



**MANITOBA**  
**SCHOOL EMPLOYEES**  
**BENEFIT PLANS**

**Winnipeg Association of Non-Teaching Employees  
(Retirees)**

**Extended Health Plan**

## *Eligibility*

Retired employees including your spouse and eligible dependents are eligible for coverage on the date of retirement. You must apply for coverage within 90 days of retirement.

The term "Spouse" means the person with whom you are legally married or have continuously resided with for at least one year in a conjugal relationship.

You must add your spouse to your plan when they become eligible (date of marriage or one year from the date of cohabitation). If the change is reported within 90 days of the date of eligibility (date of marriage or one year from date of cohabitation), coverage for the spouse and dependent children (if any) will commence on the date of eligibility. If not reported within 90 days but is within one year of the date of eligibility, coverage for the spouse and dependent children (if any) will commence one year from the date of eligibility.

The term "Dependent" means all natural children, legally adopted children, stepchildren and children for whom you are the legal guardian. Children of the person with whom you are living in a conjugal relationship are also eligible, provided such children are living with you. All children must be unmarried, under the age of 21 and dependent upon you for support, or unmarried and under the age of 25 and in full-time attendance at an accredited educational institution, college or university.

The age restriction does not apply to a physically or mentally incapacitated child whose incapacitation commenced while they satisfied the definition of a dependent child, as described above.

Spouses/dependents of deceased retirees may continue coverage on a premium paying basis.

### **Enrollment**

If you decline to participate at the time of retirement, you will not be eligible to join at a later date.

You must enroll according to your true family status, listing all eligible dependents.

In order to protect the viability of these plans, once enrolled in the plan, you are not permitted to opt out except in the event of recently obtained alternate group coverage. Notification of alternate coverage is required within 90 days of acquiring the alternate plan.

### **Health Benefits Deductible**

Health benefits are subject to a deductible of \$50 per individual or family per calendar year. The deductible amount will be subtracted from your first claim(s).

## *Ambulance Benefits*

Once the deductible has been satisfied, you will be reimbursed 100% of the following eligible expenses.

### **Ambulance Service**

Full payment of reasonable and customary charges for ambulance services provided within the province. Payment of up to \$250 per trip (based on provincial rates) for ambulance services provided elsewhere. This includes not only local ambulance services to and from hospital but also long distance ambulance trips for which additional mileage charges are made.

There are no limits on the amount payable within the province or on the number of trips covered.

All “emergency” ambulance trips are covered, and “non-emergency” trips are covered on the prior recommendation of the attending physician if the patient is non-ambulatory and cannot be transported by any means other than ambulance.

Air Ambulance allowances will be paid up to the amount equivalent had the services been provided by ground ambulance.

### **Stretcher Service (Medical Van)**

Charges for “non-emergency” transport by a participating medical transfer service are covered to a lifetime maximum of \$250 per person.

### **Hostel Accommodation**

Payment of the reasonable and customary daily charge for hostel accommodation if you require diagnostic testing or treatment, on the recommendation of a physician, at a hospital located more than 60 km from your home, and you are placed in a recognized medical hostel associated with the hospital.

See General Exclusions on page 6.

## *Extended Health Benefits*

Eligible expenses are the Usual, Customary, and Reasonable charges for the following services and supplies required for the treatment of illness or injury. Once the deductible has been satisfied, you will be reimbursed 80% of the following eligible expenses:

### **Accidental Dental Treatment**

Charges for dental treatment resulting from accidental injury to jaw or natural teeth. Treatment must commence within 90 days of the accident. Dental implants and orthodontics are not covered.

### **Cardiac Rehabilitation**

A lifetime maximum of \$300 for patients with diagnosed cardiac disease requiring the services of a recognized cardiac rehabilitation program when prescribed by the attending physician or nurse practitioner.

### **Medical Appliances**

Charges for the rental, purchase or repair of:

- an iron lung when prescribed by the attending physician or nurse practitioner to a lifetime maximum of \$1,000 per person.
- a wheelchair, hospital bed, oxygen equipment or respirator when prescribed by the attending physician, nurse practitioner or occupational therapist to a maximum of \$1,000 per item per person during any 5 consecutive year period.
- walkers when prescribed by the attending physician, nurse practitioner or occupational therapist.
- other medical equipment when prescribed by the attending physician, nurse practitioner, occupational therapist, physiotherapist or athletic therapist to a lifetime maximum of \$300 per person.

