



THE COLOUR OF CARING

***FOR PENSION RECIPIENTS OF THE CIVIL
SERVICE SUPERANNUATION FUND AND THE
LEGISLATIVE ASSEMBLY PENSION PLAN
GROUP #1711***

*Option 1 - Ambulance and Semi-Private Benefits
Option 2 - Extended Health Benefits (must have option 1)
Option 3 - Dental Service Benefits (must have option 1 & 2)*



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Introduction

Welcome!

Manitoba Blue Cross is very pleased to have been selected to provide these benefits.

This booklet has been prepared to provide you with a convenient summary of your benefits, in non-technical language. In all cases, the specific benefits available and the terms and conditions under which they are provided, are governed by the Group Agreement between your employer and Manitoba Blue Cross. In the event of any difference between the terms in the book and those of the Group Agreement, the terms of the Group Agreement shall prevail.

If you should require any further information concerning your benefits, contact your Benefits Administrator, or call Manitoba Blue Cross directly at **(204) 775-0151** or toll-free (within Manitoba) at **1-800-873-2583** or (outside Manitoba but within Canada) at **1-888-596-1032**.

We look forward to serving you!

Your Group Number is #1711.

Note: In any communication with Manitoba Blue Cross please make reference to your group number.

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Eligibility

People who receive a pension from the Civil Service Superannuation Fund or Legislative Assembly Pension Plan including their spouse and dependent children are eligible to participate, provided they have been enrolled in a Group Health Plan for a minimum of one year prior to their date of retirement.

Retired employees may join the plan at time of retirement and will be eligible for coverage as follows:

- Retirees who had Blue Cross coverage will have continuous coverage.
- Retirees who never had Blue Cross coverage, but were covered under a spousal plan will be eligible for coverage the 1st of the month following date of spousal termination of coverage.
- Retirees whose pensions are delayed will be eligible for coverage the 1st of the month following their 1st finalized pension cheque.

To be eligible, a minimum cohabitation period of one year is required for a common-law spouse.

The term "Dependent" means all natural children, legally adopted children, and stepchildren. 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 22 and dependent upon you for support, or unmarried and under the age of 25 and be 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 who had this condition prior to age 22, or unmarried and under the age of 25 and in full-time attendance at an accredited educational institution, college or university.

Enrollment

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

In order to protect the viability of these plans, once enrolled, you may reduce your coverage at any time, but coverage cannot be increased.

If you move outside of Manitoba, you are eligible to remain on the plan.

Reduction or Termination of Benefits

Once you are enrolled in this plan, you are permitted to reduce benefits by opting out of:

- the dental plan.
- the extended health benefits plan and the dental plan.

To ensure plan viability, you will not be permitted to upgrade or rejoin after you have opted out.

Ambulance/Hospital Benefits

You will be reimbursed 100% of eligible expenses.

Summary of Benefits

- **Ambulance Benefits**

Payment of reasonable and customary charges for ambulance services provided within your province of residence, and 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 an attending physician if the patient is non-ambulatory (can't walk) 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.

- **Hospital Benefits**

Payment for the charges of a semi-private room in a hospital in your province of residence if the hospital does not normally provide the semi-private room without charge to any patient. Comparable payments towards the cost of semi-private room charges by hospitals elsewhere in Canada.

- **Hostel Accommodation**

Payment of the reasonable and customary per diem 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.

- **Stretcher Service (Medical Van)**

Charges for "non-emergency" transport by a participating stretcher service are covered up to a lifetime maximum of \$250 per person.

Exclusions and Limitations

- If you are hospitalized prior to the effective date of your coverage, you will not be entitled to benefits until the first of the month following 30 days after your discharge from the hospital.
- Manitoba Blue Cross is not responsible for the availability or provision of any of the services or supplies described herein.
- Manitoba Blue Cross is not responsible for any semi-private/private hospital room charges which in the absence of this or similar coverage would not be charged.

See also General Exclusions.

Extended Health Benefits

You will be reimbursed 80% of the following eligible expenses with the exception of Prescription Drug expenses. You will be reimbursed 70% of eligible Prescription Drug expenses.

Summary of Benefits

- **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.

- **Athletic Therapy**

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

- **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.

- **Clinical Psychology**

Charges for the services of a clinical psychologist to a maximum of \$350 per person per calendar year.

- **Drugs**

Prescription drugs are subject to a maximum of \$1,250 per contract commencing February 1st of each year.

Formulary Drugs

Charges for drugs or medicines including serums, injectables, and insulin which are prescribed by a physician and dispensed by a pharmacist. To be considered eligible, these drugs or medicines must be listed in the most current edition of the applicable Provincial Drug Plan Benefits List, or where there is no Provincial Drug Plan Benefits List, in a Drug Plan Benefits List developed by Manitoba Blue Cross. Benefits payable will be integrated with those available from any government Provincial Drug Plan.

