2025 COMPLAINTS REPORT

This report covers the complaints mechanisms of Green Shield Holdings Inc. and all its subsidiaries for FY2025, as reflected in GreenShield's current complaints procedures and internal annual summary materials.

At this time, GreenShield has two complaints mechanisms: the formal customer complaint resolution process and employee complaints submitted through the Ethics Hotline. In FY2025, the customer complaints process covered escalated member complaints handled by Complaints Officers and above, including matters addressed to executives, the Ombudsman, Autorité des marchés financiers (AMF), and other senior contacts, while the employee mechanism was the Ethics Hotline operated by an external provider 24/7 available online, by phone, and by mail. The Code of Conduct states that employees may report anonymously that confidentiality will be protected, and that retaliation is prohibited.

In FY2025, GreenShield received 2[1] escalated customer complaints and 0 employee reports through the Ethics Hotline. Customer complaints mainly concerned claims and coverage adjudication disputes, including non-covered benefits, coverage determinations based on plan provisions, medication eligibility criteria, reimbursement limits, provider-related matters, and requests for exceptions or reconsideration.

In FY2025, 14 complaints were reviewed and resolved in accordance with applicable plan coverage provisions and documentation requirements, resulting in no change to the original coverage decision. During the reporting period, 8 complaints proceeded through the full review process, most of which resulted in remedial outcomes such as one-time claim exceptions, retroactive medication approvals, or corrective administrative actions. Follow-up activities typically included management or pharmacy review, escalation to senior leaders where appropriate, direct communication with members regarding decisions and rationale, and process corrections where needed. These matters were generally resolved within an average of 10 days and all were closed within established escalation timelines.

GreenShield does not currently collect or publish formal complainant satisfaction metrics for its customer or employee complaints processes. Based on current practice, it is expected that complainants who remain dissatisfied with the handling or outcome of a complaint would escalate their concerns to external bodies such as the OmbudService for Life and Health Insurance (OLHI).

This report is reviewed under the oversight of GreenShield's Board of Directors and is publicly disclosed and updated on an annual basis.

[1] An additional two complaints were received in 2024 and were treated in 2025.