### **Medical Supplies**

Charges for colostomy, ileostomy and incontinence supplies, oxygen, medicated dressings and burn garments when prescribed by a physician or nurse practitioner.

### **Orthopedic Shoes and Modifications**

Charges for orthopedic shoes custom made from a mould, or stock shoes which are modified (excluding orthotics or insoles, removable or permanently-affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality.

Charges for orthopedic shoe modifications (excluding orthotics or insoles, removable or permanently-affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality.

A copy of a prescription from the attending physician, nurse practitioner or podiatrist including a medical diagnosis along with detailed description of the orthopedic shoes and modification(s) is required.

Payment is limited to a combined maximum of \$500 per person per calendar year.

Boots, sandals or sport specific footwear are not eligible.

### **Orthotics**

Charges for the cost of foot orthotics when prescribed by the attending physician, nurse practitioner, chiropractor, occupational therapist, physiotherapist or podiatrist to a maximum of \$400 per person every 3 calendar years.

### **Paramedical Practitioners**

Charges for the services of the following paramedical practitioners to a maximum of \$350 per person per type of practitioner per calendar year.

- clinical psychologist
- physiotherapist
- podiatrist/certified foot care nurse (combined)
- registered dietician

Charges for the services of an athletic therapist limited to a maximum of \$100 per person per calendar year.

Charges for acupuncturist services will be covered if performed within the scope of the license of any of the above mentioned practitioners. Payment will be included under the maximum for that practitioner.

### **Prescription Drugs**

Charges for drugs or medicines that are eligible with Manitoba Pharmacare, prescribed by a physician or nurse practitioner and dispensed by a pharmacist. The annual maximum payable will be governed by the amount of the deductible of Pharmacare or any other government sponsored program. The prescription drug benefit is limited to a maximum of \$1,000 per person per calendar year. There is a maximum 100-day supply for any single purchase of a drug.

You will be notified to register with Pharmacare when your incurred costs for drugs or medicines have reached \$1,000 per family (or contract) during the Pharmacare year. If proof of registration is not received, payment of charges for drugs or medicines will be suspended once the incurred costs reach \$1,500 per family (or contract) during that Pharmacare year until proof of registration with Pharmacare is received. This ensures that Pharmacare eligible costs are paid by Pharmacare.

Your dependent children 18 years of age and over will be notified to register with Pharmacare when costs for drugs or medicines have reached a maximum of \$100 during the Pharmacare year. If proof of registration is not received, payment of charges for drugs or medicines will be suspended when the incurred costs reach \$200 during that Pharmacare year until proof of registration with Pharmacare is received.

### **What is BlueNet?**

BlueNet is a state-of-the-art, point-of-sale claim system created by Manitoba Blue Cross.

### **How does BlueNet work?**

- When you make a prescription drug purchase, present your BlueNet card to the participating pharmacy.
- The pharmacist will enter your contract information into the computer along with the details of the drug purchase. Within seconds the BlueNet system will process your claim.
- The BlueNet system will notify the pharmacist if you have reached your prescription drug maximum, or if the drug being purchased is not covered.
- The BlueNet card is valid at any participating pharmacy in Manitoba.
- The BlueNet system eliminates the need to file paper claims. In the past, you may have either lost prescription drug receipts, or forgotten to file claims. As a result, you may not have received the full benefit of your prescription drug plan.

### **Private Duty Nursing**

Charges for private duty nursing or home visits by a professional registered nurse (not a relative) either in the hospital or home when prescribed by the attending physician or nurse practitioner, to a maximum of \$10,000 per person per calendar year. Visits to the home must be within 12 months following discharge from the hospital and the service must be consistent with the treatment for the condition for which the patient was hospitalized.

### **Prosthetic Appliances and Remedial Equipment**

Charges for purchase or repair of:

- casts, canes and crutches.
- artificial limbs and eyes when prescribed by the attending physician or nurse practitioner.
- compression garments when prescribed by the attending physician or nurse practitioner.
- breast prostheses and surgical bras when prescribed by the attending physician or nurse practitioner to a maximum of \$400 per single mastectomy and \$800 per double mastectomy per calendar year.
- wigs or hairpieces when prescribed by the attending physician or nurse practitioner to a lifetime maximum of \$1,000 per person.
- splints, trusses, braces, lumbar-sacro supports, corsets, traction equipment and cervical collars when prescribed by the attending physician, nurse practitioner, occupational therapist, physiotherapist or athletic therapist.

