human Resources**

Health and Dental plan inquiries:

**Green Shield**

1-888-711-1119

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



Life, Accident and Disability coverage:

**Great-West Life**

1-800-957-9777

[www.greatwestlife.com](http://www.greatwestlife.com)



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