- **Foot Care**

Charges for diagnosis and treatment by a podiatrist (foot doctor) and charges for services by a certified foot care nurse to a combined maximum of \$350 per person per calendar year. This benefit is subject to per visit maximums.

- **Medical Appliances**

Charges for rental, purchase or repair of:

- an iron lung when prescribed by the attending physician to a lifetime maximum of \$1,000 per person.
- a wheelchair, hospital bed, oxygen equipment or respirator when prescribed by the attending physician or occupational therapist to a lifetime maximum of \$1,000 per item per person.
- walkers when prescribed by the attending physician or occupational therapist.
- other medical equipment when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist to a lifetime maximum of \$250 per person.

- **Nutritional Counselling**

Charges for the services of a registered dietitian when prescribed by a physician to a maximum of \$350 per person per calendar year.

- **Orthopedic Shoes and Modification to Orthopedic Shoes**

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 or podiatrist is required which includes a medical diagnosis and detailed description of the orthopedic shoes and modification(s).

Payment is limited to a combined maximum of \$300 per person per calendar year.

Boots, sandals or sport specific footwear are not eligible.

Extended Health Benefits

- **Physiotherapy**

Charges for the services of a physiotherapist for diagnosis and treatment to a maximum of \$350 per person per calendar year. This benefit is subject to per visit maximums.

- **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, to a maximum of \$3,000 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 and Remedial Equipment**

Charges for purchase or repair of:

- casts, canes and crutches.
- artificial limbs and eyes when prescribed by the attending physician.
- compression garments when prescribed by the attending physician.
- breast prostheses and surgical bras when prescribed by the attending physician to a maximum of \$100 per single mastectomy and \$200 per double mastectomy per person per calendar year.
- wigs or hairpieces when prescribed by the attending physician 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, 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.**

Exclusions and Limitations

Manitoba Blue Cross shall not pay for the following:

- Orthodontic services.
- Any drugs or medicines in excess of a 100-day supply.

See also General Exclusions.

Dental Benefits

Dental benefits are subject to a maximum of \$750 per person per calendar year.

You will be reimbursed:

- 80% of eligible expenses for "Basic" dental services.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the Manitoba Dental Association which is in effect at the time the services are provided.

Basic Services Covered

- 1. Diagnostic:**
 - Complete examination, once every 3 calendar years.
 - Recall or oral examinations covered twice in each calendar year.
 - Periapical x-rays.
 - Full mouth x-rays or panorex x-rays once every 2 calendar years if necessary.
- 2. Preventive:**
 - Combination of 1 1/2 units of polishing and/or scaling (the removal of deposits and stains from the tooth surface) twice in each calendar year.
 - Topical application of fluoride. Up to 2 applications in each calendar year.
 - Space maintainers (except when used for orthodontic purposes).
- 3. Extractions:**
 - Uncomplicated procedures for the removal of teeth which are beyond restoration.
- 4. Restorative:**
 - Fillings made of amalgams, silicates, plastics and synthetic porcelains.
 - Repair of damaged dentures. Adding teeth to existing dentures. Relining or rebasing the dentures is limited to once every 3 calendar years.
- 5. Accidental injury:**
 - Major and orthodontic dental services as a result of an accident, to a maximum of \$1,000.00 per person per calendar year. Treatment must commence within 90 days of the accident.
- 6. Endodontics:**
 - The usual procedures required for pulpal therapy and root canal filling.
- 7. Periodontics:**
 - The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.
- 8. Oral surgery:**
 - Complicated surgical procedures performed in the dentist's office including post-operative care.
- 9. Anesthesia:**
 - General anesthesia or nitrous oxide analgesia administered in the dentist's office.

Pre-Treatment Authorization

The pre-authorization requirement has been established primarily to protect you, by having possible misunderstandings resolved before expensive dental work is carried out.

If the cost of all treatments planned is expected to exceed \$500, Manitoba Blue Cross must approve the work in advance. After listing the work planned, your dentist will submit your claim form, with supporting x-rays, directly to Manitoba Blue Cross. A notice of assessment will be issued to you and your dentist.

Importance of the Fee Guide

Benefits paid by the plan are based on a specific dental fee guide established by your provincial Dental Association. While they are not required to do so, the majority of dentists charge according to the rates set out in the fee guide.

When going to a dentist for the first time, it is suggested that you inquire about how they set the rates before any work is carried out. If the dentist charges more than the fee guide, you will be responsible for the excess. In no event will the plan pay more than the dentist's actual charge.