### **Travel Health Care**

Charges for medical, surgical and hospital services resulting from accident or illness while travelling out of the province to a maximum of \$2,500 per person per calendar year. Additional coverage for U.S. or international travel is recommended.

See General Exclusions on page 6.

## *General Exclusions*

Manitoba Blue Cross will not pay for the following:

- Any services or supplies received unless the person is covered by the government health plan in their home province.
- Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has coverage under a plan.
- Services or supplies not listed as covered expenses.
- Services related to the treatment of Temporo-Mandibular Joint dysfunction.
- Dental implants.
- Charges for completing claim forms or missed appointments.
- Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
- Charges for services provided prior to the effective date of coverage.
- Expenses for services and supplies rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is a close relative of the patient.
- Services rendered by a practitioner whose qualifications do not meet the criteria established by Manitoba Blue Cross, and whose services have been deemed ineligible by Manitoba Blue Cross.

## *Claiming for Benefits*

**Claim forms for the following benefits are available on our website at:  
[www.mb.bluecross.ca](http://www.mb.bluecross.ca)**

Please retain your "Statement of Benefits" for income tax purposes as original medical receipts will not be returned.

**Note:** Claims for all benefits listed below more than 24 months after date(s) services are provided, are not eligible.

### **Ambulance Benefit**

Ambulance services are provided by presenting your Manitoba Blue Cross identification card, no further action is necessary. If you are required to pay for these services, submit the itemized receipt for reimbursement.

### **Extended Health Benefits**

Claims for eligible expenses under your extended health benefits must be submitted with a completed extended health benefit claim form and include itemized receipts and required documentation i.e.: doctors prescription, referral, provincial plan statement.

### **Travel Health Benefits**

#### **For expenses incurred within Canada**

Present your original receipts or statements to your provincial health plan. Upon receipt of payment from the provincial health plan, submit a copy of your receipts and your provincial health plan statement of payment directly to Manitoba Blue Cross with a completed travel health claim form.

#### **For expenses incurred outside of Canada**

Submit all original itemized bills/receipts to Blue Cross together with a signed travel health claim form and an out-of-country medical and hospital services form. Payment will be coordinated with Manitoba Health.

Before mailing your claim, please ensure that you have:

- 1) identified yourself with your group and contract number (shown on your identification card).
- 2) signed the claim form.

### **Claims and Inquiries should be directed to:**

Manitoba Blue Cross  
599 Empress Street  
Winnipeg MB R3G 3P3  
204.775.0151  
Toll-Free (within Manitoba) 1.800.873.2583  
Toll-Free (outside Manitoba within Canada) 1.888.596.1032



## *Coordination of Benefits*

Coordination of benefits is available when both spouses in a family are regularly employed or are retired and have health plans provided by their places of employment. Under the “Coordination of Benefits” provision, you are entitled to claim benefits from both plans, as long as the total benefits received do not exceed the actual expenses incurred.

If the services are provided to you, then Manitoba Blue Cross would be the “primary” carrier and would pay benefits first. The other insurer would then be responsible for any unpaid eligible expenses.

If the services are provided to your spouse, then their insurer would be the “primary” carrier and would pay benefits first. Your spouse should submit the claim form to their insurer. After receiving payment, any unpaid eligible expenses can be submitted to Manitoba Blue Cross with a completed Manitoba Blue Cross claim form (including your contract number) and the statement of benefits paid or denied from the other insurer.

If the services are provided to a dependent child, the plan of the covered person with the earlier month and day of birth would be the “primary” carrier. The claim would then be processed according to the procedures listed above.

### **In single custody situations**

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with custody of the child,
- The plan of the spouse of the parent with custody of the child,
- The plan of the parent without custody of the child,
- The plan of the spouse of the parent without custody of the child.

### **In joint custody situations**

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with the earliest month and day of birth,
- The plan of the other parent,
- The plan of the spouse of the parent with the earliest month and day of birth,
- The plan of the spouse of the other parent.

### **Other scenarios**

If you are covered by an employer and an individual policy, the individual plan may be considered second payer to coverage available under your group plan.

If you are covered by a group and retiree plan, claims should be submitted to your group plan first as your retiree plan is considered second payer.

Claims should not be submitted to Manitoba Blue Cross when another company is the primary carrier and your dependent(s) is/are covered by another company. In cases where there is an unpaid balance on a claim paid by another company, Manitoba Blue Cross will process the remaining balance. Please remember to include a copy of the payment summary, or explanation of benefits issued by the other company with your claim so that the unpaid balance may be processed for reimbursement of up to 100% of the value of the claim.



## **Access Your Plan in One Easy Step!**

Register today for my BlueCross® to access all of your plan information anytime, anywhere.

### **Get Quick Access to:**

#### **My Claims:**

- Submit a claim
- View claim history
- View payment history

#### **My Coverage:**

- Access coverage information
- Confirm claiming requirements
- Check benefit eligibility

#### **My Account:**

- Change your email password and security question
- Request a new ID card
- Update direct deposit information
- Update certificates

Plus, with mybluecross® you'll also gain exclusive access to My Good Health® (our online health resource) and Blue Advantage® (our national discount program).

### **How to Register:**

- Visit [www.mb.bluecross.ca](http://www.mb.bluecross.ca)
- Click on Register at the top right corner of any page
- Enter your ID Card information and verify your account

The protection of information is very important to us at Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

For more information please call Manitoba Blue Cross at 204.775.0151 or toll free at 1.800.USE.BLUE (873.2583).

## *Direct Deposit*

Once you register for mybluecross® you can then apply for direct deposit and enjoy the convenience of having your claims payments deposited directly into your bank account.

Direct Deposit is a system of transferring money from one bank account directly to another without any paper money changing hands.

Direct Deposit is a safe and secure method of receiving claims payments.

Direct Deposit helps to eliminate lost or stolen cheques and prevents the possibility of cheques being sent to an incorrect address.

Once you have registered for Direct Deposit you will be notified by e-mail when your claim has been paid and reimbursement has been deposited. You will have access to online claims details and claims statements which are available for review and printing. You can also access and change your banking information anytime you need.

As with any web services offered, integrity and protection of information is of high importance to Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

# *Changes in Status*

## **Reporting Changes**

You must notify Manitoba Blue Cross within 90 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of conjugal relationship, death, change of residence, birth or legal adoption.

The majority of status changes may be reported using the "Notice of Change" form available from Manitoba Blue Cross.

If you have opted out of the plan due to alternate group coverage that subsequently terminates, you must advise Manitoba Blue Cross within 90 days of losing coverage if you wish to be covered under this plan.

## **Births**

Your newborn children must be added to your plan as dependents, within 90 days from the date of birth.

## **Divorce**

In the event of divorce, your divorced spouse and/or dependent children may apply for continuation of coverage. For further information contact Manitoba Blue Cross.

## **Termination of Coverage**

Once notice of termination is received, your coverage will automatically be cancelled at the end of the month in which notification is received.

To continue with similar coverage on an individual basis, contact Manitoba Blue Cross for more details.

**Note:** Once enrolled in this group plan, you will not be permitted to opt out except in the event of alternate group coverage. If this situation arises, your request to cancel must be received by Manitoba Blue Cross within 90 days of the effective date of the new plan.

## **Identification Card**

Soon after you enroll, you will receive an identification card. This card identifies you and your eligible dependents, and your coverage. Whenever you are claiming benefits from this Plan, be sure to quote your contract number in the space provided on the claim form.

If you have lost or misplaced your ID card, log on to mybluecross® to print a temporary ID card. A message will automatically be sent to Blue Cross to issue you a new, permanent ID card. This new card will be sent to you within five business days.

## ***Important: Please Read***

This brochure represents a synopsis of the benefits provided for under the Group Agreement. In the event of any difference between the terms of this synopsis and those of the Group Agreement, the terms of the Group Agreement shall prevail.

If you have any questions regarding the Group Agreement, please contact Manitoba Blue Cross.

Manitoba Blue Cross provides reimbursement of eligible expenses (either directly to you or to the service provider) in accordance with the Group Agreement, but cannot guarantee the availability or provision of services.

Also, in determining the basis for payment, Manitoba Blue Cross reserves the right to assess payment on the basis of the approved fee guide for the service in question, or the reasonable and customary charges as deemed appropriate by Manitoba Blue Cross.