Dental Benefits

Exclusions and Limitations

Manitoba Blue Cross will not pay for the following:

1. Services purely cosmetic in nature, or for cosmetic reasons.
2. Congenital malformations i.e. cleft palate prosthesis.
3. Fees arising out of extra services arranged for privately between the patient and dentist.
4. Oral hygiene instruction and plaque control programs.
5. Charges for appliances, which have been lost, broken or stolen.
6. Gold, crown, fixed bridge, veneers or other extensive treatment when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice. Where a reasonable substitute was possible, the covered expense would be that of the customary substitute.
7. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
8. Bleaching of teeth.
9. Root canal on a permanent tooth more than once per lifetime per tooth.
10. Snoring or sleep apnea appliances.
11. Charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by personnel duly licensed or certified to perform such treatment under applicable professional statutes and regulations.
12. Diagnostic photographs.
13. Precision attachments.
14. Hypnosis and dental psychotherapy.
15. Provision for facilities in connection with general anesthesia.
16. Polishing restorations.
17. Any procedure in connection with forensic dental.

See also General Exclusions.

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.

Claiming for Benefits

Ambulance/Hospital Benefits

Ambulance and hospital services are provided by presenting your Blue Cross Identification card, no further action is necessary.

If you are required to pay for these services, submit the itemized receipt for reimbursement.

Prescription Drugs

Submit itemized receipts (specifying name of drug, date purchased, drug identification number, drug cost and amount paid) with a completed extended health benefits claim form.

Claims for prescription drugs may be made at any time during the year.

Extended Health Benefits

Claims for other 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.: doctor's prescription, referral, provincial plan statement. Claim forms are available through your Human Resources Department.

Note: Blue Cross will no longer return your original receipts for medical expenses with your benefit cheque/ statement. You DO NOT require original receipts for income tax purposes. Canada Revenue Agency will accept the Statement of Benefits that Blue Cross issues to you with your benefit cheque. Please retain this Statement of Benefits.

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 Blue Cross with a completed travel health claim form (available through Blue Cross).

For expenses incurred outside of Canada

Submit all original itemized bills/receipts together with a signed Travel Health claim form and Out-Of-Country Medical and Hospital Services form (available through Blue Cross). Payment will be coordinated with Manitoba Health.

Dental Benefits

1. Obtain a Dental claim form from Manitoba Blue Cross or your Human Resources Department. (A separate claim form is required for each member of your family obtaining dental services.) Present the claim form to your dentist on the first appointment.
2. Following the examination, the dentist will discuss a proposed course of treatment and possibly book follow-up appointments. If the cost of treatment exceeds \$500, or if treatment consists of major dental services (crowns, bridges, orthodontics, etc.) the dentist will have to submit a completed claim form to Manitoba Blue Cross for approval prior to treatment being started. If the treatment cost is less than \$500 or is for basic dental services, the dentist will retain the claim form until the course of treatment has been completed.
3. Your dentist has the option of billing Blue Cross directly, or continuing to bill you. Please inquire at the beginning of treatment how billing will be made. Should your dentist choose to seek payment directly from Blue Cross, it will not be necessary for you to submit the claim. You will be asked to sign the benefits over to the dentist, where indicated on the claim form.

Note: Claims for all benefits listed in this booklet submitted more than two years after date(s) services are provided, will not be accepted.

Coordination of Benefits

Coordination of benefits is available when both spouses in a family are regularly employed and have health and/or dental 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.

Please Note: Health Spending Account Plans are payers of last resort. All other coverage should be exhausted prior to submission under a Health Spending Account.

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.

Customer E-Service

Customer E-Service allows you access to your plan information over the Internet anytime, anywhere.

Register today for immediate access to information about your benefit plan!

Quick Access to:

- **Plan Information** - check who you have listed on your plan or view other demographic information.
- **Benefit Details** - check on specific details of a particular benefit, or look at our glossary of terms to better understand benefits.
- **Benefit Eligibility** - check if a particular benefit is eligible and what you need to submit a claim.
- **Claim Information** - check current claims history for your health and dental claims (24 months of claims history available).
- **Temporary ID card** - lost your card? The site provides you with the facility to print a temporary card - a message is automatically sent to Manitoba Blue Cross to order a permanent one.
- **Direct Deposit** - register for direct deposit to have your claim payments deposited directly into your bank account.

How to Register:

- Visit www.mb.bluecross.ca
- Click on "Register Now" under Customer E-Service
- Select the identification card that best resembles yours
- Follow the registration process

Note: Be sure to use a Hint Question you will remember. It is also important to enter your personal information exactly as it appears on your ID Card Sheet.

As with any web service, integrity and protection of information is very important to 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 1-800-873-2583.

Changes in Status

Reporting Changes

You must notify Manitoba Blue Cross within 60 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of a 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.

Births

Your newborn children must be added to your plan as dependents, within 60 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 employment is terminated.

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

Identification Card

If you require a new identification card, please contact Manitoba Blue Cross and arrangements will be made to provide you with a new one.